FROM THE EDITOR

We always knew that 2016 was going to be a big and busy year for SASOP and in this issue we report primarily on an important fixture in the Society – the annual Dr Reddy’s PUBSEC weekend, recently held in Swakopmund. Whilst the event may be remembered for peculiar reasons (a spectacular dinner in the desert, psychiatrists being stranded at Walvis Bay Airport on their return, and speakers having to abandon their presentations due to an emergency evacuation of the hotel), it turned out to be a productive and visionary event as far as public sector psychiatry, and how it dovetails with private practice, to address the challenges of practicing psychiatry in an ever-changing environment, is concerned. It was yet another important milestone on our road to the “big one” – the WPA International Congress in Cape Town in November 2016.

Dr. Ian Westmore

FROM THE PRESIDENT

A successful Dr Reddys/Pubsec annual meeting was held in Swakopmund, Namibia, in April. There were complaints about the program having an emphasis on public sector matters and leaving private practice psychiatrists with nothing to attend. My impression is that the program dealt with the politics of medicine irrespective of the vocation. This is an area that also needs attention from SASOP. The PsychMg annual meeting will be held in August, 2016. Progress is being made in getting the Pubsec and Private Psychiatry Vocational Groups working even more closely and tackling projects together. It is also expected that the leadership of these Vocational Groups will mutually attend each other’s meetings.

There is no further engagement between SASOP and the Gauteng DOH with regards to Life Esidimeni patients. (In March patients were discharged to the Takalani Facility in Soweto. SASOP, SADAG, SAMHF and Section 27 attempted to obtain a high court interdict against the discharging of patients from Life Esidimeni to Takalani. Unfortunately we lost the case. The key issue is that the Judge could not understand that patients could be discharged and still require care). SASOP together with other stakeholders have subsequently met and decided to form a “South African Mental Health Alliance”. In the meantime, SASOP and PsySSA have been tasked with producing a position statement on “Discharge”. There is still ongoing media interest in this issue. I have had several interviews with journalists and there have been several publications in the print media. Recently I was interviewed for a possible documentary that will be screened on ENCA’s Checkpoint.

AFRICAN PSYCHIATRY

The African Association of Psychiatrists and Allied Professionals (AAPAP) hosted a meeting in Addis Ababa, Ethiopia in June 2016. SASOP did not attend this meeting. I have been briefed by Prof D. Stein that AAPAP has tasked the African Presidents of the various societies to lead the process of the review of the AAPAP constitution. The president of the Kenyan Psychiatry Association is leading the process and I am in liaison with him.

Ian Westmore is psychiatrist in private practice in Bloemfontein and is a Past President of SASOP (2010-2012). He is the current convenor of the SASOP Mentorship, Young Psychiatrists and Registrars Division and a member of the Local Organising Committee of the WPA International Congress to be held in Cape Town in November 2016. He has served on the SASOP Executive and National Council in various capacities since 2002. Correspondence: westmore@axxess.co.za
LIAISON WITH THE NATIONAL DEPT OF HEALTH

My meeting requests to Mr S. Phakathi were not successful earlier in the year. Attempts are being made to secure a meeting again after liaison with Prof M. Freeman when we met at a Congress in June. It has now been confirmed that SASOP will present to the Ministerial Advisory Committee on the 10th of August 2016.

INTERNATIONAL LIAISON

I attended the annual APA meeting in Atlanta in May 2016. It was a successful meeting. I had a meeting with Dr Saul Levin and we discussed the APA’s support of the 2016 WPA International Congress. We also discussed the SASOP/APA membership.

I was also able to attend the Africa Discussion Group meeting organised by Samuel Agbo where I met the South Sudan Psychiatrist who is the only psychiatrist in her country. I had brief discussions on the Cape Town congress with the WPA President Prof Dinesh Bhugra.

The meeting of the English Speaking Colleges (APA, The Canadian College of Psychiatrists, the Royal Australia New Zealand College of Psychiatrists, The Royal College, SASOP/College of Psychiatrists) was held on 16 May 2016 at the APA annual meeting. The theme for this year was “differential attainment”. We hope to meet again in Cape Town at the WPAIC.

Dr Mvuyiso Talatala
President

3. FROM THE EASTERN CAPE SUBGROUP

DR THUPANA SESHOKA

• We are experiencing a serious challenge with the shortage of acute beds in the Nelson Mandela Metro. We are getting lots of complaints from the general hospitals about having lots of patients awaiting acute beds in their casualties and units that are conducting the 72 hour observations, as they cannot get their patients admitted in the designated psychiatric hospitals. We are busy addressing the issue with the EC DoH and the designated psychiatric hospitals within the province to see how best we can alleviate this crisis. Our next meeting is on the 27/07/2016.

• We had a visit from the HPCSA for the accreditation of Registrar posts and our Registrar posts were increased from 18 to 26, and may even increase more when they will be visiting us again in 6 months, which is good news for us. There have been suggestions that registrars rotate between different centres and this is being considered.

4. STRIKE ACTION AT FORT ENGLAND HOSPITAL

It has come to the attention of SASOP that, in July, there was a tense situation at Fort England Hospital in Grahamstown, when some of the hospital staff went on strike, creating a situation where clinical staff, including doctors, ended up having to assist with e.g. preparation of meals for patients to prevent compromise of patient care.

Grocott’s Mail (20th July 2016) reports that, “Striking staff at Fort England Hospital returned to work yesterday afternoon following a meeting with Department of Health officials. This came after two days that saw specialist clinical staff in the kitchens preparing meals for patients under police guard, as strikers threatening to close down the facility unless CEO Roger Walsh was axed”. The Eastern Cape Subgroup will continue to keep the SASOP Board of Directors informed of further developments.

Read more at http://www.grocotts.co.za/content/hospital-staff-return-work-20-07-2016-1

5. THE WESTERN CAPE SUBGROUP

DR NEIL HORN (CHAIRPERSON)

AGM 2015 was attended on 17th October 2015 by around 40 members and Dr Gerhard Grobler representing the President. The SASOP WC Distinguished Service Award was made to Prof Denise White, Psychiatrist and leader of SAMA. Two Registrars presented their research and awards were also made to them. Two new members of the Committee were announced (Dr Domingo and Dr Moodley). The Acting Chair Dr Horn, the Acting Hon Secretary Dr Freeman and the Hon Treasurer Dr Potocnik were elected to a further term of office. The WC subgroup has met 3 times. Lively discussion about the function and governance of the subgroup, membership, and relations with Pharma have taken place.

The subgroup has identified 3 main functions:

1. CPD meetings.
Most of our members are in the private sector and these meetings might be thought to mainly serve the private sector but are poorly attended. In 2015 two CPD meetings and the AGM were Pharma sponsored
and on 2 occasions the sponsor abused the process, once by promising to pay then leaving SASOP with the bill, and once by manipulating the content of the programme and refusing, at the last minute to sponsor speakers who were not speaking on their preferred topic.

The Committee has decided that we should run an Ethics meeting without Pharma sponsorship in 2016 (some speakers have made an ethical decision not to speak at Pharma sponsored meetings) and we await to see how well attended this will be. (We have also requested that SASOP National develop a pro forma agreement for sponsors to sign ahead of sponsored meetings. This issue was raised in the 2014/15 report and response is awaited).

CPD meetings were held in February sponsored by Pfizer (Joint Neurology meeting) and May (Psychotherapy meeting) sponsored by Cipla. Attendance at the latter meeting was dismal with around 30/140 members attending. This may be because so many other CPD meetings like the CINP and PsychMG meetings provide CPD points.

2. Engage with young Psychiatrists.
In early 2016 a Dinner for Registrars lead by Drs Allen and Vythilinghum was convened, sponsored by Pharmadynamics. This was well attended, but few Registrars are members. WC SASOP also sponsored seven Registrars to the Biological Psychiatry congress in 2015, and made two Research awards. The Committee requests that space be provided at the WPA for oral presentation of the top Registrar research projects.

In order to address the membership issue Reg reps recruited a further 10 members but were disappointed to learn that no acknowledgement of membership came from SASOP after paying a subscription. It was also noted that the Healthman database had 20 members listed as Registrars but this is year’s is out of date.

WCSASOP requests that:

i) Healthman provide up to date membership lists to subgroups annually and inform subgroups of membership changes 3 monthly.

ii) New members receive a welcome letter. SASOP consider issuing members with Business cards - Registrars might value these.

3. Represent the Speciality.
It is noted that members receive requests from the media to comment on Mental Health issues. It is unclear how such requests should be handled locally or what SASOP’s position is on media liaison.

The Subgroup also noted with concern the lack of communication from National. Minutes of National meeting are not available to subgroups. The website seems under-utilised and out of date. CPD points not on the website from SASOP congresses.

Examples of useful updates are: placing information about SASOP designated experts in particular fields who are mandated to represent SASOP in the media; providing contact information of members and Public sector mental health services to assist when patients need to be referred to another area.

Editor’s note: the concerns raised by the Western Cape subgroup were tabled and discussed at the recent Board of Directors meeting on 23.07.2016. Recommendations about updating the database even further and acknowledgement of receipt of membership application were made to Healthman; relations with Pharma and CPD meetings were discussed and will be taken back to the subgroup; better utilization of the media, website and internal communication as well as recruitment and retention of young psychiatrists was also discussed and will be reported on in subsequent Headline editions.

6. THE CHILD AND ADOLESCENT SPECIAL INTEREST GROUP
DR SUE HAWKRIDGE (CONVENOR)

A meeting of the CAP SIG was held at the Lord Charles Hotel, Somerset West, on 25th September 2015. Dr Wendy Duncan stepped down as convenor and was replaced by Dr Sue Hawkridge.

CURRENT ISSUES AND ACTIVITIES:

a. Limits on prescription of methylphenidate at primary health care level:
This matter is still receiving attention in most provinces. Drs Nassen and Mpinda have developed and piloted a training course for primary health care physicians in the Khayelitsha-Eastern substructure of the Cape Town metro to support the recently requested extension of
prescription of methylphenidate to medical officer and family physician level. This is still being considered by the W. Cape provincial PTC and it is hoped that the training will be rolled out in other substructures as soon as possible.

b. Appropriate admission facilities for psychiatrically ill adolescents:
The position statements (SASOP CAP SIG, SA ACAPAP and the College of Psychiatrists) proposed at the meeting of CAPSIG in 2015 have not yet been collated. This will be addressed as soon as possible. In all provinces adolescent psychiatric patients are still being involuntarily admitted to adult wards in violation of their constitutional rights and at significant personal and medico-legal risk.

c. Loss of child and adolescent psychiatry beds in the Free State:
The Free State Department of Health is under administration and some progress has been made. Signatures are reportedly still outstanding on the appointment of an additional child and adolescent psychiatry consultant and were some time ago promised “within a week” but this has not yet materialised. Renovations to the wards to allow for separate facilities for adolescents will reportedly begin soon. In the interim, admission of adolescents to adult psychiatry wards continues, and colleagues are being encouraged to submit serious adverse event forms when young patients are admitted in these circumstances.

d. Forensic child and adolescent psychiatry:
Developments in this area are being tracked and addressed by members who are also part of the Forensic Psychiatry SIG. Criminal capacity assessments have been the major focus but changes in the Criminal Procedures Act affecting children and adolescents have also required attention. A national benchmarking of the criminal capacity assessment process is needed and will be carried out in collaboration with the Department of Justice.

e. The Mental Health Care Act:
The position of involuntary patients who are children or adolescents and whose parents/guardians are unavailable or oppose admission under the MHCA remains ambiguous. A recent High Court order in the Western Cape provided some clarity but implementation of the law seems to differ across provinces and a national guideline remains necessary. Consultation with the Centre for Child Law at the University of Pretoria is under way.

f. Private sector:
Funding for children and adolescents with psychiatric disorders remains a challenge. Some medical aids refuse to fund treatment of depression in children and will not pay for antidepressant treatment as they regard it as “off label”. We request that this matter be taken up by the relevant SASOP structures.

g. National training curriculum and examination standardisation:
This process is under way with the College subcommittee chaired by Dr Lynda Albertyn.

h. Six month training in child and adolescent psychiatry for registrars:
This matter has been raised at Council level in the College of Psychiatrists but there remains resistance to the formalisation of the 6 month requirement. In the interim, WSU has reduced its CAP training time to 4 months owing to budgetary constraints (the training is out of province). Dr Lynda Albertyn continues to address the matter at Council level in the College of Psychiatrists.

FORTHCOMING CHILD & ADOLESCENT PSYCHIATRY CONFERENCES:

i. The SA ACAPAP Congress 2017 (in association with the African Association for Child & Adolescent Psychiatry, PANDA-SA and SAISI) will be held on 7-9 September 2017 at Spier, Stellenbosch.

ii. The 22nd Conference of the IACAPAP will be held in Calgary in September 2016. The CAP SIG will be unofficially represented by Dr Sue Hawkridge.

7. THE FORENSIC PSYCHIATRY SPECIAL INTEREST GROUP
DR INDRHRIN CHETTY

The Forensic SIG Exec Committee consists of: Prof Mo Nagdee (Chair), Prof Ugash Subramaney (Secretary) & Dr Indhrin Chetty (Treasurer).

Regional representatives are to be co-opted in due course as required.

• Forensic subspecialty: the Regulations and Portfolio of Learning have been posted on the College website. Accreditation of subspecialty training centres is progressing and subspecialty programmes have commenced in a number
of centres. Increasing numbers have registered as forensic subspecialists (Weskoppies - 3, Sterkfontein - 1, Fort England - 3, Valkenberg - 2 & Fort Napier – 1; private sector - 2). The M.Phil in Forensics program is under development and consideration in some centres.

- **National forensic mental health professionals contacts database** is well utilized by psychiatrists doing forensic work (both state and private sector) for communications of forensic interest.

- **Review of tariffs payable to psychiatrists & psychologists in terms of section 79 of the Criminal Procedures Act.** The Dept. of Justice & Constitutional Development has circulated proposed amendments of tariffs payable to psychiatrists and psychologists for forensic work (i.e. psycho-legal evaluations under the CPA, expert testimony, and capacity evaluations of children under CJA)

- **Proposed amendments to the Criminal Procedure Act**
  Feedback from the Forensic SIG has been provided to the Inter-Sectoral Task Team re:
  - Constitution of panels for psychiatric observation reports/role of psychologists.
  - Day visit / outpatient observations & waiting list issues.
  - Recommendations for CPA amendments.
  - Criminal Procedure Amendment Bill – was recently received and forwarded to all forensic practitioners for comment.

- **Psychiatric disability assessments**
  Prof Stoffel Grobler from the Forensic SIG is on the SASOP task team – the SASOP Guidelines for the assessment of Disability (3rd edition) have been circulated for comment to Forensic SIG members.

**RECENT AND FORTHCOMING FORENSIC EVENTS**

- Forensic Inter-Sectoral Conference, 16-17 March 2016, Gauteng

- WPA International Congress, 18-22 November 2016, Cape Town (Numerous symposia of forensic interest scheduled thus far).

- National forensic mental health conference 2017, Valkenberg Hospital (TBC).

**8. OLD AGE PSYCHIATRY SPECIAL INTEREST GROUP**
**DR CARLA KOTZÉ (SECRETARY)**

The increasing number of elderly (of whom 70% will at some stage require psychiatric intervention), necessitates the re-appraisal of the distribution of the allocated health resources to meet this need. The unique psychopathology and social circumstances demand specialized knowledge and skills, not readily transferable from having worked with younger adults.

Some 20 years ago we had 7 dedicated units across South Africa, mostly attached to universities that provided at least part-time dedicated psycho-geriatric services. Unfortunately, these units melted away over time and have only recently started to resurface. We now have at least 3 dedicated units and growing enthusiasm from recent graduates.

Stikland Hospital, though, is the only accredited training facility with two subspecialty training posts, but the posts are not funded. We thus source internally and also advise candidates to seek funding from external sources such as Discovery Health. In spite of these difficulties, we do now have three qualified Old Age Psychiatrists grandfathered by the HPCSA.

We both applaud and encourage the pharmaceutical industry in lowering the price of the cognitive enhancers registered for Alzheimer’s disease. These medications are known to also benefit patients with vascular dementia, Lewy body dementia and Parkinson’s disease, while their use in HIV patients demonstrating neuropsychiatric deficits warrants further exploration.

Care-giver support organizations (such as DementiaSA and the Alzheimer’s Association of SA) and pharma, among others are actively engaging the relevant authorities with establishing Alzheimer’s disease as a PMB and making at least one cognitive enhancer available at State health level.

(Dr Lina Groenewald will start her training for an M.Phil in Old-Age Psychiatry at the beginning of next year).
9. MEMORANDUM OF UNDERSTANDING ON COLLABORATION BETWEEN THE ROYAL COLLEGE OF PSYCHIATRISTS, SASOP AND THE COLLEGE OF PSYCHIATRISTS OF SOUTH AFRICA.

Over the past four years, SASOP has been engaging with the Royal College of Psychiatrists, and now a draft MOU has been drawn up and is being considered by the three parties. This draft MOU seeks:

- To establish close collaboration in all relevant fields through the African International Division of the Royal College of Psychiatrists.
- To enable the exchange of information between all three psychiatric institutions in all areas relating to training and teaching activities.
- To promote joint research projects in areas relevant to psychiatry.
- To study the viability of establishing assistance to professionals who wish to undertake periods of training in either of the countries that are the object of this agreement.
- To study ways of working together that will lead to greater participation for both bodies in other psychiatric institutions worldwide.
- To establish all measures with respect to support and exchange that may assist the institutions in fulfilling their statutory objectives with more ease.
- Collaborating and exchanging expertise in initiatives to balance patients’ and carers’ rights for care, treatment.
- To share experience in raising understanding of advocacy about mental health with our respective governments.

Discussions will continue between the three parties before it is signed.

10. PUBLIC SECTOR MATTERS
DR LESLEY ROBERTSON
(NATIONAL CONVENOR PUBSEC)

As the SASOP Board of Directors convened on Saturday, 23rd July, I realised I did not have a PubSec report to submit – I had had no communication with the subgroup PubSec reps. Life had taken over in the three months since we all met at Swakopmund. However, reading the previous Headline, I see how I emphasised the need to communicate, to be coordinated and cohesive. And some words of Mvuyiso Talatala’s: “We must accept that government has no interest in hearing the voice of SASOP.”

If we are to find effective ways to lobby government for mental health needs, we will have to make time to communicate and encourage one another’s efforts. Greater use of Headline presents an optimal means of disseminating information, and so I encourage all members to submit their news to Ian and myself each quarter.

Thupana Seshoka reported on the Eastern Cape to the Board: some good news, despite the extreme service delivery stressors due to lack of personnel and lack of beds. The HPCSA has increased the number of registrars from 18 to 26. However, while some posts have been allocated, others still have to be created accordingly. In addition, Zuki Zingela’s post in Umtata is still not finalised.

The subgroup though is persevering with meetings with their DOH, and consultations are ongoing. In the Western Cape, demands on acute psychiatric services hit a pitch in the last quarter as one district hospital had to close its casualty to medical and surgical patients, due to the high number of psychiatric patients needing attention!

Through all our negotiations with government, in each province, the need to develop community-based services is paramount. In Gauteng, with the termination of the contract with Life Esidimeni, renovations of Sterkfontein, Weskoppies and Kalafong hospitals have taken place to accommodate patients; a move towards increased institutionalisation. Several hundred patients have been placed in ill-equipped NGO residential homes.

Overcrowded conditions at one NGO have resulted in three patients being admitted to CHBH – one with confirmed Salmonella Typhoid, the other two suspected. Whilst NGO residential and day care facilities are a core component of community-based services, they cannot be pressurised to take more patients than they can manage, and they need to be adequately funded.

We have a duty to our patients to link with advocacy groups in lobbying for better mental health services. We are not able to achieve this as individuals.
10. REMEMBERING DR ANN BARRETT (1938-2016) – BY DR LENNART ERIKSSON

Ann Barrett was born in London and went to India at the age of two. After moving to South Africa, she was schooled at Roedean School in Johannesburg. She obtained her medical degree from UCT and graduated in 1961. She has two daughters, Sue and Jenny.

She joined Addington Hospital in 1979 with Drs Levin, Patterson, and Schlebusch and with mentors Drs Valjee and Gilmer in attendance. Ann served as the Chairperson of the KZN subgroup of SASOP for many years. She worked in private practice until she could practice no more!

In my 39 year contact with Ann the following aspects of her devotion and character stood out for me: Inspiration, moral values, her dedication to SA Psychiatry, and her dedication to patients.

What I have valued most about Ann was her capacity to engage and share a laugh, as well as her capacity for EMPATHY versus COMPASSION. Empathy is mainly reflection and can be quite non-committal whilst compassion is a much deeper and personal sharing with the patient. That, in my opinion, is what Ann was all about. A very special person indeed.

I want to describe the very exceptional quality that was Ann. Ann, whom I came to know at the end of 1979, was, during those difficult registrar times, a lone beacon of loving kindness.

Ann held strong Christian beliefs. Her capacity for loving kindness is, for me, however, best described by the following Buddhist text:-

"THERE IS A CONSTANT FLOW BETWEEN WISDOM WHICH REQUIRES “LETTING GO” AND THE PRACTICE OF COMPASSION WHICH ENCOURAGES “EMBRACING”.

Ann was able to separate her clinical wisdom – which was solid enough – in a way that allowed her to “let go” of clinical wisdom and compassionately embrace the struggles of her patients.

It is true that we may all master empathy – hearing and reflecting the pain and suffering of our patients. Compassion, on a deeper level, means having empathy with your own suffering and the suffering of others. To achieve this depth of connection is a rare quality.

IN ALL MY INTERACTIONS WITH ANN, AND HEARING THE REFLECTIONS FROM THE MANY PATIENTS I CAME TO REFER TO ANN, CONFIRMED THIS RARE QUALITY. ANN WAS INDEED AN EXCEPTIONAL PERSON.

11. CONGRATULATIONS TO PROF BONGA CHILIZA!

On behalf of SASOP we congratulate Bonga Chiliza, the current SASOP Honorary Treasurer on being appointed Professor in the Department of Psychiatry at the University of Stellenbosch.

Well done Bonga!