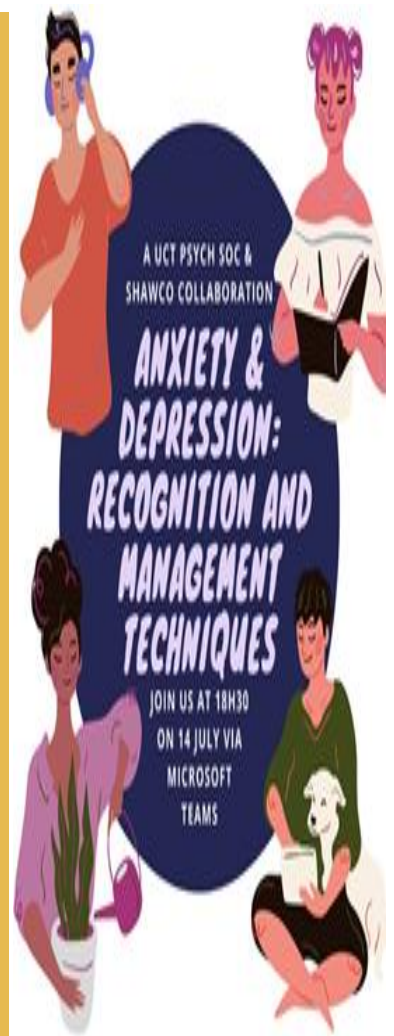


UCT Department of Psychiatry and Mental Health Newsletter

Issue 14–December 2021



A NOTE FROM THE HOD

Nowadays we mark time by noting where we are in relation to the covid-19 epidemic. The fourth wave is under way, and the surge has been precipitous.

Our moods also swing in relation to the epidemic. Initial anecdotal reports are that the current omicron variant is less severe. So we start to feel more hopeful about the future.

And covid-19 continues to impact our ways of working. Around the world there has been a shift to using digital platforms for the delivery of mental health services. Locally, there is clearly a need for new models; increased Provincial investment in mental health services is under discussion and would be deeply welcomed.

A number of stalwarts of the Dept have reached retirement this year, and are celebrated in this newsletter. Please join me in thanking our retirees for their contributions, in welcoming those who have joined us this year, and in congratulating our new ad hominem professors.

Warm regards,
Dan Stein



IN THIS ISSUE

COMMENTS

Thanks to department colleagues and others for submitting contributions to the newsletter. If you have any comments or suggestions for future newsletter issues or would like to volunteer to be part of the newsletter team, please make contact with the editors.

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ADDICTIONS PSYCHIATRY

WELCOME TO DR AMY ADAMS

Warm welcome to Dr Amy Adams, who will be taking up the NGAP post as Senior Lecturer in the division. Amy completed her undergraduate degree at UCT and then honours and master's degrees from the University of the Western Cape. Her doctoral study at Stellenbosch university looked at the relationship between PTSD, reflective functioning and caregiving sensitivity amongst mothers misusing substances. Her research interests include resilience, Foetal Alcohol Spectrum Disorders and mentalisation-based treatment for substance-abusing mothers. She was previously a clinical psychologist at Stikland hospital working in the outpatient and female acute units as well as a lecturer in the department of psychiatry. ■▶

CONGRATULATIONS TO A/PROF GOODMAN SIBEKO



Goodman Sibeko (left), Head of the division, who moved from the University of Kwazulu-Natal to UCT 10 years ago, began his PhD in work that included capacity building of primary care clinicians, and subsequently focused on addictions.

He was recently promoted to associate professor. As Director of the only International Technology Transfer Centre (ITTC) in Africa he has played a national and international leadership role in policy development and in education, enabling the training of literally thousands in Motivational Interviewing/Screening, Brief

Intervention and Referral to Treatment/Mental Health across the country and region. ■▶

CHILD AND ADOLESCENT PSYCHIATRY

FAREWELL TO WILLEM DE JAGER

By John-Joe Dawson-Squibb

There are two key dangers of writing a piece marking someone's retirement. 1) That we reduce the entirety of an individual to a few characteristics and anecdotes, 2) That it sounds like an obituary!



On the first, I expect to fail horribly (Willem has had a career in government winding 36 years and, in that time, has been so much to so many, I could never hope to capture his multitudes). For the second, I hope to be more successful – there will be no sombre themes of loss - there are many more chapters ahead for Our Man (drum lessons, shaping surfboards, thoughtful supervision for those lucky enough to find him available).

Willem (above) initially qualified as a psychometrist in 1985, and then Clinical Psychologist in 1987. He worked at Alexandra Care and Rehabilitation Centre from 1985 to 1989 before working at William Slater and then Valkenberg in the Neuro-Clinic. Since 1994 he has been a permanent fixture at the Division of Child and Adolescent Psychiatry (previously the Child and Family Unit). In these years, he has headed up the in-patient focused Therapeutic Learning Centre and since 2011, has been working in the Outpatient Unit. He also took a sabbatical to work in the UK, in a child inpatient setting, bringing many learnings back with him. He is currently

Principal Clinical Psychologist.

Long hours at DCAP have hinted at the breadth of his efforts. Since 2017 he has been Chairperson of the Centre for Group Analytic Studies, and since 2001 he has been Chairperson on the Governing Body of the Red Cross Children's Hospital School Board. He has also spent over 15 years as Treasurer of the South African Association for Child and Adolescent Psychiatry and Allied Professionals. He was an associate editor of the Journal of Child and Adolescent Mental Health for 23 years. Despite his focus on clinical work, he has authored a number of chapters and articles, in addition to being a regular presenter at local and international Child and Adolescent Psychiatry conferences. On top of all this, he has assisted many groups and NPO's with his expertise in organisational dynamics, not least of which being The Empilweni Project, where he sits on their advisory board.

Willem captures the spirit of all good clinicians, an intrinsic interest (a 'fascination' he would say in that distinctive Afrikaans brogue) and care for the other. This is evident in his work with patients and extends to his supervision. Keenly aware of the person in front of him, and attentive to their state. Their Self. The power of the psyche and its unconscious are keystones of his therapeutic approach. If you're uncertain about the power of accurate empathy and unconditional positive regard, experiencing it is worth a hundred books. His self-deprecation, a willingness to be unsure, and not perfect himself, allows those around him to be vulnerable themselves.

And of course, like all the best of us, he is a contradiction – caring, empathetic, and warm, though not shy to voice a contrary view ('do we really need research at all!' was a particularly good exemplar, delivered as it was into a microphone to a hall of 100-something researchers, attending a child and adolescent research conference). The warmth and care are also less noticeable around the kick-off of a Springbok test match.

Willem is, 'Pathetic at goodbyes' (de Jager, 2021). So, it's fortunate there are no goodbyes to be said (and no obituary to be read). But rather take care and I'll see you later. We've been gifted your service and self for many years and hope to continue moving the ball, as you've done, ever closer to that elusive try line. Mooi loop Willem. ■▶

CONSULTATION LIAISON PSYCHIATRY

LANCET PSYCHIATRY - A LETTER FROM SOUTH AFRICA



A letter from South Africa by Jackie Hoare and Louise Frenkel (left) describes the experiences of supporting doctors during the COVID-19 pandemic, and

was recently published in The Lancet. You can view the article on the following link:
http://www.psychiatry.uct.ac.za/sites/default/files/image_tool/images/71/Lancet%20letter%20COVID%20mental%20health%20.pdf ■▶

PROF JACKIE HOARE'S INAUGURAL LECTURE



Prof Hoare (left) presented her inaugural lecture on Mental Health in

the frontline on the 2nd December 2021. Prof Hoare wears many hats. She is a neuropsychiatrist, head of the division, research scientist, co-director of the UCT Mental Health Unit, senior consultant psychiatrist at Groote Schuur Hospital and chairs the Adolescent Clinicians Group and Better Together Adolescent service at the hospital.



Above: Prof Hoare and Vice-Chancellor Mamokgethi Phakeng celebrate the moment together.

She has been the principal or co-investigator of NIH USA federal funded research projects in SA on mental health, neurocognitive disorders, neuroimaging, epigenetics and development of adherence interventions for adolescents living with HIV. ■▶

FORENSIC MENTAL HEALTH

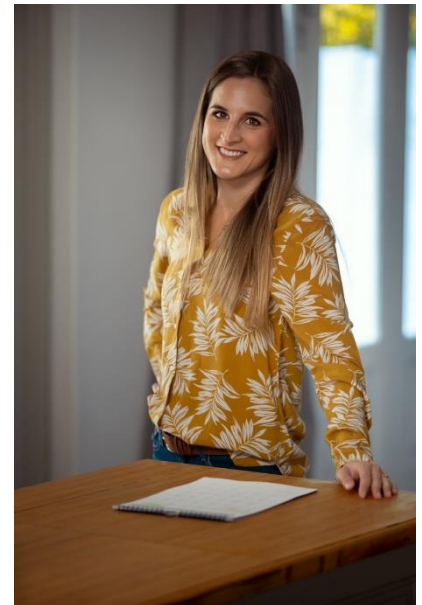
WELCOME TO DR YANGA VAVA AND HAYLEY SHANNON



Yanga (left) qualified with an undergraduate degree in 2010 at Walter Sisulu University. After internship in Port Elizabeth, he worked in Fort England Hospital

Grahamstown. That’s when he was introduced to Forensic psychiatry and his love for Forensics started. Yanga then started registrar time in 2017 under Stellenbosch University and completed his training in July 2021. Yanga has always wanted to do forensic psychiatry and when the opportunity to join the department came, he jumped at it.

Hayley Shannon (right) joined the forensic team in November as a contract clinical psychologist working on observation cases in Ward 20 and the Outpatients department. After completing her Masters in Clinical Psychology at UNISA in Pretoria,



Hayley gained her forensic experience working at Sterkfontein Psychiatric Hospital in 2019 during her internship. She worked in the observation and state patient wards during this year. Inspired by her newfound passion for forensic work, Hayley completed her Community Service at Pollsmoor Prison performing risk assessments for parole considerations and ‘lifers’, as well as conducting individual therapy and group psychoeducation for rehabilitative purposes. Hayley is thrilled to have joined the Valkenberg Hospital team. ■▶

GENERAL ADULT PSYCHIATRY

FAREWELL TO DR ROB ALLEN

By John Parker

Rob Allen retired in October 2021 after a long and memorable career with the UCT Department of Psychiatry and Mental Health. A relative latecomer to

psychiatry, Rob (below) joined the Registrar Program in 1997 after 10 years working as a Medical Officer at Day Hospitals and a further 8 years as a General Practitioner in Private Practice. He had also previously qualified with a BSc in Computer Science and worked for 2 years as an Analyst and Programmer before deciding to study medicine.



After completing his training and obtaining his FCPsych (SA) in 2001, Rob came to Lentegeur Hospital, where he worked as a Consultant in the Child and Adolescent Mental Health Services between 2001 and 2009, when he was appointed as head of Clinical Services, a position he held until retiring. True to form, however, he continued to further his studies, completing an MBA, with distinction, at the UCT GSB in 2009, where he also obtained certification as a Development Coach, in October of this year. These latter additions to an already impressive educational background came as no surprise to those who have worked with Rob. He always displayed a phenomenal understanding of governance processes and a keen interest in developing effective leadership, which he ably shared with those around him and huge energy for service development. When Rob started at Lentegeur there were only four specialists in the entire catchment, and rotations at the hospital were generally not the first choice of registrars. By 2014 there were 10 consultants at Lentegeur, most of whom had chosen to work at the Hospital after positive experiences as Registrars.

Those who worked under Rob's leadership at the Hospital will always remember the wonderfully warm

and supportive atmosphere he worked hard to create, and the list of well-wishers at his farewell included many from distant locations and others who had long been in retirement. We all have our stories about how he was always there to help us, whether it involved fixing a computer, picking a door-lock when keys were lost, or a care-filled debriefing after the loss of a patient. More than anything else, we always knew that he had our backs!

Rob always liked to remind us, that as products of Lentegeur, we carry his reputation wherever we go. This is something that those who were lucky enough to serve under him, will always carry with deep gratitude and great pride! 🟩➡️

INTELLECTUAL DISABILITY MENTAL HEALTH

DIVISION TEAM MEMBERS

By Sharon Kleintjes

This year has seen us say farewell to three of our team members who have moved to new adventures, Charlotte Capri who has left to work in the field in the UK, Siyabulela Mkabile who will shortly join the Dept of Psychology at UCT and Jenna-Lee Proctor who is now in private practice. We wish them well in their new work! We also welcome new staff members who have recently joined the psychology team at Alexandra hospital, Melody Knight and Aluta Kibi, and Dr Sybrand de Vaal, a psychiatrist who is based at Lentegeur Hospital.



Staff in the Division (above, enjoying a light-hearted moment) spent a fruitful day reviewing our work as a team over the past three years and planning for the next period in the tranquil setting of Schonstatt Conference and Retreat Centre in Constantia on Tuesday 23rd November. ■

A REVIEW OF PSYCHOTROPIC DRUG PRESCRIPTION FOR PATIENTS WITH ID AT ALEXANDRA HOSPITAL OUTPATIENT CLINIC

By Idorenyin Akpabio (below)



Intellectual disability (ID), characterised by deficits in cognitive and adaptive functioning, is estimated to affect approximately 1% of the population worldwide. Statistics within South Africa however, are limited. Individuals with ID are more likely than

the general population to be prescribed psychotropic medication with the most common indications including treatment of a psychiatric disorder or managing behaviours that challenge. Concerns include inappropriate prescribing, polypharmacy, increased sensitivity to medication thus the development of adverse effects and clinician competence when prescribing. In the absence of locally developed prescribing guidelines, International Guidelines such as by NICE (National Institute for Health and Care

Excellence) or WPA (World Psychiatric Association) may help guide a clinicians' prescribing techniques.

A retrospective folder and prescription chart review of new patients seen between January 2018 and August 2019 at Alexandra Hospital outpatient clinic was undertaken. The study aimed to review how closely clinicians were following prescribing guidelines. Guidelines recommend that clinicians be diligent with note making as pertains to diagnosis, rationale for prescribing of certain medication especially antipsychotics, medication review schedule, monitoring of side effects. They also recommend not solely relying on pharmacological interventions when managing an individual with ID, advocating for the incorporation of behavioural strategies (e.g. reducing noise or using distraction techniques) where behaviours that challenge is the primary concern and the use of allied health services (e.g. OT, social worker). A total of 103 new patient folders were reviewed.

Psychotropic medication was prescribed to 88% of patients reviewed. Antipsychotics accounted for the most commonly prescribed agent, and at higher rates than psychotic disorders were diagnosed, in line with various international studies. Doctors at Alexandra followed the guidelines closely in areas such as noting diagnosis, following appropriate management protocols for the diagnosed disorder, using the lowest effective dose of chosen agent and making use of allied health services.

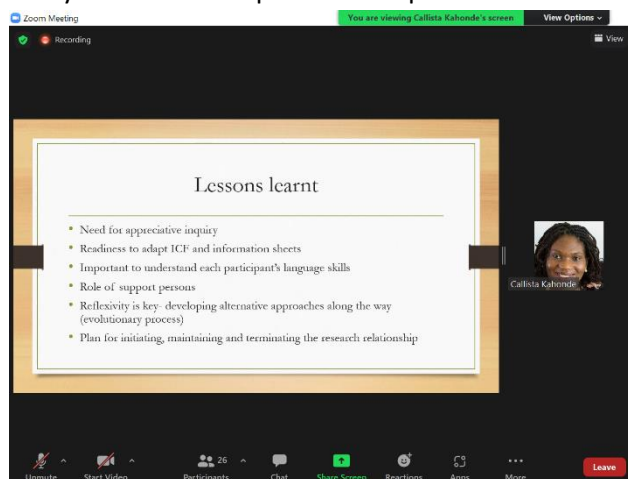
There were gaps in consistently documenting rationale for medication used and recommending behavioural strategies for managing of behaviours that challenge. There was no medication review schedule or a standardized instrument for monitoring of side effects in any of the reviewed folders. These can be addressed by improving clinician competence and confidence in dealing with individuals with ID, through specific ID-related training and familiarising them with relevant guidelines. Standardised forms e.g. for reviewing side effects or medication, could be developed and put in patient files to make it easier to comply to guidelines.

It would be interesting to conduct such a study on a larger scale, perhaps through similar facilities across South Africa, to accurately assess what is being done and determine whether adaptations to international guidelines may be indicated for the local setting. There is also a need to conduct clinical research into developing contextually appropriate and effective behavioural interventions in the South African context. ■

SYMPOSIUM ON RESEARCH IN IDD IN AFRICA

By Sharon Kleintjes

A first virtual symposium on Intellectual and Developmental Disabilities (IDD) in Africa hosted by the Division of ID in December 2020 provided participants with opportunity to share common challenges faced by families and service providers across several countries on the continent. A second half day conference was organised this year on 16th November at the request of the 2020 participants. This year's conference saw presentations on a variety of service development issues, including a presentation by a divisional member, Toni Abrahams, on preliminary findings of her doctoral study focused on respite care for persons with ID.



Dr Callista Kahonde's presentation (above) on making research accessible to people with intellectual disabilities as the meeting's keynote address

highlighted ethical issues in conducting research with people with ID from lessons learnt in the conduct of her own research in this area. The symposium was enjoyed by all, and the division hopes to have this become an annual feature on our programme. ■

SYMPOSIUM ON TRAUMA INFORMED CARE IN SERVICES FOR PEOPLE WITH IDD

By Sharon Kleintjes

Professional and family carers may experience high levels of stress or trauma caring for family members or patients with high physical and behavioural support needs over extended periods of time, while vulnerabilities in people with ID themselves may expose them to continuous and cumulative trauma over their lifespan.

Our division's mental health awareness symposium held on the 26th October this year included presentations on cultural incongruence as a parental stressor in service access and utilisations, support to parents with complex PTSD, organisational responses to addressing staff trauma, and services for clients with ID who have experienced trauma in various settings. The seminar concluded with a fascinating presentation on low arousal approaches to supporting people with ID presented by Dr Nashareen Morris. ■

NEUROPSYCHIATRY

CONGRATULATIONS TO A/PROFS ADELE MARAIS AND HETTA GOUSE



Adele Marais (left), a Senior Clinical Psychologist on Joint Appointment in the Dept, was recently promoted to associate professor. Adele is now nationally and internationally recognized for her work done in the fields of Intimate Partner Violence, as well as Transgender

and Gender-affirming care.

Hetta Gouse (right), a Chief Research Officer in the Dept, who trained in neuropsychology at UCT, was also promoted to associate professor. Hetta works in the area of neuroHIV, and has obtained national and international recognition for her scientific and social responsibility work on neurocognition in HIV. ■▶



HIV MENTAL HEALTH RESEARCH UNIT'S SOCIAL MEDIA LAUNCH



On this 1st December- World AIDS Day- the HIV Mental Health Research Unit launched its social media program.

Please follow us on Twitter (@hivmentalhealth);

Instagram (hivmentalhealthresearchunit); and Facebook (IV Mental Health Research Unit - HIV MHRU). ■▶

CONGRATULATIONS

To Yanga Thungana on obtaining his Certificate in Neuropsychiatry! He joins a select group of sub-

specialists who have trained with Prof Joska, and who are leading the continent in services, teaching, and research in this key area of work. ■▶

PSYCHOPHARMACOLOGY AND BIOLOGICAL PSYCHIATRY

WELCOME TO DR LERATO MAJARA

By Nastassja Koen

I am delighted to welcome Dr Lerato Majara (below) as Co-Head of the Psychiatric Genetics Group of the Brain-Behaviour Unit (BBU), Neuroscience Institute.

Lerato has a background in Medical Microbiology, having completed a BSc degree at the University of the Free State, as well as an MSc degree at UCT in this field.



Thereafter, she completed a PhD in Human

Genetics, studying the genetics of schizophrenia in the South African Xhosa. She is currently pursuing a Postdoctoral Fellowship on the Neuropsychiatric Genetics in African Populations (NeuroGAP) project, a collaborative study between UCT and the Stanley Centre at the Broad Institute of Harvard and MIT. She is also a senior fellow of the Global Initiative of Neuropsychiatric Genetics Education and Research (GINGER) programme at the Harvard T.H. Chan School of Public Health; and a current member of the Cross-Population Special Interest Group of the Psychiatric Genomics Consortium. Her research interests include

the genetics of psychiatric disorders, and the utility of polygenic risk scores in African populations. As the incumbent Co-Head of the Psychiatric Genetics Group, Lerato is enthusiastic about capacity building and skills development; and looks forward to contributing to training and mentorship of postgraduate students and early career researchers in Psychiatric Genetics in Africa. ■

PSYCHOTHERAPY

FAREWELL TO LOUISE FRENKEL

By Lameze Abrahams



In the world of work love is sometimes hard to find, but Louise Frenkel created this experience for those lucky enough to have worked closely with her. She is the kindest person I know, a true Mensch!

Louise Frenkel will retire from her position as Principal Psychologist (PP)

at Groote Schuur Hospital at the end of December 2021, having worked in the Department of Health for 20 years! Louise completed her clinical training in psychology at Wits and started her clinical practice in 1989 at a private practice in Parktown, then later in Parkhurst, before continuing her practice in Rondebosch, Cape Town. We were lucky to recruit her to Valkenberg Hospital (VBH) as Principal Psychologist in 2002. Louise is a stalwart of the psychology internship program, initially working alongside Ereshia Benjamin to develop our internship training program to become one of the most sought after and competitive clinical psychology internships in the country. The 2021 intern clinical psychology group is Louise's 20th group of interns that would benefit from her expertise. During her tenure at VBH, Louise quietly forged ahead with a

legacy of working together and it was also during this time that Lentegeur Hospital's Senior Clinical Psychologists were jointly appointed to the UCT Department of Psychiatry and officially became part of the Department. It was also during this period that they worked hard to intentionally ensure that psychologists were fully incorporated into the Department. Louise has been integral in building this larger Department, making sure that everyone feels included.



Louise was also a founding member of the UCT Division of Psychotherapy and together with colleagues, developed the Postgraduate Diploma in Psychotherapy (PGDip). A psychotherapy reading group, consisting of clinicians (psychologists and psychiatrists) interested in psychotherapy teaching and training, contributed to the development of the curricula for the PGDip and Louise was again instrumental in the formation of this group.

Louise then moved to GSH in 2010 and pursued her interests in pain management and consultation-liaison (CL), joining the Division of CL. Louise - along with Prof. Jackie Hoare – have created a thriving consultation-liaison service that is valued and that makes a difference to the lives of patients and staff. She is absolutely committed and respected in the hospital and valued as a team member, not just in CL, but the hospital as a whole and in the management of the Department.

I was fortunate enough to start in the position of Principal Psychologist in 2010 and being mentored by Louise was a joy for me. I looked forward to the times when we could work alongside each other and I could

learn from her experience, groundedness and repertoire in psychodynamic theory and therapy. All the while experiencing this being modelled in every way in which Louise conducted her relationships and words, and the kindness with which she practiced.

Louise has so much to offer in terms of her insight, understanding and knowledge of people, dynamics and processes. What makes Louise special is her readiness to share this insight with colleagues and trainees in psychology and psychiatry. She has an incredibly gentle approach as a supportive manager and supervisor, always living with kindness even in the most difficult of circumstances. We were fortunate to experience her vision of psychology, her caring, loving, protective, thoughtful and compassionate nature. She is good at the things that matter and is truly a rare find. A real gem!

Louise, we will miss you as a colleague at the Department but are lucky enough to have you as a wise elder and friend.

Thank you. 🌱

MORE FAREWELLS TO LOUISE

Louise has been a most-valued colleague, supervisor, teacher and friend to many in the division. We would be remiss to not share how she has touched many in her years in the division.



“Supervision is an opportunity to bring someone back to their own mind, to show them how good they can be” – Nancy Klein. Thank you for doing this for me Louise. Good luck on your new journey, Lizé.

Thank you so much for the incredible wisdom and knowledge you have shared with me and our colleagues these many years! Deep gratitude for your mentorship, Louise, with love and appreciation, Sharon.

A heartfelt thank you for your collegial support and guidance to me over the years. I have always cherished the meaningful interactions we have had, and I am truly blessed to have had such wonderful opportunities to learn from you. You are a beautiful gift to our profession, trainees, services, our service users and all who know you. Good memories come to mind, of you teaching “Psychodynamic Psychotherapy” to myself and my M1 class, you interviewing me for my first post in the public sector, and learning and working with you in meetings, services and training spaces in the UCT academic department. Most of all I appreciate your empathy, kindness and your generous sharing of your wealth of knowledge, and clinical and supervisory expertise. You will be dearly missed. Thank you for being you, and an inspiration to me. Wishing you new horizons, joy and contentment in your retirement. Enjoy this new journey of your life, and have fun! Warm regards always, Zareena.

Wishing you the very best on your future endeavours. I hope you find some time to do the things that give you pleasure and joy. Your unbelievable strength, for me, has been your faith in each person’s ability to be the best that they can be. Thank you for all you have done for us as students and colleagues. Your kindness, compassion and humanness is going to be sorely missed. Sending much love, Nasera.

“Teaching is the highest form of understanding”- Aristotle. Privileged to have been a scholar. Enjoy the next chapter. Best wishes, Delcia.

It’s always been such a pleasure to be in your company and to work together, Louise. I think you are one of the

kindest people I've met in my life. Best wishes for the stretch ahead! Willem.

Thank you for your gentle guidance in our clinical psychology internship year (2021), always nurturing and graceful. Thank you for all the knowledge you have shared with us, on how to be good clinicians and being our authentic selves. I wish you well in your new journey. May it be filled with good rest, warmth and adventures, Matapelo.

Louise, you made an indelible impression on me when I started my development as a clinical psychologist. I hold you in mind as a model of warmth, authenticity and congruence in all that I do. Thank you for the privilege to have been shaped by you and sharing the vast knowledge you possess about the workings of the human mind and heart. I wish you the very best for what is to come next. Much love, Toni.

Thank you for everything. You may not know it but you have shaped so many of my views on psychology. although I know I may come across as harsh and rigid at times, beneath the veneer lies a softer psychological heart which was greatly shaped by yourself. You are our eternal gardener, the planter of many seeds in mental health. It is my hope that the trees which have sprouted brings you joy. Eternally grateful, Waseem, a/k/a Deloris Umbridge, High Inquisitor of Hogwarts Magical School of Witchcraft & Wizardry, Under Minister of Muggle affairs, Ministry of Magic.

Louise, you have always shared your knowledge and experience in such a generous and unassuming manner. Thank you for all that you are and all that you do. Warmest wishes for the next chapter, Naaheeda.

You were the principal psychologist at Valkenberg hospital when I walked into your office unannounced to start my new career as a clinical psychologist. It was a pivotal moment that sealed our relationship for the years that followed. I am honored to have worked alongside you. Thank you for your kindness, support and invaluable mentorship. I wish you all the joy and

contentment as you begin a new chapter in your life. Go well!, Tania. ■▶

CONGRATULATIONS

To Hayley Julius on her award by the review committee. The award was granted for her research project that explores disability grant utilisation, and barriers to access for patients with personality pathology through the use of a mixed-methods study. The research project serves as an important step in promoting a culture of research and academic excellence within the division. The topic demonstrates how research and clinical service delivery objectives work best when both are fully aligned with the other. ■▶

PUBLIC MENTAL HEALTH

PERINATAL MENTAL HEALTH PROJECT (PMHP) 2021 HIGHLIGHTS

By Simone Honikman



We contributed to the development of three National Department of Health (NDOH) guidelines for integrating mental healthcare into maternity care.

We contributed to the Western Cape Department of Health's "COVID-19 vaccination in pregnancy: information guide for healthcare professionals" for which we wrote a section on how to build vaccine confidence.

We developed a group of messages targeting perinatal women to promote COVID vaccine uptake. These messages were widely disseminated through the Messages for Mothers Coalition, which we co-founded

at beginning of the pandemic, and were also included on the NDOH's MomConnect digital platform.

For healthcare workers, we developed a WhatsApp-based interactive 12-module curriculum on resilience and self-care for NDOH's support platform, HealthWorker Connect.

We partnered with the University of Stellenbosch and One to One Children's Fund in the rural Eastern Cape to deliver a three-day training workshop for supervisors of community health workers to launch our Nyamekela4Care (N4C) intervention for supporting quality of care.

With the Children's Institute, we adapted the same package to operate online for social workers managing Child and Youth Protection workers through National Association of Child Care Workers. For both projects, implementation science approaches are being used to evaluate uptake.

The co-ordinator of our clinical services site at Hanover Park Midwife Obstetric Unit, Liesl Hermanus, was awarded the VC's Excellence Award for Global Citizenship. 🏆

WORKING IN THE HANOVER PARK COMMUNITY '10 YEARS ON'

By Liesl Hermanus

I remember the day I came across the PMHP job application for a mental health officer in Hanover Park and thinking "Wow, this is really something I could see myself doing". Five years earlier I had completed my psychology practicum through a NPO, CASE, in Hanover Park. My mother, who is a clinical nurse practitioner, had previously worked at Hanover Park Community Health Centre (CHC). She always had stories about the CHC and its patients. This was my first introduction to Hanover Park.

I have a morning routine where I go to every department in the MOU (Midwife Obstetric Unit) to greet my colleagues - what a great way to start my day. Through sharing stories about our lived experiences both inside and outside of the workspace, we came to know each other on a deeper and more personal level. For the first few years of working in Hanover Park, I had always been warned not to go anywhere on my own and I was made to feel the area wasn't safe. But, there was one day that I desperately needed something from the shop. And so I decided to walk across the road on my own, something I had never done before. I saw Hanover Park in a different light that day. The culture and energy of this community was so palpable. The taxi drivers and fruit vendors on the terminus all greeted me and many recognized me from the MOU. At no point did I ever feel threatened. This was the first walk of many on the streets of Hanover Park, an experience that made me want to tell the story of those living in this community. The next few years would see me meeting many different people and going places some wouldn't dare.



Above: Liesl Hermanus during a virtual counselling session at Hanover Park MOU

I refused to let fear stop me from experiencing this community and its people and made it my mission to change the narrative about those living on the Cape Flats, particularly men, using photography as a medium to do so. Today, I have an online profile dedicated to the community of Hanover Park, dedicated to telling the untold stories of the people living here. I recall 2019 being a particularly hard year. The gang violence seemed worse and the effects of working in a community where there is constant trauma seemed to

have taken a toll on me. I was supervising two psychology interns, in addition to running the clinical services site. However, instead of leaving, I successfully applied for a promotion. Now, nearly ten years later I can proudly say I am the Clinical Services Coordinator of the PMHP at Hanover Park MOU. I don't know if I will be around for another ten years, but I certainly hope the PMHP will still be, continuing to support vulnerable pregnant women and mummies not only in Hanover Park but the greater South Africa. ■▶

PMHP OFFICIALLY LAUNCHES MOSAIC BENCH IN HANOVER PARK

By Simone Honikman and Rita Stockhowe

On 3 December, the PMHP hosted an event in the garden at its service site at Hanover Park Midwife Obstetric Unit.



Above: The mosaic bench and performers, Sinovuyo Balintulo (left) and Siyasanga Mpondo (right).

The PMHP celebrated its wide range of supporters and gave thanks to the Ebrahim family, Lovell Friedman and her team of mosaic artists for a beautiful new bench. The mosaic bench is the latest addition to the garden at the PMHP's Hanover Park service site, which has been a sanctuary for facility staff and women using the service.

The event also acknowledged the staff at Hanover Park MOU and CHC for their outstanding work, commitment



Above: The PMHP team.

and support, especially during the challenges of the COVID pandemic. After nearly 10 years of being on site, the PMHP is deeply grateful for the many local partners who continue to support their work. ■▶

UCT VICE-CHANCELLOR'S EXCELLENCE AWARD FOR GLOBAL CITIZENSHIP

By Simone Honikman and Rita Stockhowe



Liesl Hermanus, the PMHP's Clinical Services Co-ordinator, was recently awarded the 2021 UCT Vice-Chancellor's Excellence Award for Global Citizenship.

This is in recognition of her commitment to the Hanover Park community, providing essential support and leadership during the current difficult times.

The PMHP team is extremely proud of her achievement and delighted that this honour has been bestowed by UCT. ■▶

REGISTRAR TRAINING COMMITTEE

CONGRATULATIONS

To Drs Rosalind Adlard, Gillian Booyesen, Nerisha Pillay and Bailee Romberg on passing the FC(Psych) Part II exams.

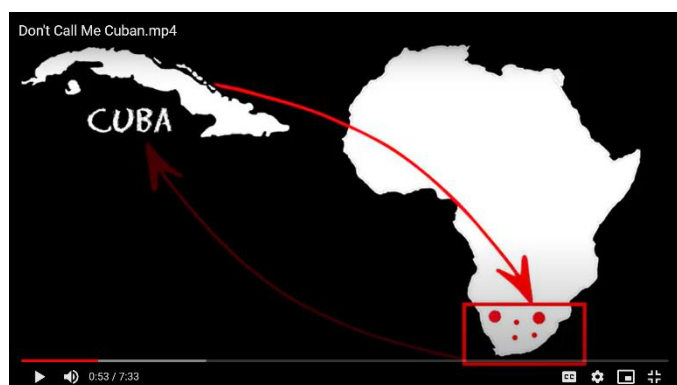
To Drs Keagan Clay, Christine Kopsch, Michelle Swartz, Bongsi Brenda Tyhala and Rushil Devraj who have passed the FCPsych (SA) Part 1 exams in the second semester. ■

UNDERGRADUATE TRAINING COMMITTEE

REFLECTIONS ON THE NMFC STUDENT EXPERIENCE

By Mariam Karjiker and Qhama Cossie

Our educational journey with the 'Cuban' students in the MBCHB undergraduate program started in 2006, when these students first came to UCT after returning from their studies in Cuba. This led to lots of confusion amongst the clinical teaching staff as we had not even been aware that large numbers of South Africans, from disadvantaged and impoverished circumstances were leaving the country to study Medicine in Cuba.



Above: A screenshot from the video Please, Don't Call me Cuban.

They would often just be referred to as the 'Cuban students' but they are officially named the Nelson Mandela Fidel Castro (NMFC) students. During our

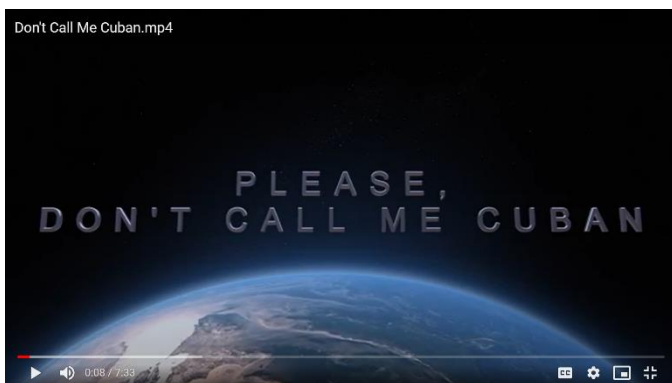
engagement with the students over the years, we started to gain insight into their educational experience.

Their journey to qualify as doctors is a difficult and challenging road and their individual narratives have often humbled us at the difficulties they needed to overcome. Their road begins with the Department of Health. They advertise in disadvantaged rural communities predominantly in all the provinces. They offer full financial costs to study Medicine in Cuba. This is done in schools and the radio and local media. Individuals in grade 11 at school, are encouraged to apply at the local departments of Health. There they find application forms and if successful are interviewed. The interviews are structured to clearly explain the living circumstances in Cuba and to assess the psychological willingness of individuals to leave family and country and to cope in a foreign place. There are required academic achievements which concentrate on mathematics, physics, and languages. Historically, the Western Cape has not given any bursaries to these students which may be part of the reason why they first came to UCT only in 2006.

To give some context to the Cuban educational landscape it is important to understand that Cuba has marketed itself as a place to train doctors for developing countries. The Latin American School of Medicine (ELAM) in Havana is the largest medical school in the world by enrolment. It has students from 110 countries with a student enrolment of recorded in 2013 of 19550 students. There are many African countries which send students to be trained in Cuba. South Africa, the Democratic Republic of Congo and Angola send the biggest cohort of students from the African continent. It is only first world countries which are not sending students for training in Cuba. The foreign students are mostly trained in teaching site in Havana, while the native Cuban students are trained in sites in the provinces. To add even greater context, a South African student gets 200\$US as a monthly living stipend. The average Cuban doctor earns 40\$US a month. Foreign students are thus much wealthier than their teachers. The reports from students are always that the clinician

teachers and professors in Cuba are welcoming, inclusive, patient, kind and are very dedicated to teaching. A doctorate study by Buhle Maud Donda at the University of KwaZulu Natal, states that the program was initiated by the South African government in 1996 and expanded in 2011. The expansion amounted to about 800 students per year with a total number of about 4000 training in Cuba by 2017.

When they are accepted to study in Cuba it means a six-year commitment to study abroad. In that time, they get two one-month holidays back to their family in South Africa. This is at the end of their second and fourth year of study in Cuba. When they get to Cuba, they are plunged into a non-English speaking environment. The students from all the other countries do not speak English, and all the foreign students can only communicate with each other by beginning to learn to speak Spanish. They have a three-month period to learn to speak Spanish and then begin a nine-month period of starting pre-med studies. The teaching instruction is only in Spanish. The exam results on the pre-med program determine admission to a medical school. There is a maximum of three assessment opportunities for the pre-med to help candidates to qualify for a medical school. The academic year begins in September.



Above: A screenshot from the video Please, Don't Call me Cuban.

The students then study Medicine for five years in the same manner as is done elsewhere in the world by rotating through different clinical blocks. The teaching

instruction remains only in Spanish. They do a Psychiatry rotation but do experience a different and more antiquated clinical experience where patients get ECT often without general anaesthesia! When they first came back in 2006, Cuba was not even using the DSM, most probably due to the political tensions with America. This has changed and they now do refer to it, but their quality of clinical care probably more closely resembles the old Soviet Union.

The students do block assessments as they go through their studies in Cuba, but their final exams to qualify for their degree, only takes place after they complete their period at a South African university. The Cuban professors come annually to South Africa for these exams which take place in March and December. The exams are in Tshwane and the logistics is organized by the Department of Health.

After completing the 6 years in Cuba, they get to choose five possible options of a South African medical school. The medical schools in South Africa inform the department of Health on the amount of returning students they can accommodate. The Department continues to fund their fees, accommodation, and monthly allowances in South Africa. They then enter the South African medical school in the middle of our 4th year MBCHB program. They are then effectively seen to be at the level of our 4th year students. A special 6-month program has been designed for them where they rotate through each specialty They do a 3-week rotation in Psychiatry in the 6 month introductory program. They then do the 5th and 6th year MBCHB with our students and rotate through our blocks with the other students as part of the class. Our curriculum is modular, so each block is a final exam. Our own students start their Psychiatry training in semester 6 which is the second half of their third year. They do a 3-week block where they do the basics of history taking, mental state exam, phenomenology, overview of DSM, introduction to psychopharmacology and drugs of abuse, introduction to child psychiatry, and introduction to psychological concepts and therapy. They then go on to do a 6-week clinical block in 4th year where the emphasis is to learn

about the diseases. They then do a 4-week clinical internship block in their 6th year where they learn the management of the diseases and manage their own patients. Our students therefore have 13 weeks of Psychiatry training in medical school. In contrast, the NMFC students have a 3-week block in 4th year and a 4-week block in 6th year. This amounts to 7 weeks of Psychiatry clinical training. They have the same assessments as our students in their final year and from our experience most of these students cope academically and pass the end of block assessments.

They complete our 6th year at the end of November and must then go to Tshwane to do their final exams for their Cuban degree. The March exam is for those candidates who may have supplementary exams or need to repeat blocks with us. They eventually have a Cuban medical degree and not a South African qualification, but they get a completion certificate from the South African university. It is only with both, that the HPCSA will allow them to start their internships.

These students have an extremely challenging road to becoming doctors. English is not the first language for most of the NMFC students, and their schooling in South Africa is in disadvantaged government schools where resources are limited, and the classes are often overcrowded. They need to adapt to a foreign country with all its social intricacies and economic hardships. Everything is different from home. They experience the emotional pain of separation from their families and communities in South Africa. The language of academic instruction is Spanish and when they come back to South Africa, it is English. They must then re-learn effectively new medical terminology which makes it challenging for them to fluently engage here in the clinical learning space. In Cuba they stay in hostels and share rooms with up to 12 other students. The food is mainly a combination of beans, rice and pork which can be very challenging for those with religious or cultural dietary restrictions. They may have money, but there are often extremely limited goods to buy and chronic shortages of basic goods. This has worsened even more with the global pandemic. Their holidays back to their

families is often only a week or two due to the challenge of booking flights from Cuba to South Africa.



Above: A screenshot from the video Please, Don't Call me Cuban.

Their educational journey remains challenging even when they return to South Africa. When they join our fourth-year program, our students are already in their friendship circles. The other students who returned from Cuba, are also strangers as they may have been at other training sites Cuba. They effectively, therefore, need to start again with the process of forming friendships and emotional connections while no doubt missing the ones they made while training for six years in Cuba. They may be in South Africa, but their families mostly reside in rural areas, so they do not readily have familial support while studying. They also experience a significant amount of prejudice from our own students. Our students are ignorant of the educational road which the NMFC students have travelled. They may show gross insensitivity by just dismissing their 'inferior Cuban training', see their hesitance to engage verbally in clinical learning spaces as a sign that they are intellectually inferior, not make efforts to foster friendships and connections and not share collaboratively with these students. Sadly, some clinicians may also share the same prejudices as our students and can thus either be dismissive of the NMFC students or not challenge and engage them fully in the educational space.

When the NMFC students start their educational journey and go for their first interview with the

Department of Health, it is discussed with them that in exchange for the financial support for their education, they must after they qualify as doctors, work in government employment in the rural areas for the number of years which they have spent studying. It is effectively the rural areas from where they originate. They can apply to do their internship anywhere in the country, but this governmental obligation starts in their community service year. The NMFC students are unclear on whether they need to work for the full eight and a half years, as they have been hearing accounts where this obligation differs from province to province.

In our department we have a clear commitment to grounding our curriculum in a relational foundation. We want to teach students about the immense importance of understanding the significance of the need to build sustainable human relationships and connections as research increasingly shows its significance on many health outcomes. This provides the potential knowledge to tackle social problems by empowering individuals through relational knowledge. We impress in third year when they first have contact with our clinical training, that communication is the foundation of human relationship, and thus we must be deeply mindful of the quality of our own communication style. We are living in a country where people were denied the very right to maintain their families and connections due to the brutality of the apartheid state. The modeling of sustainable loving relationships could not be experienced due to the cruelty of the migrant labor system. It has left us bereft of the skills to secure individuals in stable family systems. The attendant problem of violence is evident all around us.

We feel that it will be very beneficial to inform our own students at the beginning of their fourth year of the fact that these students will be joining them after the middle of that year. We hope that it will grow empathy in them and foster the spirit of friendship, collegiality, and collaboration. We need to educate our own students that the NMFC students were trained entirely in Spanish and thus their hesitancy to engage in the clinical space is for linguistic reasons and not

intellectual inferiority. Some of our students might enjoy learning a bit of Spanish too from the NMFC students and learning a few Spanish medical terms can only be enriching. The new language policy of UCT aims to encourage inclusive linguistic teaching environments. If our clinicians develop greater sensitivity to the experiences of the NMFC students, they could prompt them in ward rounds and tutorials for the Spanish terms for clinical phenomenon and this would foster inclusivity and a wonderful opportunity for everyone to increase their linguistic knowledge. Our country needs doctors and existing medical schools could not cope with training extra students. This need must have prompted the government to look elsewhere for viable training opportunities. We hopefully want to build a healthcare system where we all grow in knowledge and competence, to be able to deliver our best service to the citizens of our country. Building a more inclusive and empathic educational experience for the NMFC students at UCT can only be for the collective good of everyone.

Postscript:

The Health Sciences Faculty at UCT made a video last year which makes good viewing for those who want more insight into the NMFC student experience. You can access it on the following link:

[Please, don't call me Cuban.](#) 

AN UPDATE FROM THE COMMITTEE CHAIR

By Nasera Cader-Mokoa

2021 appeared to be a continuation of 2020. We were in the grips of the third wave of COVID and then before we knew we had all been vaccinated and the world opened up again.



With this hope the SRC welcomed Naiema Salie to provide much needed administrative support. She has also been tasked with setting up academic lectures on her Zoom account and then uploading it to our new YouTube channel- Socially Responsive Mental Health. There has also been welcomes to Fatima Ismail, a Clinical Psychologist at Lentegeur Pschiatric Hospital's Intellectual Disability Services. She has joined Marc Roffey in the Academic/SR lecturer portfolio.

Sadly there were also goodbyes. We said a sad farewell Dr Kirsten Reid and Bradley Knight. Their contributions to our department and committee have been missed. Dr Rasmira Ori, has become chair of the Registrar Training committee. We wish her farewell and look forward to closer collaborations with that committee.

In 2021 we have become more tech savvy. This has included having a mechanism in place to register for our academic lectures. This has led to the streamlining of the process of collating our Continuing Professional Development (CPD)/Continuing Medical Education (CME) points which are so required by the HPCSA. We are so thankful to the hard work of all those involved in setting up this process for the department as a whole. We have welcomed the opportunity to have speakers throughout South Africa speaking at our academic lectures. It also meant that international speakers could be approached to speak without incurring heavy travel costs associated with coming to Cape Town.

With the opening of life it was important to not go back to the old way of doing things and keep a transformed business model in mind. Caring for the carer has been an upmost priority for the committee and the department as a whole. Slowing down and being reflective in a space proved to be difficult in an environment of constant pressure. This has been most noticeable for individuals in joint appointee positions. Severe pressure in the psychiatric system spilled over in many spaces.

The importance of boundaries, as we as clinicians preach to our patients, has been tested in our spaces too. Not having an CME event for 2021 was one of them.

Wonderful innovations continue to be foregrounded within our department. This has included closer collaborations with other collaborating centers. Delivering keynotes speeches at various events has been conducted by members of the department.

As we head into 2022 the importance of lessons learnt from the past 2 years needs to be solidified. The importance of mental health and the importance of the slogan "No health without mental health" needs to be encouraged in all our spaces.

On a personal note becoming Chair of the SRC in 2021 has been a steep learning curve. Having been marginalized for most of my life, it has taken a huge amount of courage to step into the light. It is only through the support of amazing mentors that it has been possible. ■▶

FEATURED NGO: COMMUNITY SUPPORT FOR PEOPLE LIVING WITH PSYCHOSOCIAL DISORDERS – A HOME AWAY FROM HOME



Cape Mental Health

all about ability

At first glance, Fountain House in Observatory looks like any other work environment in Cape Town. Staff and members arrive in the morning and go about their business in a set routine, with purpose and commitment. There is more to this centre, however, than meets the eye; it is a unique space where people living with psychosocial disorders can meet, acquire valuable life skills and vocational skills, and learn to enjoy life again, without experiencing the stigma of being someone living with a mental illness.

Fountain House is a psychosocial rehabilitation centre managed by Cape Mental Health, which offers its members rehabilitation and support interventions as well as capacity building, training, and employment opportunities. Historically, people living with severe mental health disorders would require long-term institutionalised care, robbing many individuals of the chance to re-join their families and reintegrate into society. Having access to psychosocial rehabilitation centres, however, means that people living with psychosocial disorders can live in the community while enjoying the support of mental health professionals and occupational therapists.

Fountain House has two clubhouses one in Observatory and Mitchells Plain, that are both part of the Clubhouse International movement. This year, 277 service users benefitted from the PSR programme. This service aims to improve the ability of mental health care users to deal with their environment in areas such as living, learning, working and socialising, and in this way reduce adverse psychiatric symptoms and personal distress.


Through a weekly programme of discussion, listening activities and rebuilding social and emotional skills,

members journey to recovery and inclusion in society. They learn how best to manage their emotions and interactions with other people. A team of mental health professionals facilitates this programme with psychoeducation, adherence support and case management support. Members also take part in vocational enrichment and community integration programmes.

The Psychosocial Rehabilitation Programme manager, René Minnies, says that the COVID-19 pandemic forced them to think out of the box so that the programme could continue in a hybrid format (with remote and in-facility services), using technology and smaller groups to fulfil its objectives. "Currently, activities are geared towards healthy lifestyle management and encouraging positive lifestyle and mental health choices," says Minnies.

A minor dissertation by clinical social worker Musiegh Madatt has shown that psychosocial rehabilitation centres such as Fountain House are extremely effective in making sure that people stay on the road to recovery. Members are also more compliant in taking their medication because they understand the benefits of mental wellness. The Fountain House model ensures that there are fewer cases of people relapsing and requiring hospital readmissions that, in turn, reduces the need for long-term institutional care for people with severe and chronic mental disorders.

People living with a severe psychosocial disorder will often spend the rest of their lives in recovery, which means that the role of psychosocial rehabilitation centres is integral in developing the functioning of persons so that they can be successful and satisfied in their environments of choice, with the least amount of professional intervention.

Cape Mental Health is a non-profit organisation that provides a range of community-based services for persons with psychosocial disorders and intellectual disabilities irrespective of their social or economic background. For more information, visit us at www.capementalhealth.org.za 

STUDENT PSYCHIATRY SOCIETY UPDATE

By Ian Olivier



This year has presented both challenges and opportunities for expanding our presence in an ever-evolving virtual world. Online platforms have improved access to events organised by student-run societies, and despite the lack of in-person events, our committee has organised several talks and workshops which were well attended.

At the start of the year, student recruitment took place virtually, featuring videos and descriptions of our society on an online plaza forum – a vastly different experience from the lively hustle and bustle on plaza day that usually occupies campus in mid-February. Still yet, sign-ups were successful, although numbers were less than seen in pre-covid times.

We continued to engage with our members via social media, and grew our Facebook page following to 347, with over 50 engagements per posts, and our Instagram page to 355 followers. In addition to expanding our audience, we also added new inter-societal collaborations to our portfolio, including UCT PaedSoc, SCORA, and SHAWCO Health.

Psych Soc organised several engaging and relevant talks over the course of the year, thereby maintaining the presence of psychiatry and related themes amongst student circles in the health sciences. Our first event took the form of an online discussion on Autism

Spectrum Disorder, a collaboration with UCT PaedSoc. This event was hosted to commemorate World Autism Awareness Day on the 2nd of April 2021. The speakers included Prof Petrus de Vries, Sue Struengmann Professor of Child and Adolescent Psychiatry, and founding director of the Centre for Autism Research in Africa (CARA), as well as Dr Moodley, senior registrar in developmental paediatrics at Red Cross War Memorial Children's Hospital. Both Prof de Vries and Dr Moodley provided fascinating insights into this topic, highlighting the comprehensive biopsychosocial approach to care needed to care for affected patients and their families.

The second event hosted and organised by the society (including SCORA) was an online talk entitled “Transgender Mental Health and being a Trans-friendly Healthcare Provider”, presented by Dr Pickstone-Taylor, a child and adolescent psychiatrist and founder of the Gender Identity Development Service within Red Cross Hospital and UCT’s Division of Child and Adolescent Psychiatry. Dr Pickstone-Taylor addressed the complex societal and mental health challenges faced by the transgender community, placing an emphasis on the importance of facilitating the maintenance of support structures.

In addition, we hosted a talk entitled “When are women especially vulnerable to mental health disorders?”, given by Dr Gordon, Head of Undergraduate Teaching in the Department of Obstetrics and Gynaecology at UCT. This highly engaging lecture and discussion centred around the mental health issues experienced by women in South Africa, highlighting the psychological and social impact of gender-based violence.

The society ended off the events for the year by hosting workshops aimed at assisting students in developing anxiety and depression recognition skills and establishing management techniques for these disorders. These workshops also provided teaching on recognising signs of anxiety, depression, and burnout within oneself, and the development of coping skills. This was hosted in collaboration with SHAWCO, with Dr Henderson as the host. Many students from a variety of

health science fields joined this event, which held both practical and personal value.



Finally, we held our annual general meeting in October, where the new committee for 2022 was elected. Ian Olivier and Julia Dibakwane are the chairs for 2022, with Salmaan Moosa being the new vice-chair.

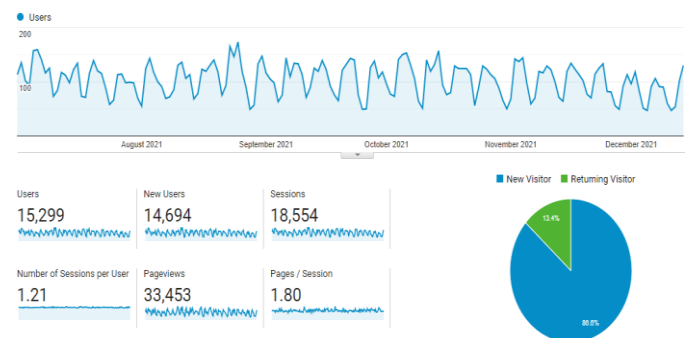
Looking forward, we are aiming to host a greater frequency and variety of online events, as well as grow our social media presence and increase our collaboration with other societies. Updates can be found on Facebook (www.facebook.com/studentpsychsoc) and Instagram (@uctpsychsoc), as well as our website (<http://www.psychiatry.uct.ac.za/psych/student-psychiatry-society>).

We welcome any involvement with the UCT Student Psychiatry society, such as giving a talk, providing suggestions or ideas, or participating in planning and organising events. In addition, we are still looking for members to join our committee, particularly postgraduate students. Please email us at uctpsychsoc@gmail.com, or OLVIAN001@myuct.ac.za (Ian).

The 2021 committee consisted of Ian Olivier (co-chair) and Jessica Andras (co-chair and treasurer), Sarah Lay

(Secretary), Jess Stegen, and Julia Dibakwane (Outreach). The society received mentorship from Dr Terri Henderson and Prof Dan Stein. We are grateful for everyone who participated in some form or another in our events, and wish everyone a restful end of the year. ■

HOW IS OUR WEBSITE FARING?



As shown in the graphics above, our website has seen a number of new visitors to the site from July to December 2021, specifically 14,694 users. A total of 15,299 users have had 18,554 sessions with a total of 33,453 page views in this period. While we note a decrease in numbers from the previous period, we hope new and existing users will continue to access our website for information, news and resources. If there are any queries or you would like to add/change anything to the website you are most welcome to contact [John-Joe Dawson-Squibb](#), [Deirdre Pieterse](#) or [Shuretta Thomas](#). ■

TRIBUTE TO DR ROBIN SCHEEPERS (7 FEBRUARY 1980 – 25 OCTOBER 2021)

By Candice Jacobson



It is challenging to describe in only a few words this humble doctor who touched so many lives with his grace, kindness, and patience.

Robin was a very private person who can best be regarded as a true gentleman. His empathy for and care of his patients was exceptional as was his support for his colleagues, friends, and family.

He completed his undergraduate degree at UCT and after a period exploring the far east teaching English and obtaining a black belt in Taekwondo Robin then returned to UCT as a psychiatry registrar. He had a true zest for life, and it was rare to not see his warm smile or hear the enthusiastic tone in his voice.

After qualifying as a psychiatrist in 2018, he ventured into private practice working at both Milnerton Akeso Clinic and Life Vincent Pallotti Hospital. He rapidly developed a thriving practice along with a reputation that befitted his personality. Many of his patients have been deeply affected by his passing and it is proving an impossible task to fill his shoes. He went over and

above for his patients and would never hesitate to provide advice or assistance for the network of psychiatrists and psychologists who had the privilege of working with him.

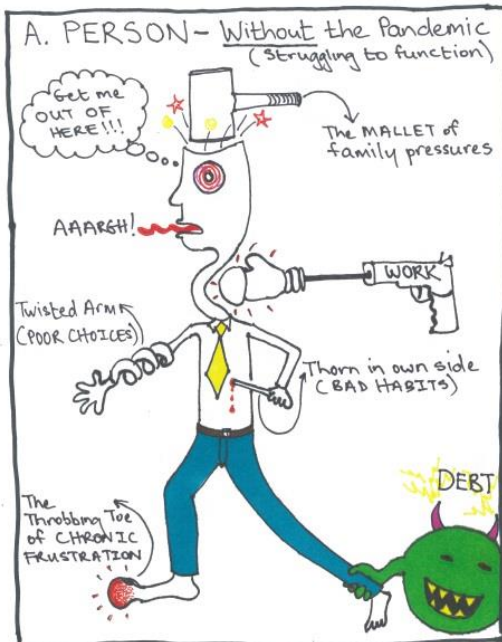
Outside of work Robin enjoyed being active which often involved hiking with friends or running in an organized event. He kept his love of dancing and the presence of his beautiful fiancé Abigail a well-hidden secret. He travelled overseas whenever the opportunity to explore different countries presented itself. He was a devoted son and spending time with his parents (his mother in Cape Town and father in Massachusetts) was of the utmost priority.

The list of superlatives to describe Robin is endless. He is deeply missed by all who were lucky enough to have crossed his path. ■▶

WELCOME TO NEW STAFF

Dr Lane Benjamin, new psychologist in the division of consultation and liaison psychiatry at Groote Schuur Hospital. Dr Annerine Roos, in the division of Psychopharmacology and Biological Psychiatry. Dr Eloise Reid in the division of Adult General Psychiatry at Valkenberg Hospital. Drs Imraan Tayob and Adam Fakroodien in the division of Public Mental Health. ■▶

LIGHTMIND



LIGHTMIND
by Joe Starke
(November 2021)

