

UCT Department of Psychiatry and Mental Health Newsletter

Issue 1 June 2015



A NOTE FROM THE HOD

A potential downside of a large Department is that it's no longer possible for everyone to be fully aware of everyone else's activities. With this in mind, an occasional Department Newsletter may well be useful in sharing information and experiences, and highlighting particular contributions. I'm very grateful to Toni Abrahams, who works in Intellectual Disability at Lentegeur Hospital for being willing to take this on.

Our Department's vision emphasizes the integration of services, research, and teaching. Many of the contributions in this Newsletter speak to such integration. Dr Don Wilson has played a key role, for example, in addictions services, teaching, and research for many years, amongst many other important contributions to our Department. I'm glad to see a tribute to his lifelong work in this edition.

Our Department's structure is made up of various committees (undergraduate, registrar, research, and adolescent psychiatry, forensic psychiatry, general psychiatry, intellectual disability, liaison psychiatry, neuropsychiatry, psychopharmacology and biological psychiatry, psychotherapy, public and community mental health). This edition features the work of some of the divisions including that of the Division of Public and Community Health; a world-leader in this area, the Child and Adolescent Psychiatry and Mental Health Division and the Forensic division.

Looking at the contents of this newsletter, I'm reminded how much is going on in the Department. Many, many thanks to those who have led and contributed to Department events such as our CME day, our Research day, and our Innovations project; these represent wonderful team efforts. ■



Warm regards,
Dan Stein

The Department of Psychiatry and Mental Health is a leading department of academic excellence that produces **transformative and integrative teaching, research, healthcare and public service** relevant to mental illness and well-being in **local, African and global contexts**.

IN THIS ISSUE

THE NEWSLETTER NEEDS A NAME!

Being the first edition of the Department's newsletter and thus in its infancy, we would like to enlist the help of our readers to find a suitable name. Please send your suggestions to the editor by the end of October 2015. The winning suggestion will receive a small prize.

COMMENTS

Thanks to department colleagues 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.

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](#)

EDITOR:

Toni Abrahams

toni.abrahams@uct.ac.za

DESIGN:

Gareth Campbell

Spot44@gmail.com

Division News

Child and Adolescent Psychiatry and Mental Health	4
Forensic Psychiatry	5
Intellectual Disability	6
Psychopharmacology and Biological Psychiatry	7
Psychotherapy	9
Public and Community Mental Health	10

Transformation and Integration News

Innovation	11
Research Day	12
Parenting from the Inside Out South Africa	13

Staff News

Dr Don Wilson Retires	14
Prof Astrid Berg achieves NRF Rating	15
Lightmind	15

CHILD AND ADOLESCENT PSYCHIATRY AND MENTAL HEALTH

BLANKETS FOR MADIBA

By Wendy Vogel

67 Blankets for Nelson Mandela started as a way to remember Nelson Mandela's spirit of generosity and his care for other people. It has become very popular and has spread to many other countries. This year the target is 21000 blankets to coincide with South Africa celebrating 21 years of democracy. The blankets are handmade and distributed to those in need.

Sister Laura Bailey who is a Chief Professional Nurse (CPN) at the Therapeutic Learning Centre inpatient ward at the Division of Child and Adolescent Psychiatry (DCAP), Red Cross War Memorial Children's Hospital has initiated our contribution to the spirit of generosity and care. She, together with Sister Mokitimi, (CPN in the out-patient unit at DCAP) have been crocheting and teaching all the staff to crochet and make squares for a colourful blanket. So far staff have made two blankets which will be given to frail care homes in the area. ■▶



Above: Sisters Bailey and Mokitimi happily crocheting squares.



Above: Blankets at the Union Buildings

SA/USA CHILD AND ADOLESCENT MENTAL HEALTH TRAINING MODULE

By Wendy Vogel

Staff at DCAP contributed to the highly successful SA/USA Child and Adolescent Mental Health Training Module run by Dr Rene Nassen and the Lentegeur Child and Family Unit in March this year. A/Prof Astrid Berg's workshop on Infant Mental Health was extremely popular and well received. Sister Zaida Damons together with others ran an excellent workshop on nursing leadership. Prof Petrus de Vries gave a superb talk on Autism Research and Sister Lesley Hoogervorst presented her research on adolescent transition. Many staff attended the training modules and found the programme stimulating and informative. ■▶

FORENSIC PSYCHIATRY

DOCTORAL RESEARCH ON THE THERAPEUTIC RELATIONSHIP AS A MEASURE OF RISK FOR VIOLENCE IN FORENSIC MENTAL HEALTH SERVICES



By Tania Swart

We stopped checking for monsters under our beds

When we realized they were inside us ~ Charles Darwin

Forensic psychology has become recognized as a specialized field and has grown tremendously over recent years as a risk-focused enterprise but most importantly in contributing to the psychodynamic understanding of offending behaviour within forensic psychiatric services. Understanding the reasons underlying the commission of the index offense or why certain individuals relate violently to others and how these behaviours are shaped by early and often adverse experiences, is essential to the assessment, treatment and risk management of forensic patients. This process of understanding includes attention to both conscious and unconscious processes and motivations that may be expressed through violent action towards others. That is not to say that unconscious motivations outweigh personal responsibility and agency, however, a dynamic approach to risk assessment is crucial in formulating an individualized risk profile that takes into account the personal narrative and experience of the individual.

The long-term treatment and care of forensic patients takes place within the context of enduring relationships between the forensic mental health professional and

patient. Establishing a therapeutic alliance, characterized by a strong bond and trust that can engage the patient and facilitate change, is the bedrock upon which our model of care is built. There are multiple factors that influence patients' capacity to develop trusting therapeutic relationships with a diverse treatment team, and one such factor is their attachment style. Attachment theory provides a dynamic and relevant approach to understanding how early histories of failed or insecure attachments impact on relational security, that is, on therapeutic alliances that encompass ongoing risk assessment.

Within this approach, it is postulated that the forensic mental health system is host to patients whose internal representational systems are unable to manage or alleviate intense affect arousal and anxiety and who have developed maladaptive ways of attenuating these anxieties. Through the process of mentalizing of early secure attachment experiences, the child develops a theory of mind that will ultimately influence how he will engage with himself, and the world. When that secure base is absent, intense emotions cannot be processed mentally and the child becomes an adult who lacks the capacity to think about the mind of another or negatively interprets the mental state of another. This lack of a theory of mind is thought to facilitate violent behaviour.

If patients do form attachments to the forensic staff, it also follows that their attachment dynamics might influence the therapeutic relationships they form with them. Their insecurities may play itself out through the development of intensifying or deactivating attachment to the treatment team. These complex relationships provide the context within which the forensic team engage and treat patients to improve care and better manage risk of offending behaviour. In keeping with contemporary risk assessment literature that emphasizes dynamic risk factors that are amenable to change, the therapeutic alliance is a significant and relevant measure of treatment outcome and potentially, an important measure of risk for recidivism. ■

INTELLECTUAL DISABILITY

UPDATE FROM IDS

By Colleen Adnams



Above: Professors Colleen Adnams and Roy McConkey at the WCFID regional conference held at Lentegeur Hospital in May this year.

The Intellectual Disability Division is multidisciplinary and comprises four joint-appointment psychologists, two psychiatrists and a developmental paediatrician working with career medical officers, occupational therapists, social workers, physiotherapists and specialist and generalist nurses to provide training and clinical services at our platform sites, Lentegeur and Alexandra Hospitals. Teaching and research activities are undertaken within the university academic context. A key role of the Division is to support and strengthen the clinical, teaching and research capacity of all platform staff.

In addition to regular contributions to undergraduate and postgraduate teaching programmes in a number of health disciplines, the Division has seen an encouraging increase in research activities. Currently, five staff members are pursuing post graduate degrees, including two doctoral degrees. Research includes studies evaluating of the mental health status of long term patients at Lentegeur Hospital; stress in mothers of adults with ID and aggressive behaviour; behavioural

interventions in children with moderate and severe ID; neurocognitive function in children and adolescents with foetal alcohol spectrum disorders and a clinical quality of life audit in medium and long term in-patients. In addition, Divisional members collaborate with other departments and universities in a range of transdisciplinary studies.

This year has seen a reconfiguration of the Intellectual Disability services in the Western Cape Government Department of Health and our clinical teams are at the forefront of planning and implementing the changes. Both Alexandra and Lentegeur Hospitals will in future offer full services that include diagnostic assessments and therapeutic management of children, adolescents and adults with, and at risk for, adaptive behavioural and mental health problems, including acute psychiatric disorders. The Division contributed to a new policy for Intellectual Disability Services in the Western Cape and leads an intersectoral Provincial Reference Group that addresses complex clinical cases presenting with significant care support and service challenges.

The Division continues to engage in partnerships with the intellectual disability sector including non-profit organisations (NPOs) that provide services for individuals with ID and their families. Outreach services are provided to a number of facilities within the Departments of Education and Social Development as well as to community based NPOs. Advocacy is an important component of our academic and service activities. In May, a number of our staff attended and contributed to the Western Cape Forum for Intellectual Disability (WCFID) Regional conference that focused on the internationally relevant topic of inclusion for people with intellectual disabilities. ■

PSYCHOPHARMACOLOGY AND BIOLOGICAL PSYCHIATRY

CONTINUING MEDICAL EDUCATION (CME)

By Mike West

The Division of Psychopharmacology and Biological Psychiatry has had a busy start to 2015, with a number of teaching events and activities having taken place, and more planned for later in the year.

Principles of evidence-based prescribing and up to date knowledge of psychopharmacology are both critical components of any competent clinician's skill-set, and one method of teaching and training involves Continuing Medical Education (CME) programs. In these settings, it is important to bear in mind that the method of instruction is often more important than the content itself ⁽¹⁾.



From left to right: Prof David Baldwin, Dr Mike West, Prof Dan Stein fielding questions from the audience.

In collaboration with an unrestricted educational grant from Dr. Reddy's Laboratories Ltd. and Londocor Event Management, a "Psychopharmacology Update for General Practitioners" CME was held at the Upper Eastside Hotel over 8-9 March 2015. The event was attended by 79 general practitioners from multiple provinces. Speakers included consultant psychiatrists and pharmacologists from the University of Cape Town, as well as eminent international speakers Professor

David Baldwin (University of Southampton), Associate Professor Julia Sinclair (University of Southampton), and Associate Professor David Henderson (Harvard Medical School). Attendees were orientated to the latest literature, and an algorithm-based approach to prescribing combined with real-world clinical experiences was well-received. This CME is due to be repeated in Nairobi, Kenya, in October 2015.



Above: The Psychopharmacology Update for General Practitioners CME delegates.

Connected to this, the Division has submitted a set of psychiatric prescribing algorithms, for publication in a MIMS volume entitled, "MIMS Handbook of Psychiatric Medications." The volume is due for publication later in 2015. Similarly to the CME, it is aimed at general practitioners, and clinicians working in primary care, and aims to deliver a similar evidence-based approach to assist in the nuances of psychotropic prescribing. This is particularly relevant, as much of the day-to-day management of chronic mental disorders in South Africa is performed by general practitioners ⁽²⁾.

Dr. Mike West – a clinical research fellow in the Department – recently attended the British Association of Psychopharmacology (BAP) Masterclass, held in Marylebone, London, from 22-24 April. The BAP maintains an ongoing relationship with the pharmaceutical industry; however this event is entirely independent of industry involvement. His attendance at this event was made possible by grants from the European and South African Research Network in Anxiety Disorders (EUSARNAD) and the University of Cape Town Departmental Research Committee. The

Masterclass is a bi-annual event, composed of three stand-alone, one-day events, and was attended by 70 delegates. Approximately 25% of the attendees were visiting from overseas (including South Africa, Bangladesh, Indonesia and New Zealand). Each day is broken down into sections dealing with specific disease areas: the first day was dedicated to “Schizophrenia/Substance Misuse”, the second to “Bipolar/Perinatal Mental Health/ADHD”, and the third to “Depression/Anxiety/Sleep”. Each session began with an overview of the psychopharmacology of the individual drugs and classes, followed by a detailed discussion of their clinical uses, and concluded with a question-and-answer session and panel discussions. Feedback from delegates was universally positive, and it is strongly recommended that all prescribers consider attendance at this event, at least once in their careers.

- (1) Zisook S, Glick ID, Jefferson JW, Wagner KD, Salzman C, Peselow ED, et al. Teaching psychopharmacology: what works and what doesn't. *J Clin Psychopharmacol.* 2008;28(1):96-100.
- (2) Nichol RJ, de Klerk B, Nel MM, Van Zyl GJ, Hay JF. Designing an educational programme in mental health for general practitioners in South Africa. *Sajp-S Afr J Psychi.* 2014;20(1):27-30. ■

ANNOUNCEMENT OF PSYCHIATRY NEUROIMAGING GROUP

By Jonathan Ipser

Non-invasive neuroimaging techniques have great potential in helping to characterise brain pathology and treatment response across a range of Psychiatric disorders. The Psychiatry Neuroimaging Group (PNG) was recently established to help raise the profile of neuroimaging research conducted in the Psychiatry department at UCT. The PNG's core team includes investigators with expertise in a variety of neuroimaging techniques, including functional magnetic resonance imaging (fMRI; Samantha Brooks, Jonathan Ipser), magnetic resonance spectroscopy (Fleur Howells), structural MRI (Anne Uhlmann, Jean-Paul Fouche) and diffusion tensor imaging (Jean-Paul Fouche).

The PNG will host talks on challenges encountered in designing brain imaging studies in Psychiatric patients, and in analysing the data generated by these studies. Regular research seminars and online forum discussions will help researchers in this field address challenges and



From left to right, in the first row: Jonathan Ipser, Samantha Brooks, and in the second row: Fleur Howells, Jean-Paul Fouche and Anne Uhlmann.

pitfalls frequently encountered in studying clinical populations. These include small sample sizes, psychiatric comorbidity, and identifying appropriate control participants. These discussions will also focus on identifying optimal data processing and analysis workflows, thereby ensuring that the quality of neuroimaging research conducted locally is on par with the best in the world.

Large collections of brain imaging data are increasingly being made available to the global neuroimaging community as part of international research collaborations. The PNG aims to foster true “bench-to bedside” clinically relevant research by helping investigators in the Psychiatry department take advantage of these datasets. This will also add value to pre-existing collaborations between PNG members and projects such as the Enhancing Neuroimaging Genetics Through Meta-Analysis (ENIGMA) initiative (<http://enigma.ini.usc.edu/>). By facilitating access to these data, local researchers will for the first time be able to investigate common imaging markers across multiple disorders, including Schizophrenia, Obsessive Compulsive Disorder and HIV. Greater collaboration with initiatives such as ENIGMA will help pave the way for future studies that are relevant to the diverse clinical population in South Africa, through enabling investigations of how patient characteristics relate to brain structure, function and metabolism. ■

RESEARCH NETWORKING THROUGH EUSARNAD

Mental health and mental disorder research initiatives are often put aside and ranked less important to communicable disease in South Africa and further afield. Initiatives such as the European and South African Research Network in Anxiety Disorders (EUSARNAD), highlights the importance and relevance of mental health and the need to support research in the field of mental health. EUSARNAD is an extensive collaboration between several research centres, funded by the European Commission, through the Marie Curie Actions International Research Staff Exchange Scheme, which was initiated in 2011. As a researcher, Dr Fleur Howells, in the Department of Psychiatry, I have had the privilege of joining this collaboration, which started in November 2014. I visited the Department of Psychiatry, University of Southampton, for four weeks late 2014, under the mentorship of Professor David Baldwin and Professor David Kingdon, leading research psychiatrists. A paper we wrote, while I was there, addressed the role of anxiety symptoms and anxiety disorders on the response to psychosocial interventions in psychotic disorders. One of the main, effective, psychosocial treatments for psychotic disorders is cognitive behavioural therapy for psychotic disorders (CBTp), the NHS in the UK has this as a standard treatment that is available to individuals with the diagnosis of a psychotic disorder. CBTp provides cognitive tools to manage disruptive internal thoughts and external behaviours. Our aim is to develop CBTp in South Africa as it is currently lacking. We then want to record the effect(s) of CBTp by recording brain wave activity before CBTp and after CBTp. This has not been addressed internationally and these data would be the first to provide biological markers in the efficacy of CBTp. In addition, visiting the University of Southampton permitted me to work with world-leading experts in the field of anxiety and psychosis – which has provided new insights, direction, and further collaborative opportunities with these world-leading experts and the whole network that is EUSARNAD. Further emphasis is needed on understanding neurobiology and neurophysiological mechanisms of these non-communicable diseases; they can no longer be put aside and ignored, evidenced by limited or un-substantial national funding opportunities. Professor

Dan Stein, head of the Department of Psychiatry is UCT's mentor and research representative for EUSARNAD, for any further information do contact our Department to enhance our research networks. ■



EUSARNAD colloquium held in Cape Town: (from left to right – front row) Dr Nastassja Koen (Psychiatry, UCT), Anne Uhlmann (Psychiatry, UCT), Dr Gosia Lipinska (Psychology, UCT), Sheri Koopowitz (Psychiatry, UCT), Shareefa Dalvie (Human Genetics, UCT); (from left to right – back row) Jean-Paul Fouche (Stellenbosch University), Dr Mike West (Psychiatry, UCT), Dr Jonathan Ipser (Psychiatry, UCT), Dr Michael Breen (Southampton University), Prof David Baldwin (Southampton University), Dr Fleur Howells (Psychiatry, UCT), Prof Dan Stein (Psychiatry, UCT).

PSYCHOTHERAPY

TEACHING AND RESEARCH REMAIN KEY FOR THE DIVISION

By Lameze Abrahams

The Division of Psychotherapy has the broad aim of developing psychological practice within clinical services. Our focus is to develop students and practitioners who are competent in counselling and psychotherapy, and can provide evidence-based psychotherapeutic interventions within our context. Our involvement with the undergraduate teaching programme has increased with the inclusion of additional teaching to the 4th and 6th year medical students in 2015. Additionally, we are reviewing the curriculum to establish psychological/psychotherapy input in pre-clinical years and identifying gaps where counselling input and skills are needed.

Psychologists remain involved with postgraduate registrar training and supervision at the various sites, with input into their teaching programme.

The Postgraduate diploma in Psychotherapy is now in its third year, with 6 graduates, and 4 students currently completing the diploma. The courses includes Basic Therapeutic Competencies, Dynamic Therapy, Evidence Based Practice, Cognitive Behavioral Therapy, and Ethics. Our research agenda aims to develop psychotherapy and counselling within our local context. For example, recent work includes psychotherapeutic interventions with parents in an ID context (PhD submitted by Ockert Coetzee), the therapeutic alliance in a forensic setting (PhD in progress by Tania Swart). Other members of the division are in the early stages of conceptualising research proposals for PhD studies (Lameze Abrahams and Siyabulela Mkabile). Clinical research projects include a focus on suicidality (Louise Frenkel and Ereshia Benjamin) and chronic pain management (Louise Frenkel). ■

PUBLIC AND COMMUNITY MENTAL HEALTH -

PUBLIC MENTAL HEALTH DIVISION DEVELOPS CAPACITY IN AFRICA AND ASIA THROUGH ITS MPhil PROGRAMME

By Amit Makan and Charl Linde

As a Centre which grew organically out of a shared and collaborative vision between the Department of Psychiatry and Mental Health at the University of Cape Town, and the Department of Psychology at Stellenbosch University, the Alan J Flisher Centre for Public Mental Health (CPMH) undertakes research, capacity building and advocacy in low and middle-income countries, and Africa in particular. The research projects the Centre is involved with includes implementation research projects taking place in close partnership with Ministries of Health (such as PRIME, the Programme for Improving Mental health care and EMERALD, Emerging Mental health systems in low and middle-income countries), and randomised control trials such as AFFIRM, Africa Focus on Intervention Research for Mental health.

As part of its capacity building mandate, the CPMH launched the M.Phil programme in Public Mental Health in 2012, which has been running for 3 years through block coursework and dissertation, which is completed and supervised by distance using internet and mobile resources.

The first block session comprised workshops which prepared students for Masters-level study in public mental health. These workshops assisted students with university registration and provided them an overview of the public mental health discipline, research methods, data collection and management, as well as an introduction to available library resources. Students are also partnered with supervisors and are guided through the process of preparing their protocols, which they presented to their peers and academic staff on the last day of their stay.



Above: M.Phil Public Mental Health Class of 2015

The MPhil programme is the only one of its kind in Africa, and is designed to be relevant and accessible to full-time working health and development professionals, building on their professional knowledge and increasing their capacity in these roles. Through the National Institute of Mental Health (NIMH) funded AFFIRM project, students from predominately African countries (Ethiopia, Ghana, Malawi, Uganda and Zimbabwe) are funded to attend the course. The class of 2015 also included an Asian student from Nepal, supported by the UKAID-funded PRIME.

For more information about the CPMH, visit www.cpmh.org.za or check out a short introduction film to the Centre at <http://bit.ly/publicmentalhealth>. You can also follow the Centre on Twitter [@CPMentalHealth](https://twitter.com/CPMentalHealth) or [Facebook](#) ■

INNOVATION

By Clint Maggott

Innovation in the business realm has been traditionally aimed at creating profit. New products and services generate greater profits for the business. At its worst, business focusses on profit at any cost. This is done to a greater and lesser degree depending on a given business's profit margins and constitution. In contrast, traditionally social enterprises, such as public health services, are not aimed at generating profit. Innovation here would be aimed at enabling the organisation to provide more for its consumers and taking less from them. The two worlds are understood to be fundamentally different and at odds, it is gain versus gift.

The concept of "Social Innovation" (and the innovation process) has also become more commonplace in business and even socially-oriented realms. Innovation and improvements occur naturally with time and we all attempt to constantly improve the services which we provide our patients. So what does this "new" concept of innovation offer us?

An important aspect of Social Innovation is the notion of Shared Value. This involves making money. This is traditionally the aim of business, however, Social Innovation attempts to blend the two worlds. Improve and assist society with its ills and make money doing it. Examples of this would be *The Big Issue* magazine, MicroFinance or energy-saving product producers. In this way more "value" is created and the solely profit-centred nature of narrowly defined Capitalism is altered. Social Innovators would actively seek opportunities for income from government, private funders, corporates and even service/product users. This is an area that is generally unfamiliar to our daily work and institutions. Would it be possible for this to be adopted not only by the business world but also by non-profit organisations, NGO's and even government social institutions. There is certainly a need for the generation of income to make our services more sustainable and expandable.

An interesting example of the adoption of this approach is the Lambeth Collaborative. It is a UK-based mental health initiative that was established in June 2010. It brings together a number of different role players in

mental health care including Public Health, Primary Care, Clinicians, Voluntary Care Providers and Mental Health Service Users. It is aimed at developing solutions to improve the lives of service users. This group actively employs social innovation principles to constantly improve and develop services.



When looking at the services offered by the Lambeth Collaborative, they are not radically different from most mental healthcare services. The process of innovation is also not different from what we intuitively and even purposefully apply at most mental health institutions. Despite this, it does have something to offer. Social innovation views the service users as a resource and vital source of information necessary for effective solutions. In the area of mental healthcare, this would be our patients. This approach necessitates the involvement of our patients in the development of services/products/interventions which they will eventually use to improve their lives. This shifts the traditional relationship between end-user and socially-oriented institutions. Although it is more socially-oriented than traditional business, it does often promote a dependent relationship. We give to our patients. Social Innovative approaches disrupts this by standing alongside patients and looking at the problems faced together. This difference is particularly relevant for our patients because of stigma and disempowerment connected with mental illness.

As stated throughout this article, innovation is not new. The concepts involved are regularly employed in our work as mental health service providers but perhaps it still offers something of value. It is clear that this approach has been adopted by other institutions around the world and for some of them it has been useful. It would be interesting to consider whether (in some ways it already has) and how this concept of Social Innovation could be incorporated into our particular contexts, hospitals and services. ■

FOR MORE SEE:

[Mental Health Innovation Network](#)

[Lambeth Collaborative](#)

[The Bertha Centre for Social Innovation:](#)

ANNUAL RESEARCH DAY

By Dr Adele Marais (on behalf of the research committee)



From Left to Right: Professors Dan Stein, Anthony Figaji, Crick Lund and John Joska; engaging in the panel discussion.

The Department held its 'Annual Research Day' on 3rd March 2015. This year's theme was 'Building Individual & Institutional Research Capacity in the Department'.

The programme started off with guest speaker - Prof Greg Hussey (Interim Dean of the Faculty of Health Sciences) – who gave an overview of the Faculty's research initiatives and outcomes. This was followed by a panel presentation and discussion (participants included Profs Dan Stein, Crick Lund, John Joska and Toni Figaji). Each reflected on key challenges/lessons learned in terms of building their personal and institutional research capacity. Other areas of discussion focused on strategies for fostering research careers, and challenges for both the emerging and established clinician-researcher. Prospective or emerging researchers often feel overwhelmed by the prospect of starting up a project. Key insights included the idea that research is best conducted in teams, that there is a balance between asking questions that are self-initiated versus one's that are provided by funders, and that projects are incremental.

In the second session of the day, 9 departmental members (representing a wide range of research interests, experience and research methodologies) gave

'rapid fire' presentations (5 minutes each) on their research projects. Presenters gave an outline of their research and preliminary results, but were also asked to personally reflect on their research experiences, and to identify factors that enabled them to get their research done. For example, Dr John Torline's presentation was entitled: 'A retrospective analysis of my MMed experience: tips, tricks and hacks'.

Other presenters and topics included:

- Jason Bantjies: 'The Groote Schuur Self-Harm Project'
- Kerry Louw: 'The MPhil and Beyond'
- Sumaiyah Docrat: 'Fostering research on the Economics of Mental Health and Mental Health Systems'
- Thandi Davies: 'Exploring perinatal depression in Khayelitsha: examining local definitions, risk factors, and lay-administered diagnosis'
- Zareena Parker: 'Psychology Referrals to Lentegeur Hospital's Adult Out-patient Service: A Retrospective Analysis'
- Tracy Appollis-McClinton: 'Adolescents' and Adults' Experiences of Being Surveyed about Violence and Abuse'
- Loren Leclezio: 'Executive Function deficits in Tuberous Sclerosis Complex'
- Rasmita Ori: 'Augmentation of psychotherapy with d-cycloserine for anxiety disorders'

This session was especially well received, as emerging researchers relate well to their peers. There was also a wide spread of projects across several fields.

Finally, the day ended with an inspiring plenary delivered by Prof Soraya Seedat, whose seminar was entitled: "Enhancing Research Capacity and Collaboration in Psychiatry: A Special Kind of Crazy?"

The Research Committee received positive feedback from this year's Research Day – which was well attended. In the lead up to next year's Research day, the Department Research Committee will canvas ideas for other creative formats. ■

PARENTING FROM THE INSIDE OUT-SOUTH AFRICA (PIO-ZA)

By Astrid Berg



From Left to Right: Lameze Abrahams, Nasera Cader, Bulelwa Mpinda, Nancy Suchman, Astrid Berg, Cindy DeCoste and Anusha Lachman; enjoying the sunset after a week of CIB training.

The Parenting from the Inside Out – South Africa project is a collaborative project with the Yale School of Medicine and cross-platform in that it includes UCT as well as Stellenbosch University site. PIO is a 12 session intervention developed by Nancy Suchman at the Yale School of Medicine. It is specifically for parents with substance abuse and mental health problems who are caring for young children. It is grounded in developmental, psychoanalytic and attachment theory.

PIO has been tested in 3 randomized controlled trials and has consistently demonstrated promise for improving maternal capacity to: Think reflectively about her own and her child's negative affective states during stressful parenting situations; Form more sensitive and balanced mental representations of young children; and Interact more sensitively with children during observed play sessions.

Nancy Suchman visited Cape Town in May 2013 and gave a series of seminars on this intervention. The resonance with local clinicians was such that it was decided to test the efficacy of PIO in a real world setting. Thus 5 local cross-university research sites were established in which to pre-pilot the intervention; these sites vary in their target intervention group. The common thread is encouraging the mothers' ability to

mentalize and within that the parent-child relationship will be addressed; the pre and post intervention assessments will be uniform across sites.

The questions that are posed for all the sites are (1) Can community clinicians be trained to fidelity in delivering PIO? (2) Will PIO's efficacy hold up when the intervention is delivered in community outpatient clinic settings by community clinicians? and (3) Can PIO be adapted for use in community clinic settings in different cultures?

The reasons for the sustained interest in this multi-site research are several:

- The intervention itself, focusing on the ability to mentalize, is in line with the type psychotherapeutic treatment the local clinicians are familiar with - as such it would be an opportunity to gain "Practice Based Evidence" (Lyon et al, 2015)
- The psychopathology of the recipients of the intervention in the Yale study mirror the type of challenges we see locally
- Lastly, but perhaps most importantly, is the openness of the Yale team to our context and setting. It has been a true collaboration following the model of Community Based Participatory Research.

The intervention itself is flexible and can be changed according to the situation, provided that the therapeutic frame is maintained and provided that a reflective therapeutic process is modelled and facilitated.

Training sessions have been held in Cape Town for the two assessment tools that will be used, namely the Parent Development Interview (PDI) and the Coding of Interactive Behaviour (CIB). In 2014 the Consultant Psychoanalyst to the Yale project, Dr Susan Bers, conducted a training week here on the intervention itself. These direct contact opportunities ensure that local professionals will be capacitated in terms of research as well as clinical practice.

Members of the PIO-ZA team are from DCAP, Lenteguer, Tygerberg and Stikland Hospitals and include Astrid Berg, Lameze Abrahams, Toni Abrahams, Amy Adams, Nasera Cader, Anusha Lachman, Bulelwa Mpinda, Nosisana Nama, Fiona Schulte, Juane Voges, Waseem Hawa and Jeannie Fagan. ■

DR DON WILSON RETIRES – THE END OF AN ERA

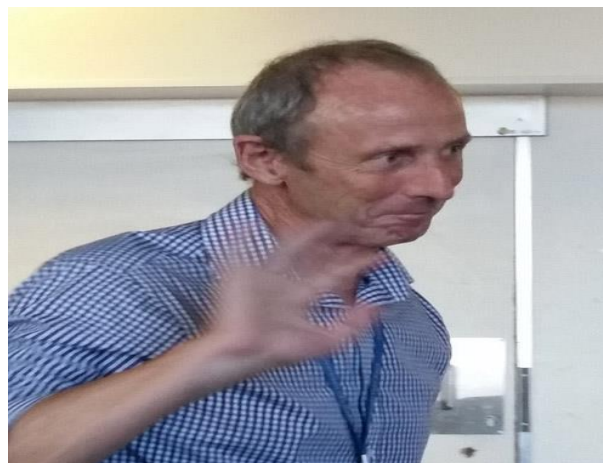
By John Joska

At the end of March 2015, Dr Don Wilson retired from his position as Head of Clinical Unit at Grootte Schuur Hospital. He held this position since the early 1990's, having been in the Department since 1983.

Not to be confused with Don "The Dragon" Wilson, our Don was an exemplar of calm, unflappable and assured leadership. His door was always open for a "put your bum down" conversation. More than this, he was obviously highly experienced, and I for one sought out his opinion on complex cases. His advice was typically of the "give him some haloperidol and let him hang around" kind. I realised that this is what most of our patients need. On a C23 ward round, after seeing several suicidal and stressed individuals, his advice was: "All they need is to put their feet up under an umbrella on the beach for two weeks". He knew that our stressed lifestyle was the heart and driver of much of the psycho-pathology we see.

Don was a great listener- an essential skill in psychiatry. He held ambivalence better than most people I know. I have also never ever seen him angry, upset or irritable. Nothing was too much for him. In our Department, Don held expertise in anxiety disorders, sleep disorders and personality disorders. Few people know that he also managed the highly complex transgender clinic. He was an active member of the provincial coding and therapeutics committee for psychiatry. He has had an interest in psycho-pharmacology and clinical trials for years. Don once admitted to us that hallucinations were not always pathological. They may occur under certain circumstances, usually in isolation and often once-off. He then recounted a story of how he had heard a voice calling out to him late one night when he was on call, and leaving a ward. This kind of self-reflective anecdote helped us understand that we carry our own symptoms, and never to over-pathologise.

Don was also the chair of undergraduate teaching in our Department. On his watch, our teaching to students was widely enjoyed and regarded by many generations of students. He has also played a critical role in



Above: Dr Wilson at his farewell.

supporting students and staff who have themselves suffered from mental illness. Addictions was also an interest, and Don was involved in the Cape Town Drug Counselling Centre, as a board member. Together with Dan Stein, he has seen an exponential growth in addictions services and research at GSH. Don would be the ideal addictions counsellor, in my view: warm, firm, empathic and non-judgmental.

Don's handwriting was terrible. I recall a Departmental function where Rob Allen received an award for his own illegible scrawl, and he dedicated it to his mentor... Don Wilson. I sometimes wondered how pharmacists interpreted Don's scripts, they probably shed a tear and called for the fire brigade! I had a little knowledge of some of Don's interests. He likes to play pool with his friends- I did sometimes have a vision of the cue stick deviating wildly, but he assured me that he could steady it on the table and fire off the black ball into the corner pocket. I also know that he likes cars- MG's I think. There may even be a collection of sorts... That said, he drove that old blue Toyota with great pride. He told me once when he was lifting me- he liked the automatic gear box and the electric windows. OK Don... As Hans Soltau said at the farewell, Don was unpretentious. His ego never got in the way. He was interested in others, not himself. This is somewhat rare.

Don - I salute you as a dedicated psychiatrist of the public service, as a leader, teacher and colleague. We will sorely miss you but wish you all the best in your retirement. Hopefully you'll be around to see some of your clients and to hear our news. Enjoy the time off, the cars, the pool/poker and of course your family. ■

PROF ASTRID BERG ACHIEVES NRF RATING

It was with surprise that I learnt about being given an NRF rating. My career has been built on becoming a good clinician; from fairly early on after my medical studies I knew that I was interested in the mind of the child, more so than in the physical diseases of pediatrics. My path thus led me to the Child & Family Unit at Red Cross Children's Hospital where I was supervised by Dr Vera Bührmann. Her approach to children as well as to adults was one of thoughtfulness for each individual case something which impressed me deeply. I realized that in order to progress in becoming a good clinician as I saw exemplified in Vera, I had to go more deeply into the psychoanalytic field and train as an analyst. It has to be added that this was the norm at the time, much as research is the expected thing to do these days.

Thus I followed on this path which today would not be considered a particularly good career making one. I gathered material as it came up for me during many psychotherapeutic encounters across cultural divides; I presented and wrote up this material and realized that the interest in work 'at the edge', work that is 'outside the box' is what is valued. Irrespective of outside support and even acclaim, to me it remains central that I shall treat others as I would want to be treated and that the individual is the one that counts in the end.

Before embarking on the very tedious process of the NRF application I consulted with Prof Robert Morrell of UCT - he in turn consulted with colleagues, as he did not quite know how to rate my CV! He was persuaded, and he in turn persuaded me to go ahead - he was most supportive of my application, helping me along the way and encouraging me to 'sell' myself better, something I am not good at. I remain deeply indebted to him.

I will use the funding that comes with the NRF rating towards the ongoing research of the collaborative intervention project with Nancy Suchman and her team at the Yale School of Medicine. ■



Above: Prof Astrid Berg

LIGHTMIND

