

UCT Department of Psychiatry and Mental Health Newsletter

Issue 2 December 2015



A NOTE FROM THE HOD

Are newsletters and newspapers still valuable in this age of Twitter and Instagram and messaging? It's difficult not to be somewhat ambivalent about these digital innovations; on the one hand they can enhance fast-fire communication, on the other hand they run the risk of superficiality and thoughtlessness. Bottom line, I do think a newsletter such as the current one is useful; it provides space for more considered thought and extended discussion, and it's wonderful to have the chance to read in a more in depth way about various things going on in our Department – Toni Abrahams has put together another fascinating compilation of the many different ways in which our Departmental members are contributing.

Conversation with a number of students involved in recent protests emphasized for me another key aspect of digital innovation; the way in which such tools are being used across the world, and locally, to connect groups, and to mobilize action. I've also heard a range of staff responses to the protests; all the way from "I only wish I were younger – I'd join them in a snap" to "How exactly will it help South Africa if students don't write exams?" One psychiatric perspective is that there is a tremendous amount of anger being expressed in South Africa at the moment, and that as clinicians, part of our job is to help contain it, and part is to address key root causes (see recent editorial by Wahbie Long and colleagues in the SAMJ).

At the year winds down, I very often feel it's a particularly important time to be grateful. My own view is that working in the area of mental health is a privilege, for many of us it is a vocation rather than merely a job. This newsletter emphasizes that notwithstanding the ongoing need for more University and Provincial mental health resources, we have been able to make enormous contributions to services, teaching, and research. Similarly, although student protests and discussions about transformation have aspects that are disruptive and difficult, the positive energy and emotion that can emerge is again something to be grateful for.



With that in mind, on behalf of the Department, a warm thanks to everyone for another sterling year of work! Wishing everyone a well-deserved and restful holiday season, and a wonderful 2016!

Warm regards,
Dan Stein

IN THIS ISSUE

THE NEWSLETTER STILL NEEDS A NAME!

Having had few suggestions for the Department's newsletter, we would like to extend the invitation to readers to send in names. Please send your suggestions to the editor. A prize for the winning suggestion is still up for grabs.

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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CHILD AND ADOLESCENT PSYCHIATRY AND MENTAL HEALTH

DCAP NURSES SHINE AT RED CROSS WAR MEMORIAL CHILDREN'S HOSPITAL NURSING AWARDS

By Wendy Vogel

Congratulations to Sr Lesley Hoogervorst on being awarded third place in the Cecilia Makiwane awards. She was nominated by her colleagues. The award is for "going beyond the call of duty, having a positive attitude and working in a multidisciplinary team." Well done Lesley.

Congratulations to Lesley and Ayabonga Madola (right) who received Excellence Nursing Awards at the annual Nursing Award Ceremony held at Red Cross War Memorial Children's Hospital.



Congratulations also to Tania Kilfoil for obtaining the Diploma in Advanced Psychiatric Nursing Science. ■



Above: Sisters Tania Kilfoil (far left) and Lesley Hoogervorst (middle).

TEACHING

By Wendy Vogel

DCAP has started workshops for clinicians working within primary and secondary care settings at Community Health Centres and District Hospitals. Two very successful workshops have been held. The first one focussed on the assessment and management of ADHD. The second one focussed on assessment, history taking, emotional regulation and obsessive compulsive behaviours in children and adolescents. We aim to extend the workshop programmes in 2016. ■

REGISTRAR RESEARCH ON ADOLESCENT READMISSIONS

By Deirdre Pieterse



Dr Deirdre Pieterse, a registrar who has passed her M Med (Psychiatry) dissertation with distinction, undertook research looking at re-

admission in adolescent inpatient units. This fits well with the aim of using research to address operational and logistical issues for Child and Adolescent Mental health services. Many thanks to Dr Wendy Vogel and Dr Henk Temmingh for supervising.

Prior to commencing the registrar training, Deirdre was employed as a Medical Officer at the Lentegour Adolescent Unit. This was a rewarding experience and the team worked closely with patients and families throughout a process of psychosocial rehabilitation. At the start of her psychiatry training, Deirdre recognised patients who had now turned 18, being admitted to the male acute units at Valkenberg Hospital. With the assistance of her supervisors, she turned her interest in these patients into a research study examining factors associated with readmission in

adolescent patients.

The factors that influence readmission have been studied in adult psychiatry for many years. These factors include the presence of serious enduring mental illness, male gender, substance abuse and poor social support. However, the factors associated with readmission of adolescents remain unclear. Understanding the factors that contribute to readmission can lead to the development of public mental health guidelines and programmes aimed at those greatest at risk. This knowledge could also be used in the clinical setting to improve quality of care. Our study aimed to describe the socio-demographic and clinical factors associated with readmission in an adolescent population discharged from the two inpatient psychosocial rehabilitation (PSR) units at Lentegeur Hospital.

Data were obtained from 97 consecutive patients discharged from two adolescent psychiatric PSR units over a period of 1 year. Patients were followed up for readmission to hospitals offering specialised psychiatric care in the Western Cape province over a period of 18 months.

Thirty-five patients (36%) were readmitted during the study period. Multivariable analysis showed that previous admission increased readmission rate. Adolescents who were still schooling or had a higher level of education were less likely to be readmitted. No association was seen with type of diagnosis and readmission, although 51 adolescents (53%) were diagnosed on the schizophrenia spectrum of disorders. Treatment with clozapine reduced readmission rate. Readmission was not associated with type of PSR received or attendance of an outpatient dual diagnosis group on discharge. Unexpectedly, cannabis use disorders were associated with a significantly reduced rate of readmission.

The study findings highlight the need for increased collaboration between the Department of Health and

the Department of Education. Educators and clinicians at PSR units should attempt to liaise with the educators at schools of admitted adolescents to ensure continued schooling on discharge. It also illustrates the need for specific post-discharge community follow-up for adolescents. More research is needed on the use of clozapine in adolescents with psychotic disorders. Further research should be undertaken to clarify the association between cannabis use disorders and long-term prognosis in this population group. This study further highlights the need for future prospective research to focus on this particular population group and contribute to the literature on factors associated with readmission in South African adolescent patients. ■

NEUROPSYCHIATRY

NEW VEHICLE AT GROOTE SCHUUR HOSPITAL

By John Joska

Parking at J-block has been an issue for years. Various “moving violations” have been spotted in the lot. Now people can review whether their performance is due to “road rage” or an underlying neurocognitive disorder...

The HIV Mental Health Research Unit, in the Division of Neuropsychiatry recently acquired a vSIM C200 driving simulator from TMI Dynamics under the research

direction of Prof. John Joska and Dr. Hetta Gouse. The interior of the simulator is modeled on a VW Polo 1.4. and it has accurate and calibrated vehicle dynamics for that same model. It simulates an automatic or manual vehicle and can also parameterise other types of sedans, light delivery vehicles, a 1.5 ton construction



vehicle and minibus vehicle dynamics models. In collaboration with Prof. Thomas Marcotte from the HIV Neurobehavioral Research Centre (HNRC) at the University of California San Diego (UCSD) we have developed three terrains: a challenge drive, a virtual city drive, and two-lane highway with divided attention task that assesses cognitive components of driving.

Assessing neurocognition in the workplace is important. Some of the most common chronic medical conditions are associated with a neurocognitive component, for example HIV, diabetes and hypertension. With improved treatment people are remaining in the workplace longer. As these conditions co-occur and become more prevalent we need to understand how it affects society vis-à-vis the work place. Chronic conditions with a neurocognitive component can significantly impact many aspects of everyday functioning, including work performance. However, there is limited research addressing the impact of neurocognitive impairment as measured by neuropsychological testing on vocational functioning. Most studies are single studies without an on-going program of research in this area. For example, currently no research programs that we are aware of focus on HIV associated neurocognitive disorders and workplace performance, an area of growing public health relevance.

In collaboration with Prof. Marcotte, Prof. Leslie London and Prof Kevin Thomas from the UCT School of Public Health and Family Medicine Dr. Gouse will lead research focusing on driving, a workplace activity with a significant neurocognitive component, and an activity for which poor performance can have significant public health implications. Occupational health professionals are required to provide services to people living with chronic conditions, including those presenting with any form of cognitive impairment.



Above: Dr Hetta Gouse test drives the vSIM C200 driving simulator.

Similarly, neurologists are frequently required to provide feedback on driving ability in geriatric populations or people who are presenting with neurological disorders. We hope that our results will ultimately lead to better treatment for people suffering from chronic conditions with neurocognitive components and increase safety on the roads and in the workplace. ■▶

INTELLECTUAL DISABILITY

MUSIC THERAPY PROJECT AT LENTEGEUR IDS

By Toni Abrahams and
Kerryn Tracey

A collaborative project between Lentegeur Hospital's Intellectual Disabilities Service (IDS) psychology department and the University of Pretoria's (UP) Music Therapy Unit, the only Master's degree for Music Therapy in Africa, commenced in July 2015. Music therapy is an



established health profession in which music is utilised in a clinical and evidence-based way within a therapeutic relationship to address physical, emotional, cognitive, and social needs of the patient. Music therapy interventions are designed specifically with the individual/group in mind. Activities in sessions may range from active collaborative music-making to the use of pre-recorded music. Research has documented the benefits of music therapy in areas such as challenging behavior, self-esteem, and improvement in communication. The project sought to provide this creative art intervention to IDS residential patients whilst providing a music therapy intern with required hours of supervised clinical work. Carol Lotter (UP) supervised the intern, Kerryn Tracey (above) who provided individual therapy to 3 adult residential patients and facilitated an open group in ward 78, the child inpatient unit, from July to November 2015. Despite the complexity of individual presentations ranging from Moderate to Severe ID, Autism and challenging behaviour, pre and post clinical assessment suggests that this intervention is a powerful way to access patients with limited verbal, cognitive and social capacities.

"Music therapy can make the difference between withdrawal and awareness, between isolation and interaction, between chronic pain and comfort -- between demoralization and dignity."

-Barbara Crowe

This 14-week pilot placement paves the way for future research into the effectiveness of music therapy as a therapeutic intervention for individuals at IDS. It also highlights the need for creative art posts in state facilities in order to offer our patient population a wider range of evidence-based interventions. The Child and Adolescent Platform (CAP) at Lentegeur Hospital has made strides in making this a reality – a win-win for creative art therapists seeking to render services in the public health sector and child and adolescent patients benefiting from further accessible interventions. Thank you to Garth Newman and the CAP team for leading the way and to Kerryn and her supervisor for the

remarkable work she has done with our patients. Kerryn has now completed the necessary clinical requirements of Masters in Music Therapy degree and is in the process of completing the research component of the degree. Kerryn would like to thank IDS for affording her this valuable experience that has profoundly shaped her process of becoming a music therapist. 🌱

PSYCHOPHARMACOLOGY AND BIOLOGICAL PSYCHIATRY

VIOLENCE AGAINST WOMEN: THE INTERGENERATIONAL EFFECTS

By Nastassja Koen

Dr Nastassja Koen – PHD student and project



manager of the Brain-Behaviour Initiative (BBI), a university signature theme – has recently been awarded in the Faculty's annual Young Investigators' Best Publication competition a Runner's Up Certificate (Category: Clinical Sciences) for the paper entitled: "Intimate partner violence: associations with low infant birthweight in a South African birth cohort" *Metabolic Brain Disease* (2014) 29:281–299 "in recognition of the impressive quality of [the] work; [the] publication received a high score for potential to impact on public health in South Africa".

This paper describes a novel study conducted in Paarl, Western Cape, and reports that exposure to intimate partner violence during pregnancy may increase the risk of delivering an infant with low birthweight. The research is nested within the Drakenstein Child Health Study (DCHS), a multi-year birth cohort study, following 1200 mother-child pairs in the Drakenstein region in the

Western Cape in order to investigate the risk factors for childhood respiratory disease and other adverse developmental outcomes.

One such (psychosocial) risk factor is intimate partner violence. "Violence against women is a global public health problem, and pregnant women are particularly vulnerable", said Dr Koen. She added "Exposure to intimate partner violence during pregnancy has been associated with a number of adverse maternal and foetal outcomes. However, there is a paucity of data from low- and middle-income countries." Professor Dan Stein, Psychosocial PI of the DCHS and head of the Brain-Behaviour Initiative, emphasized that the Drakenstein study is an ideal collaboration for the Initiative, as it takes a multidisciplinary approach to key locally relevant issues.

This study is one of the first to evaluate the relationship between intimate partner violence and low birthweight in a low- to middle-income setting, and echoes the findings of studies from high-income regions. Further research would be helpful not only to provide a deeper understanding of the magnitude, causes and impact of intimate partner violence during pregnancy; but also to inform appropriate trauma interventions. "For now, the tireless work and commitment of the Drakenstein clinical and research teams, as well as the ongoing support and participation of our enrolled mothers and infants, have allowed us to make a small – but meaningful – contribution to the current body of work in this field".

CONGRATULATIONS

Congratulations to Dr Samantha Brooks (left), on winning NIH funding to work with Prof Steve Shoptaw of UCLA, on an intervention for methamphetamine dependence, which will



be including brain imaging before and after. The grant will support Dr Brooks staying on in the Department in a lecturer post.

Also to Dr Dickens Akena, who is a lecturer in psychiatry at Makerere University in Uganda, and who is doing a post-doctoral Fellowship in our Department. Dr Akena has been awarded a prestigious African Research Excellence Fund grant, which will cover costs of spending time at UCT, and furthering his ongoing investigations of visual symptom scales in psychiatry (very important in places where illiteracy is high).

ADDICTION PSYCHIATRY

CONGRATULATIONS

Dr Mike West, who in his first few months as an addiction psychiatrist at Groote Schuur Hospital has already had his first proposal to the psychiatric and then the provincial coding committee accepted; for nicotine patches, a much needed intervention if we are to comply with Provincial no smoking policies and to decrease smoking-related morbidity and mortality in our patients. A major achievement.

PSYCHOTHERAPY

SELF-HARM AND SUICIDE SYMPOSIUM

By Graeme Hendricks

The Division Psychotherapy within the University of Cape Town's Department of Psychiatry and Mental Health hosted a full day symposium on self-harm and suicide on the 5 August 2015 at the River Club in Observatory. Self-harm and suicide remains an area that is fraught with anxiety for the practicing clinician irrespective of the field of practice, and the importance of this issue was highlighted by the robust attendance at the symposium of 182 delegates including psychiatrists, general practitioners, psychologists, occupational therapists, nurses, social workers and other counsellors.

Right: Delegates at the symposium.



This symposium covered the epidemiology of suicidal phenomena, assessment of risk, ethical and legal matters, suggested pharmacological and psychological interventions as well as alerting practitioners to possible interventions that they might consider for further training. Lastly, available referral pathways both state and private for at risk clients were also presented.

The ethical and medico-legal context relating to self-harm and suicidal phenomena was presented by UCT Emeritus Professor Tuviah Zabow and Professor David Benatar from the Department of Philosophy at UCT. Professor Zabow spoke about the requirements of the law, the assessment of mental competency, the limits of confidentiality and considerations for professionals in preventing litigation. Professor Benatar provided a thought provoking look at arguments for and against suicide non- prevention.

A speaker who presented various topics during the day was Dr Jason Bantjes. He is a lecturer in the Psychology Department at Stellenbosch University. He is also currently involved in a research project with members of the Department of Psychiatry and Mental Health at UCT to investigate self- harm and attempted suicide at Groote Schuur Hospital. The presentations included a focus on the meanings and epidemiology of suicidal phenomena, assessment of patients, risk factors, risk assessments and the significance of the therapeutic alliance. He encouraged participants to see suicidal behaviour as a focus of attention in its own right and not just as a symptom of psychiatric illness. He pointed out to participants the limited utility of the epidemiological statistics and risk-factor models as well as the different definitions used to describe the phenomena in this area. He introduced participants to

the theoretical constructs and theories that underpin suicide risk assessment, noting in particular the utility of the American Psychiatric Association framework, the Kagitabasi's 2005 construct of autonomy/relatedness, Joiner's theory of suicidal behaviour as well as O' Connor's Integrated Motivational-Volitional model. He addressed protective factors when dealing with suicidal clients. He discussed evidence based brief cognitive interventions, the low efficacy of 'no harm' contracts and recommended replacing them with safety plans based on a hierarchy of co-constructed coping strategies.

Below: Exhibitors at the symposium.



Pharmacological interventions aimed at self- harm and suicide attempters were addressed by Dr Kerry Louw a consultant liaison psychiatrist.

The final session focussed on evidence- based psychological interventions and practitioner issues in the management of self-harm and suicidal phenomena. Ms Hayley Julius, a senior psychologist at Valkenberg Hospital with a special interest in personality disorders, presented on the use of Dialectical Behavioural Therapy within an inpatient treatment programme. Her co- presenter, Mrs Nadia Jacobs, a service user, provided insights from a lived experience perspective on the utility of this approach for her personal recovery, and its impact on her ability to conduct advocacy and peer support work following her treatment. Ms Lameze Abrahams, principal psychologist at Lentegour psychiatric hospital in Mitchells Plain looked at the evidence for using Mindfulness interventions in the management of suicidal behaviour, experiential

avoidance and ruminations. Ms Ereshia Benjamin, a senior psychologist at Groote Schuur hospital (GSH), and Ms Louise Frenkel, principal psychologist at GSH presented on practitioner issues relating to self-harm and suicide. They discussed technical and emotional difficulties experienced by practitioners in the assessment and containment of self-harm and suicidal behaviour and outlined essential supports to practitioners managing these phenomena in their practice.



Above: Lameze Abrahams, Dr Jason Bantjes, Dr Kerry Louw and Hayley Julies.

The day long symposium ended with two inputs about referral routes, the first by the South Africa Depression and Anxiety Group (SADAG) whose representative Ryan Edmonds informed the participants of the more than 400 support groups, their 24 hour call centre and the training which SADAG provides to different target groups. Dr Peter Milligan, clinical head of psychiatry at Valkenberg Hospital concluded the meeting with an overview of the Mental Health Act admissions criteria and process and available pathways for at risk clients. ■

PUBLIC AND COMMUNITY MENTAL HEALTH -

AFRICAN MENTAL HEALTH RESEARCH INITIATIVE (AMARI)

By Crick Lund

The Alan J Flisher Centre for Public Mental Health was recently awarded a Wellcome Trust capacity building grant, under the leadership of Dr Dixon Chibanda at the University of Zimbabwe. The project – the African Mental health Research Initiative (AMARI) – will run for 5 years from 1 September 2015. The UCT lead investigator is Dr Katherine Sorsdahl, and Prof Crick Lund is a co-investigator. The total value of the grant is US\$4,777,032, which will provide 47 Fellowships at Masters, PhD and Post-Doctoral level across four African country institutions: Addis Ababa University, the University of Malawi, the University of Cape Town and the University of Zimbabwe. The teaching and supervision capacity of the project is strengthened through the involvement of partners from the Centre for Global Mental Health at the London School of Hygiene and Tropical Medicine, and the Institute of Psychiatry, Psychology and Neuroscience at King's College London.

Dr Sorsdahl said: “We are particularly excited about this grant, not only because it strengthens our existing research collaborations, but also because it will bring 20 Fellowships for MPhil students in Public Mental Health to UCT, together with 2 PhD Fellowships and 1 Post-Doctoral Fellowship.” Prof Lund said: “this is a great opportunity to build capacity for research in the field of mental, neurological and substance use disorders in sub-Saharan Africa, and create a career pipeline for a new generation of researchers”. ■



Above: Opening meeting of the AMARI Steering Committee in Harare on 4-6 November.

ALAN J FLISHER CENTRE FOR PUBLIC MENTAL HEALTH DESIGNATED AS A WHO COLLABORATING CENTRE

By Crick Lund



Alan J Flisher Centre for Public Mental Health



The World Health Organization (WHO) recently designated the Alan Flisher Centre for Public Mental Health (CPMH), in the Department of Psychiatry and Mental Health at the University of Cape Town, as the only mental health and psychiatry Collaborating Centre (WHO CC) in South Africa. The CPMH is one of only two mental health and psychiatry collaborating centres in Africa.

Being appointed as a WHO CC takes a lot of time and effort and the recent announcement marks the end of a lengthy process. “This ends a process that I initiated on Dr Shekhar Saxena’s[1] suggestion 4 years ago, and we are very pleased that it has come through,” says CPMH director, Prof Crick Lund. “The CPMH applied for WHO CC status to formalise collaborations that have been ongoing since 2001. At that time some of us in the Department of Psychiatry and Mental Health at UCT were invited by WHO to collaborate on the development of mental health policy and service guidelines, mainly targeting low and middle-income countries. We subsequently collaborated with WHO on the Mental Health and Poverty Project, a DFID funded consortium working in 4 African countries (2005-2010) and then in the Programme for Improving Mental Health care (PRIME) (2011-2017), a research consortium working in 5 countries in sub-Saharan Africa and south Asia,” Lund explains.

This collaboration allows the CPMH to work with WHO in the implementation and evaluation of the mhGAP Intervention Guide in 5 low and middle-income countries, namely Ethiopia, India, Nepal, South Africa and Uganda. It will also serve to develop a costing tool

for calculating the resources required to implement this intervention in these countries. Furthermore this collaboration also serves to enhance the uptake of mental health research into policy and practice in low and middle-income countries.

“It is important for the CPMH because it formalises our ties with WHO, and allows us to work more closely with WHO on projects to strengthen mental health policy and services, especially in sub-Saharan Africa. The new WHO Collaborating Centre status is also an acknowledgement of the value of our work to WHO and UN member states. Furthermore it allows us to work more closely with Ministries of Health in low and middle-income countries, including South Africa. Hopefully this will allow us to ensure that the research results we generate are taken up in policy and practice, in a manner that improves the lives of people living with mental illness, particularly those living in poverty.”

CPMH will continue to work closely with the WHO and Ministries of Health in various countries to scale up mental health care. “This also strengthens our resolve to get mental health on international health and development policy agendas, and provide evidence to scale up mental health care across the continent,” says Lund.

[1] Dr Shekhar Saxena is the Director of WHO’s Department of Mental Health and Substance Abuse. ■

CONGRATULATIONS

Dr Qhama Cossie, who is based at Valkenberg Hospital, and is our MB ChB IV convenor, has been awarded the M Phil (Public Mental Health) degree with distinction, based on his dissertation on “The relationship between user, carer and staff perceptions of need in an assertive community treatment team in South Africa”. Congratulations also to Prof Kleintjes for supervising. ■

INNOVATION - THE SPRING FOUNDATION AT LENTEGEUR HOSPITAL

By John Parker

As one of the three major psychiatric hospitals in the Western



Cape, Lentegeur serves as a referral centre for one third of the Province's population. The hospital has a total of 722 beds and consists of two sections: Psychiatry, and Intellectual Disability. The communities served by the hospital are characterised by high levels of poverty, drug abuse, criminality and social fragmentation.

Originally commissioned in 1984, for psychiatric patients classified as "Coloured" under apartheid, the hospital occupies a large site in the impoverished suburb of Lentegeur. To the public eye, it resembles many similar institutions from a bygone era, with anonymous buildings, in empty grounds, surrounded by high fences, symbolizing the concept that mental illness was incurable and those suffering from it should be removed from society permanently. As such, in its current form it carries very powerful negative symbolism associated with oppression and a loss of identity.

In the modern era, it has become clear that most mental illnesses respond positively to treatment and the philosophy of Recovery in Mental Health has shown that even with the most severe of mental illnesses, people can and do recover if conditions are right. These conditions include a sense of hope, reconnection with society, empowerment, a holistic approach to healing and services that focus on developing the strengths and potential of each individual as much as on treating symptoms. It has also become clear that mental

problems cannot be separated from the social environment and that healthier societies are essential to preventing mental disorders.

The Birth of the Spring Foundation

It is with this in mind that the concept of the Lentegeur Spring arose. Translated *Lente geur* means "the aroma of spring" and symbolically spring epitomises the re-birth of hope after winter. Of course, this only has relevance for us if we understand our connection to the natural cycle of the seasons. Thus the concept refers to the rebirth of hope through re-connection, a reconnection that has multiple dimensions; between humans and nature, between individuals in hospital and broader society, between communities and between us and our heritage.



Above: Staff, patients and volunteers planting indigenous shrubs for Mandela Day 2013.

The aim of the Lentegeur Spring Foundation is to bring alive a vision of the hospital as a leading, sustainable mental health centre at the heart of its community fostering this reconnection. This vision is shared by many in the hospital community, be they staff members, patients or carers.

The Spring Foundation has been developed as a vehicle that welcomes and nourishes innovation, stimulates ideas and helps these grow from dreams to reality.



As a registered NPO and PBO with an independent organisational structure, it is freed from the constraints of health department structures yet, through its board it remains directly tied to the needs of the hospital. The Foundation has been designed so that it can assist in establishing sustainable projects to attain the Spring vision, raise the funds to make these happen and implement monitoring and evaluation systems to make sure they survive and grow. ■

STUDENT PSYCHIATRY SOCIETY

By David Backwell

The Student Psychiatry Society recognises the importance of students' mental health. And, aiming to highlight the field of psychiatry as the point where the Sciences meet the Humanities, we've created a peer-to-peer space to cultivate this approach to psychiatry. By serving as the apex at which neuroscience, sociology, and biology meet, we act as a platform for exposure to issues related to psychiatry. With a strong emphasis on education, this includes the discussion of cases, trends and occurrences in the field. This intends to stimulate an interest in mental health, and highlight the importance of holistic practice. As a society we also aim to contribute to the mental health needs of its surrounding area. Endeavoring to achieve these goals, the Society will facilitate talks by individuals involved in psychiatry or aligned to mental health programs; the screening of films as a tool for highlighting popular psychiatry; masterclasses to encourage growth in clinical ability; special interest functions; and various outreach programs.

Earlier in 2015, we held a talk on the history of Gender, Sexuality and Psychiatry led by Dr Alex Muller, where students engaged in lively discourse about the various constructs of gender, and dark history of gender and sexuality, stigma and psychiatry.

Right: left Richard (a medical student); middle Dr Muller; right a RainbowUCT representative



Among our launch events, we held a Wine and Art evening, exploring the theme of "If mental illness was a person, what would they look like?" where

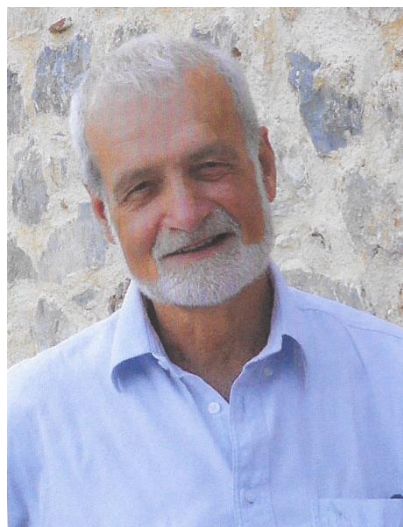
we asked those in attendance to visually represent what mental illness was to them, as individuals. Nine medical students produced artworks for the evening based on this theme, along with a drawing station for anyone to add their own artworks (seen below).



Going forward into 2016, The Student Psychiatric Society will once again co-host MedFest. We will also continue to host our film screenings, interactive discussion forums, and as we grow, we will add more diverse and exciting events to our calendar. ■

TRIBUTE TO HANS SOLTAU (05/05/1945 – 09/09/2015)

By Stephen Lay



Hans worked in the Department of Psychiatry for three and a half decades. For many of his colleagues, he was a very constant and integral member of the local psychological fraternity; and so it was with great sadness that we learned of his

passing. He was an unusual person who had an unusual life.

Born in Germany just days before the end of World War II, his family later moved to a remote area in northern South West Africa (as it was then called). Hans spent much of his childhood at boarding school in Swakopmund. Coming from such a background, it is somewhat surprising that he ended up studying Clinical Psychology at UCT.

Hans did his internship at Valkenberg in 1975 and over the course of the next 35 years worked in various settings. In the late 1970s he was instrumental in establishing a psychiatric facility for the treatment of State Patients at Nelspoort near Beaufort West. He later worked at William Slater - first when it was a drug and alcohol rehabilitation facility - and then when it became an adolescent unit. From the mid-1990s he was based at Groote Schuur Hospital - mainly in G22. He was always very committed to supporting the nursing staff. In his view, whereas registrars and interns come and go, nurses tend to remain the constant backbone of therapeutic services.

Over the years innumerable intern psychologists were supervised by Hans. He will be remembered as being a very solid, patient, kind, and supportive individual who was always approachable and unwaveringly honest. Amongst the qualified psychologists, he gained a reputation for being able to work with those interns others struggled with. More generally, he tended to rely heavily on the 'intuitive' as opposed to the 'theoretical'; and invariably was fairly "spot on". Hans had a wisdom about him that is difficult to breakdown into its component parts.

He was a very philosophical person with strong Buddhist leanings. He had little time for materialism. He was very committed to the practice of meditation. His general calmness was legendary. Evidently, there was a time during the past few years when he spent a number of weeks in the Namibian desert - utterly alone and without anything to distract him from his contemplations (no comforts, reading matter, electronic devices, etc.). He had a great passion for nature and loved walking in the mountains.

At his memorial service we learned that, for a number of years - come rain, shine, or even the blackest of South-Easters - Hans routinely started each day with a swim in a tidal pool near his and Denise's home in St. James. He was joined in this ritual by a number of fellow bathers; many of whom had suffered some form of affliction or disappointment. Over the years, a very close sense of camaraderie grew between these persons. One of them paid a very heartfelt tribute to Hans at the service; as did Denise, his three sons, as well as Denise's two daughters. Clearly - a much loved and respected man.

Hans retired in 2010, but continued working voluntarily at the GSH Pain Clinic. He was also a frequent attendee of the Lunctime Lectures. We will miss seeing him in the VBH cafeteria on Tuesday afternoons - earnestly discussing one of the Universe's more puzzling aspects. ■

MINDFUL PRACTICE WORKSHOP

By Jonathan Starke

In an attempt to help address the considerable psychological stress and distress currently experienced by junior clinical staff within the department, Dr Patricia Luck (a South African palliative care physician and Mindfulness teacher now based in the UK) and myself facilitated a 2-day workshop introducing mindfulness skills as a means to protect against burnout and enhance the ability to cope with the demands of clinical practice.

The workshop was very kindly sponsored by Dr Sean Baumann, and with the support of Drs Pete Milligan and Kerry Louw, we were able to ensure time within the Tuesday teaching schedule – thanks very much to all three of them for helping us to make this happen! There was a good response from the registrar and psychology intern groups, and more than 30 people attended on the first day, which focused on an introduction to mindfulness and its value in clinical environments, and included the chance to learn a number of short mindfulness practices (grounding in the moment and awareness of breath), which can be helpful in managing ourselves within a hectic schedule. On the second day, there was a more specific focus on burnout. There was discussion and practical exercises about changing our perspectives on the suffering we encounter and experience, and how we respond to it in ourselves and our work. Further mindfulness practices and skills were introduced and practiced (including mindful movement/awareness of the body) that can help protect against being overwhelmed, while at the same time help us to remain present with clients or patients, and continue to offer them support and kindness.

The workshop ended with participants committing to regularly using whichever of the skills/practices they

found most useful for a period of one month, at which time they will be asked to reflect on their experience of this. The feedback from participants was overwhelmingly positive, and our hope is to offer the workshop in similar form next year. Over the longer term, my hope is that similar workshops can be offered to all staff within the department, with the goal of developing a “mindful community” within our working environments, for the benefit of ourselves and those we serve. ■▶

WELCOME TO NEW STAFF

DCAP is delighted to welcome Dr Fiona Schulte (Child and Adolescent Psychiatrist) and Lizelle Bruinders (Social worker) to the team. ■▶



Above: Dr Fiona Schulte and Lizelle Bruinders

AD HOMINEM PROMOTIONS

Congratulations to Prof Sharon Kleintjes, Head of our Division of Psychotherapy, who has been appointed to A/Prof, in recognition of her contribution to services, research, and teaching in this and related areas. Sharon has an extensive background in mental health, having worked in a Provincial post, in a UCT research post, and in a UCT teaching post, amongst others, before taking up her current joint appointment post at Valkenberg Hospital. She has a particular interest in recovery, and

in consumer advocacy; key areas as we move forwards in mental health. Sharon has also been selected as one of the 34 members of the Next Generation Professoriate initiative. Many applications for this cohort were received, so all credit to Sharon for having been selected; one of the relatively few from our Faculty.

Congratulations to Prof Jackie Hoare, Head of our Division of Liaison-Psychiatry, who has been appointed to A/Prof, in recognition of her contribution to services, research, and teaching in this and related areas. Jackie has had advanced training in both liaison psychiatry and neuropsychiatry, including an M Phil in Neuropsychiatry from UCT. She has a particular interest in adolescent HIV, with perhaps one of the largest cohort studies of neuroHIV/AIDS in adolescents internationally, and

certainly the largest cohort with rigorous brain imaging.

Congratulations to Dr Margie Schneider, in the Division of Public Mental Health for her promotion to Senior Lecturer. Margie trained as a speech and hearing therapist before focusing on disability-related research, working at WHO and the HSRC before coming to UCT. She now plays a key research role in AFFIRM (Africa Focus on Intervention Research for Mental Health), an ambitious project that spans several countries. She has also taken on supervision of doctoral and master's students, consistent with a more senior academic role, and brings key expertise in areas including disability, measurement of impairment, and related issues. Margie also obtained a C1 rating from the National Research Foundation. ■

LIGHTMIND

No. 4: KRAKEN[⊗] OPEN THE MIND

KEY

- ⊗ A little pun: the KRAKEN is of course the terrifying beast from NORSE mythology with multiple tentacles & foul breath. (A good metaphor for thought?)
- ① FRANK: Note that the top of his skull has been removed to unleash his MIND
- ② An example of related thoughts: Same-same but different
- ③ thoughts below this line are about the body (there are many of these, but there was too little space). Thoughts above the line are about other stuff.

SUBJECTIVE EXPERIENCE

... heading out that morning, FRANK realised there was a lot on his mind. How would he get through the day? such a raging cacophony going on up there?!

OBJECTIVE COMMENTARY i.e. FLEXIBILITY.

Thoughts are of multiple types, in multiple directions & have multiple colours, textures & flavours. To acknowledge fully the contents of a mind is to view CHAOS... & yet somehow most people do manage to get through the day. Perhaps, like the octopus, it is by sucking into some things, letting go of others & changing colour to suit the context THAT WE ARE ABLE TO SURVIVE

TENTACLES OF THOUGHT

- mmm...pizza...
- THE SITUATION IN MANENBERG!
- WILL TH 39 MAY 2014 really matter?
- LAST TUESDAY!
- THAT OBAMA: I like him, really hope he can pull off some sort of US-led global miracle (if not him, then who?)
- TOAST (Hot buttered)
- TOAST (with JAM)
- My little toe on the right hurts...
- NEED TO PEE!
- ARRRRRR I HAVE STOMACH CRAMPS?
- DELICIOUS - FINANCIAL - SOCIAL - PERSONAL
- ROBIN WILLIAMS R.I.P.
- what was her name again?
- I CAN! I MUST! I WILL!
- HOMELAND (season 5)
- THE SITUATION IN AFGHANISTAN
- SUNSHINE SUNSHINE SUNSHINE (i.e. that song that just won't go away)
- Did I lock the house?
- Does this tie go with this belt?
- Will I arrive late again?
- Are these underpants too tight?

by JOE STARKE (June 2015)