

MEDI BRIEF

MAY 2022

Our mental health – with how much can we cope?

Hope and fear are normal, but when either controls our lives, it tends to cause an imbalance leaving us unable to sleep and function normally. Mostly, this is transient, our coping mechanisms protect us, and we find our balance again quickly. When we are faced with prolonged stress, pain or abuse, a numbness can set in and it takes longer to recover. In some cases, the patterns of fear and desperation become our new normal.

None of us has lived through a pandemic. The unknown can sometimes be frightful, and this threat was particularly uncertain, at times confusing, leaving us bewildered, stressed and possibly terrified. Each of us will have been impacted and coped with it differently; whether it was facing our own or a loved one's loneliness, loss of income or status, health fragility, mortality or worse, having someone close pass away. We all learned new coping skills – some good, some not so good – and at certain times we may have simply given up when we could not cope any longer. This is when our emotions are at their rawest; we may not be able to think as clearly as before and become prone to more damaging mental illness. Although there are many factors that contribute to mental illness – not only a pandemic, external pressure or the society we are living in – there is no single cause for the development of mental problems and therefore no bulletproof way of preventing it.

All of the below factors can play a role:

- Genes and family history;
- Life experiences, such as stress or a history of abuse, especially if they happen in childhood;
- Biological factors such as chemical imbalances in the brain;
- A traumatic brain injury;
- A mother's exposure to viruses or toxic chemicals while pregnant;
- Use of alcohol or recreational drugs;
- Having a serious medical condition like cancer; or
- Having few friends, and feeling lonely or isolated.

If we are facing a mental health challenge, we do not have to deal with it alone. There are tools – healthcare professionals, medication and groups – that can help and support us. Seeking help when symptoms appear should be no different from going to the dentist to sort out a toothache, or the doctor when you have a high fever, but for some reason we are all scared to face the depths of our emotions and brains. Like with any other chronic condition, the longer it's left, the harder it becomes to treat.



The first step is recognising a problem, be it your own or someone else's. Keep an eye out for warning signs, understand and recognise the triggers and what to look out for. There are a variety of emotional and mental disturbances and symptoms may differ depending on the condition and circumstances.

Here are a few examples of symptoms:

- Dramatic changes to sleep and appetite;
- Decline in personal care and hygiene;
- Rapid or dramatic shifts in emotions;
- Withdrawal from social activities that the person previously enjoyed;
- Change in performance at school, work or social activities that is out of the ordinary;
- Problems with concentration, memory or logical thought and speech that are hard to explain;
- Heightened sensitivity to sights, sounds, smells or touch;
- Loss of initiative or desire to participate in any activity;
- Vague feeling of being disconnected from oneself or one's surroundings; a sense of unreality;
- Unusual or exaggerated beliefs about personal powers to understand meanings or influence events; illogical or 'magical' thinking typical of childhood in an adult;
- Fear or suspiciousness of others;
- Uncharacteristic behaviour; or
- Suicidal thoughts.

When to see a doctor or support a loved one

It is best to seek professional help if you notice any of these symptoms or, if experiencing suicidal thoughts, one should seek help immediately. You could start with seeing your GP; if needed, they can refer you to a specialist for further treatment. If you notice these symptoms in a loved one, it is best to have an open discussion. Although you might not be able to convince them to take up professional care, you can still offer them support and understanding.

You can also help them to find a qualified mental health professional, make an appointment and offer to accompany them to the appointment. Take your loved one to a hospital or call for help if they have harmed themselves or are considering doing so.

Teen mental healthcare

Mental illness can start quite young, with 50% of conditions starting by age 14, according to the World Health Organization (WHO). Despite this, mental illness largely goes undetected and untreated at these ages. According to the South African Depression and Anxiety Group (SADAG), 9% of all teen deaths are desperate young people ending their own lives. SADAG points to a major link between depression and suicide, particularly where the signs of depression are not recognised and treated.

World Health Organization data further shows that:

- Depression is the fourth leading cause of illness and disability among adolescents aged 15 to 19 while anxiety is the ninth leading cause. Suicide is the third leading cause of death in this age group; and
- 90% of adolescent suicides take place in the world's low- or middle-income countries.

To sum it all up, it's no wonder why we or our loved ones struggle with everything that is going on around us. It is important to remember that you are not alone and that you shouldn't hesitate to reach out to healthcare professionals and services, and make use of the tools and help that are available to you.

Sources: Discovery Health, World Health Organization, South African Depression and Anxiety Group

Adding new dependants to your membership

In the February 2022 edition of MediBrief we explained who can be added to your AMS membership as your dependant. We mentioned that natural children, stepchildren or legally adopted children can be registered as child dependants. If you are expecting an addition to your family, please remember to register the child within 30 days of joining your family, whether it is by birth or by adoption. Should you miss the 30-day deadline, a general waiting period of three months would apply, where you might not be able to claim for healthcare services. In the case of prematurely born babies this can become very costly, as these infants generally need a lot of medical care, mostly in hospital, until they are considered 'full term'. The same 30-day period applies if you get married or add any other family member to your membership that depends on you. Whichever scenario it is, please remember to add your dependant to your membership as soon as they become part of your family.

What happens to my dependant's membership when I die?

As much as we don't like talking about this topic, this is one of the most frequently asked questions we receive from our pensioner members. Luckily, the answer to this question is a reassuring one. If you, the main member die, your spouse, or oldest child – if they have been orphaned – can take over your status as main member of the Scheme. The Scheme would contact the relevant dependant and inform them that they are eligible for continuation of membership.

The membership will in fact be automatically transferred unless the eligible dependants instruct the Scheme otherwise in writing. As one should update their will and living will from time to time, you should also speak to your dependants about the continuation of your members for their peace of mind.

Use your preventative care benefits

The Scheme can see it in the claims submitted by members: many of us avoided the doctor and necessary health checks during the pandemic. Even now, as we approach winter, we feel like we should rather not meet too many people indoors. We do however urge you to make use of your preventative benefits – not only if you notice health concerns. Many chronic conditions, when diagnosed and treated before you 'feel' the effects of the condition, can be managed, preventing them from progressing or worsening. Once you have identified a chronic condition, don't forget to register it as soon as possible. This ensures that diagnostic tests, consultations and medication for this condition will be paid out of a dedicated benefit, which will be made available when you register the condition, and not from your day-to-day benefits. Check on the Scheme website or your Benefit Guide which chronic conditions the Scheme considers for funding. To ease this process, we try to keep the admin very simple: to register your condition, your doctor or pharmacist just needs to call the Scheme.

Do you have further questions on the articles in this edition? Contact us on the numbers and addresses listed here:

Visit www.angloms.co.za to learn more about your Scheme and benefits.

Find all previous MediBrief editions in the Info Centre > Knowledge Library.

Member Queries:

Value Care Plan: 0861 665 665, anglo@primecure.co.za

Standard and Managed Care Plan: 0860 222 633, member@angloms.co.za

Claims: claims@angloms.co.za