

# **South African Society of Psychiatrists**

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# **SASOP PRESIDENT - NEWSLETTER July 2018**

## **Dear SASOP Member**

So, this turns out to be the last letter that I will forward you during this current term of office. There are just a few business meetings left to take care of during July and August and then we will convene in Pretoria for the National SASOP Congress from 21 to 24 September at the CSIR congress venue.

When I last wrote to you, we were just concluding the annual Dr Reddy's weekend and strategic PubSec meetings. Since then I, with several other SASOP colleagues attended the APA in New York, from 4-9 May 2017, as well as the Royal Australian and New Zealand College of Psychiatrists (RANZCP) in Auckland, from 13-17 May 2018. I presented on *Psychiatry's Social Contract and Recent SASOP Advocacy for Patients' Safety and Human Rights* at the APA with the Presidents of the Royal College of Psychiatrists and the RANCP in a session chaired by Dr Saul Levin (APA CEO and Medical Director) on how government policies influence the practice of psychiatrists and the rights of their patients. Dr Levin also hosted a breakfast for all South African delegates on the 8<sup>th</sup> May, reaffirming his on-going strong personal support for SASOP and South African Psychiatry. During my first trip to New Zealand I presented on the *Role of professional associations to facilitate reconciliation, strengthen advocacy and promote human rights of people living with mental illness*, while meeting some familiar South African faces, currently living on the far eastern side of the globe.

When I first communicated with you in January 2017 about this term of office, I was trying to lay out the road we came with, led by my predecessors, while identifying eight strategic objectives which I thought would be a continuation of certain priorities to date, as well as adding a few more. These included objectives with regard to **SASOP members**, the **service provider environment** (*private and public sector*), **advocacy groups, medical and academic institutions, media and public relations, the pharmaceutical industry, social contract and creative arts program** and **African psychiatry**. Although I will submit a detailed report to members at the September AGM, I do want to reflect on some of the achievements in some of these areas.

Firstly we established 12 Divisional Subcommittees to handle these matters strategically, including the Subgroups, Education and Training, Publications, Scientific Meetings & CPD, Mentorship Division, Early Career and Registrars, Communication, Ethics, Peer Review and Disability, Special Interest Groups, Social Contract and Creative Arts, African Psychiatry Divisions, as well as a new Financing Division.

Secondly, we were able to consolidate thought and a vision from a joint facilitated meeting attended by both the SASOP and the PsychMG Board in November 2017, on how to achieve a strong and dynamic alliance between the SASOP members in the public and the private sector.



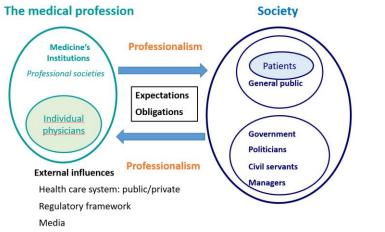
#### **SASOP Public-Private Alliance**

The joint SASOP and PsychMG Boards have adopted an approach to obtain a focused public-private alliance between its members from the two sectors. In view of this, a decision was made to form a **SASOP PubSEC-PsychMG Working Group (SASOP PP-WG)** on promoting access to appropriate psychiatric and mental health care in South Africa. The SASOP PP-WG is expected to investigate the most appropriate way of consolidating all these efforts and to explore how the two SASOP vocational groups should be mutually supportive and move towards a unified alliance. In order for both groups to lobby for access to appropriate psychiatric and mental health care, anticipating and navigating the approaching implementation of changes towards a NHI dispensation is needed on a unified platform.

#### **SASOP Social Contract**

SASOP's project on Psychiatry's and psychiatrists social contract with the community, that was started in 2015 and focused on during 2016 - in particular with the WPA International Congress in Cape Town in November 2016, continued during 2017 and 2018. As you will recall, the stakeholders include:

- Professional members
- Respective user communities (patients, families, carers, faith-based and cultural organizations)
- General public, media and civic institutions (public protectors/ ombudsmen, human rights organizations)
- Medical institutions (training facilities, accreditation and regulatory bodies)
- Other health practitioner groups involved in the multi-disciplinary (MDT) team nursing, psychology, social work, occupational therapy, primary medical practice
- Health service administrations, managers and funders (public and private sector, NGOs)



### SASOP, Psychiatry's and psychiatrists' Social Contract

<u>Cruess</u> SR, <u>Cruess</u> RL. Medicine's social contract with society: its nature, evolution and present state. In Bhugra D, Malik A, <u>Ikkos</u> G. (Eds.). Psychiatry's Contract with Society: Concepts, controversies and consequences. Oxford: Oxford University Press, 2011

#### **SASOP Advocacy**

The set strategic objective (SO3) in the beginning of the term on advocacy, proved to occupy the centre stage during the past 12 to 18 months. This was an objective to continue and further develop relations with advocacy groups, while the same level of engagement that was (previously) achieved in mental health care issues in



Gauteng, would also be pursued in all other regions (in particular, in lesser resourced provinces such as the Eastern Cape, Free State, Limpopo, Mpumalanga and North West). The SASOP Board ended up being very engaged in public sector mental health care services, through the following: media statements, letters of request to meet with decision makers, meetings with/responses to provincial departments of health and MECs, submissions to the SA Human Rights Commission, SASOP Position Statements, further engagement on provincial and national level, as well as some published articles.

### **SASOP Peer Review**

In addition to advocacy, peer review structures and processes were identified as the other priority focus area. Especially in terms of psychiatrists' and Psychiatry's social contract, professional societies have a role and responsibility in the process of preventing and engaging with current human rights abuses of patients and communities, as well as in remembering and reconciling past human rights abuses in mental health and in the community. While the other side of the same advocacy coin is, that effective peer review of the professional membership's conduct must also be experienced.

In addition, in partnership with the The Rural Health Action Project's (RHAP) a number of advocacy training workshops have been presented at different Subgroup meetings. A recent development though, in June 2018, was the formal constituting of the collaboration of the "SA National Mental Health Alliance Partners" (SA-NMHAP). Current confirmed partner members, in addition to SASOP, include the South African Depression and Anxiety Group (SADAG), the SA Mental Health Federation (SAMHF), SECTION27, the Rural Health Advocacy Project (RHAP) and its Rural Mental Health Campaign (RMHC), the Steve Biko Centre for Bioethics (SBCB), the UCT Allan Flisher Centre for Public Mental Health), the MHLP (Mental Health Law Project) and the SAPC (South African Psychoanalytic Confederation). The purpose of the SA-NAMHP is to provide advocacy and oversight towards realizing access to mental health care in line with the Bill of Rights of South Africa, with the premise that health care can't be obtained separated from the right to dignity and the right to health.

#### **SASOP Human Rights**

Lastly, the previously advertised SASOP's Program on Human Rights for People with Mental Illness, kicked off in Johannesburg last week. The program consists of discussions and presentations in different cities (Johannesburg, Pretoria, Durban and Cape Town), as well as the travelling exhibition of the German Association for Psychiatry, Psychotherapy and Neurology (DGPPN), entitled "Registered, Persecuted, Annihilated - The Sick and the Disabled under National Socialism". The program with a budget of about R200,000.00 was organized in partnership with the DGPPN, local advocacy groups such as SADAG, the SAFMH, Section27, the RHAP, the SASOP Southern and Northern Gauteng Subgroups, as well as the WITS Adler Museum and Steve Biko Centre for Bioethics (SBCB) and the UP Centre for Ethics and Philosophy of Health Sciences. The Johannesburg program (9 July to 24 August 2018) is presented in the Adler Museum, WITS Faculty of Health Sciences and the Johannesburg Holocaust Centre, while the Pretoria program (3-24 September 2018) is being presented in the Medical Library of UP FHS and CSIR Conference Centre. The program includes lectures (12<sup>th</sup> July and 26 September 2018), colloquia (16<sup>th</sup> July, 6 Aug, 6 September 2018) and panel discussions (18 July and 12 September 2018).

In closing, on this 18<sup>th</sup> July, Mandela's 100<sup>th</sup> birthday celebration day, I hope that our future's trajectory will continue to rise hopefully and consistently, and I am looking forward to meeting you at the Congress in September.



With best regards,

## Bernard

Johannesburg, 18 July 2018

