



Medical Aid Scheme

Administered by
 **Discovery**
Health



Newsletter

2ND EDITION | 2023



Mental health awareness

Mental health awareness is important all year round

July is recognised as Mental Illness Awareness Month in South Africa. However, mental health is important no matter the time of year.

Mental illnesses encompass a wide range of conditions that affect individuals' emotional, cognitive and behavioural wellbeing. Mental health disorders come in various forms, such as:

- Anxiety disorders
- Depression
- Bipolar mood disorder
- Eating disorders
- Personality disorders
- Post-traumatic stress disorder
- Psychotic disorders, such as schizophrenia

SOME SYMPTOMS OF MENTAL HEALTH CONDITIONS

The signs and symptoms of mental health disorders may differ depending on the condition and the circumstances.

Here are a few examples of symptoms:

- Dramatic changes in sleep patterns and appetite
- Decline in personal care
- Rapid or dramatic shifts in emotions
- Withdrawal from social activities that the person previously enjoyed
- Loss of initiative or desire to participate in any activity
- Uncharacteristic behaviour
- Suicidal thoughts

It's important to recognise signs of a possible mental illness in children and teenagers, which include:

- Loss of interest and persistent sadness
- Being angry or irritated more often
- Frequent crying
- Spending a lot of time alone
- Missing school often
- Sudden change in behaviour and school performance.

TEEN MENTAL HEALTHCARE

Mental health disorders can manifest at a young age, with 50% of mental health conditions starting by age 14, according to the World Health Organization (WHO). Despite this, it goes largely undetected and untreated.

According to the South African Depression and Anxiety Group (SADAG), 9% of all teen deaths are due to suicide. 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 also shows that depression is the fourth-leading cause of illness and disability among adolescents aged 15 to 19. Anxiety is the ninth leading cause and suicide is the third leading cause of death in this age group. The data also shows that 90% of adolescent suicides take place in low-income or middle-income countries.

It is important that adults, guardians and other adults recognise the signs of a mental health condition in children and teenagers, so that they can have open and honest discussions with their young loved ones who may need help.

In this article, we will look at how TFG Medical Aid Scheme can support you and your loved ones if you need help for depression.

SEEKING PROFESSIONAL HELP

If you are experiencing symptoms of mental illness or have suicidal thoughts, or know someone who is struggling with these symptoms, it is important to seek professional help. Your doctor can refer you to a specialist. You can also contact an organisation that supports people who have mental health disorders. We have included some of these details in the next section of this article.

TFGMAS' MENTAL HEALTH CARE PROGRAMME'S MENTAL HEALTHCARE SUPPORT TO TREAT DEPRESSION

TFGMAS' **Mental Health Care Programme** gives you and your dependants who are being treated for major depression enhanced support and additional benefits to better manage the condition. The programme promotes the diagnosis and initiation of treatment for major depression. This reduces the fragmented care between mental and physical health, allowing for faster diagnosis and treatment.

Qualifying members will have access to the following benefits:

- Up to three consultations (virtual or face-to-face) with your enrolling Premier Plus GP, one of which may be claimed as an extended consultation.
- Psychotherapy consultations.
- When enrolled by a Premier Plus GP, you have access to antidepressant medicine and have, amongst other medicines also available depending on your chosen benefit plan, access to medicine in the selective serotonin reuptake inhibitors (SSRI) class up to a monthly amount of R90.

You can use the **Find a healthcare professional** tool on our website to find a network psychologist if you need support or treatment. A psychologist can enroll you onto the Mental Healthcare programme. A GP can refer you to a psychologist for psychotherapy sessions or you can find a psychologist and book a consultation.

YOU CAN ALSO CONTACT THESE ORGANISATIONS

Here are the contact details of some of the organisations that support people living with mental health conditions:

The South African Depression and Anxiety Group (SADAG)
| www.sadag.org | 0800 567 567

PsychMatters Centre | www.psychmatters.co.za

You can also contact 011 450 3576 or email info@psychmatters.co.za for psychotherapy, parental guidance, group or family therapy, or the Living Legend teen workshop to empower your teen with life skills.

Lifeline | www.lifeline.co.za | 0861 322 322

Childline | www.childlinesa.org.za | 0800 055 555





The Diabetes Care Programme

The Diabetes Care Programme gives you extra support to manage diabetes

The Chronic Illness Benefit (CIB) and its basket of care are available to members living with diabetes. This is a basic benefit that helps members manage this chronic condition diagnosed by a health professional.

In addition to this basket of care, TFG Medical Aid Scheme (TFGMAS) introduced an enhanced Diabetes Care Programme in January 2023. It gives you access to more personalised tools and benefits to manage the condition. To ensure the best support and improved health outcomes, TFGMAS also enhanced the Premier Plus General Practitioner (GP) Network and GPs were invited to join the Network. A GP that enrolls you on the Diabetes Care Programme is required to be registered on the Premier Plus GP Network and must either be the billing or treating provider when submitting the claim for claims to pay from the Diabetes Care Programme benefit. If your current enrolled GP is not on the Premier Plus Network even, if they are the treating provider submitting a claim, the claim will not be funded.

A **Premier Plus GP** is a GP contracted to our GP Network to give you coordinated and enhanced patient care for a list of chronic conditions. This includes coordinated care for diabetes. **The introduction of the Diabetes Care Programme and its enhancements aims to ensure improved patient management for diabetes and aims to support other managed healthcare programmes where members are diagnosed with other chronic conditions as well.**

WHAT DO I GET FROM THE DIABETES CARE PROGRAMME?

Once your Premier Plus GP registers you for the Diabetes Care Programme, you get additional cover and tools. These extras benefits are not paid from your day-to-day benefits, but are funded from the diabetes basket of care available to you once you are registered on this programme.

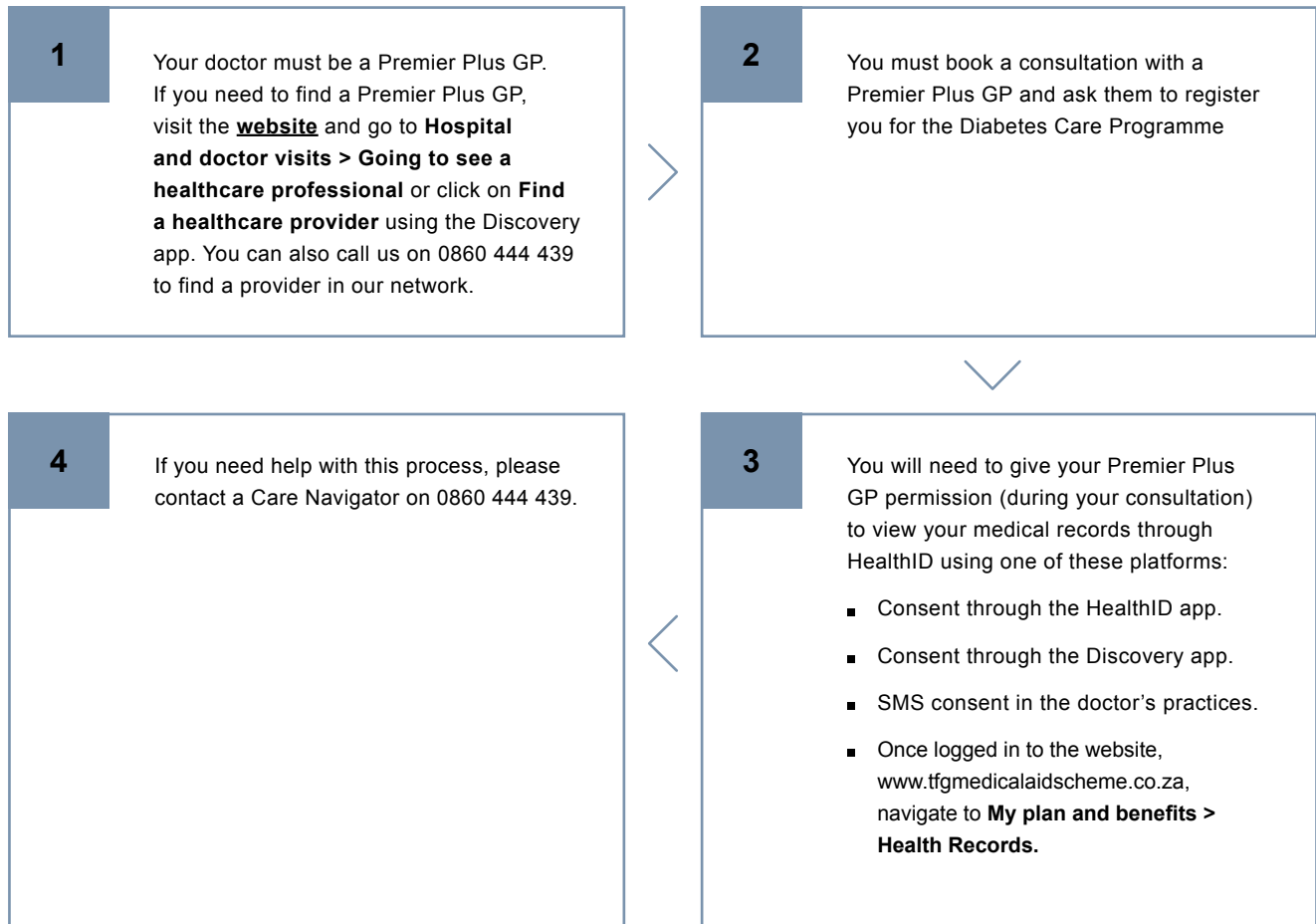
You will have access to these benefits to help you manage your diabetes:

- Two dietitian consultations a year
- One biokineticist consultation a year
- Two consultations with a diabetes educator
- A foot screening with a podiatrist or a diabetes educator
- An eye screening with an optometrist (Network and Designated Service Provider provisions may apply).

HOW CAN I JOIN THE DIABETES CARE PROGRAMME?

Your Premier Plus GP can register you for the Diabetes Care Programme.

To qualify, you must be registered for the Chronic Illness Benefit for type 1 or type 2 diabetes. You and your doctor have to complete a Chronic Illness Benefit application form first.



Registering for the Chronic Illness Benefit is only the first step to unlocking benefits to help you manage diabetes.

Your next step should be joining the Diabetes Care Programme. You can get more information by visiting the website, www.tfgmedicalaidscheme.co.za and navigating to What we cover > Diabetes Care Programme.



TFGMAS complaints process

How to let us know about your complaints and queries

Although we strive to give you excellent service, occasional errors still occur. **We have a complaints process** in place to help you get quick resolutions to your complaints and prompt answers to your questions.

OUR COMPLAINTS PROCESS

Call us on 0860 123 077 to speak to a service consultant and lodge your complaint. Please make sure you get a **reference number from us**. You can also email us at service@tfgmedicalaidscheme.co.za. If you prefer email, it is important to use the word "Complaint" in the email's subject line. On average, we take one to two business days to reply if the enquiry or complaint is simple. If it is a complex case, we take around five business days.

REQUEST AN ESCALATION

When you have received a response but feel that your enquiry or complaint was not dealt with to your satisfaction, or that the Scheme rules were not applied correctly, please contact us on 0860 123 077 or email us at service@tfgmedicalaidscheme.co.za **inserting the original reference number we gave you when the complaint was lodged with us**. Ask to speak to the service consultant's team leader or a client relationship manager.

If a senior is not immediately available to take your call, the service consultant will confirm your contact details and make sure they contact you as soon as possible. Please make sure you always have your original reference number available to identify the date and the nature of the complaint reported to us.

ASK FOR HELP FROM THE PRINCIPAL OFFICER OR FUND MANAGER

If you have already gone through the steps above but still feel your problem was not resolved to your satisfaction or that you have been treated unfairly in any way, please contact us on 0860 123 077 **using the original reference number we gave you**. Ask for your complaint to be directed to the office of the Fund Manager or the Principal Officer. The Principal Officer will review the complaint and either direct resolution to Discovery Health with an agreed turn-around time within which to resolve the complaint/escalation communicated to you. The Principal Officer may also direct your complaint to the Scheme's Disputes Committee to review your case. This depends on the nature of your complaint and whether the Principal Officer or Fund Manager can help you resolve the matter, without having to escalate it further. The Disputes Committee, if requested to review the complaint, will independently rule on the matter and check whether the Scheme has applied the rules, benefits and policies correctly.

WHAT TO DO IF YOU ARE STILL UNSATISFIED

If you are still unsatisfied, you can lodge a formal complaint with the Council for Medical Schemes (CMS). The Council for Medical Schemes is a statutory body established by the Medical Schemes Act (131 of 1998) to provide regulatory supervision of private health financing through medical schemes.

Complaints that have not been resolved through the Scheme's complaints and disputes process can be directed to CMS.



HOW TO CONTACT THE CMS

Address: Council for Medical Schemes Complaints Unit
Block A, Eco Glades 2 Office Park
420 Witch-Hazel Avenue
Eco Park, Centurion 0157

Email: complaints@medicalschemes.co.za

Telephone: 0861 123 267

Website: www.medicalschemes.co.za

The CMS official complaint form is also available on the CMS website. Go to www.medicalschemes.co.za > **Consumer Assistance > The Complaints Procedure.**

