

# UCT Department of Psychiatry and Mental Health Newsletter

Issue 6 December 2017



# A NOTE FROM THE HOD

Staff on joint appointment have the enormous privilege of being able to apply for sabbatical leave in order to focus on particular projects. I have been on sabbatical for some months now, and am extremely grateful to all of those who have stepped up to run the Department in my absence, and in particular to John Joska, who has been Acting HoD. The Department continues to “get the job done”, shifting tasks around, depending on who is at the table.

Being on sabbatical means being able to step out of certain committee meetings that can be mind-numbing and time-sapping. UCT and the Western Cape Government’s Depts of Health rely on such meetings to get work done, but ensuring that meetings are productive and enjoyable remains a challenge for many of us. That is another useful aspect of sabbatical; being able to step back a little, and using this different perspective to consider new ways of approaching one’s routine life.

As for my own particular projects, I’m pleased to report that they are keeping me as occupied as ever; the Brain-Behaviour Unit and the MRC Unit on Risk & Resilience in Mental Disorders are doing exciting work in a range of areas. Those of us who experience our work as play can count ourselves as amongst the very fortunate. And as this newsletter again emphasizes, we are particularly lucky to be surrounded by a range of passionate and committed individuals, further enriching and enlivening the work place.

Warm regards,  
Dan Stein



## 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 editor.

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## ADDICTION PSYCHIATRY

## CONGRATULATIONS

Caroline Kuo, an honorary lecturer in the Dept, and Graeme Hendricks, who played a key role in obtaining a grant for a SAMHSA-funded Addictions Technology Transfer Centre, as well as Shaheema Allie and Adele Pretorius for their subsequent roles. The Centre will launch in the new year.

Goodman Sibeko, a doctoral student in the Dept, has been appointed co-Director of the newly formed Addictions Technology and Transfer Centre, a new SAMHSA and PEPFAR initiative focused on training of frontline clinicians in the area of addictions psychiatry. He will bring his experience as a clinician and researcher to bear in leading this venture forwards. ■▶

## CHILD AND ADOLESCENT PSYCHIATRY AND MENTAL HEALTH

## UCT ORGANISES FIRST INTERNATIONAL MEETING FOR AUTISM RESEARCH IN AFRICA

By Petrus de Vries

In September 2017, Prof Petrus de Vries and colleagues from the Division of Child & Adolescent Psychiatry led the organising team of the first ever meeting of the International Society for Autism Research (INSAR) in Africa. The international conference, funded by INSAR and Autism Speaks, was organised under the auspices of SA-ACAPAP (South African Association for Child & Adolescent Psychiatrists and Allied Professions), in collaboration with AACAMH (African Association of Child & Adolescent Mental Health).



Above: Prof de Vries and his research team.

“We had over 300 people from more than 25 countries at the conference, which I think was outstanding!” said Prof Petrus de Vries, who was the Conference Chairperson. “Traditionally, not a lot of research has been done in Africa on Child & Adolescent Mental Health. We were therefore delighted to receive more than 150 abstracts for oral or poster presentations”, he said. The conference themes were ‘Autism Spectrum Disorders and related disabilities’, ‘Adolescent Health and Well-being’ and ‘Infants, Children, and Families’. Ten keynote speakers from South Africa, Kenya, USA, UK and Germany presented on a broad range of topics, and sessions included symposia on telepsychiatry, gender identity, diagnosis and screening of autism, among others. A cheese and wine poster session (below) with about 60 posters was very popular!



Above: Poster session.

"We were particularly keen to provide research capacity-building opportunities, and therefore offered 20 INSAR/Autism Speaks Emerging Researcher Scholarships for early career researchers from South Africa and other African countries", said Prof de Vries. The one-day workshop was coordinated by Dr Eugene Davis and Dr Loren Leclezio from the Division of Child & Adolescent Psychiatry, supported by four international mentors.



Above: Early career researchers workshop.

"Overall we were delighted with the quality, content and atmosphere of the conference", he said. "My only hope is that this will not be a one-off event, but the start of an ongoing process of capacity-building and networking around child & adolescent mental health and neurodevelopmental disorders in Africa".

## APPROACHES TO SEVERE ODD WORKSHOP

By Willem De Jager

A successful workshop on *APPROACHES TO SEVERE ODD-some alternative options* was organised by Jon Yako and Willem de Jager in early October. This was in response to the high rates of referral (more than 70% of DCAP referrals) of Oppositional Defiant Disorder cases over the last few years. One hundred and twenty professionals from Depts of Education, Social

Development, other Child Psychiatric Units, private practitioners, staff of Children's Homes and others attended. Highly positive feedback about the workshop was collated afterwards.

## PCIT TRAINING AND RESEARCH

By Willem De Jager

A number of DCAP clinicians (Fiona Schulte, Jon Yako, John-Joe Dawson-Squibb, Willem de Jager) attended a week of training in PCIT (Parent- Child- Interaction- Therapy) during early November. PCIT is an evidence-based treatment of oppositional defiant disorder involving coaching parents in an attachment based phase of child-led play as well as being coached in authoritative parenting using behaviour modification principles. Coaching happens with the clinician behind a one-way mirror with the parent wearing a bug-in-the-ear.

This training forms part of the collaboration between UCT DCAP and Duke University North-Carolina in the US) organised by prof de Vries of DCAP and has lead to a research project in which the feasibility of this model for local implementation will be assessed. ■▶



Above: PCIT training in action. From Left to Right: Reha Chase, Eugene Davids, Ruschda Voskuil, Willem de Jager, John-Joe Dawson-Squibb, Noleen Seris, Lauren Franz and Fiona Schulte.

## FORENSIC PSYCHIATRY

## FORENSIC CONFERENCE

By Marc Roffey

The forensic mental health service hosted a forensic conference at Valkenberg Hospital, on the 5<sup>th</sup> and 6<sup>th</sup> of October. This is the fourth such conference that the unit has held at the hospital, and was sponsored by Sanofi.

It was well attended by 130 local and visiting mental health professionals, including visitors and speakers from the Northern Cape, Gauteng, Limpopo, North-West and the Eastern Cape.



Right: Dr Dyakalashé and Prof Sokudela.

Prior to the conference the following themes were identified, and chosen as sessions into which suitable lectures could be placed: 'Women and children', 'Rehabilitation', 'Novel therapeutic interventions', and 'Sex offending'. In addition there was a session on legislative aspects of forensics, and the conference opened with two talks, a keynote address on *'Brandvlei and Beyond: Prison Gangs'* by criminologist Dr Liza Grobler, followed by a polemic by Prof Kaliski titled *'The Forensic Service Abuses Human Rights and is an Unethical Use of Psychiatry'*. The conference ended with two presentations of clinically interesting cases.

The wealth of material presented, by a diverse array of multi-disciplinary speakers, indicates that forensic mental health is a thriving discipline in South Africa. Significant future challenges exist, however, and became apparent during the conference; these include the need for legislative revisions, an improved capacity for accommodating state patients, and the

development of new services for specific populations, including child and adolescent and intellectual disability services. ■

## INTELLECTUAL DISABILITY

## WHERE'S THE CARE? ESIDIMENI SHOWS UP OUR SILENCE ON INTELLECTUAL DISABILITY\*

By Charlotte Capri, Brian Watermeyer, Judith McKenzie, Ockert Coetzee

The word Esidimani has become a signifier of death after people were transferred from Life Esidimani into the care of non-governmental organisations (NGOs).

Esidimani is both a medical maladministration scandal and a story about socio-political abuse of people who only matter once they die from our carelessness. We do not care about the difference between people with mental or psychiatric illness and people with intellectual disability (PWID). Esidimani is happening, right now, to people who are still alive. The extent of neglectful care will again only come to light once they also die of bad care. In this ongoing disaster, the abuse of the living matters less than being neglected to death. As South Africans we profess to know about discrimination and inequality, yet the PWID at the centre of the Esidimani tragedy are of the most disenfranchised and oppressed people in our society. The article linked here elaborates on the following:

**Intellectual Disability is not a mental illness:** It is not widely understood that at least half of the Esidimani deceased lived with severe to profound intellectual disability (ID). While psychiatric illnesses frequently accompany ID, they are different conditions and can exist separately or together as dual diagnoses. People can live with ID and not have a mental illness. Calling

PWID mentally ill obscures distinctions between mental illness and ID.

**Adults with Intellectual Disability are not children:** To justify giving NGOs for children licences to take adults, Dr Manamela repeated that 'mentally-ill adult patients have the mind of a child, so they could be classified as children'. A PhD in Psychiatric Nursing should afford one the competence to differentiate mental illness from ID. Also, infantilising adults with ID is ironic: in South Africa they do not enjoy protections similar to children.

**The problem with measuring tragedy in deaths:** Measuring the disaster's enormity by counting deaths is illogical. If the 'problem' is only as large as the number of deaths, then there is 'no tragedy' if one survives unthinkable abuse and neglect. If 'alive or dead' is the only meaningful statistic, this leaves no space for interrogating the quality of life of PWID.

**For love or money?** Turning NGOs into saintly providers of good deeds obscures the cost of the 'love' that 'these people [PWID] need'. NGOs take money to care for these adults. We cannot create the perception that selfless carers are accepting the needs burdens of PWID out of love.

**Avoiding future catastrophes:** We are in perpetual crisis. The current tragedy is an outcome of sweeping, structurally embedded social injustices that we cannot ignore. We must face the distressing reality that Esidimeni-like rights violations happen to PWID on a daily basis in pervasive ways.

For lives of PWID to matter, attitudinal changes must infuse ID rights systemisation and implementation. We offer 13 practical/systemic and 8 attitudinal risk mitigation solutions.

**\* We acknowledge Shaun de Waal from the M&G for bringing this piece to press on 8/12/2017.**

You can access the full article at the following link <https://mg.co.za/article/2017-12-08-00-esidimenis-are->

going-on-all-the-time<<https://protect-za.mimecast.com/s/KbNeBqsKbwzJFL>>

## PSYCHOPHARMACOLOGY AND BIOLOGICAL PSYCHIATRY

### CONGRATULATIONS

Goodman Sibeko (right), a PhD student, attended a WHO meeting in Shanghai in his capacity as a Global Mental Health scholar. The meeting focused on the development of the forthcoming ICD-11. Goodman was MRC funded.



Sarah Heany on graduating with her PhD. Her thesis was supervised by Prof Jack van Honk, and explored the cognitive-affective neuroscience of testosterone.

Katie Atmore on graduating with her M Med Sci (Neuroscience). Her thesis was supervised by Fleur Howells, and explored animal models of psychosis.

Fleur Howells, who obtained a NRF C2 rating. This indicates that she has already achieved national eminence, despite being an early career lecturer. She has also won one of the 4 inaugural Fellow posts in the Neuroscience Institute and Clinical Neuroscience Centre. Fleur will use this post to further strengthen her work as Co-Head of the Psychiatric Neuroscience Group in our Dept, including her work on schizophrenia and methamphetamine

Nastassja Koen on her appointment as a Sarah Turoff genetics lecturer. Nastassja has already won a NIH grant focused on gene expression to help support her position.

Shareefa Dalvie on her appointment as a Sarah Turoff genetics lecturer. Shareefa's position is also supported by a grant from the Broad Institute.

Nynke Groenewold (below), whose work on the ENIGMA international brain imaging consortium has been featured on their website at <https://www.youtube.com/watch?v=6zn2eKqRsXw>.



Pieter Naude, a post-doctoral fellow in the Dept has won one of the 4 inaugural Fellow posts in the Neuroscience Institute and Clinical Neuroscience Centre. He will use this post to further strengthen his work as Co-Head of the Psychiatric Neuroscience Group in our Dept, including his work on neuroinflammation.

## PSYCHOTHERAPY

# PATIENT PARTNER PROGRAMME

By Naeema Parker

*Information from UCT newsroom. Full article on UCT newsroom by Kate-Lyn Moore.*

Naeema Parker, Clinical psychologist and part-time undergraduate lecturer in the Department of Psychiatry and Mental Health, has joined the Patient Partner Programme (PPP) at UCT in July 2017. The project is led by Dr. Rachel Weiss, Head of



the Clinical Skills centre in the Department of Health Sciences Education. She has a specific interest in patient-centred communication. The rest of the UCT staff component consists of a multi-disciplinary team from across the Faculty of Health Sciences. The Patient Partner Programme has been funded by the Erasmus + programme of the European Union, as part of the Caring Society 3.0 (CASO) consortium. The CASO consortium is a working partnership between two other South African universities, the University of the Western Cape and the Cape Peninsula University of Technology, as well as three European universities in the Netherlands, Belgium and Finland.



Above: UCT PPP staff and student partners.

The programme attempts to respond to the specific needs and challenges of our South African context by addressing gaps in the current health sciences communication curricula. Medical students, for example, interact minimally with patients for the first few years of study. By the time they can engage actively with patients, there are few opportunities for observation and feedback from staff members. More importantly, there are no formalised opportunities for constructive feedback from patients. Students may not be fully equipped to communicate effectively with patients from diverse contexts. It is a catch-22 situation. Students need patient interaction to learn in a contextually appropriate way, but junior students can't engage with sick patients before they have had the necessary training. The Patient Partner Programme has



recruited 10 individuals who will be trained to address this gap.

The PPP is focused on the authentic representation of patients in their personal, social and economic contexts. Although some simulation-related skills may be needed, patient partners will be trained mostly on listening skills and providing constructive feedback from a patient perspective. Naeema's role in the PPP thus far has been to provide assistance with the screening and selection of suitable patient partners. This process of recruiting patient partners included devising a screening questionnaire, an improvisation workshop and brief interviews with candidates. Naeema has also co-facilitated workshops in the training of the patient partners, including providing input on culture and communication. The training process is being supported by NGO partner, Zakheni Arts Therapy Foundation. In addition to providing input on communication skills with the patient partners, Naeema will also offer a supportive role to them, as well as to the students involved in this project.

One of the longer-term outcomes of the PPP is to develop the building blocks of a communication curriculum and learning resources, specifically for second and third year medical students. Participation in the PPP provides the ideal opportunity to actively provide input into the communication curricula in the pre-clinical years, by implementing feedback from students who are taught psychology in the fourth and sixth year of MBChB. ■

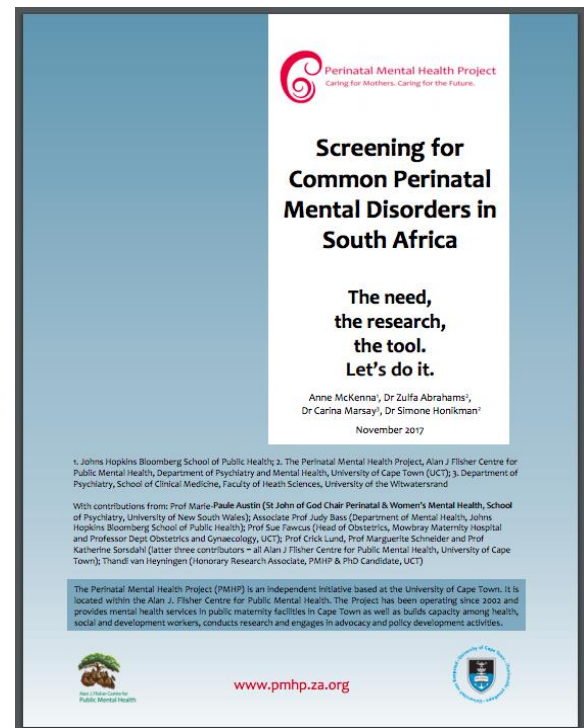
## PUBLIC AND COMMUNITY MENTAL HEALTH

# A VICTORY FOR MATERNAL MENTAL HEALTH

By Simone Honikman

In November, The Perinatal Mental Health Project was invited to present to the National Committee for Confidential Enquiries in to Maternal Deaths (NCCEMD)

– one of the two high level committees impacting maternal health policy and planning for the country.

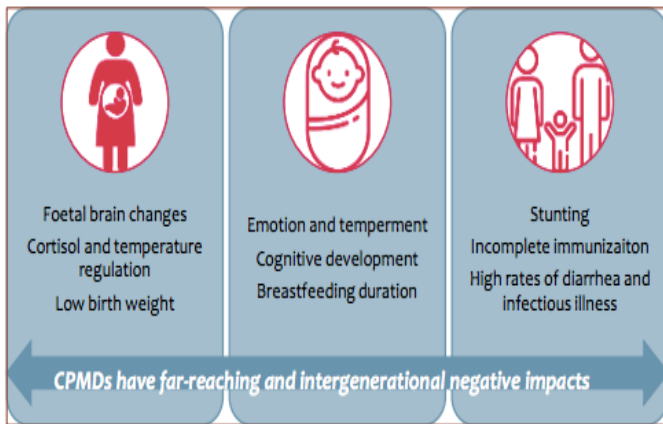


Above: The Advisory Document cover.

Director, Dr Simone Honikman, presented on maternal mental health and the seven years of research conducted by the PMHP in developing and validating a 3-item mental health screening tool for women in the perinatal period. Drawing on current policy mandates, international and local evidence for acceptability, feasibility, costing and impact, as well as known service utilization patterns, PMHP made the argument for the integration of mental health screening in to standard national maternity stationery as well as including a chapter on mental health matters in to the next edition of the National Maternity Care Guidelines. due in 2019.

The presentation was well received and the need to incorporate maternal mental health into routine maternity care was accepted. The committee decided to use the opportunity of the pending updating of the Maternal Case Record (main maternity stationery booklet for each pregnant woman) to include a prompt

for clinical staff to screen mothers for mental illness and indicate whether referral has been made.



Above: The Intergenerational Impact of Common Perinatal Mental Disorders

Great caution was expressed by the committee, who devoted about an hour of the meeting to this matter, about the lack of resources for accepting referrals and the challenges of different cadres of care providers being tasked with provision of counselling or other psychosocial interventions. There was some debate about use of different cut-points on the tool and possibly using a second stage assessment process, as per the Adult Primary Care guideline approach. Several ideas were generated, including capacitating screeners to provide simple empathic engagement techniques at the time of screening, including motivating mothers to connect with a supportive person in her life (social activation) – and then reassessing at the subsequent visit.

A decision was made to invite PMHP to write a chapter on mental health for the next edition of the National Maternity Care Guidelines which will incorporate details regarding use of the screening tool.

It was noted that work on shifting the obstetric environment to be more respectful/empathic is a critical first step in the process towards mental health care provision for mothers. Here, PMHP's work was acknowledged regarding the contribution to the national ESMOE (Essentials for the Management of

Obstetric Emergencies) curriculum which includes a module on respectful care and incorporates the project's Secret History method and film. The ESMOE leadership agreed to distribute the PMHP's empathic engagement film (to be made in the first quarter of 2018), to form an additional element of the national ESMOE curriculum and PMHP will be asked to develop an attendant workshop for master trainers to supplement the film. ■

## MENTAL ILLNESS AN INCREASINGLY UNBEARABLE BURDEN FOR SOUTH AFRICAN ECONOMY

By Maggie Marx

*The Alan J Flisher Centre for Public Mental Health calls for investment into mental healthcare the World Mental health Day.*

IN anticipation of World Mental health Day (WMHD) on 10 October 2017, the Alan J Flisher Centre for Public Mental health hosted a roundtable discussion on Economy, Equality & Access to Mental Health Services at the Baxter's Masambe Theatre in Cape Town on the 3rd.

Chaired by the Centre's Co-director, Prof Ashraf Kagee from Stellenbosch University, the presentations and lively discussions touched on many aspects related to the need for sustainable solutions to South Africa's mental health treatment gap.

Addressing the international WMHD theme, the Centre's other Co-director, Prof Katherine Sorsdahl from the University of Cape Town, spoke about mental health in the workplace. She emphasized how work is essential for mental health and vice versa. Prof Sorsdahl specifically highlighted a study conducted in South Africa among advertising and market research industries.

“Of the 1060 employees who participated in the online survey, 26% reported a diagnosis of depression. The results of this study found that the costs associated with presenteeism was significantly higher than that of absenteeism,” she said.



Above: Participants in the roundtable discussion.

Also from the Centre, Ms Sumaiyah Docrat, in her presentation made an economic case for investing in mental health in South Africa.

“In South Africa, severe depression and anxiety disorders are associated with a significant reduction in earnings for both employed and unemployed adults living with these conditions.”



Above: Prof de Vries.

Ms Docrat noted that studies show an estimated lost income of \$4 798 per adult per year due to mental illness. The total annual cost amounts to \$3.6 billion – a

contrast to the estimated \$59 million estimated annual government spending on mental health services.

Mrs Ingrid Daniels, the Director of Cape Mental Health, continued the discussion by speaking on the consequences of an event like the Life Esidimeni tragedy.

Other presenters on the day included Prof Petrus de Vries, Professor of Child & Adolescent Psychiatry at the University of Cape Town, Dr Simone Honikman and Charlotte Mande Ilunga from the Perinatal Mental Health Project, Dr Jo Hart and Dr Lucie Byrne-Davis from the University of Manchester and Prof Lou-Marie Kruger from the University of Stellenbosch.

Discussions forthcoming from the event shows a desperate need for in-depth investment by the South African government into sustainable mental healthcare.

“Our government and many governments on our continent, and in fact around the world, need to make public funds available to address the mental health treatment gap. There is considerable evidence that mental health conditions are treatable and that patients can experience relief from these disorders. Our politicians, policy makers and decision makers need to develop the political will to make funds available so that more posts for psychiatrists, psychologists, counsellors, and social workers can be created,” says Prof Kagee.

To access recordings of all the presentations as well as the PowerPoint slides, please visit the vent website at [www.cpmh.org.za/wmhd](http://www.cpmh.org.za/wmhd).

The Alan J Flisher Centre for Public Mental Health (CPMH) grew out of a shared vision and commitment to collaboration between members of the Department of Psychiatry and Mental Health at the University of Cape Town (UCT), and the Psychology Department at Stellenbosch University (SU) and is the only mental health and psychiatry WHO Collaborating Centre in South Africa. ■

## CPMH CELEBRATES GRADUATES

By Maggie Marx

A key gap in current mental health professional training in Africa and globally is an orientation to public mental health. This means an orientation to the mental health needs of populations, and the policies, laws and services that are required to meet those needs.

The WHO has highlighted this critical shortage and has put out an urgent call to improve and strengthen professional mental health capacity in Africa.

The Alan J Flisher Centre for Public Mental Health has heeded this call and has produced a steady stream of graduates over the last few years. This year has been no different with 5 MPhil and 1 PhD graduates.



Above: CPMH's MPhil students attend a two-week workshop to secure basic research knowledge.

### MPhil Graduates

Japhet Myaba from Malawi focused his MPhil on the prevalence and predictors of antipsychotic medication non-adherence among clients with psychotic disorders in Mzimba, Malawi. (Supervisors: Katherine Sorsdahl & Emily Baron)

Megan Malan from South Africa studied the prevalence and predictors of intimate partner violence among women attending a midwife and obstetrics unit in the Western Cape. (Supervisors: Katherine Sorsdahl & Maxine Spedding).

Hailing from Ethiopia, Tigist Zerihun, conducted a qualitative study on family planning for women with severe mental illness in rural Ethiopia. (Supervisors: Katherine Sorsdahl & Charlotte Hanlon)

Prasansa Subba from Nepal conducted a formative study on the adaptation of mental health promotion programmes for perinatal depression in West Chitwan. (Supervisors: Erica Breuer & Petal Petersen)

Also conducting a qualitative study, Winifred Nalukenge from Uganda, focused on mental health explanatory models, and the perceived impact of life experiences on mental health, in HIV-infected adolescents in rural and urban Uganda.

Both Megan and Prasansa graduated with distinction.



Above: Graduates from all over Africa attend the workshop to hone their research skills and to learn from the Centre's celebrated researchers.

### PhD Graduate

Maxine Spedding from South Africa made the CPMH proud by obtaining her PhD. She focused her doctorate on the prevalence and predictors of intimate partner

violence among women attending a midwife and obstetrics unit in the Western Cape. (Supervisors: Katherine Sorsdahl, Dan Stein & Tracey Naledi)

Based on an inter-disciplinary approach, the courses include inputs from staff from diverse academic backgrounds, including public health, psychiatry, psychology and the social sciences. The courses are focused on the context of African public mental health, and thus draw on the experience of the lecturers and the participants, and all assignments are related to the ongoing work conducted by participants in their respective countries. In this way, the CPMH hopes to contribute to knowledge generation about low and middle-income countries by scholars of these countries, and graduates are strongly encouraged to publish their work in peer-reviewed journals.

The capacity development programmes of the CPMH are groundbreaking in that there are currently no centres that offer public mental health training and research on the African continent. We take pride in pioneering this work in Africa, and are confident that our position in the developing world offers a unique training experience. ■

## PRIMEing THE GLOBE

By Maggie Marx

The Primary Healthcare Revitalisation Division of Nepal have just released the Community Mental Health Care Package, Nepal, 2074 which is designed as a template for government and civil society to use in their development of mental healthcare services in Nepal.

This packages has drawn heavily on the work of PRIME, which is housed within the Alan J Flisher Centre for Public Mental Health at the University of Cape Town.

PRIME's influence on this new policy is acknowledged in the preface, "the package took an overview of PRogramme for Improving Mental health carE (PRIME) community mental health model at the beginning and

underwent a series of reforms through rigorous technical discussions within a team of experts and representatives from government and non-governmental organizations, academicians and mental health professionals, to give the final structure."



Above: Nepal meeting with policymakers.

Nagendra Luitel, the Project Coordinator for PRIME Nepal, who was also involved in drafting the Community Mental Health Care Package (CMCP), says that it is a huge achievement in the field of mental health in Nepal: "It has fulfilled the current gap of a standard, evidence based and government approved package to integrate mental health services into primary health care system."



Prof Crick Lund (above), PRIME CEO, also attended the mhGAP Forum on 9-10 October 2017, which included the launch of the WHO mhGAP Operations manual - an exciting new tool designed to assist district health

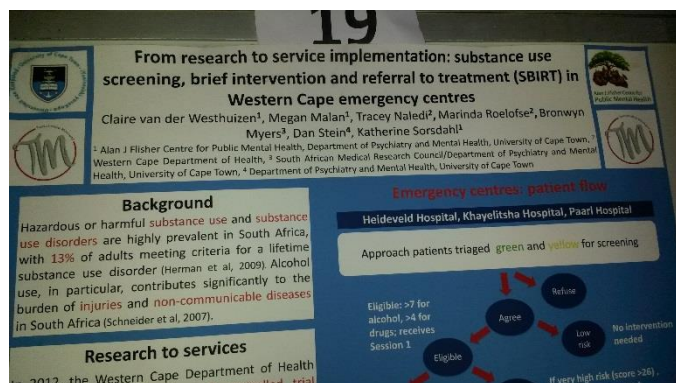
management teams with the planning and implementation of mhGAP programmes in primary health care settings. mhGAP is now being implemented in over 100 countries around the world, and the manual will be vital to these ongoing efforts. PRIME has made a substantial contribution to the mhGAP Operations manual, in the form of technical material, tools and case studies. PRIME's experience of developing, implementing and evaluating district level mental health care plans in Ethiopia, India, Nepal, South Africa and Uganda is directly relevant to WHO's work on mhGAP.

The manual was circulated at the meeting in a "pre-publication" form, and some further work is required to get feedback from WHO partners in the coming 2-3 months, after which it will be published officially and made available on the WHO website.

Prof Lund also had the opportunity to give a short plenary presentation on PRIME, and share lessons on adapting and implementing mhGAP for policy and research. "There was a lot of interest from various people and organisations, approaching me to ask for more information about PRIME tools, resources, and potential collaborations," said Prof Lund. "It's great for PRIME to make a contribution to this greater global effort to provide mental health care, especially to vulnerable poor populations who might not otherwise have access." ■

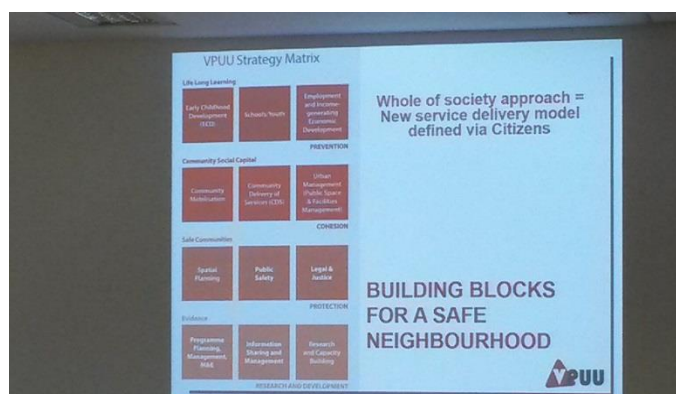


'Service design and Planning', 'Violence, Mental health, Health promotion, Substance Abuse' and 'Child Health and Environmental Health'. Researchers showcased and presented research aligned to the themes, and engaged with delegates. Notably, collaborative research by our colleagues in UCT Psychiatry and Mental Health was presented through an excellent poster on a substance use brief intervention (SBIRT) successfully delivered in emergency centres.



Above: SBIRT poster photo

Dr Vallabhjee, Chief Director: Health Strategy and Support, concluded the day's proceedings. He commended organisers, presenters, researchers and participants and advocated for ongoing population and societal approaches to health care challenges, despite the harsh realities of service and financial pressures. Concluding reflections encouraged a growing culture of research, emphasising lessons learnt and the sharing of them. The importance of intersectoral collaboration, building resilience on multiple levels, emerging models of transversal service delivery and innovative solutions were significant lessons highlighted.



Above: VPUU Round table session slide

Overall, I experienced the day as informative and inspiring. It was a refreshing reminder to keep the macro "whole of society" perspective in mind and that health (including mental health) is a human right. 🟢



## THE HIV MENTAL HEALTH RESEARCH UNIT BRAND LAUNCH AND REVIEW

By Sybil Majokweni and Kareema Poggenpoel

The HIV Mental Health Research Unit (HIVMHRU) brought its research project leaders together for an annual review process and launch of its new brand. The event was chaired by Prof John Joska who opened with a brief background of the unit and the vision for the future. He highlighted the importance of using these review meetings to share ideas and establish advisory committees to shed light, and assist in addressing challenges experienced by the various projects. The unit was established in response to the growing recognition of the burden of mental disorders in people living with HIV – including depressive, anxiety, substance abuse and neurocognitive disorders.



Above: Prof John Joska and Assoc. Prof Jackie Hoare with the team after presentations.

The rebranding process is part of the vision to maintain this position and to become a good contender for current mental health research. There's growing interest and investment to increase mental health awareness across the country, therefore with more visibility and presence, this opens a window of opportunity for collaboration and the unit to become a

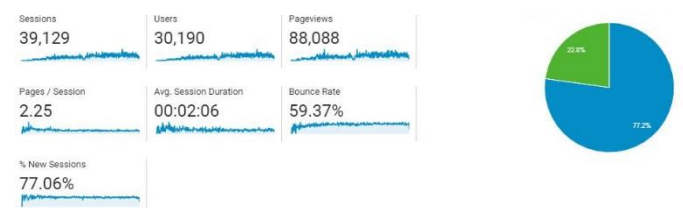
carrier of this message through scientific research. This requires collective effort and where possible sharing resources and time. Through reports presented by the project managers, it is evident that the unit has had quite a productive year and the possibilities for the future are endless.



Above: The HIV Mental Health Research Unit new logo

For more info: HIV Mental Health Research Unit  
hivmhru@uct.ac.za

## HOW IS OUR WEBSITE FARING?



From January 2016 to-date there has been a steady increase in sessions and users visiting our site. Over 30,000 users have had 39,129 sessions on our site. There has been over 88,088 page views with an average of 2,25 pages being viewed per session for an average duration of 2.06 minutes. 77.06% of the site visitors have been new to our site. Please visit our site at <http://www.psychiatry.uct.ac.za/> to obtain important information on departmental divisions, publications, lunchtime lecture schedules, etc. If you have any

news, information, video or audio clips relevant to the department's work this is a great way to share it with a wider audience, please make contact with [John-Joe Dawson-Squibb](#) for more details. ■▶

## STUDENT PSYCHIATRY SOCIETY

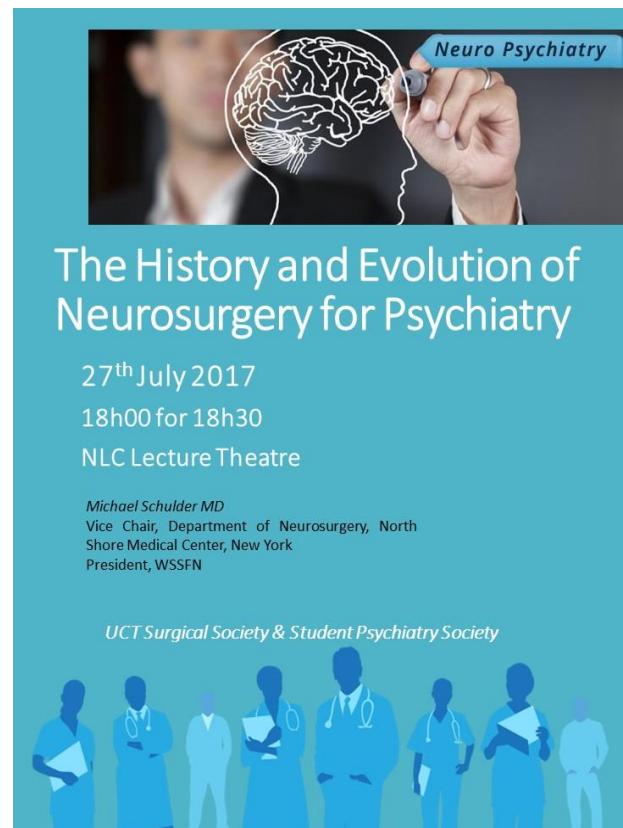
Excerpts from the Annual General Report 2017 from David Backwell



The Student Psychiatry Society aims to highlight the field of psychiatry as the point where the sciences meet the humanities, and forms part of the frontier of neuroscience, sociology and biology. This Society aims to act as a platform for exposure to, and education on, issues related to psychiatry. This includes the discussion of cases, trends and occurrences in this field. This intends to stimulate an interest in mental health, and highlight the importance of holistic practice. The Society also aims to contribute to the mental health needs of its surrounding area.

There are currently 195 official members of the society. Our Facebook page has 297 followers, with an average of 29 views per week and 35 engagements per post.

This past term saw much growth of the UCT Student Psychiatry Society. The term of office began with official recognition of the society as part of UCT by the DSA. We had a good past year, with highlights being the World Psychiatric Association conference in November 2016, and a panel discussion on the Life Esidimeni Events in April 2017, and a well-attended interactive session by Dr Salduker on cannabis for pain and its role in contemporary psychiatry. During this term of office we received criticism about our handling of mental health terms and are continually working on trying to improve and do better.



In the second quarter in 2017, 20 students attended a film screening of *Lars and the Real Girl* aimed at dealing with delusions. The interactive discussion was lead by Dr Adam Fakroodien. In July, a collaborative event (poster above) with the UCT Surgical Society with a guest speaker Dr Michael Schulder (Vice Chair, Department of Neurosurgery, North Shore Medical Centre, New York) was held. The history and evolution of neurosurgery for psychiatry was well attended by staff and students. In the third quarter of 2017, Dr Salduker gave an abridged version of the talk on Cannabis for pain and its role in contemporary psychiatry, which he had prepared for the Biologic Society. In September, we hosted the Ethics of Euthanasia: Perspectives in psychiatry. Prof David Benetar gave an overview of the ethics relevant to cases in the mental health world. ■▶

## FAREWELL TO PROF ADNAMS

By Toni Abrahams

Prof Colleen Adnams, Vera Grover Professor of Intellectual Disability, retires this year. Prof Grover was a UCT psychologist who was the forerunner in clinical and public service provision, teaching and advocacy for people with Intellectual Disability (ID). Prof Adnams heads the division of ID and serves on the board of the Western Cape Forum for Intellectual Disability (WCFID). She qualified in Paediatrics from UCT and went on to head the Neurodevelopmental Paediatric Clinical Service and teaching unit at the School of Child and Adolescent Health at UCT and Red Cross War Memorial Children's hospital. There she was pivotal in establishing Neurodevelopmental Paediatrics as a sub-speciality in South Africa. She has served on numerous provincial, national and international committees including the World Health Organisation Working Group for the ICD-11 classification of ID. She has published in the areas of neurodevelopmental and intellectual disabilities and especially, Fetal Alcohol Spectrum Disorder. Prof Adnams was recently elected president of The International Association for the Scientific Study of Intellectual and Developmental Disabilities (IASSIDD). She was awarded the Departmental award for contribution to the department and for ID leadership in the UCT related psychiatric health facilities and will remain on in the department as Professor Emerita. In addition, Prof Adnams was awarded Honorary life membership of the WCFID for contributions to the sector and the field.

The department bade farewell (above right) to Prof Adnams on the 5th December 2017. Prof Dan Stein



thanked her for her contribution. Dr Peter Smith, consultant psychiatrist at Alexander Hospital shared his experience of her as an excellent teacher in his undergraduate years and then as a colleague later on. He described her as warm, generous and kind, with energy and enthusiasm for teaching. Dr Pete Milligan thank Prof for her work on the registrar training committee and research portfolio. Lynette van der Berg, CEO of Alexander Hospital thanked Prof Adnams for the work done in the decade as the Vera Grover Chair of ID. She recalled how Prof Adnams had influenced her thinking about ID as a young social worker and highlighted how Prof had held the hospital current in terms of rights, advocacy and service developments. Prof John Joska acknowledged Prof's many achievements, most notably representing Africa on the IASSIDD council.



Prof Adnams shared with us how she came to be where is she today. By her own account, a convoluted path which saw her start at marine biology and finally to medicine, all whilst navigating gender stereotypes of what women should be doing. She seemed to have traversed this with the humour, humility and determination we continue to see today. She acknowledged the individuals who supported her in her journey, the teams she'd worked with and thanked colleagues for the support she'd received when the job was not so easy. She encouraged us to "stay true to

ourselves, respect others at the cost of a little extra and most importantly to be willing to stick our necks out to ensure others get a good deal.”

## TRIBUTE TO PROF AKENBESSE

By Brian Robertson



Dr Birke Anbesse graduated as the first female psychiatrist in Ethiopia in 2006 and, following her interest, started working with children in the Outpatients' Department of St Paul's Hospital in Addis Ababa. Following Prof Robertson's visit to Ethiopia in 2007 to run training courses and initiate services in Child Psychiatry, the Department of Psychiatry at the University of Addis Ababa persuaded the Ministry of Health to send Birke to South Africa for training. Birke came to Cape Town with her two children and started training at UCT in November 2008. She obtained the College Certificate in Child and Adolescent Psychiatry in October 2010, following which she returned to Addis where she proceeded to build up the CAMH unit at St Paul's Hospital. After completing her thesis she graduated with an MPhil (Child and Adolescent Psychiatry) in June 2011 (pictured above). Birke died after a short illness on 1 September 2017, leaving her 18 year old daughter, Amsale, and 14 year old son, Sam. Amsale has just been accepted to study Medicine at St Paul's Medical College. Writing after her mother's death, Amsale says that she wants to make her and her mother's dream come true by becoming an even better doctor than her mother. Birke's husband pre-deceased her by several years.

## PASS STAFF UPDATE

By Kareema Poggenpoel

The adventurous spirit of the PASS team has led to an annual adrenalin filled end of year team building. To close off 2017, the PASS team undertook a three-hour drive, starting at 5am, to reach their destination – the Breede River.



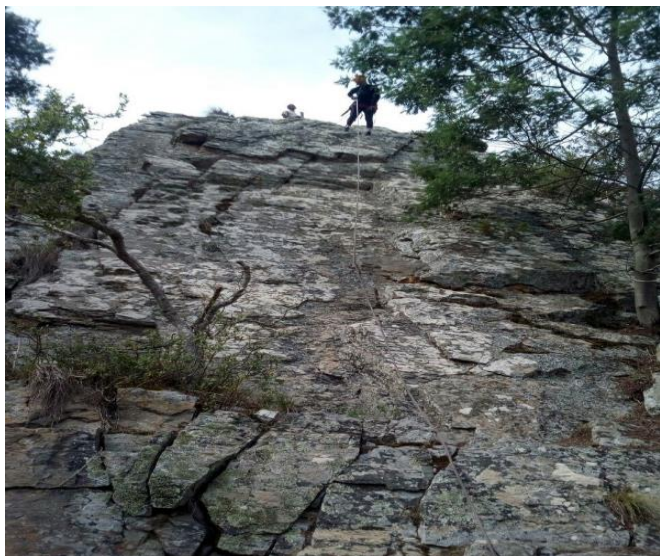
From left, Kim Hendricks, Shaheema Allie, Sandra Swart, Graeme Hendricks, Nikita Titus, Zuraan Nagia, Kareema Poggenpoel and Shahieda Amardien. Sitting, Olivia Adonis and Riana Oliver

Graeme Hendricks had this to say about the activity “Truly a remarkable day spent bonding and paddling down the river. The adventure bits like the rapids was exhilarating, some more adventurous PASS staff went abseiling while the rest of us looked on in awe or thinking ‘you must have a death wish.’ The zip-lining into the river was a memorable experience. The food was not half bad either especially after rowing down the river.”



Above: River rafting on the Breede River.

Sandra Swart had the following to say: “Thanks to Kim for being the main organiser of the event. The drive to the river-rafting spot, was quite bumpy and reminded me of how bumpy our lives can become. The team seems to grow closer every year. We had some nail-biting but fun experiences with the river-rafting and abseiling. The experience was wonderful and everyone co-operated beautifully.”



Above: Abseiling

## STAFF END OF YEAR FUNCTION

On the 8<sup>th</sup> December 2017 departmental staff enjoyed and drinks and snacks in the courtyard of the restored

Valkenberg Hospital historical building. Those who attended brought their partners and children along and enjoyed a picnic on the landscaped garden while listening to some speeches.



Prof John Joska (below), acting HoD, took the opportunity to present Prof Colleen Adnams with the department service award of 2017.



## CONGRATULATIONS

To Dr Marguerite Schneider who has been promoted to Associate Professor, and Associate Professor John Joska

who has been promoted to Full Professor, through the ad hominem process this year. ■

To Neil Horn, Antonio Lentoor, Jonathan Starke, and Surita van Heerden. Wishing them every success going forwards.

## GOODBYE TO STAFF

Goodbye and congratulations to the Clinical Psychology interns of 2017. We wish you well on the next part of your journeys to becoming psychologists and thank you for the hard work rendered to patients at Valkenberg, Lentegeur and Alexandra Hospitals and your community clinics.

To Jonathan Starke, a special thanks for his Lightmind installments. We are fortunate to be continuing to receive these despite his departure. ■

