



# headline

**SASOP**

OFFICIAL NEWSLETTER OF THE SOUTH AFRICAN SOCIETY OF PSYCHIATRISTS

## - SASOP ACTIVITIES -



The National Executive Committee met for the last meeting of 2007 this past week in Johannesburg. At the outset, the President was congratulated by the executive on his recent marriage – we wish him, and his new wife, all the best for the future!

The committee took note of a letter that was sent as a **warning** from the F.D.A. to a researcher, who had seriously violated protocols in the U.S.A. recently. Local researchers and SASOP members are encouraged to take note of the

letter (published on the SASOP website) and make sure that they **conduct research ethically and according to protocol**. SASOP is aware of the fact that several of its members are involved in contract research, and would also therefore encourage those interested to form a Special Interest Group that would look after these interests. It was also agreed that a list of those involved in, or interested in, research be made available on the website (please contact the webmaster Dr G Grobler in this regard).

- The situation in the **Eastern Cape** seems to have improved considerably, but there are still huge problems with the existing infrastructure. The anti-stigma initiative will be getting involved in the matter soon.
- Attempts are still being made to establish a **central roster of industry sponsored CME events** on a subgroup, and also a national level. The committee feels strongly that all interested parties would benefit from a more coordinated program to prevent members from losing out. (*Would also subgroup chairpersons please forward their year program for 2008 to the secretariat as soon as it becomes available?*)
- The **SASOP Constitution** is to be reviewed in its entirety soon to align it with the new SASOP status as a section 21 company. The memorandum and articles of the company will be in line with the constitution as it currently exists, with changes made to accommodate the transformation.
- The **Transformation task team** will be looking at ways of **getting more black practitioners to specialize in psychiatry**. This is a huge challenge for the next few years, as it would seem that potential candidates are “lost to psychiatry” especially when they do their internship and community service.
- The **Congress 2008** organizing committee has been working hard and Prof D Niehaus reported that it has been agreed to host the congress at Fancourt, George, in August 2008. Of note is that the procedure for procuring sponsorship for the congress will be reviewed and be made available with the first announcement due to go out at the end of November already.
- The **Academic Development** team has been researching the needs of young psychiatrists as far as training is concerned and recommendations will be made to university departments and the College of Psychiatrists. The focus will now be on establishing the needs of older psychiatrists.

The next meeting of the National Executive will be on 29/01/2008

**Dr Ian Westmore**  
HONORARY SECRETARY

## Seasons Greetings

The President, Dr Thabo Rangaka, the Executive Committee and the Editorial Team wish all members of this multi-faith, multi-cultural organization a joyous and peaceful festive period.



### SASOP ANTI-STIGMA INITIATIVE



**Emotional Health**  
**BE THE BEST YOU CAN**

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### SASOP Mentor Initiative



Sharing Our Wisdom



**A**ctivism seems to be the preserve of the ANTIES; Anti Repression, Anti-Apartheid, Anti-psychiatry - I do not want SASOP to be part of that! We work for the eradication of Stigma, Abuse and to promote Access for Patients (or users) to Appropriate Public Health Care and primarily Psychiatric and Mental Health Care.

Writing as I am from this air-conditioned room at the Holiday Inn Flinders Lane corner with Spencer Street, Melbourne, Australia (attending the WPA congress), I am acutely conscious of the ENVY I have for this city! I realize that there is no city in

South Africa which promotes Access for Patients to public Services and Health Care like Melbourne. For patients to reach the services, they have to have safe, affordable, sustainable, plentiful, diverse, integrated, time conscious, safe, government-sponsored Public Transport System. This way the patients and their care-givers are able to get to clinics and hospitals on time, in a reasonable time period and not the whole day. Above all, their anxiety levels do not get blown over the limit the way they are when they await or use taxi, bus or train transport in South Africa which is dangerous, erratic, unreliable and disrespectful of their human dignity. Seeing the diverse mass transport services in Melbourne challenges me to keep working towards ensuring that Public Transport becomes included in the Bill of Rights as an inalienable right. The poor and currently marginalised voters cannot be expected to travel and access Government Services without Government support and care. What relevance does this have for the eradication of the abuse of women and children? A lot! It is women and children who have to be on the road and on queues at four in the morning hoping to travel safely to the magistrates office, the social services office, the clinic or school. They are exposed to the urban terrorism that must be curbed urgently to reduce anxiety and stress levels in the communities. If the public transport was community supportive and government sponsored, chances would be that people would be able to travel safely and in predictable ways. I was very angry the other day when a young lady who was accompanied by her younger brother to a train station in Springs, East Rand, told me she was raped on the station premises, and her younger brother stabbed and robbed! I hope that the Gautrain Stations will introduce better security for all at train and bus stations.

I digressed too much! The ANTIES! Outside the Melbourne Convention Centre, Activists belonging to EN-SUP [European Network of (ex-) Users and Survivors of Psychiatry] and Mind Freedom International, were frantically handing out a statement signed by Judi Chamberlin and Peter Lehmann. Many colleagues seemed to avoid them and refuse their handout. Many more took the pamphlets and made a beeline for the first rubbish bin inside the convention centre. I took and kept one, and then sought out the male activist for him to get a chance to inform me what he and his comrades were about. "We stand united in calling for an end to all forced and coerced psychiatric procedures and for the development of alternatives to psychiatry," he read. "We all have a right to refuse psychiatric procedures, since this Convention (UN Convention on the Rights of Persons with Disabilities) recognises the right to free and informed consent with no discrimination based on disability." He said he was opposed to clauses in the Mental Health Care Act which allowed Involuntary Detention, Treatment, Care and Rehabilitation. He seemed a reasonable sort of chap. I enquired what alternatives he would offer to the families of patients (nay Users) who in their psychosis beat up parents and care-givers, destroy property and have to be restrained and detained by the police. He insisted it was the duty of the police to restrain and detain the user. I retorted that the police were trained to control violence with more violence. Once they have contained the violent, psychotic person, what are they to do next? He seemed to have no solution. I put it to him that the Mental Health Care Act came in to protect the user from abuse. He drove his argument round to pointing out that Psychiatrists were USED by the police and others to coerce patients! The enemy is the psychiatrist and psychiatry - not the psychosis and the potential abuse of the user by the police or other community members! I put it to him that both the psychiatrists and his organisation are working for the humane care and treatment of the severely mentally ill. He rejected my statement and preferred to remain an ANTIE. I suggested to him that he could use his energy and enthusiastic activism working positively for the equivalent of SADAG (South African Depression and Anxiety Support Group). He rushed off to go and thrust a pamphlet in the face of another psychiatrist! I admired his enthusiasm; don't ever give up the cause!

**Dr Thabo Rangaka**  
SASOP PRESIDENT



## Child and Adolescent Psychiatry

Children and adolescents form about 40-60% of our population and in most Western countries at least 20-30% of children presenting to GPs have mental health problems. Similar findings have been found in de-

veloping countries. In the UK and the USA there has been a sharp rise in conduct disorder and substance abuse disorders. The same is true for SA. Much child mental illness is hidden. Despite this, child and adolescent mental health remains very much the Cinderella branch of the Cinderella division of psychiatry. There are only 30 child and adolescent psychiatrists in SA and many of these may have emigrated. The number working in state institutions can probably be counted on 2 hands.

Child and adolescent psychiatry is a very under-resourced service with problematic staffing issues. Facilities for out-of-control, psychotic and dangerous children and adolescents with mental health problems are just not available and adolescents end up being put into adult wards, which is dangerous for them. There is an urgent need for facilities for children and adolescents with problematic behaviour who need placement in long-term, secure units.

Policies, like rotating nurses through units, leads to trained nurses being moved off and units having a continuous supply of untrained nurses passing through, leaving the limited professional staff to re-start training. It is dangerous for patients and demoralizing for other staff and leads to burn out. There are not clear career paths for child and adolescent psychiatrists, with almost no chief posts in the sub-specialty being in existence. There is almost no career path nor specific specialized training for psychologists wishing to work with children and adolescents.

There seems to be a general feeling in government that generalization is a good thing and specialization not. This leads to policies of expecting untrained primary health care workers to be expected to deal with complicated child and adolescent mental health problems. There is little acknowledgement for the necessity of having specialized and highly trained child and adolescent psychiatrists. Bloemfontein, Cape Town, Durban, Johannesburg and Pretoria have specialist child and adolescent units, which are relatively well staffed and equipped and yet these units often have waiting lists of up to 2-3 months. The rest of the country is even worse off.

Added to this, is the fact that SA has particular problems that lead to child mental illness like AIDS, deaths of parents, substance abuse, poverty, violence, single parenting on a vast scale, break down of communities and the shunting of children from one caregiver to another. There is an urgent need to try and prevent many of these problems from developing. This means investing in good ante-natal care, picking up and targeting vulnerable mothers and supporting and counseling them early on in good mothering practices and ensuring that children with learning problems are identified early and helped when they are still young. It means creating substance rehabilitation facilities (almost no state ones exist for children) for the growing problems of substance abuse in children and adolescents, and providing adequate facilities countrywide for assessing children and adolescents with mental health problems.

### ***Light at the End of the Tunnel***

Despite the problems listed, there does seem to be some cause for optimism. Government does seem to be committed theoretically to promoting the welfare of children and have mooted plans to increase the number of training posts for child and adolescent psychiatrists. In addition there does seem to be growing interest among newly qualified psychiatrists in pursuing careers in child and adolescent psychiatry. Training for primary and secondary mental health workers in child and adolescent mental health is on the increase.

Sites which do offer sub-specialty training (Bloemfontein, Cape Town, Durban, Johannesburg and Pretoria) can be described as centres of excellence and all offer good programmes in Fellowship training. In addition to this, the community of child and adolescent mental health workers is a dedicated, enthusiastic and hard working sector, as evidenced by the recent, very successful SAACAPAP conference (The South Africa Association for Child and Adolescent Psychiatry and Allied Professions), which was held in Cape Town in September 2008.

**continued on pg 4...**

Although the 'overseas' speakers were all of a very high standard, what was striking about the conference was the number and excellence of local paper, posters and research descriptions. Lifetime awards were given to Professor Holford and Professor Faulk for their outstanding contributions to the field.

SAACAPAP has a regular journal (Journal of Child and Adolescent Mental Health) of a high standard, edited by Professor Alan Flisher, which can be accessed at <http://www.nisc.co.za/journals?id=4>. There has been a flowering of good research in child and adolescent mental health. A good site for information on this is <http://www.uct.ac.za/faculties/health/research/>

SAACAPAP is an important organization which co-ordinates child mental health issues in South Africa and beyond, organizes bi-annual conferences and promotes the welfare of children and adolescents. Information about joining the organization and learning about activities can be found by emailing the secretary, Ms Vivian Alers at [vivyan.alers@gmail.com](mailto:vivyan.alers@gmail.com).

**Dr Lynda Albertyn**

SASOP REPRESENTATIVE FOR CHILD AND ADOLESCENT PSYCHIATRY

The website aims to be central to the functioning of SASOP due to its easy access and user -

## *How to use the SASOP Website*

friendly layout. This article will help SASOP members to easily navigate the website and to introduce the basic functionality of the site. The website is accessible on the world - wide - web at <http://www.sasop.co.za> to all members of SASOP and the public with a secure, password - protected area reserved for paid up members of SASOP. Each paid - up member is eligible for a FREE email address from SASOP (e.g my-name@sasop.co.za). Certain names (e.g president@sasop.co.za, secretary@sasop.co.za or webmaster@sasop.co.za) are retained for the functionaries of SASOP. The website is currently sponsored by GlaxoSmithKline by way of an educational grant and is branded as such.

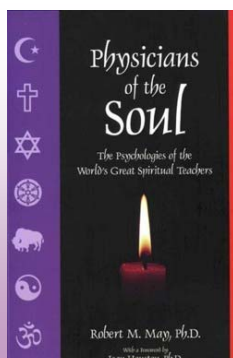


The frontpage of the website contains a link to the **South African Journal of Psychiatry**, the official journal of SASOP. This journal is a quarterly, peer reviewed, general psychiatric journal with open access to the wider psychiatric community. The frontpage also contains a link to **Serenity**, an industry sponsored journal. The frontpage outlines **Community** and (mental health care) **User contributions**, to empower the users of mental health care and to provide them with a forum to interact with each other and SASOP. The frontpage also carries **Therapeutic Focus**, a collection of general articles on psychiatric topics.

On the right - hand panel of the frontpage is an **Events Calendar** and **Notice Board**. This area strives to provide up - to - date information regarding psychiatric meetings and gatherings as well as important general information concerning SASOP members.

At the top of the frontpage, four menu links lead to general information about SASOP ("about us"), upcoming local and international conferences ("events"), information pertaining specifically to the needs of psychiatrists ("psychiatrist corner" and the needs of mental health care users in South Africa. Following the menu link from the "Users corner", one finds a map enabling contact with psychiatrists in the different provinces of South Africa. This area provides for the contact telephone number of the psychiatrists in a specified province. It also provides a link to the individual psychiatrist's personal website.

Continued on pg 5...



## **Physicians of the Soul**

by Robert M. May, Ph.D.

White Cloud Press, 2003

"A rich text that grapples with the dark and light dimensions of soulmaking and reminds the reader of the transcultural truths within the teachings of the great spiritual teachers"  
- Association for Humanistic Psychology Newsletter

Robert M. May is a teacher, lecturer, and writer on the subjects of psychology, religion, philosophy, and mythology.

*Book Club*



...SASOP Website from pg 4

This personal website could easily be set up from the SASOP website from the secure section. Please contact the webmaster for assistance.

From the "Psychiatrist corner", one has access to SASOP's official Positions statements (on Homosexuality, Violent Crime, CPT4 and Private Practice) as well as the Special Interest Groups. From the Professional Society links, one can link with the HPCSA, CMSA, SAMA, APA, WPA, WHO as well as the Psychological Societies of South Africa's websites. There are also links to the Statistics South Africa website, University sites, Council of Medical

Schemes and certain pieces of South African legislation.

At the bottom of frontpage, a facility to perform Google searches exists. At the top of the page, two JAVA textboxes exist for the Username and Password. These areas regulate access to the secure section of the website. This section is available to paid - up members of SASOP only. The username and password is available from the webmaster (webmaster@sasop.co.za).

On the landing page in the secure section, we have published a notice board, issues of the Headline, a newsroom and the HIV / Aids newsletter. Members also have access to 30 FREE SMS messages per day. It is also possible to send ecards [for Anniversaries, Congratulations, Birthdays, Thank you and Valentines day!] from the website.

On the left hand side, Quick links lead to My Practice, My CPD, a HR Library, information on Medical Funds, Discussion Forum and the Journal Room.

From the My Practice menu, members can update their details and create their website. Members can also confirm their membership status. Links to the various SASOP subgroups (via the map supplied) lead to the separate sub group's areas with information on events and contact information. The subgroups should use this area to actively promote their activities and communicate with its members.

From the My CPD area, members are able retrieve the archived CPD points accumulated throughout the year by attending SASOP activities. One can also print the certificates.

The HR Library gives access to a wealth of human resource related documents and templates as well as legislation while the Medical Funds area provides useful information regarding medical aids. We plan to build a journal library from the Journal Room and would appreciate suggestions in this regard.

The Discussion Forum is meant as an interactive area where SASOP members can communicate and debate critical issues pertaining to psychiatry in South Africa. The SASOP president also undertook to maintain a regular blog on this area.

The website requires constant attention and updates. It is only as good as the information received. Its interactive format requires constant inputs from all SASOP members and this is always welcome. The

Webmaster invite all members to communicate with him (via webmaster@sasop.co.za) and with each other through the website as the website strives to remain the premier conduit of communication amongst SASOP members.

**Dr Gerhard Grobler**  
WEBMASTER

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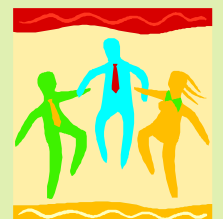
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# The Sponsorship Controversy

Sponsorship to local congresses is always a controversial and delicate issue. For this reason we have included the article entitled "The Sponsorship Issue" from Dr Ian Westmore, the Honorary Secretary, published in the August 2007 'Headline'. Page 7 of this issue gives an outline of the 2008 Congress Committee's application form for sponsorship. We know that there will be problems as the pharmaceutical industry, who are in control of the money, have a powerful influence in the choice of who gets sponsored. You are welcome to express your views and complaints to the Executive Committee of SASOP via the Admin. Secretary or Honorary Secretary.

From Headline August  
2007, pg 3

## "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 13<sup>th</sup> 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

# APPLICATION FOR SPONSORSHIP TO SASOP 2008 CONGRESS

Please note that only paid-up SASOP members may apply for sponsorship through SASOP for the National Congress. If you are not a paid-up member, please visit the website [www.sasop.co.za](http://www.sasop.co.za) for details regarding membership and membership fees.

**PLEASE COMPLETE THE FOLLOWING AND RETURN IT TO THE CONGRESS SECRETARIAT ON  
FAX: 011 768-1174 OR FAX (011) 768-6750**

Title: .....Initials: ..... Surname: .....

Tel no: ..... Fax no: .....

Cell no: .....E-mail: .....

HPCSA No: .....

ID No: .....

Qualifications: .....

If in PRIVATE practice, please complete practice address: .....

.

If in PUBLIC service:  Consultant Specialist  Registrar

Please complete name of institution / university: .....

Have you been approached by a trade company for possible sponsorship?

Yes  Name of company .....

No

## HOW IT WORKS:

Your application must be faxed to the Congress Secretariat by no later than 30 April 2008.

Your SASOP membership will be checked and you will receive a letter from the congress secretariat to this effect.

Your details will be circulated in an alphabetical list to all the participating trade companies for possible sponsorship.

This list will be forwarded to the trade on a 2-weekly basis. The list will also be placed on the secure section of the SASOP website and update regularly in order to facilitate transparency.

SASOP does not choose who gets selected, but encourages the trade to sponsor in an ethical and balanced manner, i.e private and public service.

There is no guarantee that you will get sponsorship – but it increases your chances to obtain sponsorship.

Once a company notifies either yourself or the congress secretariat of their intention to sponsor you, you will receive a confirmation letter regarding the sponsorship and the extent of the sponsorship.

Please note, that in terms of the Marketing Code of Ethics, trade companies are not allowed to sponsor you directly to any local congress, i.e money cannot be transferred directly into your account to cover your registration