Driving along the Blue Route in Cape Town the other day I noticed a man walking down the highway who had solved the problem of where the voices in his head were coming from – he was holding an old telephone receiver to his ear. That is one way of rationalising psychosis, I suppose. But, amusing as this may be, it highlights something that appears to me to be increasing – the appearance of obviously mentally disturbed vagrants wandering the streets. Over the past few years in my little area of Cape Town alone, I have noticed an increasing number of men and women on the streets – unkempt, probably hungry and, from their behaviour, mentally disturbed. There was the old man regaling the lamp post next to Noordhoek Main Road the other morning, then another gentleman, completely naked, sitting under a bridge on the highway a while ago (he has subsequently been seen in a wet suit) – the list goes on.

A few years ago, when I was working for the then City Council on the Cape Flats, we were told that mental health care was going to be transferred from the major hospitals to the community. This meant that, wherever possible, the mentally disturbed would be at home and cared for by community clinics. The idea was that nursing staff would be trained in the care of the mentally ill, the clinics would stock the appropriate medications and the institutionalisation of the chronically mentally ill would be reduced – a laudable aim. However, many years ago I did a locum as a psychiatry registrar in a large London hospital. The British had decided some time ago to devolve the care of the mentally ill to the community – something that with the amount of support available in that country both from the health and social services, you would have thought would work quite well. Not so, according to the local psychiatrists I was working with. It apparently led to untold problems and, in fact, one Friday afternoon I landed up dealing with a very unstable schizophrenic whose family were at the end of their tether with him. I found it almost impossible to have him admitted anywhere – even for respite care.

I understand that institutionalising people is not necessarily the way to deal with chronic mental illness – but on the other hand, before unilaterally deciding to send these people back out into the community there should be an assessment of the ability of the community to deal with them and their difficulties. People I spoke to in Britain said that this really hadn’t been done before the policy change. There was very much an assumption that the structures already in place such as home visitors and community nurses – along with the patient’s family GP – would be able to take over management. As far as I remember it, there was certainly an attempt to warn the community service in Cape Town that this was going to happen and to put certain structures in place in anticipation – but I would be surprised if any reasonable assessment of these structures’ readiness for this task took place. I know that a few of us – and there are only a few doctors out there – took the time to brush up on our psychiatry, but the nurses were really concerned about the impact on the broader community, specifically the patients’ families.

That is another difference from Britain. There, families have access to social services that can only be dreamed of here – and they still found having their mentally ill relative living with them an intolerable burden. Here, we have communities that are drained by poverty, unemployment, HIV/AIDS, other chronic illnesses and a daily battle against crime (and no, I am not talking about the leafy suburbs!). Add to that the fact that often several families are squeezed together in inadequate housing, and it is small wonder that the unfortunate mentally disturbed land up walking the streets. All policies need reassessment from time to time to see if the original aims are being met and if the results are appropriate. Has this been done? Is there any effort to find out if the community – families and health care professionals – is coping? And more to the point – has anyone asked the patients themselves if they really are happier on the streets? 

Bridget Farham

BY THE WAY . . .

TREATING ANKLE SPRAINS

The conventional advice for ankle sprains is ice, and to rest, to compress, and to elevate; a fifth piece of guidance may now be appropriate: slap on a patch. A randomised, double-blind placebo-controlled study reported that applying a daily topical ketoprofen patch significantly reduced reported pain and swelling and improved the speed of overall recovery. The topical anti-inflammatory produced no evidence of systemic side-effects.