

- **Suicide Prevention**
- **Heat Related Illnesses**
- **Preferred Provider Networks**



September is Suicide Prevention Awareness Month and though it may seem like there's no way to solve your problems and that suicide is the only way to end the pain, you can take steps to overcome this and start enjoying your life again with renewed hope and will to live.

Suicide or taking your own life, is a tragic reaction to stressful life situations and all the more tragic because suicide can be prevented. Whether you're considering suicide or know someone who feels suicidal, learn suicide warning signs and how to reach out for immediate help and professional treatment. You may save a life — your own or someone else's.

Symptoms

Suicide warning signs or suicidal thoughts include:

- Talking about suicide — for example, making statements such as "I'm going to kill myself," "I wish I were dead" or "I wish I hadn't been born"
- Getting the means to take your own life, such as buying a gun or stockpiling pills
- Withdrawing from social contact and wanting to be left alone
- Having mood swings, such as being emotionally high one day and deeply discouraged the next
- Being preoccupied with death, dying or violence
- Feeling trapped or hopeless about a situation

- Increasing use of alcohol or drugs
- Changing normal routine, including eating or sleeping patterns
- Doing risky or self-destructive things, such as using drugs or driving recklessly
- Giving away belongings or getting affairs in order when there's no other logical explanation for doing this
- Saying goodbye to people as if they won't be seen again
- Developing personality changes or being severely anxious or agitated, particularly when experiencing some of the warning signs listed above

Warning signs aren't always obvious, and they may vary from person to person. Some people make their intentions clear, while others keep suicidal thoughts and feelings secret.

Causes

Suicidal thoughts have many causes. Most often, suicidal thoughts are the result of feeling like you can't cope when you're faced with what seems to be an overwhelming life situation. If you don't have hope for the future, you may mistakenly think suicide is a solution. You may experience a sort of tunnel vision, where in the middle of a crisis you believe suicide is the only way out.

There also may be a genetic link to suicide. People who complete suicide or who have suicidal thoughts or behaviour are more likely to have a family history of suicide. Although attempted suicide is more frequent for women, men are more likely than women to complete suicide because they typically use more-lethal methods, such as a firearm.

Risk Factors

You may be at risk of suicide if you:

- Attempted suicide before
- Feel hopeless, worthless, agitated, socially isolated or lonely
- Experience a stressful life event, such as the loss of a loved one, military service, a breakup, or financial or legal problems
- Have a substance abuse problem — alcohol and drug abuse can worsen thoughts of suicide and make you feel reckless or impulsive enough to act on your thoughts
- Have suicidal thoughts and have access to firearms in your home
- Have an underlying psychiatric disorder, such as major depression, post-traumatic stress disorder or bipolar disorder
- Have a family history of mental disorders, substance abuse, suicide, or violence, including physical or sexual abuse
- Have a medical condition that can be linked to depression and suicidal thinking, such as chronic disease, chronic pain or terminal illness

Children And Teenagers

Suicide in children and teenagers can follow stressful life events. What a young person sees as serious and insurmountable may seem minor to an adult — such as problems in school or the loss of a friendship. In some cases, a child or teen may feel suicidal due to certain life circumstances that he or she may not want to talk about, such as:

- Having a psychiatric disorder, including depression
- Loss or conflict with close friends or family members
- History of physical or sexual abuse
- Problems with alcohol or drugs

- Physical or medical issues, for example, becoming pregnant or having a sexually transmitted infection
- Being the victim of bullying
- Being uncertain of sexual orientation
- Reading or hearing an account of suicide or knowing a peer who died by suicide

If you have concerns about a friend or family member, asking about suicidal thoughts and intentions is the best way to identify risk.

When to seek for help?

If you're feeling suicidal, but you aren't immediately thinking of hurting yourself:

- Reach out to a close friend or loved one — even though it may be hard to talk about your feelings
- Contact a counsellor, pastor, spiritual leader or someone in your faith community
- Make an appointment with your doctor, other health care provider or a mental health professional
- Suicidal thinking doesn't get better on its own — so get help.

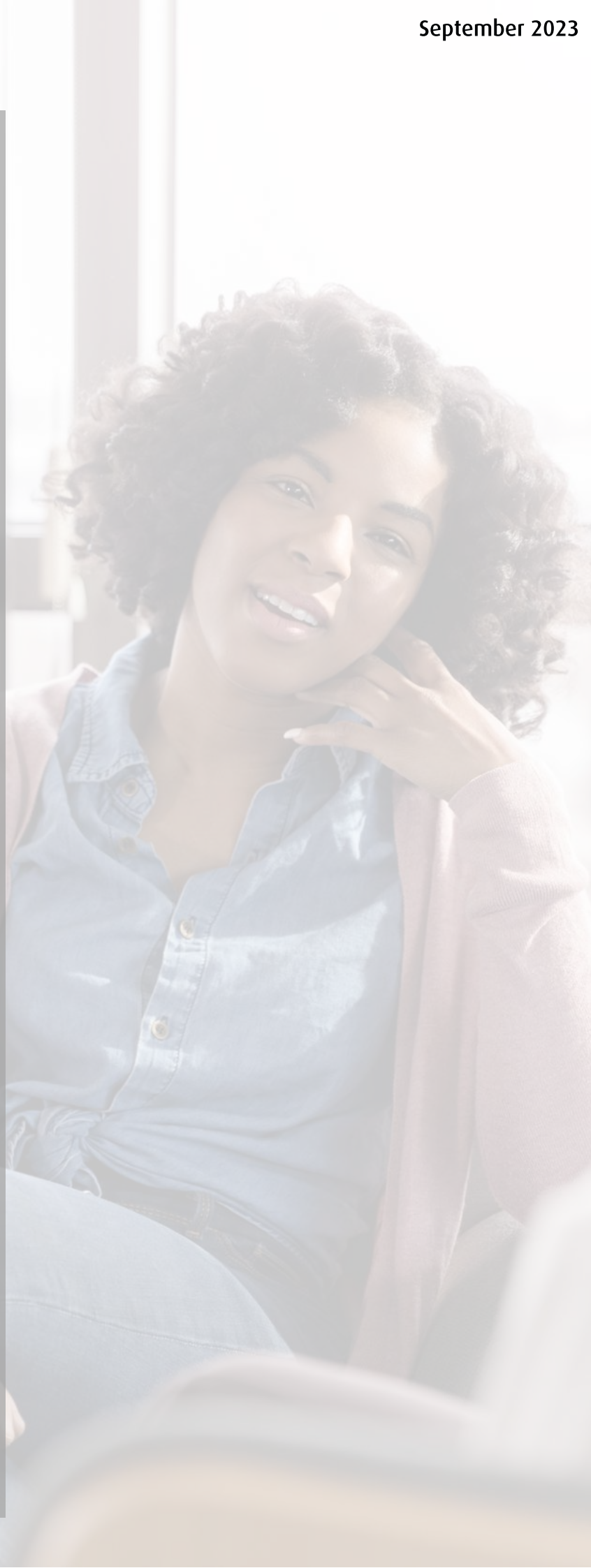
How to help someone you know

If you know someone who is at immediate risk of suicide you can show support by doing the following:

- **Talk.** Your willingness to express your concern for the person in crisis can be the first step in getting that person help.
- **Listen.** Being an active listener is another way of reminding a person in crisis that they are not alone.
- **Remain Present.** Your physical and emotional presence in the person's life makes a difference. If you are worried about their safety, get help from a mental health professional immediately.

By starting the conversation, providing support, and directing help to those who need it, we can help prevent suicides and save lives. If you or someone you know is struggling or in crisis, help is available. You are not alone.

Source: Mayo Clinic



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HEAT RELATED ILLNESSES

Exposure to abnormal or prolonged amounts of heat and humidity without relief or adequate fluid intake can cause various types of heat-related illness. The hot season is very much upon us now and in this newsletter, we discuss the three types of health-related illnesses. Forewarned is forearmed!

Heat cramps

Heat cramps are painful, involuntary muscle spasms that usually occur during heavy exercise in hot environments. The spasms may be more intense and more prolonged than are typical night time leg cramps. Fluid and electrolyte (minerals in your blood and other body fluids that carry an electric charge) loss often contribute to heat cramps.

Muscles most often affected include those of your calves, arms, abdominal wall and back, although heat cramps may involve any muscle group involved in exercise.

If you suspect heat cramps

- Rest briefly and cool down
- Drink clear juice or an electrolyte-containing sports drink
- Practice gentle, range-of-motion stretching and gentle massage of the affected muscle group
- Don't resume strenuous activity for several hours or longer after heat cramps go away
- Call your doctor if your cramps don't go away within one hour or so

Heat Exhaustion

Heat exhaustion is more severe than heat cramps and results from a loss of water and salt in the body. It occurs in conditions of extreme heat and excessive sweating without adequate fluid and salt replacement. Heat exhaustion occurs when the body is unable to cool itself properly and, if left untreated, can progress to heat stroke.

Adults over the age of 65 and young children also have a higher risk for heat exhaustion and other heat-related illnesses. This is because their bodies cannot cool down as easily as those of older children and younger adults.

What are the symptoms of heat exhaustion?

The main symptom of heat exhaustion is a body temperature of 101°F (38.3°C) to 104°F (40°C). Some symptoms may be warning signs that heat exhaustion is about to happen. Symptoms may vary depending on the how serious the heat exhaustion is. Signs and symptoms may include:

- Rapid heartbeat
- Fast breathing
- Heavy sweating
- Dizziness
- Fainting
- Nausea, vomiting, or diarrhoea
- Headache
- Weakness
- Muscle cramps
- Mild, temporary confusion
- Low blood pressure
- Dehydration
- Problems coordinating movement

What are the complications of heat exhaustion?

On its own, heat exhaustion does not usually cause complications. If you have severe dehydration along with heat exhaustion, you may have problems like kidney damage or low blood pressure.

If not treated, heat exhaustion can progress to heat stroke. Heat stroke is a condition in which your body temperature rises even higher. This can lead to serious problems such as:

- Lung problems such as acute respiratory distress syndrome
- Heart injury and heart failure
- Seizures
- Muscle breakdown
- Kidney injury
- Liver injury
- Blood clotting problems

Exercise-Related Heat Exhaustion

Exercise-related heat exhaustion is an illness caused by getting too hot when you exercise. During heat exhaustion, your body temperature rises above normal.

Your brain usually keeps your body temperature within a degree or two of 37°C. This temperature control is important because many processes in your body only work well within a certain range of temperatures.

Your body has several ways to lower your body temperature when it gets too high. Your body can cool itself by sweating. When sweat evaporates, it lowers your temperature. Your body can also lower the temperature by sending more blood to your skin and to your arms, legs, and head. This lets more heat can escape. If your body cannot get rid of the extra heat, your body temperature will rise.

If your body cannot get rid of the extra heat, your body temperature will rise. In heat exhaustion, your body temperature may rise to 38.3°C to 40°C. This can make you feel weak and dizzy. Your heart may not be able to pump enough blood. This can make you collapse.

What causes exercise-related heat exhaustion?

Exercise-related heat exhaustion happens when your body can no longer get rid of the extra heat made during exercise, and your body temperature rises more than is healthy. Not drinking enough fluids during exercise can also cause dehydration. Together, these things can make you collapse.

Exercising outdoors on a hot day can cause heat exhaustion. But humidity also plays a large role. In high humidity, your body can't use sweat to cool itself. This robs your body of one of the most important ways of getting rid of extra heat.

Many other things can make it harder for your body to get rid of extra heat. These include:

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- Being in poor physical shape
- Having an infection
- Being dehydrated
- Using alcohol before exercising
- Being obese
- Not being used to a hot environment
- Taking certain medicines such as stimulants, antihistamines, and medicines for epilepsy
- Having certain medical conditions, like sickle cell disease or conditions that decrease sweat
- Having a chronic illness

Key points about exercise-related heat exhaustion

- Exercise-related heat exhaustion is an illness caused by getting too hot while exercising.
- During heat exhaustion, your body temperature rises above normal.
- Heat exhaustion is less serious than other heat-related illnesses, like heat stroke. But it can progress to heat stroke.
- Some symptoms of heat exhaustion include nausea, dizziness, muscle cramps, and sweating more than normal.
- Treatment for heat exhaustion involves lowering your body temperature and getting more fluids.

Heat stroke

Heat stroke, the most severe form of heat illness, occurs when the body's heat-regulating system is overwhelmed by excessive heat. It is a life-threatening emergency and requires immediate medical attention.

Symptoms and first-aid measures for heat injuries

The following chart contains the most common symptoms of heat-related illness. Specific treatment will be determined by your child's doctor and may include some, or more, of the following:

<h3>Heat Cramps</h3>	<ul style="list-style-type: none"> • Painful cramps, especially in the legs • Flushed, moist skin 	<ul style="list-style-type: none"> • Move to a cool place and rest. Do not continue to participate in the activity. • Remove excess clothing and place cool cloths on skin; fan skin. • Give cool sports drinks containing salt and sugar. • Stretch cramped muscles slowly and gently.
<h3>Heat exhaustion</h3>	<ul style="list-style-type: none"> • Muscle cramps • Pale, moist skin • Usually has a fever over 34° C • Nausea • Vomiting • Diarrhoea • Headache • Fatigue • Weakness • Anxiety, and faint feeling 	<ul style="list-style-type: none"> • Move to a cool place and rest. • Remove excess clothing and place cool cloths on skin; fan skin. • Give cool sports drinks containing salt and sugar. • If no improvement or unable to take fluids, take your child to an emergency department immediately. IV (intravenous) fluids may be needed.

Heat stroke

- Warm, dry skin
 - high fever, usually over 40° C
 - Rapid heart rate
 - Loss of appetite
 - Nausea
 - Vomiting
 - Headache
 - Fatigue
 - Confusion
 - Agitation
 - Lethargy
 - Stupor
 - Seizures, coma, and death are possible
- Move to a cool place and rest.
 - Call emergency medical service. Heat stroke is a life-threatening medical emergency and needs to be treated by a doctor.
 - Remove excess clothing and drench skin with cool water; fan skin.
 - Place ice bags on the armpits and groin areas.
 - Offer cool fluids if alert and able to drink.

How can heat stroke be prevented?

Some general guidelines to help protect your child from heat-related illnesses include the following:

- Drink plenty of fluids during vigorous or outdoor activities especially on hot days. Drinks of choice include water and sports drinks; avoid alcohol and fluids with caffeine, such as tea, and coffee, as these can lead to dehydration.
- Schedule vigorous activity and sports for cooler times of the day. Take rest periods in shady or cool areas.
- Try to spend as much time indoors as possible on very hot and humid days.

PREFERRED PROVIDER NETWORKS: RESTRICTION OF CHOICE OR BASIC ECONOMICS?

a. The importance of patient choice

The doctor-patient relationship is one of the most significant relationships within our societies. For comprehensive care to take place, patients are sometimes required to bare the most private details about their lives to the doctor, and this forms the basis of a long relationship based on trust. Medical records are accumulated over years and kept with the doctor.

It is generally accepted, therefore, that patients tend to remain in the care of their chosen doctors for long periods of time. This saves patients the trouble of recounting their medical histories each time they present for a consultation. Even when they decide to switch providers, patients tend to want to have the freedom to choose an alternative service provider of their choice. That choice may be informed by reviews from trusted friends or colleagues, or convenience in terms of proximity to a place of work or

b. Why then, have funders introduced preferred provider networks?

A preferred provider network (PPN) is constituted by service providers from whom the funder encourages their members to seek health services. Service level agreements are signed with the service providers to ensure issues of quality and fraud, waste and abuse are taken care of. Fraud, waste, and abuse issues are significant because their elimination or reduction reduce the overall cost of healthcare – and result in lower contributions for the members.

In terms of its design, the network provides that as many specialties, locations, and disciplines as possible are available within the network. Since the funder and the service provider become real partners in delivering quality healthcare to the member, even out-of-pocket payments are kept at a minimum – if any at all. This means for many members who seek health services within the network, their card is as good as cash, and no additional amount of money is required at the time of service.

c. Practical implications to the member

The member can still elect to continue receiving service at their facility of choice. Their claims will continue to be honoured. With no arrangement between service provider and funder, however, the funder cannot guarantee minimal shortfalls or co-payments. Following good practice, First Mutual Health will not reduce the reimbursement tariffs paid to out-of-network service providers to create 'artificial' shortfalls.

The Fund will continue to co-opt more service providers into the preferred provider network to ensure there is a wider choice for all members. Bilateral agreements will be signed and enforced with the service providers to guarantee quality service. The Fund will continue to share its preferred provider network with members through various channels. Where there is doubt, members are encouraged to reach the First Mutual Health contact centre on **08677 008826**.

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11 September 2023

Dear Valued Client

REF: REVIEW OF WAITING PERIODS ON THE INDIVIDUAL USD PLAN

First Mutual Health is pleased to advise members of the review of the waiting periods applicable on migration to the United States Dollar (USD) plan. This change in policy is applicable to members who have already migrated to the United States Dollar (USD) plan.

Following your feedback, we have reduced the previously communicated waiting periods upon migration to the USD plan. The new waiting periods applicable to your account will be communicated by your account administrator. Members will be issued with the USD membership cards and start accessing USD benefits upon completion of the indicated waiting period.

For further information, please contact our Client Relationship Management Team on 08677008826 / 0242 251440, WhatsApp 0778 917 309 or info@firstmutual.co.zw

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