

— SASOP ACTIVITIES —



The past month has been a busy one for members of the SASOP Executive. Meetings were held to coincide with the PPP Congress at Sun City, and the first was the annual Extended Executive Meeting where the whole executive, including the subgroup chairpersons and those of the Special Interest Groups were present. Emerging from this meeting were the following:

- A motion of no confidence to be put forward in the Chairperson of SAMA if it has been established that he has been “acting without a proper mandate”. The committee is aware of the fact that this could have serious implications for particularly private practice, and feels that it needs to move on the issue. Recent events indicate that this move is necessary to ensure the autonomy of specialists as far as their scope of practice is concerned.
- All private psychiatrists are encouraged to join the **Psychiatric Management Group (PMG)** as this will become the vehicle through which psychiatrists can put forward their plans and initiatives as far as, amongst other things, coding structures and fees is concerned.
- The President envisages visiting the subgroups in the next year and will commence in due course with a visit to the KZN group.
- The Hon. Treasurer’s report indicated that SASOP is in a sound financial position.

MEMBERSHIP CURRENTLY:

Free State: 20/35
Eastern Cape: 15/20
Gauteng: 76/161
KZN: 30/86
Limpopo: 13/27
Northern: 67/121
Western Cape: 94/204 -
 (15 “unidentified”)
Namibia: 2/2

- The Hon. Secretary addressed the **issue of membership** in his report. Current statistics show that approximately a half of potential members have paid their membership fees. This is an improvement on the situation as it was earlier in the year and he thanked the administrative secretary for her hard work in this regard. He urged treasurers and secretaries of the subgroups to keep in touch with the office and make sure that member’s details are kept updated. It was **worrying** however, to note that **several of the subgroup chairpersons were not present** at the meeting.

• The subgroups represented at the meeting seem to be generally very active, particularly those in Northern and Southern Gauteng, and also those in the Eastern and Western Cape. Following the **report from the Eastern Cape subgroup**, it was decided to take action regarding the **appalling situation as far as service delivery of mental health** in the public sector is concerned. The matter was discussed at the AGM later in the week and a motion was put forward. In the meantime, a task team was convened to address the issue there and several lines of action were implemented.

- The committee congratulated Prof C Szabo on the publication of the first issue of the African Journal of Psychiatry.

SASOP Anti-Stigma Initiative



Emotional Health

**BE THE BEST
YOU CAN**

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SASOP Mentor Initiative



- There is concern over the delivery of services as far as Child and Adolescent Psychiatry is concerned. Posts are not available and consequently training of registrars in this discipline is difficult. A letter of concern to the relevant authorities will be submitted soon.
 - The Young Psychiatrist's Group has established itself, and Dr Talatala made a call for involvement of more members. The group has been particularly involved in transformation issues and academic development.
- The Old Age Psychiatry, Psychiatry and the Law, and Social and Community Psychiatry Special Interest Groups have been dormant. This issue was addressed later in the week at the AGM.

On Tuesday 28th August, the **Annual General Meeting** of the Society was held. Fifty two members attended, which constituted a quorum and therefore constitutional changes could be made.

- The constitution was amended to accommodate the change over to a **section 21 company**. Previously SASOP had been registered in a similar way to a "tennis club" and could not even open its own telephone account or own property. This move will enable SASOP to "do more" in this regard. (See the website for details).
- In his report, the President referred to the successes and disappointments of the executive over the last year. He expressed his concern over the issue of service delivery in the Eastern Cape; failure to make contact properly with SAMA and the HPCSA; the dormant special interest groups, which he hoped could be revived; and then in particular the issue of sponsorship to congresses (see below) which needs to be addressed in the coming year.

Following a long discussion on the **situation in the Eastern Cape, the following motion was adopted:**

SASOP takes cognisance of the actions of the provincial department of Health of the Eastern Cape and supports the decisions by the SASOP National Executive and Extended Executive to:

- Assist in Engaging with the National Department of Health to intervene with the Provincial Department of Health to investigate and rectify the situation,
- Engage SAMA to assist
- Engage the SA Human Rights Commission
- Inform the media of the situation In support of our colleagues and members.

- Dr Rangaka thanked the Hon. Treasurer for the work done in keeping SASOP in a sound financial position. He also, after a report by the Hon. Secretary, encouraged subgroups to make sure that their members were paid up and involved.
- At the meeting, calls were made for the "revival" of the dormant special interest groups and conveners were duly elected.

As can be seen from the above, the Society is active and engaging in several important issue pertaining to the practice of psychiatry in South Africa in the current political, social and economic climate!

...continued on page 3

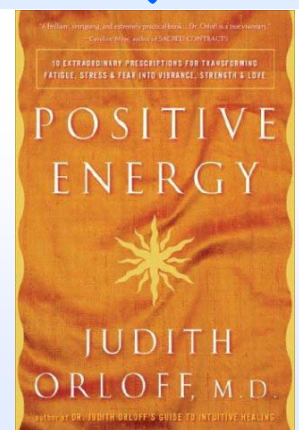
Positive Energy

by **Judith Orloff, M.D.** (a psychiatrist)
Three Rivers Press, 2005

Are you forever rushing through your day, fending off chronic exhaustion? Are you desperately overcommitted, afraid to say no? Do you want to feel well and rested and ready to conquer each day with enthusiasm, but fall short time and time again? If so, you are the victim of a hidden energy crisis. Here, at last, is the complete prescription that will stop you from feeling constantly drained and enable you to live a more vibrant life.

Filled with clear instructions for the simple, powerful exercises Dr. Orloff practices herself and shares with her patients, *Positive Energy* is your toolkit for transforming fatigue, stress, and fear into an abundance of vibrance, strength, and love.

Book Club



“THE SPONSORSHIP ISSUE”

Over the last few years, the executive has received numerous complaints from members regarding sponsorship to congresses. There is a perception that certain members are receiving ongoing sponsorship to congresses and that this is determined by SASOP. There also seems to be a perception that private psychiatrists are sponsored more frequently than those in the public sector. This has led to dissatisfaction in several quarters and therefore the following:

- SASOP has enjoyed a good working relationship with the pharmaceutical industry and has been dependant to a large extent on their financial assistance in staging the bi-annual National Congresses.
- When I was the convenor of the 13th National Congress (Drakensberg) in 2004, we attempted to be proactive in clarifying the issue, with the prospect of **Act 90** being promulgated and implemented in that year. We found that members of the pharmaceutical industry were equally “nervous” and therefore a meeting was held towards the end of 2003 to establish a “way forward”. We attempted to understand the implications of the Act and how best to ensure that members were able to apply for sponsorship within the confines of the Act.
- After that meeting, the understanding was that **members were free to apply for sponsorship to international congresses as before, but that for national congresses, members seeking sponsorship had to be seen to be “deserving”** (hence the application form where members had to indicate whether they were involved in teaching and research, were active in their subgroups etc..).
- The **procedure** then was that anyone could apply for sponsorship, and that the executive had to decide whether they were “deserving” in terms of the Act. Once this had been established, their names were placed on a list that was circulated to all members of the pharmaceutical industry – who could then indicate who they wanted to sponsor, and to what extent they would be sponsored.
- The latter was problematic, as the possibility existed that certain members would be “favoured” more than others, and that this could be seen to be a “perverse incentive” in terms of the Act. It was however decided to continue along this route of action, as it was clear that no company would be prepared to give SASOP a certain amount of money for sponsorship, without having any say in how it would be utilized. **This problem remains.**
- At the subsequent congress in 2006, a similar line of action was followed, except that the “Act” had not been implemented as expected previously.
- In the meantime, most pharmaceutical companies committed themselves to a “Marketing Code of Ethics” which they had developed to guide themselves. It remained clear that **no company could pay directly for an individual to be sponsored to a National Congress**, and therefore SASOP had to be involved in appropriating the funds.
- At the **2006 National Congress** 64 members were sponsored from private practice, 17 registrars and 46 from full time public sector (total 63), 27 applied but did not receive any sponsorship (sponsorship refers to ANY sponsorship whether it be accommodation, flights or registration) (stats from Londocor).
- The recent **PPP Congress was an international congress**, and therefore anyone applying for sponsorship had their names placed on a list that was circulated to the industry every two weeks. In the end 24 members from the private sector received sponsorship, 29 from the public sector and 1 registrar (30), with 33 applying and not receiving any sponsorship (stats from Londocor).
- Towards the end of 2006, a **specific task team** was set up, under the leadership of **Prof M Vorster**, to review the process and propose a method whereby sponsorship could be applied and distributed in an equitable fashion. This is a task that is ongoing, and the team will no doubt take cognisance of the dissatisfaction of members.
- In the meantime it seems that a few companies have decided to rather sponsor weekend symposia in collaboration with SASOP

Dr Ian Westmore
HONORARY SECRETARY

THE INAUGURAL MEETING OF THE PAST PRESIDENTS' FORUM

On 30 August 2007, the first

Past Presidents' Forum was held at the Cheetah room of the conference centre at Sun City with Dr GP Grobler as chairman. In attendance was Dr Rangaka, the current SASOP president whose brainchild this forum was, Professors Nair, Bodemer, Hart and Zabow, Dr Allers as well as Dr Jan Chabalala, the president elect of SASOP.

In both the African as well as other cultures of the world, the wisdom and experience of elders are acknowledged and put to use and it is envisaged that an annual workshop should be held where ideas can be exchanged and the past presidents of SASOP could collectively provide guidance to the current leadership.

During the inaugural meeting, the presidents discussed the training of interns and registrars, promoting research initiatives, fostering international relationships specifically in Africa, the impact of the HIV pandemic in South Africa, the problems relating to service delivery in the Eastern Cape public sector hospitals and improving the stature of psychiatry in South Africa.

The past presidents advised on several promising strategies which the current leadership of SASOP will consider and implement. The meeting was characterized by a vigorous spirit and lively debate in which all present participated.

By the end of the meeting a Task Team committee was elected with Prof MG Nair unanimously accepted as the convenor, Dr E Allers as the secretary and Prof T Zabow as the treasurer. This committee will be reconstituted at the next Biennial meeting of SASOP and then biennially.

Dr Gerhard Grobler

CHAIRPERSON

— Academic Development —

The Academic Development Task Team is a newly formed team. The president of SASOP, Dr Thabo Rangake felt that SASOP needed an input into the academic requirements of all psychiatrists. The team members are, Drs Franco Colin, Margaret Nair, Pierre Joubert, Gerhard Grobler, Mvuyiso Talatala and Shadi Motlane. The first task of the Academic Development Team was to request that they Young Psychiatrists headed by Drs Talatala and Motlane give us feedback on what recently qualified psychiatrists feel about their own training and academic development. Dr Talatala is still conducting the survey, and the entire team will then work with results.

It is the intention of the President that feedback from this team will be given to the College of Psychiatry Convenor thus establishing a two way liaison between SASOP and the College of Psychiatry. The team will also be focusing on the academic development of older/mature psychiatrists and whether their academic needs are being met. This is merely a starting process and hopefully with time the Academic Development Team will become very active in the SASOP Executive.

Prof Margaret Nair

INTERIM CONVENOR: ACADEMIC DEVELOPMENT

— STATE EMPLOYEE SPECIAL INTEREST GROUP — Report to the Extended Executive Committee

The activity of SESIG has focused on two main agendas:

1. The Essential Drugs List (EDL)

This process is now concerned with Tertiary/Quaternary EDL and involves determining the range of agents that should be included, for Psychiatry.

A communication will shortly be forwarded to all members of SESIG regarding procedures to be followed for the purposes of requesting inclusion.

2. Networking with South African Medical Association (SAMA) structures

Association and involvement with two SAMA structures has been established:-

1. Academic Doctors Association of South Africa (ADASA)
2. Public Sector committee (Pubsec)
 - ADASA: Unable to attend first meeting; due to receive minutes
 - Pubsec: Unable to attend first meeting; due to receive minutes

These associations will lead to direct involvement with SAMA structures

Prof Chris Szabo

CONVENOR: SESIG



The Medical Chronicle of 12 September has an article which shows the effect of non-clinician CEO's and accountants on the quality of health care. What I glean from it is that the vigour with which medical aids administrators and hospital CEO's work to reduce the "cost of care health care", especially the alleged high cost of specialist care, will be found to be mis-placed when long term health care user ('patient' is actually always shorter!) quality of life evaluations are made. The Chronicle article states:

Youth Suicides Increased as Antidepressant Use Fell

The data suggest that for every 20% decline in antidepressant use among patients of all ages in the United States, an additional 3040 suicides per year would occur, said Robert Gibbons, a professor of biostatistics and psychiatry at the University of Illinois in Chicago, who did the study. About 32000 Americans commit suicide each year.

Thomas Insel, director of the National Institute of Mental Health, said, "We may have inadvertently created a problem by putting a 'black box' warning on medications that were useful." He added, "If the drugs were doing more harm than good, then the reduction in prescription rates should mean the risk of suicide should go way down, and it hasn't gone down at all - it has gone up."

The new finding, published in the September issue of the American Journal of Psychiatry, and subsequently reported by the Washington Post, is the latest development in a controversy marked by complex science and passionate advocates. In 2003 and 2004, the FDA issued a series of warnings that clinical trials had detected an increase in suicidal thinking among children and adolescents taking selective serotonin reuptake inhibitors (SSRIs), compared with children and adolescents given sugar pills. In late 2004, the agency called for a 'black box' warning on the drugs to call attention to the potential risk, and expanded it last December to include young adults.

The warnings led to a broad decline in SSRI prescriptions for all patients younger than 60, Gibbons said. Prescription rates continued to rise among those older than 60, and this was the only group in which suicides dropped between 2003 and 2004, his study found.

The study included the Netherlands, which had a 22% decrease in antidepressant use among children between 2003 and 2005. The suicide rate among youngsters there increased by 49% in that period.

The trend lines do not prove that suicides rose because of the drop in prescriptions, but Gibbons, Insel and other experts said the international evidence leaves few other plausible explanations. Previous studies have shown that US suicide rates are lower in counties where antidepressant use is higher, and a recent study of 200 000 depressed veterans found that those taking an antidepressant had one-third the risk of suicide of those who were not.

David Healy, a British psychiatrist who has been critical of the drugs, disagrees. He said that the increase in suicides was more likely caused by the growing use of antipsychotic drugs among children rather than a decline in antidepressant use. "I would be absolutely certain that the increase is not because kids are not being treated," he said. "They may not be getting SSRIs, but they are getting psychotropics."

The new study was largely funded by the federal government. Pfizer, which makes Zoloft, provided some money for data collection, Gibbons said, but was not involved in the study and did not review the results before they were published.

The FDA required the warnings on the drugs' labels to prompt doctors to closely monitor patients they put on antidepressants, because of some evidence that the risk of suicide is highest shortly after treatment begins. Gibbons said that the decision was misguided and that the situation called for better education of physicians, not warnings.

Thomas Laughren, director of the agency's division of psychiatry products, said, "FDA is obviously concerned about possible negative impacts of labelling changes but also feels a strong obligation to alert prescribers and patients to possible risks associated with the use of antidepressants." He added, "We will continue to monitor antidepressant use and suicide rates, and will take appropriate regulatory actions as new data become available."

NIMH's Insel said it is possible that antidepressants are lowering the risk of suicide overall, even as they increase the risk among a subset of patients. New research to be published soon examines genetic factors that may put some patients at particular risk, he added.

If regulators base their decisions on risks alone, he said, "You focus on that very tiny number of kids who may be at greater risk when they are treated and you ignore the very large benefit that might accrue to the other 99.9%."

Insel acknowledged that it may be a while before physicians have tests that can reliably predict which patients are likely to become suicidal as a result of the drugs. In the interim, he said, "If I had a child with depression, I would go after the best treatment but also provide the closest monitoring."

In a macabre penny wise, pound foolish choice of action by administrators, the lives of children and the quality of life of families were sacrificed. Usually, when CEO's make a saving, they are given a performance bonus! Sickening isn't it? Closer to home, we expect the minister of Health to take measures to save money by reducing the cost of specialists to the DOH. Eugene Allers will attend the meeting 14th September, 2007 and inform us of the outcome.

Dr Thabo Rangaka
SASOP PRESIDENT

WHY READ...

headline

Headline is the **official “mouthpiece” of SASOP**. SASOP activities are reported in Headline. The SASOP executive committee is firmly committed to **transparency**. The President, Dr Thabo Rangaka, emphasizes this at all executive meetings. Headline was first published under the presidency of Prof Margaret Nair (1998-2000). It was the brainchild of the then secretary for Internal Communications, Dr Eugene Allers. It has remained a regular publication of SASOP, except for a temporary lull in 2006. Under the leadership of Dr Thabo Rangaka it has been resurrected and published on a regular basis. On account of cost and lack of manpower it is now distributed only in **electronic format**. It is also posted on the SASOP website. The webmaster, Dr Gerhard Grobler, sends out a **“SMS reminder drop”** to all members on the SASOP database when headline is distributed.

Numerous requests have been made to subgroup chairpersons for an **updated database** to be sent to the SASOP administrative secretary, Alta Valsamis. There has not been a response. However, what has been sad to know, is that there has been an **official complaint** from a particular subgroup that members at “grassroots level” are ignorant of SASOP activities. **Headline is the official way of communicating with members. Subgroup chairpersons** are also supposed to **report SASOP** activities to members. **Subgroup chairpersons are invited to the extended executive meetings** of SASOP with transport and accommodation (if required) paid for by SASOP. All arrangements are co-ordinated by Ms Alta Valsamis. Subgroup Chairpersons are encouraged to print a few hard-copies of Headline and distribute them at Subgroup meetings. All members of SASOP who receive Headline are encouraged to check whether their Psychiatrist friends/colleagues are receiving Headline and forward names to Ms Alta Valsamis if they are not.

SASOP remains committed to its members and to the process of transparency. Members are encouraged to contact SASOP via letters to Headline or directly through the SASOP Honorary Secretary, Dr Ian Westmore, and the Admin Secretary, Ms Alta Valsamis. For an **updated list of executive committee members** of SASOP please refer to the **February 2007 Headline** which has been posted on the website.

Dr Thabo Rangaka: [PRESIDENT](#)

Prof Margaret Nair: [EDITOR - HEADLINE](#)

Dr Eugene Allers: [ASSISTANT EDITOR - HEADLINE](#)

Dr Gerhard Grobler: [WEBMASTER AND HEADLINE DISTRIBUTOR](#)

Dr Ian Westmore: [HONORARY SECRETARY](#)



Shrink Tank

Where love rules, there is no will to power; and where power predominates, there love is lacking. The one is the shadow of the other.

- Carl Jung

When one door closes another door opens; but we so often look so long and so regretfully upon the closed door, that we do not see the ones which open for us.

- Alexander Graham Bell

Knowledge comes, but wisdom lingers.

- Lord Alfred Tennyson

headline

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Joy and sorrow are inseparable...together they come and when one sits alone with you...remembers that the other is asleep upon your bed.

- Kahlil Gibran