A support group for mentally ill people
Stuart L. Lustig, Elizabeth Malomane, & Stephen Tollman

The Sizanani Club is an outpatient psychiatry support group in rural South Africa whose activities appear to have reduced the number and duration of hospitalizations of mentally ill patients. Against a background trend towards decentralization and home-based health care the findings suggest the desirability of expanding the role of such groups.

Mental health workers are scarce in South Africa. In the Bushbuckridge area, where there is only one state-employed psychiatrist within a radius of 240 kilometres, the University of the Witwatersrand’s Health Systems Development Unit is making an effort to assess and meet mental health requirements. A demographic and health study was conducted in the area’s Agincourt subdistrict to provide information for the formulation and evaluation of programmes (1). This was followed by surveys, interviews and focus group discussions whereby health needs were elucidated. The resulting mental health programmes are a joint effort of the Health Systems Development Unit, Tintswalo Hospital, which serves the Bushbuckridge area, and the surrounding communities.

The Sizanani Club

Sizanani is a Shangaan word meaning “help one another”. The Sizanani Club, formed in August 1993, comprises more than 50 members who receive psychiatric treatment from a mobile clinic at the Agincourt Health Centre. Providers of care also belong to the club. Members pay approximately US$ 0.50 monthly to attend meetings at a community house in the village of Agincourt.

The club meets for several hours each month at the regular session of the centre’s psychiatry clinic, and strives to assist patients to regain personal, social and occupational skills. Its activities include socializing, singing and communal prayer, and advice is exchanged on coping with mental illness. Members listen to talks on matters of concern to them, such as handling the side-effects of medication and the dangers of swapping medication. They also participate in income-generating projects, one of which involves cultivating a hectare of land adjacent to the community house. If patients are unable to collect their medicines, other club members deliver them. The meeting house, staffed by local volunteers, serves as a day centre for patients and carers.

Dr Lustig is with the Department of Psychiatry and Behavioural Science, Stanford University School of Medicine, California, USA. Ms Malomane is now with the Department of Health and Welfare, Northern Province, South Africa. Dr Tollman, to whom correspondence should be addressed, is Senior Lecturer, Department of Community Health, University of the Witwatersrand; he is currently on sabbatical at the Health Policy Unit, Department of Public Health and Policy, London School of Hygiene and Tropical Medicine, London, England (fax: 171 637 5391).
At least one member of the Health Systems Development Unit attends the club meetings to provide support and encouragement. Two facilitators are honours graduates in psychology, and one is also a licensed nurse practitioner. Other facilitators are nurses from the community rehabilitation team, the local health centre and the district’s community psychiatry team. It is desirable to shift leadership from the Health Systems Development Unit to the local health service, because in this way the club becomes integrated into the main community health care system and the perspectives of community-based personnel are enriched.

**Fewer hospitalizations**

Some 32 months after the club was established a review was made of all the Agincourt Health Centre outpatient charts, which are kept at Tintswalo Hospital. The purpose was to see if the club membership had had any impact on the participants’ hospitalizations. An analysis was made of the data on eight male and ten female patients of average age 38 years who had attended the club since its inception and had also received treatment during the 32 months before this. For the 18 club members included in the study, the two 32-month periods were compared with regard to the numbers of hospital admissions and inpatient hospital days.

In a retrospective case-control study the cases were Sizanani club members, while the control group comprised 16 male and 18 female patients of average age 37 years from the Hluvukani, Islington and Ludlow mobile psychiatry clinics. Each of these is about the same distance as the Agincourt Health Centre from Tintswalo Hospital. All patients lived within seven kilometres of their respective clinics, and there was one mobile clinic visit to each site every month for both cases and controls. Only controls who were consistent attenders at the clinics throughout the 64-month study period were included. This was to overcome any bias attributable to the inclusion of only Sizanani Club members who were healthy enough to continue with clinic appointments throughout this time. Admissions listed on outpatient charts were confirmed by checking the available inpatient charts. Where outpatient charts did not indicate any admission, attempts were made to retrieve inpatient files in case there had been failures in record-keeping. If either chart indicated hospitalization in other institutions, these were contacted and details were requested. The numbers of hospital admissions and total hospital days were compared between the two groups.

Diagnoses were known for 16 of the 18 club members included in the study: schizophrenia accounted for six cases, epilepsy for four, depression and psychosis for two each, and bipolar disorder and panic attack for one each. In the 34-strong control group, diagnoses were known for all but one of the patients: epilepsy (17), schizophrenia (15) and senile dementia (1). There were significantly more patients with schizophrenia or epilepsy in the control group than among club members.

In the first 32 months there were nine hospitalizations among five of the patients who became club members. One was
admitted four times for unipolar depression, one was admitted twice for bipolar depression, and three were admitted for schizophrenia. Encouragingly, the patients with unipolar and bipolar depression subsequently attended club meetings and clinics and did not require further hospitalization. In the second period of 32 months a different member was admitted once for psychosis. The nine initial hospitalizations lasted for a total of 248 days, and the later one for 11 days. The average lengths of stay during the first and second periods were thus 27.5 and 11 days respectively.

For the controls there were ten hospitalizations during the first period. These lasted a total of 172 days and involved eight patients, two of whom were admitted twice. During the second period there were five hospitalizations lasting 119 days altogether, three patients being admitted once and one being admitted twice. The average length of stay in hospital increased from 17.2 to 23.8 days. All these admissions were for treatment of schizophrenia or epilepsy.

Since there are insufficient beds for psychiatric patients it is necessary to seek ways of decreasing the demand for admissions to hospital. The Sizanani Club advocates consistent follow-up of outpatients by the mobile psychiatric nurses. This recognizes the fact that many patients with psychiatric symptoms initially consult traditional healers, then faith healers, and finally, as a last resort, seek help from allopathic providers (2). Even after psychiatric treatment, contact is often maintained with other healers. In the Agincourt subdistrict, 46% of patients have been taken by their carers to a traditional healer at some time (1).

Hospitals and clinics are mostly used when patients are epileptic or psychotic and do not respond to treatment by traditional healers. At the outpatient clinics of the Tintswalo Hospital in 1995, 73% of patients had schizophrenia or epilepsy. The treatment of other conditions, perceived as less serious, is often left permanently in the hands of traditional healers. The increasing treatment of epilepsy by psychiatric nurses may be the result of a trend towards health service decentralization (3) whereby mobile teams provide ready access to care in the community.

The small number of control patients with diagnoses other than schizophrenia or epilepsy at the Hluvukani, Islington and Ludlow clinics is partly attributable to their exclusion from the study because of erratic attendance during the first period. Their attendance would probably have remained inconsistent if they relied on traditional healers.

The decline in hospital admissions among club members was not statistically significant. Part of the explanation for this is the small number of admissions before the club was formed. Nevertheless, there was a clear decline in the number of patients admitted, total admissions and average length of stay among members (but not non-members) after the Sizanani club was formed. The reduction of 237 hospital
days between the first and second periods was clearly substantial. It also has important financial implications. With free tax-funded care available in South Africa since April 1996, the public health service has a financial stake in decreasing in-patient stays by supporting effective community-based care.

"We're better when we're together ... We're getting to know each other ... Before, we just used to collect our medicine once a month ..."

— a member of the Sizanani Club.

It is conceivable that the issues discussed in club meetings, such as the purpose of treatment and the importance of compliance, helped to reduce the length of stays in hospital. Because it is difficult to assess the continuing status of psychiatric patients on a monthly basis, the extent to which they use information gained in support groups should be verified by making enquiries of carers and family members with whom they interact daily.

These findings, though not conclusive, are certainly suggestive. Against a backdrop of decentralization of care, they argue for an increased role for district-based support groups in improving the health of local communities.

Acknowledgements
The contribution of Thulani Masilela to the founding of the Sizanani Club is warmly recognized. The authors are also grateful to David Nxumalo for his help in locating patients’ charts.

References