

OFFICIAL NEWSLETTER OF THE SOUTH AFRICAN SOCIETY OF PSYCHIATRISTS (SASOP)

SASOP: THE ALTERNATIVE SOLUTION

FROM THE EDITOR

At the WPA International Congress in Cape Town in November, South African Psychiatrists will play host to the world as we welcome delegates from across the globe to our corner of world. It will see the culmination of months and years of hard work and preparation from many colleagues across South Africa, together with



Ian Westmore

other parties such as the pharmaceutical industry, the PCO Scatterlings, government and non-government organizations and consumer groups – perhaps the first taste of what has become our "social contract" and congress theme.

Prof Bernard Janse van Rensburg, our incoming SASOP President and Congress Convenor, has been working exceptionally hard, to ensure that the Congress will be the success that we envisaged when we embarked on the project more than five years ago. He has shown exceptional leadership and dedication in the process and we look forward to his on-going lead in the next two years.

At the same time, we reflect on the dedication and commitment of our outgoing President, Dr Mvuyiso Talatala, who has steered the SASOP ship ably over the last two years. His term has seen SASOP grow and face many challenges, and his enthusiasm, good humour and vision have been inspirational. We, as the collective SASOP membership salute him, and look forward to his continued involvement in our organization as Past President.

Dr. Ian Westmore (Editor)

FROM THE PRESIDENT

We have just about a month left before my term of Presidency and the term of our current Board of Directors of SASOP comes to an end. It has been an extremely busy term with many successes and challenges. The relations that SASOP has with important stakeholders such as the government, Medical Aid Schemes, patient advocacy groups, NGOs in mental health, patients and SASOP members have evolved quite dramatically. At the core of our interactions with all of these stakeholders is the SASOP's commitment to the social contract.

SASOP has had to step out of its comfort zone and speak up about deinstitutionalisation in Gauteng Province that is being implemented without the development of community based mental health care. The Gauteng Department of Health claimed that its termination of the contract for the care of chronic and severely mentally ill patients in the facilities of Life Healthcare Esidimeni was part of the policy of deinstitutionalisation. SASOP warned the government about unintended consequences if the process of closure of these facilities was not done with care. We have witnessed multiple deaths of mentally ill patients who were recently discharged from Life Healthcare Esidimeni. The National Minister of Health has requested the Health Ombudsman, Prof M. Makgoba, to investigate the deaths of these patients and all other related matters.

SASOP has continued to support the communities in their battle on the Life Healthcare Esidimeni issue. This has meant that SASOP has had to respond to media questions and speak against government. Speaking up against government in an attempt to look after patients poses ethical dilemmas. As medical practitioners we are expected and have

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a responsibility to defend patients right to dignified mental health care, even against government. That has its own risks for the individual practitioner who may be a State Employee as well as risks for SASOP.

SASOP is continuing to strengthen its communication strategy and is even considering rebranding. Media presence in the past 6 months has been notable. This has been further strengthened by the efforts of the Psychiatry Management Group (PsychMg) with Dr Renata Schoeman and Dr Sebolelo Seape being at the forefront. I have also led all efforts to strenathen SASOP's media presence. In addition to these recent efforts, I would like to thank Dr Ian Westmore, the editor of Headline, who has revived Headline and had it published regularly. SASOP has managed to steer its official journal, South African Journal of Psychiatry (SAJP), forward. The biggest challenge with SAJP is its financing. Sponsorship and advertisements have been declining over the years. SAJP is an important asset for SASOP and we will have to find funds to keep the journal supported.



Dr Mvuyiso Talatala chairs his final Board of Directors meeting in Johannesburg in September 2016.

SASOP is continuously improving its relations with other international bodies and societies in Africa and across the world. We are currently encouraging SASOP members to join APA through a SASOP/APA membership discount project. APA membership obtained through this project has several benefits including the huge discount in membership offered by SASOP, PsychMg and APA. The usual APA membership benefits will apply and these include the access to American Journal of Psychiatry, the discount in the registration fee for the APA annual meeting, online courses and others.

I am in contact with psychiatrists in Southern Africa in an effort to strengthen psychiatry in Southern Africa. On the 6th of October 2016, I visited Lusaka, Zambia, where I met psychiatrists from Lusaka and discussed several areas of cooperation in the region. In June 2017 SASOP will host the first workshop of the leadership of psychiatry in Southern Africa.

I hope most psychiatrists in South Africa will attend the 2016 WPA International Conference in Cape Town where I will hand over the SASOP Presidency to Prof Bernard Janse van Rensburg. The annual General Meeting (AGM) will be held on Sunday 20th November 2016 at 16H30. I am making a plea to all SASOP members to attend the AGM. This will be followed by the President's dinner at 19H00. I wish all our members well as we wind down the year towards the end of the year holidays.

Dr Mvuyiso Talatala

President

3. MEMORANDUM OF UNDERSTANDING ON COLLABORATION BETWEEN THE ROYAL COLLEGE OF PSYCHIATRISTS, SASOP AND THE COLLEGE OF PSYCHIATRISTS OF SOUTH AFRICA.

We have previously reported on the negotiations between the three parties over the last few years. The WPA Congress in Cape Town in November will provide an opportunity for further discussions, and it is hoped that this agreement will be signed and entered into at that time.

4. REPORTS FROM THE SASOP NATIONAL COUNCIL MEETING

The SASOP National Council Meeting was held in Johannesburg on Saturday 10 September 2016. This was an opportunity for members of different subgroups, divisions and Special Interest Groups (SIG) to report to the Board of Directors (BOD) on their activities since the last meeting held a year ago. In the past year, these "report backs" have been ongoing, as selected members of these SASOP groups have been present at the BOD meetings, in an effort to keep the BOD informed throughout, and also to



Drs Brink, Seape and Kewana during the National Council Meeting.

provide an opportunity for SASOP office bearers to gain insight into the "day to day" work of the Board.

4.1 PSYCHMG (DR S SEAPE)

PsychMg Scientific & Business Weekend: The 7th annual Scientific & Business Weekend took place on 12 – 14 August 2016 at Zimbali in KZN and was attended by 130 members of PsychMg. We thank Aspen Pharmacare for their generous sponsorship without which this event would not be possible. The board had a strategic planning meeting on the 12 August 2016. Some of the discussions included:

- Plans to invest more in members, e.g. training workshops, business sessions, practice management sessions, mentorship programmes and others;
- A five year budget and financial strategy;
- Strategies to make PsychMg financially independent.

PSYCHMG ANNUAL GENERAL MEETING (AGM):

The AGM took place on 13 August 2016 where the Annual Financial Statements 2015 were presented, auditors were appointed and the leadership for the next term was elected. Dr Paul Strong, Dr Paslius Mazibuko and Dr Judy Bentley were not available for re-election and we thank them for their support over the last term. We wish to welcome Dr Renata Schoeman who was newly elected to the board.

The leadership for the 2016/2017 term is as follows: myself, Sebolelo Seape (Chairperson), Kali Tricoridis (Vice Chairperson), Lerato Dikobe, Thabo Rangaka, Shaquir Salduker, Renata Schoeman, Mvuyiso Talatala and Ian Westmore. Eugene Allers remains involved as an external consultant. I wish to thank these individuals who devote a tremendous amount of their time to this organisation.

The board recognizes the trust the membership has placed on us and we shall continue to honour that.

MEMBERSHIP:

PsychMg has continued to grow both by numbers and liquidity. At present there are 230 paid up members. The finances are in good standing and all statutory requirements have been met. It is important to note that PsychMg membership automatically transfers to the member, the following additional membership:

- SASOP
- Biological Psychiatry Special Interest Group
- World Federation of Societies of Biological

Psychiatry (WFSBP)

- World Psychiatric Association (WPA) and the
- South African Private Practitioners Forum (SAPPF).
- Negotiations are underway between SASOP and the American Psychiatric Association (APA).
 PsychMg is willing to put up an extra R50 000 to subsidise members.

INTERACTION WITH MEDICAL SCHEMES AND ADMINISTRATORS:

The PsychMg board of directors continuously engage with funders on private practice matters, e.g. Discovery Health regarding the Psychiatry Governance Project; GEMS is under new (younger) management and we believe the relationship will be more effective in future; and POLMED met with us regarding the interpretation of coding and general audits.

FORENSIC INVESTIGATIONS:

During 2015 there was a decrease in forensic investigations; however, we have seen a dramatic increase over the last few months. Various administrators and schemes are now taking psychiatrists to task regarding up-coding, time spent with patients and the incorrect application of the codes. We urge our members to code correctly and reasonably; to keep proper records of locums, on call duties and daily time sheets. This can come in handy when investigated. Should you need PsychMg to assist, you are welcome to contact us.

MENTORSHIP:

PsychMg has great interest in assisting with mentorship, but the actualization has not been great to date. The board has since made a concrete decision to have a mentorship workshop in the first quarter of next year. We would like to invite psychiatrists, who feel the need for assistance in this regard, to contact the board of directors so that they can register for this programme and a mentor can be assigned or chosen.

WPA 2016 CONGRESS:

PsychMg will put up a further R1 000 per member (over and above the R2 000 from SASOP) for registration, for members who did not receive sponsorship.

Sanofi Zentiva Psychiatry-in-Focus Weekend: This

very successful event took place at Mount Grace on 12 - 13 March 2016. We thank Sanofi Zentiva who has already committed to present this weekend again next year. Save the date: 24 - 26 Feb 2017!

HOSPITAL VALIDATION PROJECT:

The board has drawn up a hospital validation document and this was presented by Dr Tricoridis at the PsychMg weekend.

DR REDDY'S SASOP PUBSEC WEEKEND:

The Dr Reddy's SASOP PubSec weekend will take place on 9 - 11 June 2017. It has been agreed that parallel sessions will be arranged for the private practice delegates.

GOVERNMENT ENGAGEMENTS:

These have been done in conjunction with SASOR PsychMG board members attended the Ministerial Advisory Committee on the 10 August 2016. Topics presented were:

- Admission of children
- Shortage of beds
- PMBs
- The need to review the IUSS document
- District services
- Training of interns in psychiatry
- Life Esidimeni issue.

FROM THE SPECIAL INTEREST GROUPS

4.2 BIOLOGICAL SPECIAL INTEREST GROUP (PROF S SEEDAT) COMMITTEE:

Three new members have joined the committee during 2016. They are: Prof. Jackie Hoare and Drs. Leigh van den Heuvel and Mari Retief. Prof. Dana Niehaus has resigned with effect from August 2016. Prof. Jonathan Burns will be relocating to the United Kingdom later in 2016, but for now he remains involved in the committee.

BIOLOGICAL PSYCHIATRY AWARDS 2016:

Fifteen applications were received (4 from established career researchers and 11 from early career researchers) and three outside adjudicators were appointed. Three awards were made: Biological Psychiatry Established Research Career Award: R200 000-00 to Prof. Christine Lochner, and the Biological Psychiatry Early Research Career Award: R100 000-00 each to Dr. Nathaniel Wade McGregor and Dr. Petrus Johan Naude. Criteria for the allocation of these awards will be re-evaluated during the course of this

year with transformational criteria in terms of gender, race and HEI being seen as of high importance for inclusion. These new criteria will be finalized prior to the awards being adjudicated next year.

CONGRESS 2017:

Three tenders were received to host the 2017 Congress. The applicants were interviewed and scored according to an agreed set of criteria. Londocor was chosen as the PCO. After a site visit, the Century City Congress Centre is the preferred venue. The dates for the congress will be 22 to 24 September 2017.

CONGRESS 2015 PROFITS:

We have agreed to pursue the possibility of utilizing financial support from the profits of the 2015 congress in terms of international speakers who could be invited to do WPA pre-congress presentations in Cape Town and other venues. The possibility of sponsoring medical students and junior doctors to attend the WPA 2016 congress will also be pursued.

CHANGES WITHIN THE BIOLOGICAL SPECIAL INTEREST GROUP (BPIG):

A proposal was tabled, and accepted at the July BOD Meeting, that in future, the Biological Psychiatry Congress Organizing Committee will be a standalone committee, with the Biological Special Interest Group being separate. The BPIG will be an SIG in the Biological Psychiatry Division (Cluster). Individuals could participate in one or both of these committees. The new Biological Psychiatry Division Committee will likely consist of two representatives from each Biological Special Interest Group from whom a chair, treasurer and a secretary will need to be appointed. **FINANCES**:



Mardi Roos and Casper Venter from Healthman, with Prof Bernard Janse van Rensburg, Dr Sebo Seape and Prof Liezl Koen during the final BOD Meeting in September.

The two accounts have been audited. These accounts will reside with the Biological Psychiatry Congress Organizing Committee. The provision of start- up funding to the BPIG was agreed to by the Biological Psychiatry Congress Organizing Committee.

MEMBERSHIP OF WORLD FEDERATION:

Payment of subscriptions has been made.

4.3 OLD AGE PSYCHIATRY SIG (DR C KOTZÉ)

There are 3 qualified Old Age Psychiatrists grandfathered by the HPCSA and Stikland Hospital remains the only accredited training facility with two Old-Age Psychiatry subspecialty-training posts. The posts are not funded and candidates are advised to seek funding form external sources. Dr Lina Groenewald started her training for an MPhil in Old-Age Psychiatry at the beginning of 2016. The process to establish Alzheimer's disease as a PMB and to make at least one cognitive enhancer available at state level is ongoing, with support from pharma and caregiver support organizations (such as Dementia SA and the Alzheimer's Association of SA).

There is growing support and enthusiasm for Old-Age Psychiatry, but the establishment of new training units remains a challenge.

4.4 CELLULAR AND MOLECULAR PSYCHIATRY SIG (DR JP ROUX)

We held a second seminar on "Genetics and the Future of Personalized Medicine" at the Cipla Neurosciences weekend in February 2016. This seminar was well attended by all delegates. Cipla printed a booklet on proceeds from this Seminar that was distributed to psychiatrists. The SIG is hosting a follow-up seminar at the WPA Congress in Cape Town with emphasis on "Clinical Pharmacogenetic Analysis and its availability in South Africa".

Members met up with Dr D Meyersfield, CEO of DNAlysis, a technology Lab which is concluding Pharmocogenetic testing. We have collected a group of ± ten psychiatrists at Glynnview, Denmar and Sandton Mediclinic Hospitals to do a naturalistic retrospective study on patients being treated with poly pharmacy and monotherapy to see how much the genetic information would contribute to better decisions in pharmacological treatment regimes.

Dr's Roux, Allers, Janet and Peter also attended the DNAlysis launch to doctors and pharmacists in South Africa.

4.5 SUBSTANCE USE DISORDER SPECIAL INTEREST GROUP (SUDASIG) (DR L WEICH)

During the Biological Psychiatry Congress in 2015, it was decided that the SUDASIG will fall under the Biological Cluster of SASOP special interest groups. The special interest group recognises addiction psychiatry as an emerging field of interest in South Africa. It sees one of its primary roles as advocating for best practice in addiction care treatment in South Africa. The subgroup therefore supports the development of a subspecialty in addiction psychiatry in order to develop local expertise and training possibilities in the field of addiction psychiatry. The Certificate in Addiction Psychiatry of the Colleges of Medicine of SA, has been accepted recently, though the registration of a subspecialty is still pending with the HPCSA. The group is busy developing a database of persons interested in Addiction Psychiatry in order to develop a network for communication.

The special interest group is represented on the South African Addiction Medical Society (SAAMS) EXCO and ensures that the interest of Addiction Psychiatry is represented at this forum. This organisation represents the interests of the multidisciplinary team working in Addiction Care and advocates for evidence based addiction care treatment. SAAMS has produced opioid and alcohol treatment guidelines and endorses Smoking cessation guidelines.

It presented two addiction related pre-symposium workshops on the 19th of August 2016 and a successful Addiction Care symposium on the 20th of August 2016, called "Pieces of the puzzle; addressing comorbidities in addiction". The subgroup submitted a pre-congress workshop for the upcoming WPA congress on Cannabis.

4.6 ATTENTION DEFICIT HYPERACTIVITY SPECIAL INTEREST GROUP (ADHD SIG) (DR R SCHOEMAN)

The overall objective of the ADHD SIG is to improve the basket of care available to our patients with ADHD. This is only possible through

a combined and concerted effort of individuals with a special interest in, and passion for, ADHD to improve knowledge about, and funding for, the care of individuals with the disorder.

SIG ACTIVITIES AND MILESTONES

- Current membership: 31
- 25 September 2015: Launch of the SIG and first SIG meeting, Lord Charles Hotel, Somerset West
- 21 November 2015, Adult ADHD Workshop (in collaboration with the SASOP Southern Gauteng Subgroup), Oxford Health Care Centre, Saxonwold
- 27 February 2016: SIG meeting, 10 Bompas Road, Johannesburg
- 28 May 2016: Adult ADHD Workshop (in collaboration with the SASOP KZN Subgroup)
 - o Unfortunately this had to be cancelled due to communication and logistical problems between KZN and the sponsor. We relocated the meeting to Bloemfontein
- Release of SASOP's position statement on ADHD treatment (in response to article in the Sunday Times, 29 May 2016)
- 6 August 2016: Adult ADHD Workshop (in collaboration with the SASOP Free State Subgroup)
- 13 August 2016: SIG meeting, Zimbali, Ballito
- The SASOP/PsychMG Treatment Guidelines for adult ADHD
 - o One of the specific aims of the ADHD SIG was to develop South African guidelines for the diagnosis and treatment of adult ADHD specifically, and update guidelines for the treatment of child, adolescent, and adult ADHD.

Renata Schoeman was tasked by the SIG with the drafting of guidelines. Rykie Liebenberg provided valuable input. The guidelines were then circulated to the SIG members, as well as the Chair of the Public Sector SIG, for written feedback and evidence based suggestions that were then incorporated into the guidelines.

The final guidelines were circulated for written approval by the SIG members, followed by formal approval at a SIG meeting held on 13 August 2016, after which it was submitted to the SASOP and PsychMG boards for

recommendation and ratification.

ADDITIONAL ADHD RELATED INDIVIDUAL ENGAGEMENTS: members of the SIG have been very active in writing articles, doing press releases and engaging with the media, increasing awareness of the condition.

FUTURE PROJECTS (2016/2017)

- 18-22 November 2016: Adult ADHD Workshop, WPA, CTICC
- 2017: Translate guidelines into policy documents SOPs. Workshops for SIG members in diagnosis and treatment - to be able to standardise and for quality assurance. Regional workshops with primarily using local speakers. Creation of centralised "curriculum"/ database/ materials.

FROM THE SUBGROUPS

4.7 NORTHERN SUBGROUP (DR C KOTZÉ) THE EXECUTIVE COMMITTEE:

Dr C Kotze (Chairperson); Dr P Malherbe (Secretary); Dr RA van Schoor (Treasurer); Dr M Rademeyer (Private Practice representative); Dr H Eksteen (UP registrar representative) and Dr Muluvhu (SMU registrar representative).

The CME meeting of 25 February 2016 with the topic, "Cognition in Bipolar Disorder" was well attended and a report was published in South African Psychiatry, May 2016 edition. The subgroup also hosted their annual mini-symposium on 18 June 2016. The topic was "Trauma and Mental Health" and the event was considered to be a great success with positive feedback from attendees. A report about the event has been submitted to South African Psychiatry.

The subgroup would have been involved with arrangements for some of the pre-congress lectures in Gauteng prior to the WPA congress. Unfortunately, due to unforeseen changes in the academic programme at UP, where the presentations would have been hosted, this will not be possible anymore. The subgroup has been encouraging registrars and other members to support the congress. Two registrars have received partial sponsorship from the subgroup to attend the WPA Congress in November.

The financial management remains a challenge and Dr van Schoor has been struggling with access to the bank accounts, because of outstanding documentation. ABSA has requested business rules / a written constitution from SASOP, to allow her access to the accounts. Healthman has been contacted about this and we are awaiting a response to finalize this matter. The subgroup would still prefer relinquishing control of the finances to the central governance of SASOP.

4.8 LIMPOPO SUBGROUP (DR MM KEWANA)

INFRASTRUCTURE: In the province there is only one Private Facility, but it is not accredited to admit adolescents and involuntary patients. In the state sector there are three Psychiatric Hospitals for five districts, namely Hayani, Thabamoopo and Evuxakeni hospitals. There are some psychiatric wards in district and secondary hospitals, eg Letaba; Mankweng and Mokopane.

ACTIVITIES: The subgroup was apathetic in the past few years, but was recently "rescuscitated" by Dr Kewana. Meetings are held once a month (sponsored by Dr Reddys). The subgroup is preparing to host our first symposium on 17th September. In the public sector we are faced with a huge backlog of Forensic assessments since the retirement of Dr Weiss.

INFRASTRUCTURE AND HUMAN RESOURCES

CHALLENGES: We are a small group and there are few consultants for the Province. There seems to be less or no time for research and academic development. In addition, there are no defined subspecialties e.g. Child and Family, Substances etc. In the Province, Review boards are almost non existant.

5. SASOP AWARDS 2016

The SASOP Awards Committee has been reviewing the criteria for the different award categories. These awards will be made at the SASOP Congress Dinner in November. Subgroups, Divisions and Special Interest Groups can make nominations. The criteria will be placed on the SASOP website.

6. TERMS OF OFFICE FOR SASOP OFFICE BEARERS

All members should note that it was recently decided that in future, the terms of office of all office bearers within SASOP structures should be aligned with that of the SASOP Board of Directors. This means that even though e.g. subgroups and Special Interest Groups may hold elections prior to the SASOP AGM during which elections are held (every two years), the term of office will be considered to begin with a new SASOP Administration (when the new President and Board of Directors assumes office). This will make the administration of SASOP easier.

IT IS THEREFORE RECOMMENDED THAT, IN FUTURE, ALL THE STRUCTURES WITHIN SASOP TRY AND ALIGN THEIR TERMS OF OFFICE WITH THAT OF THE BOARD OF DIRECTORS (THE NEW PRESIDENT AND BOARD WILL ASSUME OFFICE AFTER THE AGM IN NOVEMBER 2016 AT THE CONGRESS).

it is hoped that the training will be rolled out in other substructures as soon as possible.

7. PROF DENISE WHITE ENDS HER TERM AS PRESIDENT OF SAMA

Prof Denise White concluded her term of office (one year) as SAMA President at a dinner on 23 September 2016. It is not often that a psychiatrist is elected to this position, and her involvement in SAMA and determining policy over the past year has been significant.

We hope to report more extensively on her achievements in the next issue of South African Psychiatry, but in the meantime, SASOP would like to congratulate her on her achievements.

She remained involved in opening the SAMA congress in October, and has also agreed to coordinate a specific SAMA/WMA forum on physician assisted suicide at the WPA Congress in November.

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