

UCT Department of Psychiatry and Mental Health Newsletter

Issue 11 – June 2020



**Stronger
together**



A NOTE FROM THE HOD

The Department, like the rest of the world, has been hugely impacted by Covid-19 in the first half of this year.

From a service perspective, we have had to be enormously flexible, initiating new wards for Covid-19 positive patients, de-escalating some services, and ensuring quarantine and other safety measures for other services. Several of our staff have contracted Covid-19 at work; thankfully all have recovered to date.

From a teaching perspective, we have again had to be innovative and pragmatic. Our Departmental lectures and our postgraduate teaching have relied on virtual platforms. Our undergraduate teaching has also required a virtual platform, with instant messaging to ensure ongoing interaction with students.

Many of our research activities have had to halt, although again, novel approaches, such as relying on existing databases, have been taken. Many of our research staff have contributed to mental health advocacy during this time, have been involved in safety measures such as mask distribution, or in mental health first aid.

This has been an extraordinarily difficult time for many, not the least those who are physically vulnerable, or who have family members who are vulnerable. Those at the frontlines have managed their tasks with courage and professionalism, and have also supported clinicians from other departments to do so.

My sincere thanks to everyone who has worked to keep services, teaching, research, transformation, and social advocacy ongoing at this time. I want to acknowledge in particular those who have been ill, and also Prof Lynn Gillis, whose pioneering contributions continue to provide inspiration.

Warm regards,
Dan Stein



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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.

CONTACT DETAILS

UCT Department of Psychiatry and Mental Health

Tel 021 404 2174

Fax 021 448 8158

Department of Psychiatry and Mental Health

J-Block,

Groote Schuur Hospital

Observatory

Cape Town, 7700

Website: [UCT Department of Psychiatry](#)

NEWSLETTER TEAM:

Toni Abrahams

toni.abrahams@uct.ac.za

Delcia Liedeman-Proscha

delcia.liedeman-prosch@uct.ac.za

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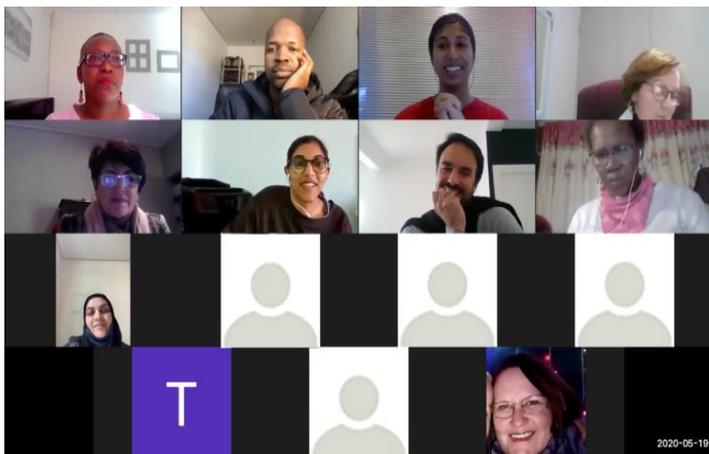
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ADDICTION PSYCHIATRY

DIVISION UPDATE

By Goodman Sibeko

Substance dependence has become a hot topic during the Covid-19 outbreak, particularly as a consequence of lockdown regulations that have seen alcohol and tobacco restriction become a reality. The implications for patients include the potential for withdrawal and decompensation due to the added distress resulting from new social stresses, be they isolation or having to exist more closely with family. The clinical service run by Dr Lisa Dannat at Groote Schuur Hospital has had to limit new enrolments and resort to telephonic review for existing patients, with varying success. It remains to be seen how best this service can continue to provide robust support for this vulnerable population. The clinical service led by Dr Henk Temmingh at Valkenberg Hospital has continued to provide inpatient and outpatient services in line with the mitigation measures spelled out by the National and Provincial Departments of Health, ensuring careful sanitization and social distancing practices.



The new normal: Online SBIRT Training Session with SANCA National by the ATTC

The South Africa HIV Addiction Technology Transfer Centre (ATTC) has since inception in 2017 provided

mental health training for non-specialist workers, as an extension of the research work of ATTC Co-Director and Head of Division of Addiction Psychiatry, Dr Goodman Sibeko. The national uptake of this offering has seen demand persist through the current outbreak, which has necessitated a shift in thinking. To this end, the ATTC has entered into an agreement with an established provider of correspondence learning to design an interactive and accredited online version of the training, which incidentally will now have a wider reach. This shift to online teaching has been mirrored in other training offerings by the ATTC, with training in Motivational Interviewing and Screening, Brief Intervention and Referral to Treatment (SBIRT) now being offered online via Zoom and Webinar. ■▶

PG DIP ADDICTIONS UCT

By Goodman Sibeko

PG Dip Addictions Care students are largely essential services staff. Many have faced cancelled study-leave due to Covid-19 service needs. The PG Dip team, led by Course Convener Fergus Ashburner, approached course lecturers to develop additional materials to support self-directed learning. This included video clips, readings, PowerPoint slides enriched with voice-over, with the option of using Zoom/Webinar as additional tools. Case studies have been prepared for students to ensure engagement with course materials in view of absence of real-time re-enforcement. Additional support has been provided through flexibility in submission deadlines for assignments. WhatsApp and Vula have been used to provide access to course staff and to facilitate timely information sharing. ■▶



PG Dip Addictions UCT

Above: Online lecture by Dr Heidi Sinclair for PG Dip Addictions Care

Exciting news is that Addiction Psychiatry has been gazetted and received official accreditation as a subspecialty. This means Consultant Psychiatrists with a special interest in Addiction can now have a space to nurture their interest and advance their practice. By extension this signals the beginnings of a more professionalized setting for delivery of Addiction Psychiatry services as a whole. There is no doubt that the innovations that have resulted from the changed working conditions under Covid-19 will serve to broaden the possibilities for teaching and training, a silver lining. 🌱

CHILD AND ADOLESCENT PSYCHIATRY AND MENTAL HEALTH

THE DIVISION OF CHILD & ADOLESCENT PSYCHIATRY SUPPORTS INTERNATIONAL TOURETTE AWARENESS DAY

By Petrus de Vries

Every year, the 7th June is used to raise awareness around the globe about tics and Tourette syndrome. This year, Prof Petrus de Vries from the Division of Child & Adolescent Psychiatry at UCT, joined the 'Kwela' team

on television for an awareness-raising programme about tics and Tourette's. Prof de Vries said: "I was very happy to join the programme when they asked me, but I immediately said that they should try to find a young person who lives with Tourette's to come and tell their story. I thought that would be much more interesting than listening to me!" The Kwela programme, presented by Hannes van Wyk, featured Prof de Vries on the couch with a talented Honours in Economics student from Stellenbosch University, Christoph Pauw. "Christoph was clearly the movie star, and gave a great description of his struggles with tics and Tourette's", Prof de Vries said. The full interview (in Afrikaans) can be viewed here:

[https://www.youtube.com/watch?v=i2jd_4aMFKw].



Above Left to right: Hannes van Wyk, Christoph Pauw and Prof de Vries.

Tourette's is a neurodevelopmental syndrome that typically starts in middle childhood with motor tics (such as blinking, eye movements or other face movements) and vocal or 'phonic' tics (such as throat-clearing, coughing or other simple or complex sounds). Tics 'waxes and wane' (come and go) throughout childhood and most people grow out of it by early adulthood. Many people with Tourette's also have co-occurring neurodevelopmental or mental health problems (such as ADHD, specific learning disorders, OCD or anxiety disorders) and these co-occurring disorders are often the greater concern to people with tics and Tourette's. Unfortunately, many people in the

world don't understand tics. It is therefore very common to hear how children, adolescents and young adults with tics and Tourette's have been bullied or teased, almost causing the greatest burden and distress of all.



Above: The Kwela studio

The message to us all – simply by improving our awareness and understanding, each of us can help to make the world a more welcome place for all people with neurodevelopmental and mental health disorders. ■

TIPS FOR PARENTS IN THE TIME OF COVID-19



An easy to share one-pager with tips for parents has been developed by the French Association for Child and Adolescent Psychiatry in collaboration with UCT, CARA, SAACAPAP, IACAPAP, and ASA. Now translated into Xhosa, Afrikaans, Zulu, Sepedi, Setswana, and French, they can be

accessed via the departmental website on the following link:

<http://www.psychiatry.uct.ac.za/news/covid-19-resources-0> ■

CONSULTATION LIAISON PSYCHIATRY

CONSULTATION LIAISON RESPONSE TO THE COVID-19 PANDEMIC

By Jackie Hoare

The division of Consultation Liaison Psychiatry, has developed a Groote Schuur Hospital Wellness Team (special thanks to Misha Naik). The GSH Wellness Team is working closely with Metropolitan Health to prioritise employee health and wellness during the Covid-19 crisis. We aim to support individual and departmental well-being by providing on-site individual and group counselling as well as off-site individual group counselling, managerial support and family members support. We have facilitated groups within departments, supporting both Medical and Nursing staff (special thanks to Louise Frenkel and Ereshia Benjamin). The aim of these groups is to provide a containing and supportive space wherein Health Care professionals are able to share their anxieties and fears as a result of the Covid-19 crisis. They were also able to share the traumas that they have experienced within the hospital context as a result of severe patient morbidity and mortality. Many doctors and nurses have reported that mental health conditions linked to their work such as anxiety, depression and burnout have been made worse by the Covid-19 pandemic. Ongoing support will be made available to all Groote Schuur staff to help them to deal with the effects of work related stresses and anxieties related to Covid-19. Doctors and Health Care workers have been painted as "heroes" during the pandemic. However, they are not super human. They need to feel, they need to be able to seek help and that help must be readily available. Working long hours in unfamiliar settings, having to work in Personal Protective Equipment (PPE) for long periods, fear of contracting Covid-19 and passing it to

their loved ones, seeing many patients die and breaking bad news to bereaved families are all having their impact on Health Care professionals' well-being. At the same time, the lockdown has meant that many Health Care professionals have been unable to recharge their batteries. There is no socialising and many have isolated themselves from their families to protect them. The Consultation Liaison Team has made supporting the wellbeing of Health Care workers at Groote Schuur Hospital a top priority. The second way in which we are supporting our colleagues on the front line is by providing direct patient care within the most stressful and high risk Covid wards within Groote Schuur Hospital. We have been doing a mental health ward round on the C and G Floors (special thanks to Gill Booyesen for doing this with me) on a daily basis to screen for patients who are requiring mental health assessment, management and treatment as well as checking in amongst the junior doctors on how they are managing that day. We have also managed to source a number of Smartphones (special thanks to Fatima Dangor and Imraan Tayob), which will enable us to FaceTime families within the high risk Covid wards to address the isolation and trauma that many patients are experiencing by being admitted to hospital and being unable to receive visitors during a very stressful time in their lives. Many patients have already lost family members to Covid-19 and are experiencing significant distress and fear for their own health and well-being. Lastly, we have formalised a partnership with Palliative medicine to respond to the bereavement and patient distress during the Covid-19 pandemic. Through this partnership we hope to provide a collaborative psycho-social and palliative care response to Covid-19 at Groote Schuur Hospital. The inter-disciplinary approach includes managing bereavement of the families of deceased patients as well as facilitating communication between medical teams and families while patients are receiving care within Groote Schuur Hospital and screening for patients who require psychiatric and palliative care throughout the Covid wards and linking patients with Community Social Workers. ■▶

INTELLECTUAL DISABILITY MENTAL HEALTH

THE TREATMENT OF PWIDD

By Charlotte Capri

Shortly prior to South Africa's Covid-19 response, the 10 March 2020 On My Mind Series talk with the title "The treatment of people with intellectual and developmental disabilities (PWIDD)" considered questions critical to the treatment of people with intellectual and developmental disabilities (PWIDD) in South Africa. At the time, we considered questions around the quality of health care offered to PWIDD as compared with the general South African population. To illustrate widespread healthcare disparity, a Lancet study of a UK example found that twice as many PWIDD than the general population die from causes that could have been prevented by good quality health care (McCallion and McCarron, 2014). This discovery is not an anomaly, since premature death in adults with IDD is well established (Tyrrer & McGrother, 2009). The important finding remains that better quality health care would have reduced elevated mortality. In a case study that laid bare South Africa's attitude toward the care of PWIDD, you were 71.5% more likely to have survived the 2018 Esidimeni tragedy if you were transferred to a facility that considered your health support needs and was able to provide the most basic of adequate care – infection control, hydration, heat, and food (Capri, Watermeyer, Mckenzie, and Coetzee, 2018; Robertson and Makgoba, 2018). The only predictors of Esidimeni mortality were increasing age and transfer destination, while the main cause of high mortality was inadequate care. Moreover, the planned cost saving with which the Esidimeni transfers were publicly rationalised did not materialise, and almost all survivors were eventually transferred back into adequate hospital care (Robertson and Makgoba, 2018).

Why talk about the above, again? Because current COVID-19 South African triage policies exclude many disabled people from accessing lifesaving intensive care and ventilation if becoming ill – especially people with physical and intellectual impairments (CCSSA, 2020). And because, from the above, we have been given insight into identifying change toward choosing life-enhancing outcomes for PWIDD. But let me leave you with this thought (Mulibana, 2020): please consider people who live with any kind of disability when responding, as healthcare practitioners, under current South African COVID-19 South African triage policies.

Capri, C., Watermeyer, B., Mckenzie, J., & Coetzee, O. (2018). Intellectual disability in the Esidimeni tragedy: Silent deaths. *SAMJ: South African Medical Journal*, 108(3), 153-154.

Critical Care Society South Africa (CCSSA), (2020). Allocation of scarce critical care resources during the COVID-19 public health emergency in South Africa, Version 2, Critical Care Society South Africa.

McCallion, P., & McCarron, M. (2014). Deaths of people with intellectual disabilities in the UK. *The Lancet*, 383(9920), 853-855.

Mulibana, M. (2020). 'Lack of consultation led to persons with disabilities being neglected in the COVID-19 response', *AfricLaw*, 18 May, viewed 8 June 2020, from <https://africlaw.com/tag/coronavirus/>

Tyrer, F. & C. McGrother C (2009). Cause-specific mortality and death certificate reporting in adults with moderate to profound intellectual disability. *Journal of Intellectual Disability Research*, 53, 898–904.

Robertson, L. J., & Makgoba, M. W. (2018). Mortality analysis of people with severe mental illness transferred from long-stay hospital to alternative care in the Life Esidimeni tragedy. *South African Medical Journal*, 108(10), 813-817. ■

SIYABULELA MKABILE TRANSFERS TO ALEXANDRA HOSPITAL

By Toni Abrahams

Division member and Senior Clinical Psychologist, Siyabulela Mkabile, transferred from Lentegeur Psychiatric Hospital Intellectual Disability Services (IDS) to Alexandra



Hospital in April this year. Having worked at IDS since 2009 and been part of a small but dedicated team, Siya's transfer was bittersweet. Bitter in that we had to say goodbye from Lentegeur but sweet in that he did not go too far and remains a valued joint appointee in the division and departments. Siya has a wide range of experience with children, adolescents and adults with intellectual disabilities and is now providing psychological services to patients who have chronic mental health problems admitted to the Complex Care Unit and those seen in the outpatients department. He is also currently busy with his PhD study focused on explanatory models of child intellectual disability from the perspectives of caregivers, spiritual and traditional healers in Khayelitsha. ■

NEW DIVISIONAL SCHOLARS

By Sharon Kleintjes

This year has seen 4 new registrations for masters and doctoral studies in the Division of Intellectual Disability. Toni Abrahams has registered for a doctoral study focussing on Respite Care to support families of

people with intellectual disability and complex care needs, an important topic given the dearth of publicly funded respite care in South Africa. The division was also successful in securing NRF funding to support two doctoral students and one masters student to investigate several dimensions of Self-Advocacy by adults with intellectual disability, in line with international trends calling for improved attention to their participation in public policy and service developments.



Picture above are New NRF funded doctoral students Cole Goldberg (top right) and Babalwa Tyabashe-Phume (bottom right) and masters student Siphesihle Zihlazi (bottom left) during their first online study seminar with supervisor Sharon Kleintjes. They are co-supervised by Charlotte Capri and Siya Mkabile. ■▶

PSYCHOPHARMACOLOGY AND BIOLOGICAL PSYCHIATRY

ARTICLE ON HOW TO MANAGE OCD UNDER COVID-19

By Toni Abrahams

Prof Dan Stein co-authored a recent article on how to manage Obsessive Compulsive Disorders (OCD) under COVID-19 in which a consensus statement provides

practical guidance for what is an unusually complicated challenge. The authors note that people living with OCD may be particularly impacted by the COVID-19 pandemic which has the potential to exacerbate pre-existing anxieties. The guidance to clinicians includes: taking a calming and compassionate approach and using telemedicine as a means to safely access patients; careful history taking to determine just how symptomology is being impacted; assessing suicidal risk which can be worsened by co-morbidities and severe symptoms; psychoeducating patients by sharing balanced information on known risks and preparing patients for the need to manage their stress over a potentially long period while the pandemic exists; checking on internet and news consumption which can increase anxiety, especially when used excessively or relying on sites with misinformation; reviewing medications as a matter of priority; reviewing, adapting and in some cases, pausing particular CBT plans and relying on other forms of CBT intervention and supportive techniques during this time; consideration of Deep Brain Stimulation issues which may arise; social and occupational care which includes the need for good sleep hygiene, regular exercise and communication with support structures; and carer support in which it is anticipated that carers, especially of children with OCD, will require extra support to manage increased stress.

The authors acknowledge the changes clinicians have to face in how they treat this population and make suggestions for future research.

The article can be viewed on

<https://doi.org/10.1016/j.comppsy.2020.152174> ■▶

PSYCHOTHERAPY

TELEHEALTH: TRIAL AND ERROR IN THIS MOST TURBULENT OF TIMES

By Waseem Hawa

The delivery of clinical services has been profoundly changed by COVID-19. Public and private sector clinicians have to deliver essential services that address the presenting problem of the client while also reducing the risk of exposure to the virus. Psychological services, at the state level, which traditionally operates on a weekly session basis for each client, was particularly challenged by the pandemic and the subsequent lockdown. The primary crisis involved that of balancing the need to offer a patient a weekly session while simultaneously minimising the risk of exposure to the virus. The said was no easy task, as the bulk of the patients, use public transportation to and from their treatment sites. This challenge also occurred within the context of a directive to de-escalate services; so that fewer patients were present in outpatient clinical sites.

The hospitals (Alexandra Hospital, Groote Schuur Hospital, Lenteguur Psychiatric Hospital, Red Cross War Memorials Children hospital/Division of Child and Adolescent Psychiatry and Valkenberg Psychiatric Hospital) aligned with the University of Cape Town's, Department of Psychiatry and Mental Health, swiftly moved towards introducing telehealth as the method through which to preserve services both within the outpatient settings of the hospitals and in the outreach services to the community clinics.

To ensure that this novel (for the state) method of service delivery was compliant with regulatory requirements and best clinical practice, teaching on telehealth was introduced for the Intern Psychologists at all five hospitals. Moreover, all personnel were encouraged to access free CPD accredited online training.

In the three months since the launch of the service has, it has become clear that telehealth will not be an interim measure to deliver services. It has become evident that telehealth will continue to remain a core method of service delivery. In light of the said, the Division of Psychotherapy has established a task team (comprised of Psychologists from multiple clinical sites)

to drive the process of developing and promoting best practice within the field of telehealth.

The task force will focus on four key areas. These areas include teaching, training, documentation and research. Teaching will involve the skills development of Intern Psychologists and Psychiatric Registrars linked to the UCT aligned hospitals. Training will be concerned with the development of CPD accredited workshops for the broader clinical community both in the private and public domains. The documentation of the clinician's experiences may take the form of articles and editorials which provide commentary on the lived experiences of clinicians who are delivering telehealth. Finally, the research objective of the task team will pertain to the development of optimum telehealth models which are empirically based. Exploring telehealth models for a range of different pathologies will be investigated.

The Division of Psychotherapy remains committed to leading in the development of best practice in the field of mental health. Innovation will remain key during the pandemic if we are to stay relevant. ■

NEUROPSYCHIATRY

HIV MENTAL HEALTH RESEARCH UNIT NEWS

By Kareema Poggenpoel

Several studies of the CNS effects of HIV are ongoing. The CONNECT study has now received UCT ethical approval and phase 1 recruitment is due to start this month. We would like to welcome Dr David Biles, who has been appointed as the CONNECT study Medical Officer. The recruitment and selection process for Research Assistants are underway. CONNECT is a Newton funded study aiming to recruit 180 people living with HIV for lumbar puncture, cognitive and mental health testing, before and after switching to Dolutegravir.

Recruitment for the ADD-ART neuro sub-study is ongoing and we have now performed lumbar punctures on 20 participants. Dr Lindo Thela is developing a retrospective study of clinical HIV CSF escape cases presenting in this region since 2015.

Adele Munsami's INCREASE study has collected interesting survey data on over 400 HIV healthcare workers, confirming a desire and need for training in neurocognitive impairment in this group. ■▶

PUBLIC MENTAL HEALTH

ASSET

By Maggie Marx

In February of this year ASSET partners from the Alan J Flisher Centre for Public Mental Health, Prof Crick Lund, Dr Zulfa Abrahams and Maggie Marx, and partners from across the globe met in Addis Ababa, Ethiopia, to discuss the research progress and challenges of the year past and to plan for the remainder of the project ending in 2021. ASSET is a National Institute for Health Research (NIHR) Global Health Research Unit on Health System Strengthening in Sub-Saharan Africa. This award forms part of £120 million funding for Global Health Research.

The week started off with a day-long workshop facilitated by the ASSET capacity lead, Dr Rosie Mayston and ASSET lead investigator, Prof Martin Prince. It kicked off with a workshop on research impact and how the different work packages can optimise their approach to achieve impact through the course of their interventions. The afternoon was spent learning and discussing the different aspects of writing and publishing research.



Below left: Workshop participants.

The following three days were spent with all the work packages giving updates on their progress as well as ASSET-funded PhD students and postdoctoral fellows presenting their research. Delegates then participated in an implementation science workshop where they examined different implementation frameworks and their applications. These implementation workshops were lead by Prof Nick Sevdalis and Dr Nadine Seward. At the end of the week, teams from the various work packages have developed research impact plans, shared their implementation science challenges and set some goals in terms of writing up data. ■▶

MESSAGES FOR MOTHERS

By Maggie Marx

The team from the Perinatal Mental Health Project (PMHP) housed at the Alan J Flisher Centre for Public Mental Health (CPMH) recently teamed up with other organisations to create the Messages for Mothers (M4M) platform as a response to the COVID-19 pandemic. They collaborated on M4M to keep mothers in South Africa informed, connected and encouraged using digital channels like social media and WhatsApp. You can learn more at <https://messagesformothers.co.za/> ■▶

CPMH HOSTS COVID-19 WEBINAR

By Maggie Marx

The ongoing COVID-19 pandemic is leaving a myriad of unanswered questions in its wake – and many of these relate to the mental health of populations under lockdown, quarantine or self-isolation. The ill effects that this pandemic can have on the global mental health burden should not be underestimated – even more so in low-resource settings such as most countries on the African continent.

On 14 April 2020 the Alan J Flisher Centre for Public Mental Health and AMARI co-hosted a webinar on the mental health aspects of the COVID-19 crisis in Africa.

The invited speakers were Prof Chiwoza Bandawe from the University of Malawi’s College of Medicine; Prof Dixon Chibanda from the Friendship Bench; Dr Jose Luis Ayuso, Chairman at the Department of Psychiatry and Director of the WHO Collaborating Centre for Mental Health Services Research and Training at the Universidad Autónoma de Madrid; and Prof Simone Honikman from the Perinatal Mental Health Project (PMHP).

Due to technical difficulties, Prof Bandawe, was unable to present, but a recording of him presenting will be made available soon.

Please view the webinar here:

https://www.youtube.com/watch?v=FQ8cQiFGOCw&feature=emb_title

PERINATAL MENTAL HEALTH PROJECT – RESPONSE TO COVID-19

By Simone Honikman and Thanya April

In an effort to address the devastating effects of the COVID-19 pandemic and the subsequent lockdown in South Africa, the Perinatal Mental Health Project (PMHP) has been working in several ways.

Messages for Mothers

Just before the lockdown, in collaboration with the NGOs Embrace, Ilifa Labantwana and GrowGreat, the PMHP launched a Messages for Mothers (M4M) campaign to deliver multi-media, multi-language, evidence-based physical and mental health messages relating to COVID-19 for South African mothers and caregivers. It addresses mothers’ unmet need for bespoke information relating to the COVID-19 crisis. In particular, the messages are specific to the population of women highly vulnerable to the social and economic consequences of the pandemic. The messages are developed in response to questions and conversations emerging from the NGOs’ networks of mothers communicating on social media. Furthermore, messages are developed, over time, to address the changing logistics of home, parenting and service uses contexts in which women find themselves. In addition to the mental and physical health message pillars of the campaign, there are pillars on mindfulness and ‘parenting in the pandemic’. All messages are developed in consultation and peer reviewed by several professional and academic experts working in the public service sector. The messages are regularly updated. The M4M content has or will be used on several National Department of Health platforms.

- The National Covid Whatsapp line has now included a “Pregnant” content stream under “Conditions” +27 60 012 3456 – available in five languages
- The National Framework and Guidelines for Maternal and Neonatal Care during a Crisis: COVID-19 response includes several mental health considerations for staff and mothers and has a core health promotion component. For this, the first appendix includes the full batch of M4M messages. These will be distributed with the Guidelines and an audiovisual training package to NDOH committees, master trainers, professional societies, and provincial and district health authorities in June
- The messages will be used on the NDOH’s zero-rated website

- A national radio campaign, Sikhaba iCovid19, is including the messages in various formats and in several languages on national and community stations across the country.

Mental health service at Hanover Park

The PMHP's mental health service at Hanover Park Midwife Obstetric Unit (MOU) has needed to adapt to the crisis. Clinical services coordinator and counsellor, Liesl Hermanus, continues to support her most vulnerable clients through limited face-to-face sessions at the MOU. Where clients have access to a mobile phone and privacy, she has also been conducting counselling sessions telephonically, supplying airtime funds if needed. To supplement this, she has been using the PMHP WhatsApp line, to support women through regular interactions, as required.

Food insecurity and access to baby care supplies in Hanover Park

In low-income communities, such as Hanover Park, large numbers of people are now facing severe hunger and feelings of helplessness. Pregnant women and new mothers appear to be especially vulnerable, as they



Above: The Alcardo Andrews Foundation providing meals in Hanover Park.

struggle to take care of themselves and their newborn babies with limited access to support from their families, broader communities and fewer opportunities for household income to be generated. Many clients, who are either pregnant or have just given birth, have been talking about the desperate hunger they are experiencing during this time. Since April, the PMHP partnered with a local organisation in Hanover Park, The Alcardo Andrews Foundation, which provides food to hundreds of people in the community on a daily basis. Liesl has used their streamlined referral system so that her clients and their households can receive food. The PMHP is using its social media channels and networks, to support fundraising for the Foundation.

Liesl has also activated several other networks to raise funds and supply basic baby care supplies to mothers in need. ■

REGISTRAR TRAINING COMMITTEE

THE JOYS OF BEING A REGISTRAR

By Sybrand de Vaal

Four years of registrar training at UCT has been an overwhelming experience which has ultimately left me wiser and more humble. The privilege of working with exceptional colleagues and complex patients far exceeded my expectations. But the word that comes to mind when I reflect upon my registrar time, is "suffering". It was gruelling in ways I could not have foreseen. This may have been due to a combination of the volume and nature of our work; relentless academic expectations; frequent bureaucratic hurdles; and a nagging fear of appearing incompetent. Some struggles were inescapable and constructive parts of the programme, while others were related to personal circumstances, or even self-induced (e.g. procrastination, but I'll tell that story another time). Stressful times reveal one's priorities, expose your

weaknesses, and squeeze unresolved issues to the surface.

Registrar time (and mental health care, for that matter) also confronts you with the great suffering in the lives you touch. We often face the darkest side of human experience, and it touches you. I could see the toll it was taking on some of my colleagues. I was secretly impressed with my stress management, until I developed a minor bout of shingles in my third year. What?! I felt burnt out. A much-needed shift in pace proved helpful. Without my supportive wife and God's grace, I might have given up. You cannot walk this path alone.

Why would anyone volunteer for this? Why did I do this? Another word comes to mind: "passion". The word "passion" originated from the Latin *pati*, meaning "to endure, undergo, experience"; the Late Latin *passio*, meaning "suffering, enduring"; and the 10th century Old French *passion*, referring to "Christ's physical suffering on the cross" (as in "the passion of the Christ"). It suggests "that which must be endured," and was extended to general suffering and pain by early 13th century. In late 14th century English it sometimes meant "the state of being affected or acted upon by something external" – from there the word "passive". Related to this is "empathy", from the Greek *pathos*, also meaning "suffering". The Latin *pati* is also the root of "patience": "being able to accept or tolerate delays, problems, or suffering without becoming annoyed or anxious"; and the noun "patient", as in "one who suffers" or a "person receiving or registered to receive medical treatment."

In this sense, I believe that registrars should enter the programme as passionate patients. I felt called to help people with mental struggles, and I needed training. The training will cause suffering, and we need to patiently submit to its formative effect in order to achieve the desired outcome: empathy and wisdom. Engaging our own suffering and weakness, as well as our strengths, enables us to better engage those who are suffering – be they patients or colleagues. Our

endurance is towards a higher goal. Striving for a title or a salary will not sustain you through this journey.

Which brings me to my final word: "perspective". We as registrars and mental health care workers are neither martyrs nor saviours. Your life is about much more than just being a mental health care professional. You have your own past, present and future road. But we all do bring unique gifts that can be of great benefit to others, if utilised skilfully. What is the joy, the reason, that you have in view when you endure arduous training? Are you passionate about serving the vulnerable and needy? May you be reminded of your passion, your reason to endure these hardships, and may you grow more compassionate and empathic through it. ■

SOCIAL RESPONSIVENESS COMMITTEE

SR LOGO

By Petrus de Vries

Now more than ever a socially aware and engaged university is needed. The UCT Department of Psychiatry and Mental Health Social Responsiveness Committee continues to work towards developing and supporting a more socially responsive department. Many staff members are already actively engaged in work that is intended to 'build a more just, equitable and unified South African society'. To draw attention to this work the committee decided to design a logo that can be displayed at events, meetings and activities, and be used as a symbol of social responsiveness in the department.



The design of the logo starts in the center, with individuals with mental health problems and their families, radiates out in four colours symbolizing the four groups of stakeholders that we collaborate with (public, NPO sector, professionals, and government), and ends in the overall shape of a Protea, to indicate the South African and African focus of our work. We look forward to ongoing socially responsive and responsible work on a range of platforms (not least the website!), so look out for the logo! If you would like to find out more about how you can be involved, or have creative ideas for making the department more socially responsive, please feel free to contact Prof Petrus de Vries or Nasera Cader-Mokoa, Chair and co-chair of the committee. ■

THE 2020 LOREN LECLEZIO LECTURE

By Petrus de Vries

The 2020 Loren Leclezio Lecture Department of Psychiatry & Mental Health



Once every year, the Social Responsiveness Committee in the Department of Psychiatry & Mental Health hosts a 'Loren Leclezio Lecture'. The lecture is named after Dr Loren Leclezio, who was an MSc (Med) Neuroscience student in the department between 2012-2014 and a PhD student from 2014-2017. She died early in 2018 after a short battle with cancer. Loren was a businesswoman, entrepreneur, academic, mother and wife. And she was a great believer in the power of research to transform communities. She was particularly passionate about the importance of participatory research.

We were therefore delighted to have Prof Relebohile (Lebo) Moletsane from the University of KwaZulu-Natal (UKZN) as speaker for the 2020 Loren Leclezio Lecture. Prof Moletsane is the Pro Vice-Chancellor for Social Cohesion at UKZN, and the JL Dube Professor in Rural Education in their School of Education. Prior to returning to UKZN, she was Director of the Gender and Development Unit at the Human Sciences Research Council (HSRC). She has a particular interest in adolescents and young adults, and in participatory research methods.

In a very powerful and sobering presentation entitled "Nothing about us without us. Ethical dilemmas in



Above: Prof Relebohile Moletsane presenting to audience on via Zoom.

disseminating participatory research with girls in the context of sexual violence in rural communities", Prof Moletsane described some findings of a 6-year long participatory research project on sexual violence towards girls and young women. One of the key themes that emerged through the research in rural KwaZulu-Natal was the girls' fear of being abducted for childhood marriages. In a 2016 survey in South Africa, more than 83,000 12-17 year old girls were married, divorced, separated, widowed or cohabiting. Girls felt that their voices were not heard, and that these activities, almost without exception, happened without their consent. Through their participatory research and activism, a community protocol was drawn up as a strategy to reduce (and hopefully stop) early and forced marriage in their community. Prof Moletsane outlined a number of the ethical dilemmas to consider in participatory research of such sensitive (but important) topics in the country.

For further reading see:

Moletsane, R (2018). 'Stop the War on Women's Bodies': Facilitating a girl-led march against sexual violence in a rural community in South Africa. *Studies in Social Justice*, 12(2), 235-250. 

THE DRAKENSTEIN CHILD HEALTH STUDY – FOOD RELIEF INITIATIVE

By Nadia Hoffman

UCT's Drakenstein Child Health Study (DCHS) Social Responsiveness team partnered with local non-profit organizations to distribute grocery-shop vouchers to research participants who are experiencing food insecurity due to the COVID-19 lockdown and level 4 restrictions. The DCHS is conducting a large longitudinal study investigating the risk and protective factors for child health outcomes from birth to 8 years. The study is carried out in two vulnerable communities in Paarl.



Above: DCHS Collage.

Although all in-person data collection was suspended during the level 5 lockdown period, DCHS kept contact channels with its participants open by distributing information on COVID-19 symptoms, sending tips for good personal hygiene, encouraging social distancing and emphasizing cough etiquette through SMS and WhatsApp messaging. Through these communication channels, the study became aware of vulnerable households in the cohort who are experiencing food insecurity due to the impact of the epidemic. The DCHS Social Responsiveness Committee initiated their next project and partnered with Valcare, a non-profit company that aims to activate and enable social change in the Cape Winelands; and Breadline Africa, a non-

profit organization focusing on grassroots development, to arrange for the distribution of grocery-shop vouchers to vulnerable households in the study cohort. Eligible households receive a once-off R350 grocery-shop voucher that can be used to buy food and other essential items. The study will be able to assist 21 households as part of the first round of this initiative and hopes to raise more funding to sustain this initiative throughout the challenging upcoming months.

The screening and distribution of the grocery-shop vouchers are carried out remotely by DCHS staff so as to reduce the risk of COVID-19 infection.

Should you want more information about this project, or would like to contribute towards this initiative, please contact DCHS project manager, Nadia Hoffman (nadia.hoffman@uct.ac.za). ■

FEATURED NGO: SAARTJIE BARTMAN CENTRE



Saartjie Baartman Centre
FOR WOMEN & CHILDREN

The Saartjie Baartman Centre for Women and Children (SBCWC) was opened in 1999 in response to the high rates of violence against women and children on the Cape Flats near Cape Town. We provide essential, cost-free services 365 days a year to abused women and children employing a comprehensive range of services for the effective treatment and prevention of violence against women and children.

We were the first 'one-stop' centre in South Africa.

The Centre's multi-disciplinary service provides an opportunity for organisations to come together as

partners to develop an appropriate on-site multi-agency service delivery model for the effective management, treatment and prevention of violence against women and children. It also works in partnership with government departments and the non-governmental sector.

SBCWC has evolved to be the prime learning site nationally for providing holistic, integrated services to survivors of violence. Some of the services provided are managed directly by the Saartjie Baartman Centre. These include a 24-hour crisis response programme; a residential shelter programme and transitional housing for abused women and their children; a psycho-social support programme including a children's counselling programme; a substance abuse programme and accredited job-skills training programmes for our clients.

We have been fortunate to have been selected as the organisation to pilot the Khuseleka model, a multi-sectoral approach in collaboration with key government departments and institutions designed to uphold all basic victim rights as encapsulated in the South African Victims Charter and the UN Conventions protecting the rights of women and children.

Our statistics have revealed that a large percentage of our clients accessing services and seeking shelter are either using, abusing or addicted to some form of substance. This hinders the recovery process and based on these findings we have recently launched two new units within the centre, namely, an orientation unit and substance abuse unit which will serve our clients' needs comprehensively and effectively.



The SBCWC's purpose is to offer an integrated range of services on a continuum of care, to reduce secondary traumatisation of the survivors and facilitate a recovery of healing process through the provision of high quality comprehensive services.

The service model includes four programmes : A residential programme with orientation, substance, therapeutic and independent living/2nd stage housing units available on a 24-hour crisis basis which aims to provide immediate accommodation for women and children and heal, rebuild, uplift and empower; the Psycho-social support programme includes Intake assessment and counselling, education and awareness, community outreach, children's counselling and children in the community counselling, legal assistance and Early childhood development ; a job skills programme and an advocacy and rights programme.

It has never been more imperative that corporate entities stand together with civil society organisations to eradicate Gender Based Violence in South Africa. We are all too aware of the horrifying statistics, but the fact remains that the critical work that shelters undertake can only be done through partnerships with corporations. It is only by working together that we can eradicate the scourge of Gender Based Violence.

We need your support to provide care and prevention services to women and children survivors of Gender Based Violence, the most vulnerable members of our society.

For more information please contact us at the following details:

Klipfontein Road, Athlone, 7764

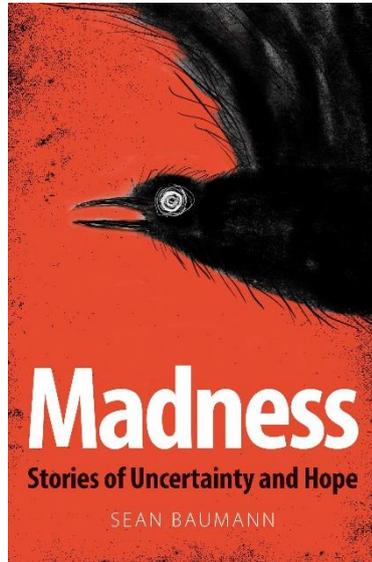
021 633 5287

www.saartjiebaartmancentre.org.za

Information supplied by Bernadine Bachar (Director) ■

MADNESS - STORIES OF UNCERTAINTY AND HOPE – A BOOK BY SEAN BAUMANN

A patient is standing in the middle of the river, his back turned to the hospital. The nurses are waiting for him patiently on the riverbank. He seems uncertain whether to cross the river or to return. There is no danger. He is in an in-between space, as is the hospital where I have worked as a specialist psychiatrist for over twenty-five years.



For many of us, what lies beyond conventional portrayals of mental illness is often shrouded in mystery, misconception and fear. Dr Sean Baumann spent decades as a psychiatrist at Valkenberg Hospital and, through his personal engagement with patients' various forms of psychosis, he describes the lived experiences of those who suffer from schizophrenia, depression, bipolar and other disorders.

The stories told are authentic, mysterious and compelling, representing both vivid expressions of minds in turmoil and the struggle to give form and meaning to distress. The author seeks to describe these encounters in a respectful way, believing that careless portrayals of madness cause further suffering and perpetuate the burden of stigma.

Baumann argues cogently for a more inclusive way of making sense of mental health. With sensitivity and empathy, his enquiries into the territories of art, psychology, consciousness, otherness, free will and

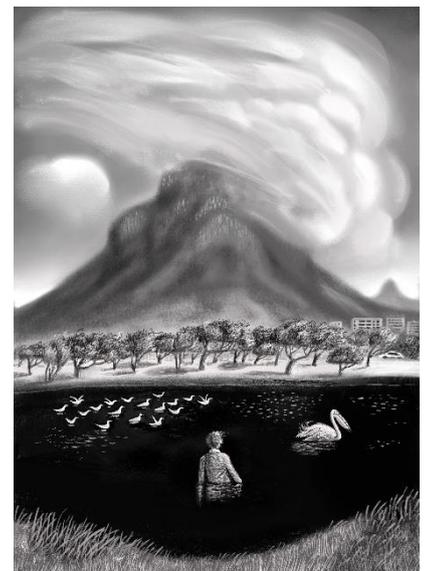
theories of the self reveal how mental illness raises questions that affect us all.

Madness is illustrated by award-winning artist Fiona Moodie.

'This book has irrevocably changed my understanding of madness. Through succinct and often poetic accounts Baumann carefully mediates access to glimpses of the brave, fearful, lonely and vulnerable humanities of those suffering from psychiatric disorders, especially schizophrenia. The text, illuminated by extraordinary artwork, compels one to believe that beyond all the distress and despair, there is, and always should be, hope.'

– Antjie Krog

Dr Sean Baumann worked for twenty-five years as a consultant to the male acute service at Valkenberg Hospital in Cape Town and was a senior lecturer in the Department of Psychiatry and Mental Health at UCT, where he holds an honorary



position. He is the editor of *Primary Care Psychiatry: A Practical Guide for Southern Africa (1998, 2007, 2015)*. His cantata *Madness: Songs of Hope and Despair* was performed at the Baxter Theatre in Cape Town in 2017.

Ebook available from Amazon, Kobo, Snapplify and ITSi.

For any publicity enquiries please contact Jean-Marie Korff via e-mail at jeanmarie.korff@jonathanball.co.za or phone on 021-469 8940. ■▶

STUDENT PSYCHIATRY SOCIETY

By Kristien van der Walt



The student psychiatry society eased into the year with our annual planning meeting, which involves getting to know each other over scones, tea, and therapeutically-informed ice-breakers. At this meeting, sprawled across my couch, the committee planted the seed for the year's theme – tackling the “grey areas” in psychiatry, with the intention of addressing the unfamiliar and controversial. Of course, we had no idea just how unfamiliar things would become.

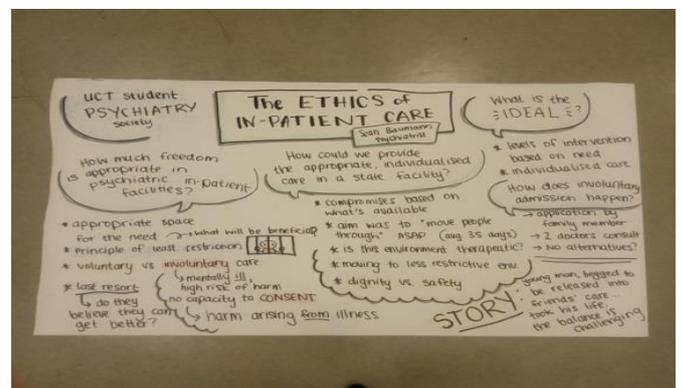
“One of our themes for the year will be focusing on the grey areas of psychiatry, including controversial topics or cutting edge therapies. A love of engaging with difficult ethical questions, or looking into the unknown is what draws many people to psychiatry (while we acknowledge that it may put others off), and we feel that fostering this inquisitive attitude will be of much value to our members” – excerpt from our opening message to students in 2020.

At plaza day in early February, we served our customary iced-coffee (in exchange for new members), and advertised the year's first few projects. Leading up to this, we circulated our Psychiatry Society Summer Reading List – a collection of book suggestions by UCT psychiatrists and students, that deal with mental health and psychiatry, both fictional and non-fictional.



Above: Sylvia van Belle and Dr Baumann in discussion.

Our first talk series, Admissions in Psychiatry, addressed our theme of “grey areas”. In part one, Dr Sean Baumann, in conversation with Sylvia Van Belle (student), looked at the process of involuntary admission, and subsequent ethical questions that arise. Dr Baumann smoothly and carefully dissected the topic of autonomy for institutionalised patients, as informed by years of experience and deep care for those affected by mental illness.



The talk was live-captured by a “graphic recorder” in this beautiful poster.

In part two, Supporting Recovery and Social Reintegration post-admission, Sylvia spoke to Cape Mental Health social worker Carol Bosch, occupational therapist Santie Terreblanche, and a mental health advocate about options available to patients after admission. This hopeful and open discussion put our main exposure to psychiatry as students – admission

and institutionalisation – into context. The perspective of allied health professionals, and especially of the mental health advocate (a user of the mental health system himself) was invaluable.



Pictured above: Sylvia van Belle and the Cape Mental Health delegation.

Before we could host part 3, “The Evidence and Practicalities of Deinstitutionalising Care”, of course, everything changed.

Post-COVID Student Psychiatry Society

With the emergence of the COVID-19 pandemic, we’ve had to reimagine the role of our society now that social distancing and online learning are the norm. For now, we’ve upscaled our social media presence by sharing weekly psychiatry-related content selected by our committee members. We are also planning to host online seminars and discussions via zoom.

If you would like to get involved with the student psychiatry society, please email me at kristienvdw@gmail.com or uctpsychsoc@gmail.com.

The 2020 committee is made up of Kristien van der Walt (chair 2020 Committee), Goergia Lilford (deputy chair), Sylvia van belle (treasurer), Jessica Andras, Sana Salduker, Ian Simon Olivier, Quratul-Ain Parker, Kyle Paulssen , and Killoran Kettles, with mentorship from Dr Terri Henderson.

HOW IS OUR WEBSITE FARING?

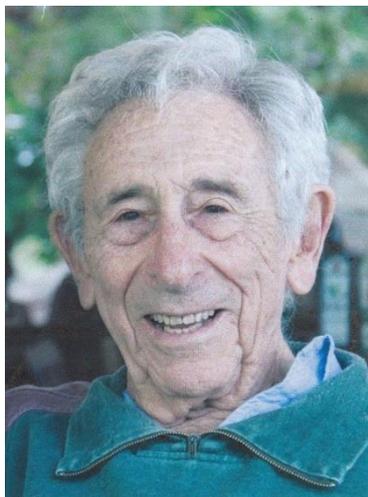


As shown in the graphics above, our website has seen mostly new visitors (87%) to the site from January to June 2020, specifically 11, 615 new users. Although there was a slight dip in new visitor numbers from April, we are pleased that new visitors continue to visit our site. 11,915 users have had 14, 552 sessions and 28, 180 page views in this period. 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](#) or [Deirdre Pieterse](#).

OBITUARY: PROFESSOR LYNN GILLIS

By Dan Stein and Joan Raphael Leff

Prof Lynn Sinclair Gillis (1924-2020) was a pioneering figure in South African psychiatry.



Lynn was born in Kroonstad in the Orange Free State, matriculated from Houghton College in Johannesburg. He interrupted his medical

studies at Wits University to enlist as a medical assistant in the South African Medical Corps, serving in makeshift hospitals in North Africa and Italy, finally graduating in 1948. He served registrar time at Tara Hospital and at the Maudsley Hospital in London, before being appointed as Senior Psychiatrist and Neurologist at Tara Hospital.

In 1962 Lynn was recruited to the University of Cape Town and Groote Schuur Hospital, as the first consultant and Head, in charge of 9 beds. The first 3 registrars and the first clinical psychologist were appointed in 1963 and 1964. From this small cohort, Lynn set about creating services, teaching, and research.

Lynn was one of the first proponents of community psychiatry and task-shifting; under his guidance a number of community clinics were set up, with leadership by nurses. His emphasis on community psychiatry included a focus on advocacy for mental health, aiming to diminish stigmatization. Courageously defying apartheid segregation, he integrated staff across wards. Over time, the department established services at Valkenberg and Alexandra Hospitals, a

Division of Child and Adolescent Psychiatry at Red Cross War Memorial Hospital, geriatric psychiatric inpatient services, and outpatient services in the community for people with alcohol dependence.

Lynn was a thoughtful and inspiring mentor to his students; he created a strong curriculum for students, with extensive study of human behaviour in the preclinical years, and employment of his textbook of psychiatry for the clinical years. Over the years he grew the number of registrars and senior registrars, establishing one of the leading training programs on the continent. Those who studied under him recall his formal lectures, and his informal advice, with tremendous fondness and gratitude. His singularly trusting style of leadership fostered personal initiative, a point that is also emphasized by successful mentees around the world.

By 1968, Lynn had also initiated an epidemiological study on prevalence of mental disorder and alcoholism. In 1968, he initiated the first Medical Research Council Unit in psychiatry; this undertook a number of further studies, and provided research mentorship to a number of individuals who went on to establish successful research careers. In collaboration with Professor Julian Leff of the UK Medical Research Council, for example, Lynn studied the social precipitants of relapse in schizophrenia, finding massive discrepancies in the lived experience of individuals from different population groups.

During his career, Lynn held many positions of responsibility, including President of the South African National Council for Mental Health, President of the Society of Psychiatrists of South Africa, and President, of the South African Geriatric Society, and Chair of the National Research Programme on Aging of the South African population at the Human Sciences Research Council. He was a founding member and later Fellow of the College of Psychiatrists of South Africa.

Lynn served as Head of the Department of Psychiatry & Mental Health at UCT for 27 years, retiring in 1989. The clinical, teaching, research, and social responsiveness

strengths of the existing Department are in no small measure due to Lynn's pioneering work. His contributions were acknowledged with several awards including the SALUS Medal (silver) for Meritorious Service to Medicine (1989) and a Merit Award for Outstanding Services, by the Medical Association of South Africa (1990).



Above: Lynn's enjoyment of the Kentridge exhibition were in line with his interest in sculpture. Photo courtesy of Irvine Edelman.

During Lynn's retirement he was able to pursue his interests in sculpture. One of his pieces, depicting the multi-disciplinary team, can be seen in the foyer of Valkenberg Hospital. An enthusiastic mountaineer, he remained remarkably healthy and agile until his last years. His daughter Susan passed away in 2012 and Shirley (nee Lurie) his wife of 64 years, passed away in 2015. He leaves a daughter (Jennifer), four grandchildren (Josh, Gabrielle, Jason, Danielle) and three great grandchildren (Nomi, Yael and Lev).

Lynn was a wonderfully warm man, who positively influenced the lives of many colleagues, students, and patients. He was a true "mensch"; a man of integrity, and a man who always had a kind word. He will be sorely missed. 🟢

A BRIDGE BETWEEN PHILOSOPHY AND PSYCHIATRY

By Andrea Palk

Andrea Palk, a postdoctoral research fellow in the department of psychiatry was recently appointed as a permanent lecturer in the philosophy department at Stellenbosch University (SU).



After completing her studies at SU in early 2018, Andrea joined the department in July 2018 as the inaugural candidate of the Philosophy of Psychiatry fellowship under the mentorship of Prof Dan Stein. During her fellowship she has focused on neuroethics, the ethics of neuropsychiatric genetics research and global mental health, as well as on conceptual challenges related to psychiatric nosology. Andrea also represented UCT in the Africa Ethics Working Group (AEWG) attached to the NeuroGAP consortium. She will continue focusing on ethical and philosophical issues related to mental health and her future goal is to create a postgraduate level course at SU in the philosophy of psychology and psychiatry. 🟢

WELCOME TO STAFF

Dr Stephan Rabie is a Research Psychologist and Senior Research Officer based in the HIV Mental Health Research Unit. He obtained his PhD in Psychology from Stellenbosch University in 2017. Since then, he has been



involved in various research projects across Southern and Western Africa, focusing on the development and implementation of community-based interventions in resource-constrained settings. His research interests include HIV mental health, mental health improvement interventions, and cross-cultural assessment. Dr Rabie is currently the project director of a randomised controlled trial testing the effectiveness of a coping intervention among HIV-infected women with sexual trauma.

Welcome also to Nada Lagerstrom who was appointed as a Senior Lecturer in the CL division at Groote Schuur hospital. ■

PASS STAFF NEWS



Kareema Poggenpoel celebrated her Business Administration Bachelor's Degree graduation in April. She has been enrolled as a part-time student at

UWC for the past four years while being full-time employed as an Administrative Assistant in the HIV Mental Health Research Unit. Kareema is the first PASS staff member to complete an undergraduate degree while being employed in the Department. She is currently registered for her Honours in Industrial Psychology. ■

CONGRATULATIONS

Congratulations to Roxanne James, Project manager of the Neuro-GAP study, and husband Sean on the birth of their baby boy, Jonathan Douglas James. Jonathan was born on 1 May 2020 and weighed in at a healthy 3,9 kg.

Congratulations Dr Gao Motswiri and her partner on the birth of their first son "Ahlume Bosele", born 5th of July 2020. Both mom and baby are doing well. ■

WORKING FROM HOME

By Shuretta Thomas



Working from home came as a challenge at first, but later I realised it's the best thing that could ever have happened at such a time. I can't imagine the anxiety and panic I would have experienced if we were forced to be at work and travel in public transport with so many commuters who might not take things as seriously as they should; i.e. practising good safety and hygiene habits. It took a little time to adjust the set up at home, creating a comfortable space to work instead of just sitting with the laptop in bed or on the couch; so once I got that sorted it's been going quite well. I appreciate every minute I have in my temporary environment and I so appreciate that I can let some sunshine in while I work or I can take an exercise break in-between. I get much more done and quicker as well since at home I don't have someone popping in the office or other interruptions. I miss the colleagues but thankfully we can stay in contact on whatsapp and on zoom. So, for me, working from home came unexpectedly but made me realise the essential things in my own life and what I really appreciate. ■

LIGHTMIND

THE STRANGE SPACE WE ARE IN



by Joe Starke May 2020