SCHIZOPHRENIA

Treatment & Referral Guide

How to recognise Schizophrenia

The nature and causes of Schizophrenia

Treatment Options

THE SOUTH AFRICAN DEPRESSION AND ANXIETY GROUP

(011) 262-6396
www.sadag.co.za

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About this brochure:

This leaflet is for:

- Anyone who has been given a diagnosis of schizophrenia
- Anyone who thinks they might have schizophrenia
- Friends and relatives of someone who has been given a diagnosis of schizophrenia

In it you will find:

- What it is like to have schizophrenia
- What may cause schizophrenia
- The different treatments that are available
- How to help yourself
- Some information for relatives

Stigma

"Schizophrenia" is a word that many people associate with violence and aggression. The media regularly use it in this way, although it is unfair and inaccurate. This causes extreme stigma and discrimination, which prevents people seeking help.

What is Schizophrenia?

Schizophrenia is a mental disorder that affects around 1 in every 100 people. It affects men and women equally. It is rare before the age of 15, but can start at any time after this, most often between the ages of 15 and 35. There is currently no physical or lab test that can absolutely diagnose schizophrenia - a psychiatrist usually arrives at the diagnosis based on clinical symptoms. What physical testing *can* do is rule out a lot of other conditions (seizure disorders, metabolic disorders, thyroid dysfunction, brain tumour) that sometimes have similar symptoms.

Symptoms of Schizophrenia

People diagnosed with schizophrenia usually experience a combination of symptoms: positive (hallucinations, delusions, racing thoughts), negative (apathy, lack of emotion, poor or

non-existent social functioning), and cognitive (disorganized thoughts, difficulty concentrating and/or following instructions, difficulty completing tasks, memory problems). *Positive Symptoms* are things people with schizophrenia have that other people don't have; *Negative Symptoms* are the things that they do not have that other people without schizophrenia do have.

Positive Symptoms

These unusual experiences are most common in schizophrenia but can occur in other mental disorders as well.

Hallucinations

Hallucinations are distortions or exaggerations of perception in any of the senses - when you hear, smell, feel or see something, but there isn't anything (or anyone) actually there. The most common hallucination is hearing voices (auditory hallucinations) followed by visual hallucinations (seeing things).

What is it like to hear voices?

These voices may sound very real to you. They seem to be coming from outside you, although other people can't hear them. They may sound like they are coming from a particular place, like the television set, or from many different places. The voices may talk to you directly or may talk amongst each other about you. It may sound as if you are overhearing a conversation. Voices can be pleasant but are often threatening, scary, critical, abusive or irritating.

How do people react to them?

People often feel that they have to do what the voices tell them to do even if the voices are instructing them to do something bad. It is sometimes very difficult to ignore the voices even though you want to.

Other kinds of hallucinations

Hallucinations of smell, taste and touch also occur although these are less frequent.

Delusions

Delusions are firmly held beliefs that you hold with complete conviction although they are based on distortions or

exaggerations of reasoning and/or misunderstandings of situations or events. The reasons for these beliefs are often unexplainable, i.e. you “just experience them”. The common categories of schizophrenia delusions include persecution delusions (feelings that you are being spied on, conspired against, cheated, drugged, or poisoned), jealousy delusions (a feeling without just cause that your loved one is unfaithful), and self-importance delusions (also known as delusions of grandeur - the feeling that you have a great but unrecognised ability or talent, or the belief that you are a very important person).

Delusions of being followed or watched are also common, as are beliefs that radio or TV programs are directing special messages about you or directly to you.

How do they start?

The belief in the delusion often follows weeks or months of feeling that there is something strange happening that you couldn't explain. Delusions are also sometimes an explanation for hallucinations. For example: if you are hearing voices telling you that you are bad and have done something wrong, you may start believing that you are being watched by the police.

Paranoid Delusions

This involves beliefs that you are being persecuted, watched or harassed. These beliefs fall into two categories:
Unusual - You may believe that the government or police are watching you or you are being influenced by a neighbour or colleagues who are using special powers.
Everyday - You may start believing that your partner is unfaithful, a conclusion you reach because of “evidence” that has nothing to do with infidelity (like your partner bought new shoes). Others around you can see there is no evidence at all to suggest that your beliefs are true.
These delusions are obviously distressing for the people who believe them but also for those seen as 'persecutors' particularly if they are friends or family members.

Coping with Delusions:

Delusions affect your behaviour and it may be difficult to discuss them with people because they won't understand or you feel that they are trying to harm you. You may keep away from people or sometimes fight back if you feel very

threatened. If you feel persecuted, you may move from place to place. It is important to find someone to talk to about how you are feeling.

Other positive symptoms include:

Grossly disorganised behaviour: includes difficulty maintaining goal-directed behaviour, unpredictable agitation, social disinhibition, or behaviour that is bizarre to onlookers.
Catatonic behaviour: characterised by a marked decrease in reaction to the immediate surrounding environment, sometimes taking the form of motionless and apparent unawareness, rigid or bizarre postures, or aimless excess motor activity.

Negative Symptoms

These symptoms are less obvious than positive symptoms and include:

- Your interests in life, your energy and emotions seem to “drain away” which makes it very hard to feel excited or enthusiastic about anything
- You may feel uncomfortable with people
- You may not bother to get up or go out
- Difficulty in keeping yourself clean or cleaning your surroundings

Other people find it difficult to understand that you aren't just being “lazy” which is upsetting for you and your family. Your family want you to “pull yourself together” and you can't explain that you just can't.

Affective Flattening

This is the reduction in the range and intensity of emotional expression, including facial expression, voice tone, eye contact, and body language. You are unable to respond to things around you or express feelings of happiness, sadness and sometimes the emotion you do express is inappropriate.

Alogia (Poverty of Speech)

This is the lessening of speech fluency and productivity, thought to reflect, slowing or blocked thoughts, and often manifests as short, empty replies to questions.

Avolition

This is the reduction, difficulty, or inability to initiate and persist in goal-directed behaviour; it is often mistaken for apparent disinterest. Examples include: no longer interested in going out and meeting with friends, no longer interested in activities that you used to show enthusiasm for, no longer interested in much of anything, sitting in the house for many hours a day doing nothing.

Cognitive Symptoms

Muddled Thinking ("Thought Disorder")

Disorganized speech/thinking, also described as "thought disorder" is a key aspect of schizophrenia. Disorganized thinking is usually assessed primarily based on the person's speech.
It becomes harder to concentrate and you often can't:

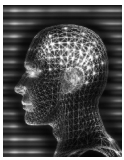
- Focus at work or finish a simple task
- Finish an article in the newspaper or watch a TV programme to the end
- Keep up with your studies

Your thoughts seem to wander and you drift from idea to idea without any obvious connection between them, then can't remember what you were originally thinking about. You may start speaking rapidly and your speech may become slurred. When your ideas become disconnected, it is hard for people to understand you.

Feeling of being controlled:

You may feel that:

- Your thoughts are being taken out of your mind
- The thoughts in your head aren't yours someone else has put them there
- Your body is being taken over or you are being controlled like a robot



People explain these experiences in different ways. Some people believe the radio, television or laser beams are causing these things or that a device has been implanted in them; others blame the "Devil", witchcraft or "God".

Does everyone with Schizophrenia have all these symptoms?

No. There are people who will only have one or two symptoms whereas other people will have a number of both positive and negative symptoms.

Depression:

- Before getting treatment or seeking help, about half of people with schizophrenia will first feel depressed
- About 1 in 7 people with schizophrenia also have depression which is often not diagnosed because it is mistaken for negative symptoms
- Medication can help reduce depression in people with schizophrenia
- If you have schizophrenia and feel depressed, tell your doctor and request appropriate treatment

Types of Schizophrenia

- Paranoid schizophrenia - These persons are very suspicious of others and often have grand schemes of persecution at the root of their behaviour. Hallucinations, and more frequently delusions, are a prominent and common part of the illness.
- Disorganized schizophrenia (Hebephrenic Schizophrenia) - In this case the person is verbally incoherent and may have moods and emotions that are not appropriate to the situation. Hallucinations are not usually present.
- Catatonic schizophrenia - In this case, the person is extremely withdrawn, negative and isolated, and has marked psychomotor disturbances.
- Schizo-affective disorder - These people have symptoms of schizophrenia as well as mood disorders such as major depression, bipolar and mania.
- Undifferentiated Schizophrenia - Conditions meet the general diagnostic criteria for schizophrenia but don't conform to any of the above subtypes, or exhibit the features of more than one of the subtypes without a clear predominance of a particular set of diagnostic characteristics.

What causes schizophrenia?

We don't know what causes schizophrenia but it is likely to be a combination of several factors and will be different for everyone. Experts agree that schizophrenia develops as a result of interplay between biological predisposition (inheriting certain genes) and the kind of environment a person is exposed to (for example: whether their mother was sick while pregnant, if they were sick as a baby or if they experienced a trauma or stress).

Genetics:

1 in 10 people with schizophrenia have a parent with the illness.

Damage to the Brain:

Studies have shown that damage to the brain due to problematic birth that caused lack of oxygen or viral infections during the early months of pregnancy, may predispose someone to developing schizophrenia.

Narcotics and Alcohol:

The use of street drugs like ecstasy, LSD, tik, crack and marijuana can trigger schizophrenia and the use of alcohol can make symptoms worse for people who already have the illness.

Trauma and Stress:

The onset or worsening of symptoms is often preceded by stress or trauma such as a loss, car accident, hijacking or everyday stress like work stress or exams. Long-term stress like family or financial problems can make symptoms worse.

Outlook:

Many people with schizophrenia are able to work and have lasting relationships, and need never go into hospital. 1 in 5 people with the illness may continue to experience symptoms that interfere with their functioning.

What will happen without treatment?

Suicide is more common in people with untreated schizophrenia.

The longer schizophrenia is left untreated, the greater the impact on your life and the worse the symptoms will be. The sooner the illness is diagnosed and treated, the better the outlook.
If the symptoms are identified early and treatment is started:

- You are less likely to have to go into hospital
- If you do go into hospital, it is for a shorter period
- You are more likely to be able to work and live independently

Treatment:

If you have the symptoms of schizophrenia, it is very important to be assessed and start treatment as soon as possible.

You may need to go to a hospital or clinic for assessment. If you have to be booked into a hospital, it is usually only for a few days or couple of weeks. Afterwards, treatment and care can continue at home.

Medication is vital and helps the most disturbing symptoms of the illness. However, psychological treatment and support from friends and relatives is very important.

Medication:

Certain medications can seriously affect the way other medications work so it is very important to tell doctors, dentists and pharmacists what medication you are on.

Why take medication?

The aim of treatment is to reduce the symptoms of schizophrenia.

Medication should:

- Weaken symptoms of delusions and hallucinations gradually over a period of weeks
- Help you think more clearly
- Encourage you to look after yourself
- Help you live more independently

What should I tell my doctor before I start taking medication?

Your doctor will need to know if you:

- Have had an allergic reaction to any medication before
- Are taking, or planning to take, any other medication (prescription or over-the-counter) or herbal remedy as medications can negatively affect each other
- Are pregnant or planning to fall pregnant
- Are breastfeeding or planning to breastfeed
- Drink alcohol or use street drugs
- Have diabetes or a family history of diabetes
- Have a history of liver, heart or kidney problems
- Exercise very hard or work in hot or sunny places

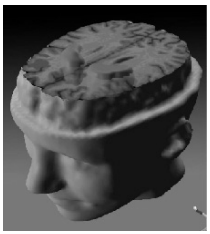
Are there any specific things I should know before starting medication?

At the start of treatment, or after an increase in dosage, you may feel light-headed or dizzy. You may also feel drowsy - this is common and normal. If you experience any of these, get up slowly from sitting or lying down and be careful when driving or operating machinery.

Side-effects:

- Stiffness and shakiness, and feeling sluggish and slow in your thinking
- Restlessness and irritability
- Problems with your sexual performance
- Persistent movement of mouth and tongue called tardive dyskinesia

If you experience any of the above side effects, you should discuss them with your doctor.



Atypical anti-psychotics:

Over the last 10 years, several newer medications have appeared that work on a different range of chemicals in the brain.

These are less likely to cause side effects but they may cause weight gain and sexual health problems. Many people on these newer medications find the side effects easier to handle.

Tablets	Trade Name	Average Daily Dose (mg)	Max. Daily Dose (mg)
Aripiprazole	Abilify	10 – 30	30
Amisulpride	Solian	50 – 800	800
Clozapine	Leponex	200 – 450	900
Olanzapine	Zyprexa	10 – 20	20
Quetiapine	Seroquel	450 – 600	750
Risperidone	Risperdal	4 – 6	16
Injections (may be given 2 -4 weekly)		Average 2 Weekly Dose	Max. 2 Weekly Dose
Risperidone	Risperdal Consta	25	50

Typical anti-psychotics:

Tablets	Trade Name	Average Daily Dose (mg)	Max. Daily Dose (mg)
Chlorpromazine	Largactil	75 – 300	300
Haloperidol	Serenace	3 – 15	30
Pimozide	Orap	4 – 20	20
Trifluoperazine	Stelazine	5 – 20	
Sulpiride	Espiride	200 – 800	800
Injections (may be given 2 -4 weekly)		Average 2 Weekly Dose	Max. 2 Weekly Dose
Flupenthixol Decanoate	Fluanxol	40	
Fluphenazine Decanoate	Modecate	12.5 – 100	
Zuclopenthixol Decanoate	Clopixol	200	

How well does medication work?

- About 4 in 5 people get help from these medications
- Medication controls the symptoms but you have to keep taking the medication *even when you feel well* in order to prevent the symptoms returning
- Symptoms may come back even with treatment, but it is far less likely if you keep taking your medication all the time.
- If one medication isn't working, discuss it with your doctor, you may need to try a different one

How long will I have to take medication for?

- Most doctors and psychiatrists will suggest you take medication for a long time
- If you want to reduce or stop your medication, always discuss it with your doctor first

What happens if I stop taking my medication?

- The symptoms of schizophrenia will usually come back immediately

Is medication enough?

Schizophrenia can make it very difficult to deal with the demands of everyday life. Sometimes the symptoms are controlled. It can be difficult to get back to doing ordinary things like washing, shopping or making a phone call. Medication is very useful but it is not enough. You usually need other types of help like psychological help and a support group to help give yourself the best chance of recovery.

Psychological Treatment:

Cognitive Behavioural Therapy (CBT)

The CBT therapist helps you to see:

- How you think about yourself, the world and other people
- How what you do affects your thoughts and feelings

CBT can help you to make sense of your problems by breaking them down into smaller parts. This makes it easier to see how they are connected and how they affect you, such as how a problem, event or difficult situation affects your thoughts, emotions, physical health and actions.

Most people have between 8 and 20 sessions and for CBT to be effective you should have at least 10 sessions over 6 months.

Counselling:

This doesn't affect the symptoms of schizophrenia but can help if you need to talk to someone about how you are feeling and get support with daily problems.

Interpersonal Therapy or Family Therapy (Family Meetings):

These can help you and your family cope better with the situation. You can discuss information about schizophrenia and find practical ways to cope with problems. About 10 sessions are needed over 6 months.

Community Help:

There are organisations like the South African Depression and Anxiety Group, SABDA or the South African Federation for Mental Health who you can phone for help in your area. Contact numbers are at the back of this brochure.

Social Life:

You may not have a job or may be unable to go back to work. Even so, it is very important for you to get out and do something every day. Many people go regularly to a community centre or support group or help at a charity in their area. These offer a range of activities that can help you keep active and allow you to spend time with other people.

Self Help:

Learn to recognise early warning signs like:

- Not eating or sleeping
- Feeling anxious
- Not caring about your personal hygiene
- Feeling a little suspicious, starting to hear voices sometimes, finding it difficult to concentrate

Try to avoid things that make you feel worse:

- Stressful situations
- Using drugs and/or alcohol
- Arguing with family or friends

Find ways of controlling your voices:

- Keep busy
- Spend time with people
- Remind yourself that the voices cannot hurt you
- Tell yourself the voices have no control over you you are in control
- Join a support group and talk to other people with schizophrenia

Learn about schizophrenia and your medication:

- Talk to your doctor, psychiatrist or mental health worker
- Ask for written information and learn as much as you can about the illness and your treatment

Look after your body:

- Try to eat a balanced, healthy diet
- Try to reduce your smoking
- Do regular exercise - even walking for 20 minutes a day

Other things you can do include:

- Learn relaxation techniques
- Do something you enjoy on a regular basis, like cooking, listening to music or playing soccer
- Tell someone you trust if you start feeling unwell again
- If you feel stigmatised or ill treated, call one of the numbers at the back of this brochure and tell them. Don't get upset, get active and be involved

For Families:

It may be hard to understand what is happening if a loved one develops schizophrenia, often no-one realises what is happening until later.

How it may start:

Your loved one may become strange, distant or just seem different to how they used to be. They may avoid contact with other people and become less active. If they are hearing voices, they may look away from you while you are talking as if they are listening to someone else. Your loved one may talk about their delusions, or may keep quiet about them. Their sleep patterns may change so that they sleep during the day but are awake at night. When you talk to your loved one, their speech may be difficult to understand.

These changes often happen slowly and may be particularly difficult to pick up during the teenage years.

Can I talk to the doctor or psychiatrist?

Families are sometimes left out of discussions about treatment but this should not happen. It is very important for the patient to be supported by the family and the family should have all the information about their illness and treatment to help their loved one most effectively. Families should ask the doctor about

treatment and side effects as well as steps that may help recovery.

Factors identified as keys to recovery:

1. *Family Relationships:* Family stress is a powerful predictor of relapse, while family education and emotional support decrease the rate of relapse.

2. *Supportive Therapy:* Positive relationships with psychiatrists, therapists and/or treatment teams create hope and are essential to improvement and recovery

How to handle specific symptoms and problems associated with schizophrenia:

Delusions: It's upsetting and frustrating to be the victim of delusions, and often the closest family members and relatives are the first targets of this and other hurtful behaviour.

Due to the condition, a person with schizophrenia often can't think or reason rationally. Explaining logically why the accusation can't be true won't work, and will ultimately be draining and frustrating. Try talking directly with the psychiatrist about the delusional symptoms - the current medication may not be adequate to control them. Also, be aware that delusions can take weeks or months to fade, even if the person is medication compliant.

Voices/Hallucinations: The experience of hearing voices or seeing visions are as real to the person with schizophrenia as hearing real peoples voices are to you. Like delusions, it usually does no good to try and refute them. On the other hand, it's also not a good idea to just "go along with them," which ultimately doesn't help anyone.

One thing you can do is to simply acknowledge that your loved one is experiencing something unique to them - you can say "I'm sorry it's bothering you" or "why don't you tell the doctor about it," which doesn't ignore their experience but also doesn't give false evidence that others can see or hear these things. Sometimes the best thing that family members can do is encourage the ill person to write down/remember their experiences, and discuss them with their doctor.

Anger/Irritability/Mood Swings: Remember that this is the illness talking, not the person. Some people have tried a detached, non-reaction to their relatives' anger; others have

waited for the episode to pass (or calmed themselves down by going for a short walk) and then communicated how much they were hurt by that behaviour. If mood swings are severe, a mood stabiliser might be beneficial. Talk to the doctor about possible options.

Apathy/Lack of Motivation: Although many people believe that these sorts of behaviours are due to medication side effects or a lack of will on the part of the patient, most often they are simply another symptom of the illness. When you consider that schizophrenia severely distorts the way an affected individual senses and perceives the world, it's easier to understand why that person might avoid any sort of stimulation, even just going out to a mall or riding on a bus.

One of the best ways to help is to actively pay attention to your loved one's responses. If they respond positively to your overtures or your attempts at conversation, by all means continue. If you feel rejected or rebuffed, remember that it is most likely a protective mechanism against too much sensory overload; stop and try again later. Establishing small routines or rituals can be very helpful, and a good source of shared time. Try not to push your loved one to do things they don't want to do unless absolutely essential, as this can cause stress for them and make the schizophrenia worse.

Emotional Flatness or Social Withdrawal: Many family members are hurt by a feeling that their loved one is emotionally withdrawing into themselves, and that they just don't relate or interact anymore with the people around them. Schizophrenic patients often have trouble with common social cues that most people do and recognize without thinking - body language, eye-contact, gesturing, varying the tone of the voice, etc. They don't realise they are missing these basic cues, and their absence can make the person seem much more withdrawn and cold than they intend to be.

Find other emotional outlets for yourself - make time to go out with other friends or just you, and spend another time with your loved one. Another thing you can do is specifically bring to the person's attention the fact that you want to share something with them. Sometimes you may have to simply, lovingly, request their love and attention.

Suicidal Thoughts and Tendencies: Suicide is a real and tragic consequence for many schizophrenic patients - about 40% will make at least one attempt, and between 10% and 15% actually succeed in killing themselves. A major factor is depression, which is a common companion of schizophrenia disorders.

Family and friends can help by being very aware of depressive and suicidal tendencies, especially in those individuals recently recovering from an episode or a relapse. Know the places you can call on quickly for help - find the crisis centres in your area and know the services they provide.

5 steps to handling paranoia

1. Place yourself next to your loved one rather than face-to-face. The side-by-side position tends to deflect the paranoid fears away from you. Instead, both of you are looking out at the (hostile) world together. Don't stand directly in front of your loved one, it may be considered confrontational.
2. Avoid direct eye contact. Direct eye contact often makes a paranoid individual feel even more paranoid. Look elsewhere.
3. Speak indirectly. Avoid speaking directly to your loved one. Substitute pronouns such as "it", "he", "she" or "they" for the words "I" and "you".
4. Identify with, rather than fight, your loved one. Whenever possible, your attitudes and emotional expressions should parallel his / hers. The goal is to help the person feel understood. Express anger and frustration with their difficult circumstances. Your own emotional expressions should be taken up to the point of, and perhaps slightly beyond, the persons own emotional expression to show you are on his/her side.
5. Don't rationalise. Share mistrust. The intuitive approach with a paranoid person is to try to persuade him or her to be more trusting. It is often better to do the opposite. No attempt is made to correct or contradict your loved one, or to test reality. Temporarily, their account of reality is accepted as reality. The assumption behind this technique is that, in the midst of a paranoid state, a mixture of real-life stresses and distress from psychotic symptoms overwhelm the patient. The aim is to tell the doctor and let the professional deal with these.

Admission to hospital without consent:

Someone with schizophrenia may not always realise or accept they are ill. They may refuse treatment even though they desperately need it. The Mental Health Care Act of 2002 allows a person to be admitted to hospital against their will.

This is only used if someone needs treatment and cannot or will not accept it and:

- Their health is at risk
- They are a danger to themselves
- They are a danger to others
- They are incapable of making an informed decision about their care

Where the person is under the age of 18, a parent or guardian can make an application for admittance. If the individual is over 18, a parent, guardian, next of kin or spouse may make the application or a mental health professional who has been treating the individual for at least 14 days and has seen a steady decline in health.

Myths and Facts about schizophrenia:

Myth: *Schizophrenia is a split personality*
Fact: People with schizophrenia have only ONE personality. The word 'schizophrenia' comes from the Greek word meaning 'split' or fragmented thoughts and this is perhaps where the confusion started. However, schizophrenia is a split from reality rather than a split in personality.

Myth: *People who have schizophrenia are violent and dangerous*

Fact: People who have schizophrenia are no more likely to be violent than any other group in the community. Violent behaviour is often sparked by using drugs or alcohol and having hallucinations. There is, however, an increased risk of self-harm among people with schizophrenia often because of fear, delusional thinking or the decision to 'no longer cope' with the illness. It is fair to say that a person with schizophrenia has more to fear from the general community than the reverse, as they are often on the receiving end of quite severe stigmatisation, misunderstanding and outright discrimination.

Myth: *People with schizophrenia never get better*
Fact: 1 in 5 people with schizophrenia recover completely.

Myth: *People with schizophrenia have a lower than average intelligence*

Fact: People with schizophrenia do NOT have a lower than average intelligence level. As with any population, there is a variation, but this is not a characteristic of the illness.

Government Hospitals with Psychiatric Care

Western Cape

Groote Schuur Hospital	021 404 9111
Lentegeur Hospital	021 370 1111
Stikland Hospital	021 940 4400
Tygerberg Hospital	021 938 4911
Valkenberg Hospital	021 440 3111

Gauteng

Chris Hani Baragwanath Hospital	011 933 8000
Helen Joseph Hospital	011 489 1011
Johannesburg General Hospital	011 488 4911
Natalspruit Hospital	011 389 0500
Pretoria Academic Hospital	012 354 1000
Pretoria Central Hospital	012 320 0346
Sterkfontein Hospital	011 956 6324
Tara Hospital	011 433 7875
Weskoppies Hospital	012 319 9500

Eastern Cape

Cecilia Makiwane Hospital	043 708 2111
Fort England Hospital	046 622 7003
Frere Hospital	043 709 1111
Glen Grey Hospital	047 878 0018
Komani Psychiatric Hospital	045 858 8400
Tower Hospital	046 645 1122

Free State

Bloem Psychiatric Hospital	051 407 9400
Boitumelo Hospital	056 216 5200
Universitas Hospital	051 405 2911

Mpumalanga

Lydenburg Hospital	013 235 2233
Rob Ferreira Hospital	013 741 6100
Witbank Provincial Hospital	013 653 2000

Limpopo

Evuxakeni Psychiatric Hospital	015 812 1138
Hayani Hospital	015 963 1071/2
Tahabamoopo Hospital	015 632 4112
WF Knobel Hospital	015 221 0041

Kwazulu Natal

Addington Hospital	031 327 2000
Grey's Hospital (PMB)	033 897 3000
Townhill Hospital (PMB)	033 341 5500

Northern Cape

Kimberley Hospital	053 802 9111
Westend Hospital	053 832 7082

North West Province

Carletonville Hospital	018 788 1700
Mafikeng Bopheleng Hospital	018 383 2005
Witrand Hospital	018 294 5221

Other Helplines

South African Depression and Anxiety Group	011 262 6396
Suicide Crisis Line	0800 567 567

SADAG Help Line	0800 205 076
Schizophrenia And Bipolar Disorders Alliance	011 463 9901
Mental Health Information Centre	021 938 9229
Cape Mental Health	021 447 9040
Bipolar and Related Disorders Association	012 348 6057
Viva Youth Life	011 464 3596
Cape Support for Mental Health	021 671 1573
Federation for Mental Health-Johannesburg	011 781 1852
Federation for Mental Health- Pretoria	012 332 3927
Federation for Mental Health- Cape Town	021 447 9040
Federation for Mental Health- Durban	031 207 2717
Federation for Mental Health- Bloem	051 444 0212/3
Federation for Mental Health- P.E	041 365 0502
Federation for Mental Health- North West	018 297 5270
Federation for Mental Health- Mpumalanga	013 282 7177/7846
Federation for Mental Health- Limpopo	015 307 4732

Schizophrenia Support Groups

Edenvale	011 972 2879
Roodepoort	011 674 1200
Pretoria	012 348 6057
Witbank	013 692 7478
Cape Town	021 671 1573
Cape Town	021 788 3301
Cape Town	021 940 4561
Cape Town Stikland Support Group	021 940 4452
Somerset West	021 855 3684
Port Elizabeth	041 365 0502
Durban	031 469 4668
Durban	031 701 2255
Swaziland	+268 635 5152

Schizophrenia Assisted Accommodation

West Rand Ebenezer House	011 955 6595
Johannesburg Central Gordonia	011 614 6855
West Rand Moonlight Homes	011 410 6990
Johannesburg South Talisman Foundation	011 435 0727 / 8
Pretoria Yana	012 330 1797
Pretoria Cullinan Rehabilitation Centre	012 734 1038
Cape Town Fountain House	021 447 7409
Cape Town Hope House	021 689 3507
Cape Town St Anthony's	021 689 1665
Cape Town Help Jou Naaste	021 981 9850
Cape Town Abri Foundation	021 447 0562
Cape Town Hopefield House	021 854 6586
Cape Town Comcare	021 448 0760
Cape Town Claro Clinic	021 595 8500

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