**Speech by Professor Gillis on the occasion of the anniversary of the Dept. of Psychiatry in 2012**

Introduction

I want to tell you how delighted I am to be here tonight- to be with old friends and to meet new ones and the best is to feel part of the Dept.again. When I was planning this talk I  thought, should it be light and amusing or  something more substantial, after all the celebration of a semicentenial is a meaningful business,.  But I don’t want it to sound like a lecture by an inspissated old academic – so I might tell a few jokes – you will have to judge how it comes out.

Talking of lectures one of the unlauded achievements of this dept was the introduction of an assessment of lecturers. I wanted to know how effective the communication our lecturers were,  so we produced an assessment form which each student had to fill in after every lecture – not an original idea you might say, but it was embarrassing when the results were totted up,each teacher given a score which was put on the departmental notice board for everyone to see.  I must say that my colleagues were most both cooperative and forgiving and we all learnt a lot. There were a couple of outstanding lecturers  but for the rest of us it was an abasement. I came far down in the list but I did improve later because this was an ongoing enterprise, even if it was only one point. Anyway, we had some staff teaching seminars and I did not come second last again. I would like to point out that I am not asking for my marks tonight.

BEGINNINGS

As this is a centennial celebration my task is to tell you where we come from – others, my mede professors, will tell you where we are going.

I am a bridge to the past, a rickety bridge its true, but probably the only one that can take you back to our earliest times. I won’t bore you I hope, with all the historical details –my children used to say when we spoke about family history  ‘We don’t want to hear about all that’s old stuff  Dad’’ they said “Its boring” but now they are grown up they complain that we did not tell them.  So I use this precedent to say something about the departmental past.

It all started in 1962 when some enlightened, physicians, physicians mind you, at Groote Schuur Hospital decided that some of their patients

needed more than medication or operation. You have no idea how far stigma was entrenched in our profession - for example I was given a pinkie consultation card which read    “Patient is crazy. Psychiatrist see”. I did and she turned out to be a very anxious and depressed woman justifiably worried about her her upcoming breast operation. So I  wrote back. “Psychiatrist has seen” and we talked a bit and she was fine. In an effort to reduce this sort of stigma we seconded a psychiatrist to medical ward rounds. It turned out to be an educational exercise on both sides, but it did help. The surgeons took a little longer to come right. !

LOCATION OF THE WARD

That is why when we became a university department in 1962 I chose to locate the new psychiatric ward along with the Department office in the corridor on F Floor at GSH. Those of you who are old enough will recall that medical and surgical wards were located at each end of the building and colleagues of all sorts were crossing through the psychiatry ward all day and they saw and met our pretty normal looking patients - living, playing and being treated in the corridor.T= his was a big factor in medicalising psychiatry - it came to be seen as OK. (mostly)

THE SITUATION AT THAT TIME

to take you back. The only psychiatric resource in Cape Town at that time - apart from a few private psychiatrists, was dear old Valkenberg  Hospital which was stuck in custodial mode –it dealt largely with acute and sometimes violent psychotics and an overload of chronic mentally ill patients. The hospital fell under the Dept. of Health in Pretoria and patients had to be certified in one way or another under the Mental Disorders Act. It was more an asylum than a modern therapeutic facility.

Psychiatry at Groote Schuur Hospital was quite another matter. It was the responsibility of the provincial authority and psychiatric patients came and went as other medical patients in a general hospital along with all the other medical disciplines. We started in 1962 with very little - 9 beds in a combined neurology and psychiatry ward, but some while later acquired 20 of our own in Ward F3 where the Departmental office was also located.. There was no professor, no clinical psychologist, no psychiatrically trained nurses, and only a bit of a social worker shared with other hospital departments. Just me, a couple of parttimers in outpatients and some general nurses.. Three registrars joined us  but did not stay long – it was Sharpeville time and they came to Psychiatry chiefly to get entry into the USA. This of course has been a continuing story throughout the years - it seems that we have a franchise as suppliers of psychiatric personel to the world especially Australia and the USA

|I knew that the backbone of any psychiatric service was skilled psychiatric nursing so one of the first things I did was to second a senior nurse to Tara Hospital in Johannesburg which had the most advanced psychiatric nursing training in the country, and she returned to set up our own training program which ending with a qualification with the SA Nursing Association.   They were superb, those nurses, and it was  a great disappointment when some years late, the Nursing Council did away with this course prescribing that all nurses should have some training in psychiatric nursing, good idea as this was, it was not the same thing as most only had 6 months contact. We also induced the Dept. of Social Work  at UCT to set up a course in psychiatric social work, and we took our first clinical psychologist for training.

BUBBLING BROTH

The thing is that psychiatry was buzzing overseas – World War 2 had caused major changes in the recognition of stress conditions, there were new and effective treatments (the phenothiazines and ECT) and all sorts of psychotherapies. It was a new dawn and the rising sun in SA was Tara Hospital in Johannesburg in 1949. This was the first to introduce the components of a modern program, the first to have a university dept and professor of Psychiatry and fulltime teaching staff (we only started all this when I came down to Cape Town in 1962) and we were guided by their experience. They were also the first to provide university training for the DPM and M.Med. – I was one of the first to be trained in 1950, and I imagine that I am probably the only one surviving from that time. I told you about the rickety bridge.

DEVELOPMENT OF THE DEPARTMENT

We were based on a few guiding . principles. These may sound commonplace these days but I can assure you they were very forward looking at that time. Briefly the essence of the plan was to develop a comprehensive service based on the following principles

1.Psychiatry must be part of mainstream medicine,

2. Different illnesses require specialised treatments,  specialised staff, and usually separate venues  ( mental hospitals at that time were functioning largely on a one,size fits all basis)

3 The concept of the multidisciplinary team was central   
4. Training of professional staff was essential

HIGHLIGHTS

These desiderata may sound unremarkable these days but believe me, they were novel

at that time.  So we grew - and just to list our movement towards a comprehensive service I will mention some of the highlights over the years. Outpatient facilities at GSH were a chaotic mess - it was choked with longterm patients (many who were really social problems) and there were  long waiting lists, a separate  emergency unit  in Casualty was set up in 1963 with its own beds  and fulltime staff, a Day Hospital along with a social club was established in a cottage just below the main hospital– now gone, an effective  consultation service for the  general wards (also to combat stigma) was arranged,  a community service for the Cape Town area manned by travelling psychiatric nurses, and units for alcoholism at the William Slater Hospital and Heideveld, Avalon Hospital  in Athlone for alcoholism and psychiatric disorders was built to our design in 1974., Services for children and adolescents were inaugurated and several other units were set afoot over the years including a psychogeriatric unit and one for troubled and addicted adolescents.

In short, there has been continuous growth in the Department and able colleagues helped to set them up and run. I must mention Peter Beaumont, Oved Ben Arie now in Canada, Eleanor Nash, Brian Robertson, Vera Buhrmann, Tuvya Zabow, Mick Pascoe, Brian Roberson and there were many others.  I am happy to say that growth continues.

NEW DEVELOPMENTS

Things changed in 1984 when the province took over  clinical responsibilities for Valkenberg, Alexandra  and Lentegeur.  These now became full university teaching hospitals. and staff now fell under the tripartite arrangement with UCT and the CPA. This greatly expanded our clinical and teaching responsibilities - for instance,  we now had something over 2000 beds, a large forensic unit  and large outpatient and other commitments. Overcrowding at Valkenberg was extreme and although we made many representations to the Dept of Health in Pretoria for additional facilities, all to no avail. Then somehow, I can’t remember how, we managed to get the then Minister of Health to visit Valkenberg. We took him to the worst word, to those of you who remember,  it was Ward 11 of the old hospital. It was a rainy and miserable Cape day so all the patients had been kept inside. We arrived at the gate and the head male nurse produced a huge key and flung the  door open - inside was bedlam, a shouting, gesticulating milling mass of black patients in dull prison garb . A psychotic patient moved towards us – presumably to shake hands with the minister, but he thought it an attack and retreated in haste   “ My God” he said, and the visit was soon concluded. The sequel was that 3 weeks later I received a letter from Pretoria asking me to take a team overseas to look at new developments in mental hospitals. A consortium of  architects, the Chief Director of Mental Health from Pretoria and someone from the Public Works came with and we visited many hospitals in the UK, Scandinavia, Germany and Holland, all themselves in the process of change. Plans were drawn and eventually Lentegeur came about, a full member of the UCT Dept of Psychiatry

TEACHING

I must say something about teaching. This has always been a prime aim of the Dept. Undergraduate teaching was very limited in the beginning  - a few lectures by one of the Valkenberg staff and a couple of demonstrations, often more like freak shows than clinical presentations. Henry Walton, later the professor of Psychiatry at Edinburgh University was the first in 1959 to make the psychiatry course more dynamic, and in 1964 we introduced a Human Behaviour course in the 3rd year,  I don’t have to say that teaching and practical experience for students in our hospitals. is now highly organised and psychiatry is taught in all clinical years and is one of the big 5 in the final examination.

Then postgraduate training. At some point in 1980’s I counted over 100 registrars who had been through out dept. but the number must be well over 200 by now. Unfortunately we have been a continual source of supply for psychiatric organisations overseas and there are many of our graduates in prestigious universities including at least 8 professors. Fortunately some of the best of us have stayed and I see several with us tonight.

I must also mention teaching for all the other professional groups. It is very extensive and the Education Building is usually full of chattering and somewhat awed students from up the hill and elsewhere. I can’t tell you how chuffed I feel when, on a Tuesday morning, I find that there is no more parking outside the Education building because of the influx.

RESEARCH

Then research - this has always been a main activity. – we had an MRC unit here for some ten years and another is operating now under Dan.  There is a constant stream of publications and what was a modest flow has turned into a torrent of local and international endeavour. Dan’s the man,  and he is supported by a   group  of sophisticated researchers, amongst them I must mention Brian, Chris Lund and Alan Flisher., Bryan amongst others in our research section. I would say that we probably produce more papers than all the SA departments taken together.

CONCLUSION

I want to tell you that we now have the staff and facilities equal to the best anywhere – I know because I have been around  -  we have  a profusion of professors - I am reminded of the legend of the Hydra  in ancient Greek mythology - every time Heracles cut off his head, two more grew, and we now have seven – also a pack of psychologists, a swarm of social workers, a cluster of OT’s and a …..  of nurses.  You really are good and I am very proud of what you have achieved.

I want to end on a note that rings loudly for me but  may not be quite audible to some of you. In the lobby of the Education Building you will see a shield  with a snake on it. This is Uroborus,  our departmental icon, an archaic symbol which consumes itself to create its own sustenance, a symbol of   healing, of creation and of wholeness. That is who we are and what we do.

I will end with our mantra – first  coined by a French physician in the 17th century -

Sometimes to cure, often to alleviate,  and always to comfort.