



headline

SASOP

OFFICIAL NEWSLETTER OF THE SOUTH AFRICAN SOCIETY OF PSYCHIATRISTS

SASOP ANTI-STIGMA INITIATIVE



Emotional Health
BE THE BEST YOU CAN

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SASOP Mentor Initiative



Sharing Our Wisdom

- SASOP ACTIVITIES -



The SASOP Extended Executive Committee had its first meeting

for the year on 20 Feb 2008 in Johannesburg. This is a bigger meeting than usual when all the subgroups and special interest groups and task teams are represented. It would therefore be expected that a wider range of issues than normal would be discussed:

- The issue of **internship training** remains under the spotlight. The committee has approved a request for funds to be made available for Dr L Koen to do a tour of hospitals and institutions in the country to establish what facilities for training are available as requested by the HPCSA. It is hoped that this move will finally put the training of interns in psychiatry back into its rightful place i.e. with psychiatrists.
- The **relationship between the College of Psychiatrists and SASOP** was discussed and it was agreed that there was a “positive tension” that exists as the two groups continue to define their roles in the training, examining, support and representation of both private and state sector psychiatrists.
- The various **subgroups** reported on their activities since the previous meeting in August 2007. Most groups seem to be struggling with attendance of meetings for various reasons. It would seem that members are loathe to attend weekday meetings as most have a heavy workload to contend with – and more and more the focus is shifting to weekend meetings and symposia. SASOP is already engaging in a process where these meetings will be more streamlined and useful. Some groups have also resolved to reduce their number of meetings, hoping for better attendance and participation.
- The **Biological Special Interest group** is planning a congress for 2009 – watch this space!
- The **Geriatric Special Interest Group** is reviving itself and has become active after a period of dormancy – they are planning a seminar in May on “Dementia”.
- It was reported that the **HIV Special Interest Group** has been active although struggling somewhat too. There has been a lot of activity – not least of which the studies that they are participating in, and the guidelines for treatment e.g. of HIV Dementia that are being drawn up.
- It would seem that finally a **Director** has been appointed for **Mental Health** (Siphiso Phakati) – the President has already established contact with him. This is significant considering that the post has been vacant for a considerable period of time.
- The **Congress 2008 organizing committee** reports that good progress is being made toward what seems to be an exciting meeting at Fancourt in August. At the congress an **AGM** will be held as well and there will an election of new office bearers at the meeting. [Nominations for the portfolio of President Elect are already being awaited](#) (contact the secretariat for details).
- The next meeting of the extended executive will be in August at the Congress.

Dr Ian Westmore
HONORARY SECRETARY

From the President's Desk

Social Development Hinges on Excellent National Health



Comrades, please make Mr.Zola Skweyiya Minister of Health and

Social Development. Don't you see; it makes absolute sense! The welfare of psychiatric and chronic illness patients and their care-givers is not provided for by the Department of Health. Nor does the Social Services and Development Department provide adequate or appropriate care for clients or Users in their care. What happens is that the patient or client loses out in terms of their access to appropriate and sustainable care. Data collection and forward planning in the Health, Welfare and Social Development arena is resultantly curtailed.

I visited the anc.org.za website and accessed the Resolutions that emanated from the watershed Polokwane Conference. Please go to the website yourself and see the rest of the issues discussed; I want to focus on those that have to do with Health and Social Development.

THE AFRICAN NATIONAL CONGRESS ON SOCIAL TRANSFORMATION

Noting that,

1. South Africa has entered its second Decade of Freedom with the strengthening of democracy and the acceleration of the programme to improve the quality of life of all the people.
2. In the context of our continued resolve to challenge underdevelopment and eradicate poverty, and, against the background of the huge investment in infrastructure and its attendant possibilities, the emphasis on quality education and health must be recognised.
3. We are at the beginning of a long journey to a truly united, democratic and prosperous South Africa, in which the value of all citizens is measured by their humanity, without regard to race, gender, sexual orientation and social status.
4. Whilst many families have access to social grants and other poverty alleviation programmes, many of these households and communities remain trapped in poverty, are dependent on the state and thus unable to access the opportunities created by the positive economic climate.

Believing that,

6. Central to the task of social transformation is the role of the ANC in Government in confronting the challenges of poverty and underdevelopment.
7. At this juncture we can and must re-affirm our commitment to redress poverty and inequality.
8. We are building a developmental state and not a welfare state given that in welfare state, dependency is profound.
9. Our attack on poverty must seek to empower people to take themselves out of poverty, while creating adequate social nets to protect the most vulnerable in our society.
10. Beyond poverty alleviation, interventions must seek to develop exit programmes that capacitate households and communities to empower themselves. It is the duty of the developmental state to achieve this.
11. Education and health must be prioritised as the core elements of social transformation.
12. Since Mafikeng and Stellenbosch, in the 13th year of our democracy, we are able to reflect on the transition from an inhumane society characterised by racism, division, inequality, injustice and subjugation to a society that is ostensibly caring, open and democratic, committed to the ethos of non-racialism, non-sexism and freedom.

Therefore recommend that,

ON SOCIAL SECURITY AND BROAD SOCIAL DEVELOPMENT,

13. We must reaffirm the Freedom Charter as a premise when discussing social transformation.
14. That a comprehensive social security net provides a targeted and impeccable approach in eradicating poverty and unemployment.
15. We develop a minimum common basis on all social security intervention programmes by all departments.
16. Equalisation of opportunities, lifelong learning, economic opportunities for persons with disabilities.
17. Grants must not create dependency and thus must be linked to economic activity.
18. We must accelerate all our programmes in pursuit of the Millennium Development Goals.
19. We must establish a mandatory system of retirement fund and establish a broad-based retirement fund that covers low-income groups.
20. Strengthen collaboration between the departments of Education and Social Development and other related departments in the provision of Early Childhood Development (ECD).
21. Low cost retirement fund be created.
22. Child support grants be gradually extended to 18 years.
23. Pensionable age must be equalised and be set at 60 years.
24. Coordinated national drug campaign be intensified to fight substance abuse.

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ON HEALTH,

52. Education and health should be the two key priorities of the ANC for the next years.
53. Reaffirm the implementation of the National Health Insurance System by further strengthening the public health care system and ensuring adequate provision of funding.
54. To develop a reliable single health information system.
55. Government should intervene in the high cost of health provision.
56. There should be health cover for Veterans of the struggle.
57. We should develop a recruitment and Human Resource Development strategy for health professionals.
58. Develop an MoU with foreign countries on the exodus of health professionals.
59. The ANC should further consider the matter of making HIV and AIDS notifiable. In this regard a distinction should be made between the two as these are two conditions. In doing this, the ANC should also consider the negative implications of this recommendation, such as stigma.
60. We accelerate the roll-out of the comprehensive health care programme, such as through the provision of ARV at all health facilities. At the same time we should strengthen capacity to monitor the side-effects of ARV.
61. We accelerate programmes for hospital revitalisation including through innovative solutions that accommodate partnerships.
62. We intensify our efforts to create an environment that promotes positive individual behaviour in our communities, especially amongst young people.
63. There will be no need to adopt a special HIV and AIDS grant as this will be catered for by the comprehensive social security system.
64. The ANC should explore the possibility of a state-owned pharmaceutical company that will respond to and intervene in the curbing of medicine prices.
65. More resources be allocated to programmes on sexual awareness. ANC branches must be actively involved in these programmes.
66. Introduce a policy on African traditional medicine.
67. Caution should be exercised when deciding on PPPs as a solution for the delivery of health services.
68. Diseases such as TB and cancer should be given special attention.

FOR THE PSYCHIATRIST

SASOP has to take the above resolutions seriously with a view to promoting **PSYCHIATRY, AND ACCESS FOR PATIENTS TO APPROPRIATE MENTAL HEALTH CARE**. If we do not provide expert advice and leadership in the area of Developmental Democracy, Mental Health and Welfare, we will regret when our Comrades make policies which are inimical to the best interests of the patients, the nation and to psychiatry.

I repeat my plea that Psychiatrists get involved in the activities and total Life of the Nation so as to make meaningful and effective impact in Health and Social Development.

My motivation for recommending that Mr.Zola Skweyiya be the *Overall Minister of HEALTH AND SOCIAL DEVELOPMENT* and have a **SOCIAL WELFARE** and a **HEALTH (INCLUDING REPRODUCTIVE HEALTH)** Deputy minister reporting to him (and to his successor) is that it is impossible to separate Health Services from Social Welfare and Development Services. Much synergy and focus will be gotten from removing the schizophrenic situation currently in place. In fact, Military and Prison Health and Social Services should also be the responsibility of such a Health and Social Development Minister. **I am confident that the Comrades will read this message!**

Dr Thabo Rangaka
SASOP PRESIDENT

Shrink Tank

...when personal integrity is more important than being accepted within the system, a new stage begins. - *Chopra D*

What is the nature of good and evil? Good is clarity, seeing the truth. Evil is blindness, denying the truth. - *Chopra D*

The man who is dominated by what I called the "social image" is one who allows himself to see and to approve in himself only that which his society prescribes as beneficial and praiseworthy in its members. As a corollary, he sees and disapproves (usually in *others*) mostly what his society disapproves. And yet he congratulates himself on "thinking for himself." In reality, this is only a game that he plays in his own mind—the game of substituting the words, slogans, and concepts he has received from society for genuine experiences of his own. - *Thomas Merton*

With this inner self we have to come to terms *in silence*. That is the reason for choosing silence. In silence, we face and admit the gap between the depths of our being, which we consistently ignore, and the surface which is untrue to our own reality....If we are afraid of being alone, afraid of silence, it is perhaps because of our deepest despair of inner reconciliation. If we have no hope of being at peace with ourselves in our own personal loneliness and silence, we will never be able to face ourselves at all: we will keep running and never stop. - *Thomas Merton*



Child and Adolescent Psychiatry Special Interest Group Report for SASOP Meeting 20th February 2008



It has been difficult to form and maintain a subgroup which meets regularly and is in communication. Child psychiatrists often do not attend the bi-annual adult psychiatry conferences, where SASOP meetings take place and mostly meet during the bi-annual SAACAPAP conferences, which includes non-medical personal at all levels. Email contact is the most feasible way of keeping child psychiatrist in touch with each other, but this has not been very successful to date.

SAACAPAP meetings and conferences are the times when child mental health professionals get together, but it is difficult and not really desirable, to exclude the non-medical members, who are prominent in SAACAPAP.

TRAINING

Although proposals have been put forward and government has stated its commitment to creating specific training posts for child psychiatrists (fellows), this has not been put into practice and Cape Town and Pretoria remain the only training institutions with specific fellowship posts. As a result, other centres have had to continue in an ad hoc way to training child psychiatrists, using available full-time consultant posts.

In Johannesburg we have been fortunate in that we have had several qualified psychiatrists keen to sub-specialize in child psychiatry and currently have 4 in training. The difficulty in getting W numbers for each candidate continues and we have resorted to using private practice child psychiatrists in honorary posts to try and cover the 1 to 1 ratio demanded by the HPCSA of fellow to child psychiatrist.

Treasurer's Report - Executive Meeting: 20 February 2008

1. Account balances

Current account	07-205-369-0	CURRENT ACC	R 74,495.19	R 74,495.19
32-day call account	27-843-140-2-999	NOTICE DEP	R 1,228,892.73	R 1,228,892.73
Anti-stigma account	07-203-643-5	CURRENT ACC	R 29,525.23	R 29,525.23
PPSA account	07-202-582-4	CURRENT ACC	R 42,489.57	R 42,489.57

Note: balance as at 15 February 2008

2. Section 21 company

The "rules" concerning the board of directors of the company remain to be clarified. This is particularly relevant now that we are in an election year. Note also, that legislation pertaining to company law now pertains to the society- e.g. our minutes become public documents. Where and when do these get filed etc?

3. Membership

As of 23 January, there were 667 listed SASOP members. If 500 of them paid an average of R700 in fees, income from that would be R350 000. We need to continually find new way to remind and encourage members to pay subs. Hopefully the congress will drive this.

4. Profit from SASOP 2006

As correctly pointed out, the amount R334 368.08 paid to SASOP from the organising committee do NOT represent pure profits. The amount forwarded to the committee (perhaps "advance" is a better term than "loan") of R25 000 should be deducted.

5. Audited statements

Audited statements need to be obtained for EVERY subgroup or special interest group that manages money of any kind. A registered accountant needs to be appointed for this purpose. Ideally, the SASOP honorary treasurer should collect and hold these documents on behalf of SASOP.

Dr John A. Joska
HONORARY TREASURER

Once the new raised salaries of government doctors comes into practice, we may have a 'problem' of qualified fellows remaining in their permanent posts and so 'blocking' any further training of child psychiatrists. We will however have far more qualified child psychiatrist available to train new fellows. For this reason it is fairly urgent that specific 2-year training posts for fellows be established so that training can continue.

There is dissent among child psychiatrists about either changing the fellowship to either:

- become part of the general psychiatric training (the final year), but adding on 1 extra year of training (5 years in total - the US model), so that there is only 1 end examination and not 2
- to try and get the HPCSA to temporarily lower the training requirements from a 1 to 1 ratio to 1 child psychiatrist to 2 fellows.

CHILD PSYCHIATRY STAFFING IN STATE INSTITUTIONS

This appears to be improving in the Gauteng area due to the increase in fellows in training and posts being filled. There is even some hope that a new post will be created at Coronation Hospital for a child psychiatrist. It is difficult to get information from other areas, due to lack of response from psychiatrists elsewhere.

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Nothing has changed in the Eastern Cape, despite news-

paper articles highlighting the problems. The only qualified and registered child psychiatrist is no longer seeing any children and refers them to the paediatricians.

It is likely that there has been little change in the status quo elsewhere.

In Gauteng, distribution of common medications used by children attending child psychiatry clinics to secondary level clinics has improved and allowed tertiary hospital to down refer. In addition, there has been a concerted effort by the mental health directorate to create a comprehensive plan at every level of care for children and adolescents.

CHILD AND ADOLESCENT WARDS

This remains a pressing issue. Children and adolescents are still being admitted to adult wards. It is a problem countrywide, with little visible change in the future.

In Johannesburg the situation for aggressive, out-of-control adolescents remains critical. **There is no secure ward for disturbed adolescents in the Johannesburg area.** Sterkfontein Hospital Adolescent Ward is purely forensic and Tara Adolescent Ward is an open ward. There is an urgent need to create secure wards for adolescents in **all centres** around the country in the very near future.

COMMUNITY SERVICES

There has been an improvement in the Gauteng area with community psychiatrists and community registrars seeing children and adolescents. However, many of the child and adolescent community mental health clinics that have been created in the last 10 years are no longer functioning optimally, due to a lack of trained child and adolescent psychiatric staff. Psychology shortages have been alleviated by the provision of community psychologists in areas of the country where they have been placed. However there is no additional training of community psychologists in child and adolescent mental health. Facilities for child-oriented clinics are still poor, even in the best staffed areas of the country. For most of the rest of the country outside of academic units, there is virtually no service for children and adolescents.

CLINICAL PSYCHOLOGY

There is a need for experienced clinical psychologists to do the training of psychology interns, as well as registrars in child units. They are also involved in the training of child psychiatrists. There is a problem of staff attraction and retention with regard to psychologists. The major problem is that the Dept. Health has placed Community Service psychologists and the Entry Grade qualified psychologists **both on Level 8**. At the same time the Western Cape, Eastern Cape, Northern Province and parts of KwaZulu Natal have moved their Entry Grade psychologists to **Level 9 and their senior psychologists to Level 10** to address this problem. Staff in Gauteng and other provinces are now keen to get posts in the provinces offering higher posts. Despite much attention by senior psychologists in Gauteng to hospitals to address this problem, many have not done anything about it. Government needs to separate Community Service Psychologists and Entry Level psychologists, who should be in Level 9 posts. Senior psychologists should be at Level 10. Principal psychologists are already at Level 11/12.

SUBSTANCE ABUSE REHABILITATION FACILITIES

The lack of adequate state facilities for the treatment and rehabilitation of child and adolescent substance abusers remains **a serious problem**. There is a countrywide lack of public facilities for child and adolescent substance abusers who need out-patient and in-patient care. National policies are not being carried out at provincial level.

THE COLLEGE OF MEDICINE FELLOWSHIP EXAMINATIONS

There has been much correspondence about problems with the child psychiatry certificate examinations. A detailed manual for examiners has been drawn up and it is hoped that this will be circulated to potential examiners in the future. Dr. Sue Hawkrige represents child psychiatry at the College of Medicine.

DIVERSITY

There are now several previously disadvantaged psychiatrists training in child psychiatry, which is a hopeful sign for the future.

State Employed Special Interest Group

There are a number of processes underway that are of interest to and involve SESIG:

Essential Drug List - Tertiary and Quaternary Level:

Notification sent out calling for applications/motivations for inclusion. The format has been detailed in the request/announcement. UCT have acknowledged receipt. Free State will be undertaking motivations for Bupropion and Trazadone. I will be presenting UKZN's motivation for the inclusion of Memantine at the next meeting of the committee on the 28th February.

Occupation Specific Dispensation:

Notification of this process and call for comments have been sent out. I will be liaising with Academic Doctors Association of South Africa and ultimately through Pubsec and SAMA structures. Some comments have been received. The deadline for processing comments is the 25th February.

Prof Christopher Szabo
CONVENER- SESIG

THE IMPAIRED HEALTH PROFESSIONAL AS A PSYCHIATRIC PATIENT - A Responsibility to Act

Useful References:

Benatar S : The Impaired Doctor: Bioethics Debate : SAMJ vol 84 (Oct 1994).

Zabow T : The Management of the impaired doctor and student : The Health Committee (HPGSA) experience : Transactions (CMSA) 2004.

Dhai A, Szabo C, MaQuoid-Mason D : The Impaired Practitioner-scope of the problem and ethical challenges. Transactions (CMSA) 2007

Impairment is present when a physical, mental or substance-related disorder influences the professional's ability to function safely. The statutory reporting of the impaired professional or students registered with the HPCSA is required. The choice to protect the colleague or to assure the safety of the patients is often inappropriately addressed by the psychiatrist. The continued "conspiracy of silence" is an example of the criticism of psychiatrists by the public as being irresponsible in their role of protection of patients. In addition, early detection and prevention of impairment is an important aim of self-reporting or reporting by the psychiatrist. Failure to report may result in disciplinary action by the Council. A non-punitive approach to the doctor-patient is an objective of the Health Committee.

Reluctance to report an impaired-doctor especially with substance abuse or mental illness may result in potentially serious consequences for both psychiatrist and patient. Medical malpractice and professional negligence actions maybe more serious than protecting the patient. The

obligation to inform the HPCSA for further investigation remains obligatory should the psychiatrist become aware of colleagues (or doctor-patients) who may be an danger to patients due to dysfunction. Mechanisms are essential and are in place internationally to manage those health professionals & students who due to illness cannot be safe and competent practitioners.

Although there may be overlap, the impaired doctor as a patient must be considered against the incompetent (ignorant or poorly skilled) and the unethical doctor whose conduct violates standards of behaviour towards others especially patients. There is an urgent need for the profession to recognise the need to develop and strengthen the formal mechanisms for dealing with the impaired colleague. Protection and rehabilitation of the individual practitioner needs to be balanced against maintenance of the quality of service to the public and the safety of patients. (Benatar)

Prof. T Zabow
SASOP PAST PRESIDENT

HIV SPECIAL INTEREST GROUP

There has been some activity related to the HIV SIG since the last report.

1. A number of guidelines related to HIV and mental disorders have been posted on the SASOP website (Management of depressive and anxiety disorders related to HIV infection).
2. It appears that the position statement on HIV and mental health has been removed from the website, and I would like to request that it be reinstated (copy attached to this report).
3. Professor Mark Halman from the University of Toronto and colleagues are involved in a project to identify learning needs in HIV Psychiatry in African psychiatrists. SASOP agreed to release their member database so that these researchers could contact members to assist them in this project. The questionnaire was sent out by e-mail on 14 February 2008, and all SASOP members are encouraged to complete it so that appropriate training can be developed to meet our learning needs.
4. A number of SASOP members were involved in developing guidelines for the management of Dementia due to HIV disease for the National Department of Health. These have now been completed and submitted to the Department. Once the guidelines have been released officially they will be placed on the SASOP website.
5. The convenor attended an Expert Forum convened by the World Federation of Mental Health in January 2008. This forum assisted the WFMH in defining the scope of interventions that the body could undertake in improving the mental health of people living with HIV in Africa and their caregivers. It is anticipated that the WFMH will use the ideas developed in the forum to develop specific proposals and to secure funding to implement these proposals. A major focus was the need for the provision of information and for training at all levels (from caregiver to health care professionals). A major recommendation was for the WFMH to use materials that have already been developed (such as training materials from the WHO and other organisations), and to be the vehicle for dissemination for these materials, rather than to develop new materials. A report of the forum will be submitted to the webmaster for posting on the SASOP website.

Dr Rita Thom
CONVENOR: HIV SPECIAL INTEREST GROUP

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Visit the SASOP website at www.sasop.co.za to view the press release / position statement on the antidepressant controversy.