



SASOP Anti-Stigma Initiative



Emotional Health
BE THE BEST YOU CAN

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Sharing Our Wisdom

Young Psychiatrists of South Africa



The South African Society of Psychiatrists has seen a growing number of young Psychiatrists over the past few years. This growth of the society is encouraging and has been met with enthusiasm.

Young Psychiatrists have unique challenges which the SASOP has identified and some of them have also been dealt with by WPA. These challenges include :-

- **Identifying an area of interest in one's practice of psychiatry (career planning)**
- **Research (including contract research)**
- **Ongoing mentoring**
- **Supervision of psychotherapy**
- **Networking**

The President of SASOP, Dr T. Rangaka, together with other psychiatrists saw it necessary that an interest group of young psychiatrists should be established. This interest group is currently being chaired by myself, Dr Mvuyiso Talatala. Drs A. Pillay, B. Chiliza and I Chetty are also on the steering committee of this interest group. We are hoping that all young psychiatrists will have an opportunity to meet in the PPP congress in Sun City in August 2007.

As young psychiatrists of the Southern Africa we need to affiliate with WPA in keeping with current trends of world psychiatrists. Already there are young psychiatrists in South Africa who have **participated in the activities of WPA**. Drs A. Pillay, S. Mashaphu and L. King attended a Professional Skills and Leadership course for young psychiatrists in Addis Ababa, Ethiopia in April 2006. It was at this course that young psychiatrists of Africa met and the motivation to organize young psychiatrists into a grouping or a network was initiated. A follow up of this course was held in Nairobi, Kenya, in March 2007. It is unfortunate that there were few young psychiatrists from Southern Africa who attended the course.

In March 2007 the young psychiatrists of Africa met. Southern Africa was represented by Drs B. Chiliza, P. Mokoena, and K. Kirimi and myself. The name, **"African Association of Young Psychiatrists" (AAYP)**, was adopted for the new organizations of young psychiatrists in Africa. Africa was divided into four regions – North, South, East and West. A steering committee consisting of two members from each region was elected. Drs B. Chiliza and P. Mokoena are representing Southern Africa. This steering committee has been given a period of about a year to complete its mandate.

The SASOP Young Psychiatrists interest group, through its own steering committee, are to establish links with other countries of Southern Africa. East Africa has already formed its group.

All young psychiatrists are encouraged to join the Young Psychiatrists interest group and actively participate in its activities.

Please contact me at talatala@telkomsa.net

Dr Mvuyiso Talatala
Head - Young Psychiatrists
Special Interest Group

Shrink Tank Periods of waiting are part of every person's life journey. They are essential resting areas, and you would embrace them if you only knew how to interpret their deeper purpose
- Caroline Myss

We are not sinful, shameful human creatures who have to somehow earn spirituality. We are spiritual beings having a human experience

- Robert Burney

From The President's Desk



The Biological Psychiatry Congress held from the 25th to 28th of February 2007 has come and gone. The theme, "From Molecules to Mind; Bridging the Gap",

was well covered by the presenters. However, peripheral to the whole process was an issue around the Cocktail on the opening evening.

Light foods and drinks were available and enjoyed by many. **However, what struck me as awkward and inappropriate was the availability of free alcoholic beverages at the stalls of all the pharmaceutical industry stands!** This got me thinking about the stance of SASOP with regards to the availability of free alcohol at their events.

In my opening speech I pointed out my displeasure at the fact that the pharmaceutical companies all provided free alcohol at their stands. It was as if they had colluded to do so! I wondered if it would not have been better for the KWV, Nederberg, Mhudi and SAB companies to have been invited to come and display their wares and possibly be the

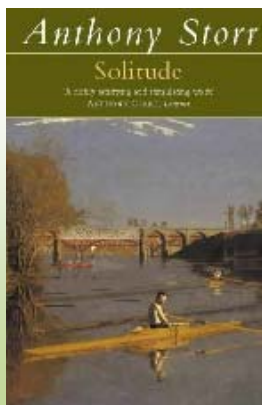
ones to allow for sampling! Mind you, one of the Sponsors at the WPA Regional Conference in Nairobi Kenya 21 to 23 March 2007 was the East Africa Breweries!

The Congress committee from the Western Cape subgroup for the 2008 SASOP Conference and I had a chat. I challenged that it is inappropriate that SASOP should provide free alcohol at its events. An argument arose that alcohol has always been freely available at cocktails. It was even suggested that many colleagues might feel offended if there was no free alcohol at the SASOP conference cocktail!

I need to test this hypothesis. I wonder if someone would stay away from the cocktail just because there would be no free alcohol. **Would some colleagues indeed not attend the conference just because there would be no free alcohol? Well, let us hear from the membership.**

Please e-mail your response to rangaka@iafrica.com

Dr Thabo Rangaka
SASOP PRESIDENT



Solitude
By Anthony Storr
HarperCollins Publishers, 1997

In this brilliant and acclaimed book, the eminent psychiatrist, Dr Anthony Storr challenges the widely held view that success in personal relationships is the only key to happiness. He argues persuasively that we pay far too little attention to some of the other great satisfactions of life—work and creativity. In a series of skilful biographical sketches, among them Beethoven, Henry James, Goya, Wittgenstein, Kipling and Beatrix Potter, he demonstrates how many of the creative geniuses of our civilization have been solitary, by temperament or circumstance, and how the capacity to be alone is, even for those who are not creative, a sign of maturity.

Book Club

PSYCHOTHERAPY

Psychotherapy remains the defining skill that differentiates psychiatrists from other medical practitioners and continuous improvement of therapeutic skills of psychiatrists remains the objective of the Psychotherapy Special Interest Group (SIG) of SASOP. We will also be working closely with the Young Psychiatrists SIG to look closely at improving and entrenching psychotherapy skills amongst registrars and young psychiatrists. As such, the Psychotherapy SIG plans to present a symposium at the upcoming Philosophy Psychiatry and Psychology Conference between 26 and 30 August 2007 at Sun City. We plan to look at dealing with the abusive patient in different contexts and look forward to much audience participation.

Dr Gerhard Grobler
Head - Psychotherapy SIG

...IS *headline* REACHING MEMBERS?

Will all subgroup chairpersons and secretaries kindly ensure that updated e-mail addresses of all members, including registrars and medical officers, are sent to Ms Alta Valsamis and Drs Gerhard Grobler and Ian Westmore A.S.A.P



COST STUDIES

This year, as every year from now, a cost study of the cost of private practice will be conducted by Healthman.

The balance sheet will be sent to you in due course by Healthman for completion.

Please complete the cost study analysis as a matter of urgency and importance. The deadline for submission will be specified and will probably be towards the middle of April as the deadline for final submission to SAMA is the 30th April 2007.

77 psychiatrists have so far completed the forms and as the number of psychiatrists in private practice in the RSA is around 250, we need at least 125 forms to be completed

to account for a defensible study.

We have motivated for a 41% increase in the fees for psychiatrists for this year. **Due to the legal problems associated with the NHRPL this year, no NHRPL was published and no increases were given.** The process this year is still uncertain, but hopefully we would be able to motivate for this increase for 2008 if we can support this if we get enough cost studies.

Please complete the forms as soon as you receive this even if you have done so previously.

We want to thank those who have co-operated in the past for their time and effort. All information is kept in the strictest confidence and no member of SASOP or any other persons other than Healthman have any means of obtaining the information of any individual psychiatrist. Data won't be sent to any organization including SARS as per the confidentiality agreement with Healthman and SASOP. Anonymous data will be sent to the CMS for analysis of the group as a whole.

Practices can be audited to verify data, but this will also be done in the strictest confidence with confidentiality agreements in place and contracted auditors.

We thus want to urge all again to participate, to motivate for an increase in the NHRPL fee for 2008.

MENTAL HEALTH CARE ACT

We have been unable to assist psychiatrists in private practice on the proper implementation of the act. The act is so vague on a number of issues, that we have advised psychiatrists in private practice to refer patients in need of assisted or involuntary care to public hospitals.

The debate of who constitutes an assisted user in the act is unclear regarding diagnosis of delirium, dementia, as well as children and adolescents. Many acts are in conflict regarding the age of consent for minors and this is in conflict with the Mental Health Care Act.

P3 has representation on the mental health care act task team of SASOP to present the specific problems of psychiatrists in private practice to the task team and to assist in sorting them out.

P3 has also reported the problems with the implementation of the Mental Health Care Act to SAMA's law and ethics committee for their assistance.

CONSENT

Consent to treatment and patient confidentiality is a subject sparked by the debate on the provision of the ICD-10 diagnosis codes.

Age of consent is also an issue. **The HPCSA ethical guidelines state¹:**

CHILDREN

You must assess a child's capacity to decide whether to consent to or refuse proposed investigation or treatment before you provide it. In general, a competent child will be able to understand the nature, purpose and possible consequences of the proposed investigation or treatment, as well as the consequences of non-treatment. Your assessment must take account of the relevant laws or legal precedents in this area. You should bear in mind that –

- a. at age 16, a young person can be treated as an adult and can be presumed to have capacity to decide;

¹Medical and dental professions board; guidelines for good practice in medicine, Dentistry and the medical sciences; seeking patients' consent: the ethical considerations; booklet 15; Pretoria; July 2002

- b. under age 16, children may have capacity to decide, depending on their ability to understand what is involved;
- c. where a competent child refuses treatment, a person with parental responsibility or the court may authorise investigation or treatment which is in the child's best interests. Legal advice may be helpful on how to deal with such cases.



6.4.1 Where a child under 16 years old is not competent to give or withhold their informed consent, a person with parental responsibility may authorise investigations or treatment which are in the child's best interests. This person may also refuse any intervention, where they consider that refusal to be in the child's best interests, but you are not bound by such a refusal and may seek a ruling from the court. In an emergency where you consider that it is in the child's best interests to proceed, you may treat the child, provided it is limited to that treatment which is reasonably required in that emergency.

The Child Care Act (not yet promulgated) states that children can consent to medical treatment at the age of 12 years old. If a child has the capacity to make decisions regarding medical treatment (even if the child is younger than 12 years of age) and the child is mature enough to make an informed decision, the child should be allowed to do so.

We thus recommend that all patients 12 years and older sign consent for treatment and a confidentiality agreement if the doctor has to communicate any information to the parents or other professionals. As psychiatrists work in teams, we recommend that your standard consent and confidentiality form have a section specific to who can be informed of the diagnosis.

All beneficiaries, other than the main member of the medical scheme must be informed that some information regarding their visit to the doctor will be revealed to the main member as part of the audit process of medical schemes. The information the medical scheme puts on the statement of the beneficiaries to the main member to be audited can also contain the diagnosis if the ICD-10 code is supplied. SASOP and SAMA have expressed their concern on numerous occasions regarding the provision of the ICD-10 code on accounts, as confidentiality can not be guaranteed by the medical schemes to those who want their accounts paid by the medical scheme, but want to maintain confidentiality regarding their diagnosis. Patients must be informed about this in writing. This might still not be sufficient information to constitute informed consent regarding a breach of confidentiality. SASOP and SAMA are in dialogue with the Council of Medical Schemes and the Health Professions Council of South Africa and the ICD-10 committee regarding this problem.

All patients including and over the age of 18 years should sign the consent and confidentiality form and be informed of the problems regarding the provision of the ICD-10 code on the account. If a patient refuses to sign the form, they should at this stage pay cash for the consultation and claim thereafter from the medical scheme, as medical schemes have been instructed by the CMS to not honour accounts without the ICD-10 code.

We recommend the consent and confidentiality form on www.sasop.co.za

P3 is awaiting a response from the HPCSA and the CMS.

CODING

The BHF has lodged a complaint of anti-competitive behaviour against SAMA and the HPCSA for anti-competitive practices, for publishing the ethical tariff of the Medical and Dental Board at the competitions commission.

The BHF has also contracted Deloitte to compile a report on a new coding structure for South Africa. This document is available for discussion.

P3 will actively take part in this debate as we believe that the scope of practice of doctors should not reside with the funding industry, but with the professions. A suggestion by the BHF that the DOH should be the custodians cannot be supported by us, as this would further open the doors to the demise of private practice. We need to stay autonomous and be able to define our own scope of practice.

SASOP has thus launched an investigation into alternative coding structures in order to improve our system and make it market-friendly, defensible, and in keeping with international trends.

As the government, with the help of the BHF, moves towards a national health system, we hope to counteract this with improving service delivery to patients, enhancing cost efficiency, and lobbying against such a move.

To stay competitive, we urge psychiatrists to move their practices more and more to be independent from price dictation by the medical schemes and the NHRPL. As the cost studies have shown, psychiatrists in private practice will have to work 40% harder or 3.2 hours per day longer to earn the same salary as their counterparts on the public sector. As costs to run a private practice is different for each practice, the cost studies serves only as a general guide to measure yourself with other psychiatrists in private practice. **We urge psychiatrists to practice ethical and evidence based medicine, and to run and manage their practices on sound business principles and not to place themselves in financial risk due to under remuneration.** The NHRPL is an indicator that the average psychiatrist should either cut costs drastically or **charge above the reference rate.**

...from pg4

The more independent you can get your practice from the recommended or prescribed tariffs, and closer to your own cost related tariff, the better. The sooner you have independence from medical scheme tariffs, the sooner you will be in control of your own destiny and salary. We recognize that this a process and difficult in some regions, but should be attempted, even on a small scale.



CODES FOR 2007

Please take note of the codes to use in psychiatric practice as specified in the SAMA DBM for 2007. Please note the rule changes for these codes.

CODE	DESCRIPTOR	RULE
0161 - 0164	First and follow up consultations for out patients	Time and complexity based. Can be combined with psychotherapy codes for first and follow up visits if both are performed at the same visit. Times to be justified for both.
0166 - 0169	First and follow up consultations for inpatients	Time and complexity based. Can be combined with psychotherapy codes for first and follow up visits if both are performed at the same visit. Times to be justified for both
0109	Follow up consultation for inpatients	Can be used but recommend codes 0166 – 0169 to be used
0133	Consultative service requested by third party without the patient present	Eg. Motivation form for admission or investigations or treatment without the patient present
0132	Consultative service requested by the patient without the patient present	Eg. Repeat scripts without the patient present
2957, 2974 and 2975	Psychotherapy regardless of whether CBT, supportive, individual, family, marital etc.	If family therapy is needed to treat the identified patient better, account rendered to the identified patient. See new time specifications and limits
2970	ECT	Can be combined with psychotherapy and consultation codes if performed on the same day.
2962, 2963, 2976 and 2977	Marital and family therapy all codes deleted	To use codes 2957, 2974 and 2975

BIPOLAR DISORDER ALGORITHM

The CMS has invited P3 to take part in a debate, in April, regarding the use of old or typical anti-psychotic medication as maintenance therapy in Bipolar Mood Disorder (Yes “OLD”!!!).

Someone (?from outer space) has apparently produced evidence (we presume from outer space), that the old anti-psychotics are as good in the maintenance treatment of Bipolar Mood Disorder as the novel anti-psychotics.

We are very interested in seeing this evidence (as we could find none) and will also report back on the aliens as soon as possible.

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P3 will continue to fight for the use of novel anti-psychotic medication for all the indications as the tolerability, efficacy and safety of these medications outweigh that of the old medications by far. We hope to see the algorithm published as soon as possible. This will aid our patients in getting benefits for this chronic condition.

Dr Eugene Allers
Head - P3