April 2007

headline

SASOP

OFFICIAL NEWSLETTER OF THE SOUTH AFRICAN SOCIETY OF PSYCHIATRISTS

SASOP Anti-Stigma Initiative

Emotional Health

BE THE BEST YOU CAN

CONTENTS

Page 1:
- From the Presidents Desk
- Book Club

Page 2:
- Department of Mental Health
- Mental Health Care Bill

Page 3:
- From the Secretariat

Page 4:
- Neuroscience forum
- P3: Private Practice

Page 5:
- Private Practice contd
- Anti-Stigma Report
- Editorial Team
- **Database Reminder**

SASOP Mentor Initiative

Sharing Our Wisdom

From The Presidents Desk

Deinstitutionalisation

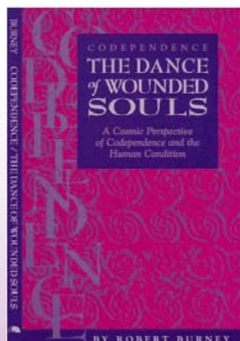
This approach to Community Mental Health Care Services was popular with politicians and the bursars of public health care services. What we need to do now is assess the effect on the Quality of life of the patients and their care givers. Is the policy paying off with "The Community" caring for the mentally ill, accommodating, affirming, rehabilitating and ensuring that they are not abused?

SASOP is looking at the Constitutional Section 27 matter of "The right to have access to (1)(a) health care services, (1)(b) sufficient food and water . . . appropriate social assistance." With the assistance of the Human Rights Commission, we must see that 27(3) is transcended. It is not enough that; "The state must take reasonable *legislative and other measures, within its available resources,* to achieve the progressive realization of each of these rights." Time frames and measurements indicating an improvement in the quality of life of individuals and communities who are consumers of state health care services must be monitored by SASOP and SAMA.

Thirteen years down the road, a New Democratic South Africa should show some tangible movement Toward a Better Life For All. We must keep striving to put the Constitutional promises within the grasp of ordinary citizens of South Africa.

Dr Thabo Rangaka
SASOP PRESIDENT

Book Club



***Codependence:* The Dance of the Wounded Souls**
By Robert Burney
Joy to You & Me Enterprises, 1995

This dance of Codependence is a dance of dysfunctional relationships—of relationships that do not work to meet our needs. That does not mean just romantic relationships, or family relationships, or even human relationships in general. The fact that dysfunction exists in our romantic, family, and human relationships is a symptom of the dysfunction that exists in our relationship with life—with being human.

The expanded usage of the term 'Codependent' now includes counterdependant behaviour. We have come to understand that both the passive and the aggressive behavioural defense systems are reactions to the same kinds of childhood trauma, to the same kinds of emotional wounds.

In order to start be-ing in the moment in a healthy age-appropriate way it is necessary to heal our 'inner child.'...we have been unconsciously reacting to life out of the emotional wounds and attitudes, the old tapes, of our childhoods.

Department of Health and Mental Health Care Act

Mental health problems continue to be a great source of distress, impaired productivity and diminished quality of life for significant number of people and families all over the world. The epidemiology of most psychiatric disorders in South Africa is similar to that found in developed countries.

However the process of rapid urbanization is resulting in fast degradation of environmental and social resources bringing in its wake unemployment,
illiteracy, malnutrition, violence, substance abuse, HIV and AIDS, break-up of traditional social support networks and institutions. This has resulted in an increase in the prevalence of serious psychiatric illnesses.

The White paper for the transformation of health (White paper for the transformation of health in S.A., 1997) proposed a comprehensive, planned and coordinated community based mental health service at national, provincial, district and community levels. The Mental Health Care Act (Mental Health Care Act of 2002) stipulates that the best possible mental health care, treatment and rehabilitation services which are equitable to the population, efficient and in the best interest of mental health care users be made available. A strategic objective of the Department of Health (Strategic objective of the Department of Health) is to promote mental well-being and improve early diagnosis, treatment and support of people with mental illness in a community based setting.

As a result of these policies there have been measures to promote mental wellbeing and attempts to prevent mental illness ie MENTAL HEALTH. However, there have not been sufficient efforts to improve the services for serious psychiatric disorders ie PSYCHIATRIC SERVICES. We, as members of the South African Society of Psychiatrists, need to raise our concerns with regards to:

1. Availability, Accessibility, Acceptability and Quality of the Psychiatric Services provided by the state
2. Problems associated with the MHCA and its regulations and the constraints associated with its implementation in both the public and private sector
3. The regulation of private psychiatric facilities by the Department of Health
4. The training of interns in the discipline of psychiatry,

and many other issues…

Psychiatric services appear to takes less priority compared to medical, surgical and other disciplines, and most of the funds and emphasis are directed towards improving these services. This further marginalises and infringes on the rights of an already marginalised group of citizens. We appeal to all members to either become members of these task teams or to write to the task team leader with your concerns so that they may be addressed. We snooze, we lose!!!

Please e-mail me all your concerns regarding the new Mental Health Care Act at Mahomed.Moosa@wits.ac.za

Please Participate

Yusuf Moosa
HEAD: DEPARTMENT OF HEALTH TASK TEAM and
MENTAL HEALTH CARE TASK TEAM

FROM THE SECRE-

The National Executive Committee last met on 28.03.2007, and the next meeting will be held by teleconference on 16.05.2007. At the last meeting attention was given to the following:
A new "Academic Development" portfolio was established. A team is already looking into this, and the idea is for this portfolio to oversee academic activities undertaken by SASOP and its members. The current team members include Dr Franco Colin, Prof Margaret Nair, Dr M Talatala and Dr Motlana. It will also interact with the College of Psychiatrists, which acts as an examining body.

The executive has been made aware of the fact that it would seem that pharmaceutical companies have direct access to the prescribing habits of psychiatrists. Members are concerned about this, and the ethics involved and the matter is being investigated.

The Young Psychiatrists Group Special Interest Group is up and running. Younger colleagues are encouraged to join this group (those under 40 and within 5 years of having qualified). Those interested should contact Dr Talatala.
SASOP has been registered in the meantime as a section 21 company and the main executive members will be the directors. This was a necessary step for legal purposes.

The committee is still concerned about the relegation of intern training to a "minimal level" and will be working hard at rectifying the situation. Representations are to be made to SAMA and HPCSA in this regard, as it is feared that a developing crisis regarding mental health service delivery couold be exasperated if the situation is not rectified speedily.

A "mentorship program" is being looked at by the relevant committee and it is hoped that this will help in transformation in psychiatry in South Africa in the years to come. This program is to be initiated in 2008.

It has been noted that members are dissatisfied with the fees that they are paid for doing disability reports. The committee will be in contact with the LOA in this regard.

The Anti-Stigma team will be focussing this year on getting more novel antipsychotic drugs available for use in the State hospitals.

There also is still a lot of dissatisfaction regarding the implementation of the New Mental Health Care Act and the committee is working hard at resolving the issues pertaining to e.g. documentation. A discussion group is being set up to look at more of the issues.

The theme for the 2008 Congress will be "Psyche and the Soma" and will be held in the Western Cape, probably in August. Watch this space!

The P3 group in conjunction with Healthman is looking towards an increase in fees for 2008 and are involved in cost studies again. Members who have been approached to participate (at least 100 studies are needed) are requested to submit their statements as early as possible. The group is also looking at the whole issue of ICD 10 codes on scripts and statements. The Bipolar Algorithm has also been completed and been submitted to the CMS.

The secretariat is working hard to keep its records and database up to date and to ensure that members are paid up so that they can receive all the benefits of being SASOP members. Alta from the office is in regular contact with the subgroups to ensure that the process runs smoothly – thanks Alta!

Please would all subgroup treasurers make sure that their statements are audited at least once a year and that we receive these before the extended executive meeting.

Dr Ian Westmore
Honorary Secretary

LILLY SASOP NEUROSCIENCE FORUM: 4th May 2007
Presidential Opening Address by Dr Thabo Rangaka

Dr Rangaka welcomed the audience. Challenges facing psychiatrists in South Africa and Africa were outlined. A relative void at the top of the DoH governance is disconcerting, given that the Minister of Health Dr. Tshabalala Msimang is recuperating from an operation, and the department is being run by the minister of transport, Mr. Jeff Radebe. Whilst this is the case, I think that much gains can be gotten in the area of Public health.

Many professionals are not noting a glaring omission in the Bill of Rights of the Constitution of South Africa. Section 24(a) deals with the right to Environment. Section 26 Property, Housing: (1) Everyone has the right to have access to adequate housing. Then we jump to section 27: Health care, Food, Water and Social services. Well, how do people move about in a safe, cost effective and sustainable way? There is no protection of the people's right saying, "EVERYONE HAS THE RIGHT TO HAVE ACCESS TO AFFORDABLE, SAFE, SUSTAINABLE, RELIABLE, REGULAR, STATE SPONSORED PUBLIC TRANSPORT WITH PEDESTRIAN AND CYCLISTS' SPECIAL LANES ON ALL ROADS." I think it is a major omission which the constitutional courts should be apprised of by SASOP and SAMA.

Psychiatrists must find ways of taking leadership in the care of physically ill patients. It is uncanny how much mental illness is co-morbid with common medical conditions. Cardio-Vascular, Substance Abuse, Headaches, Sexual, Infections Such as TB, HIV and AIDS. None of them can be properly managed and controlled unless the psychiatric elements are handled.
We must strive at all times to interact with other specialists, General practitioners, psychologists and health care services administrators to improve or visibility and promote an increasing awareness of the value Psychiatry can add to health care services in general.

DISCOVERY HEATLH ENGAGEMENT PROCESS

SASOP P3 has started an engagement process with Discovery Health to iron out some problems with benefit design and Prescribed Minimum Benefits as well as remuneration of psychiatrists.

Although there is a lot of resistance regarding engagements with Discovery due to problems psychiatrists have with benefits for patients, formularies and payments, SASOP P3 has decided to engage in an attempt to solve some of the problems. Most psychiatrists charge fees to be remunerated directly by the medical scheme, and difficulties with direct payments have serious consequences for practices. Most psychiatrists have also signed the Discovery specialist premier rate agreement and are now finding difficulties regarding payments out of the savings account of the patients. Patients also reach their so-called “self payment gap” soon, and psychiatrists do not know how to deal with this co-payment or full payment.

Discovery has also rejected claims with hand written ICD-10 codes as some psychiatrists’’ accounting software can not yet handle the ICD-10 coding system. This has also been sorted out and Discovery has promised us that no claims will be rejected with hand written ICD-10 codes.

NEW CODES FOR 2008 MOTIVATED

SASOP P3 has again advised the Specialist Private Practice Committee (SPPC) of the South African Medical Association (SAMA) to adjust the consultation and procedure codes for 2008. This is in line with needs from psychiatrists and medical schemes.

The SAMA Doctors Billing Manual (DBM) is under a severe threat of being replaced with a national coding structure, owned and maintained by the Department of Health. SASOP P3 is not in support of such a structure as we fear that it will firstly control the scope of practice of doctors, secondly it will remove doctors from changing and maintaining the coding structure and therefore will give the DOH control over new technologies and will suppress development. Thirdly, the DOH and the Department of Labour have proven inefficiencies running and managing the Compensation Commissioner and care of patients in the public sector.

To ensure that our own coding structure is acceptable in the market, we need to continuously update and change the coding structure to accommodate new technologies in medicine and information technology. We do realize that this is at time inconvenient and cumbersome for practitioners, but the alternative is less acceptable.

The final coding structure, if accepted by the SPPC, will be communicated to psychiatrists as soon as possible. Fortunately, the changes have been kept to a minimum.

Dr Eugene Allers
Head: Private Practice

COST VERSUS STIGMA

The use of **atypical anti-psychotic medication** in the **public and private sectors** are strictly regulated and controlled due to the cost.

In the public sector debate still continues regarding the inclusion of these medications to patients as first line treatment on the national essential drug list.

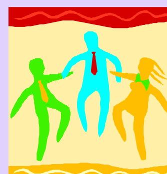
In the private sector medical schemes view these medications as second line treatment and advocate the use of atypical anti-psychotics only after the failure of old anti-psychotics or in special circumstances.

The anti-stigma task team of SASOP believes that **all psychiatric patients should be treated in the same manner** and therefore **novel anti-psychotic medications** should be first line treatment for all patients.

The task team has **formulated strategies** to advocate for the use in both the private and public sector.

Dr Eugene Allers
Head: Anti-Stigma Task Team

EDITORIAL TEAM



Editor: **Margaret Nair** *kapdoc@mweb.co.za*
Assistant Editor:
Eugene Allers *kopshop@global.co.za*
Editor's Assistant (Typing, Layout and Graphics): **Winston Padayachee**
Honorary Secretary: **Ian Westmore** *westmore@axxess.co.za*
Administrative Secretary: **Alta Valsamis** *Aletta.Maritz@wits.ac.za*
Webmaster: **Gerhard Grobler** *gpgrobler@absamail.co.za*

headline

IS NOT REACHING MANY MEMBERS!!
SECOND REMINDER
Will all Subgroup Chairpersons and Secretaries, as well as Heads of Departments 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