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ISSN 2409-5699

SOUTH AFRICAN PSYCHIATRY

ABOUT the discipline FOR the discipline

issue 44 • AUGUST 2025

21ST NATIONAL CONGRESS OF THE SOUTH AFRICAN SOCIETY OF PSYCHIATRISTS

EAST LONDON INTERNATIONAL CONVENTION CENTRE, EAST LONDON

RE-IMAGINING MENTAL HEALTH CARE ACCESS

17TH – 21ST SEPTEMBER 2025

ABSTRACTS

PUBLISHED IN ASSOCIATION WITH THE SOUTH AFRICAN SOCIETY OF PSYCHIATRISTS www.southafricanpsychiatry.co.za

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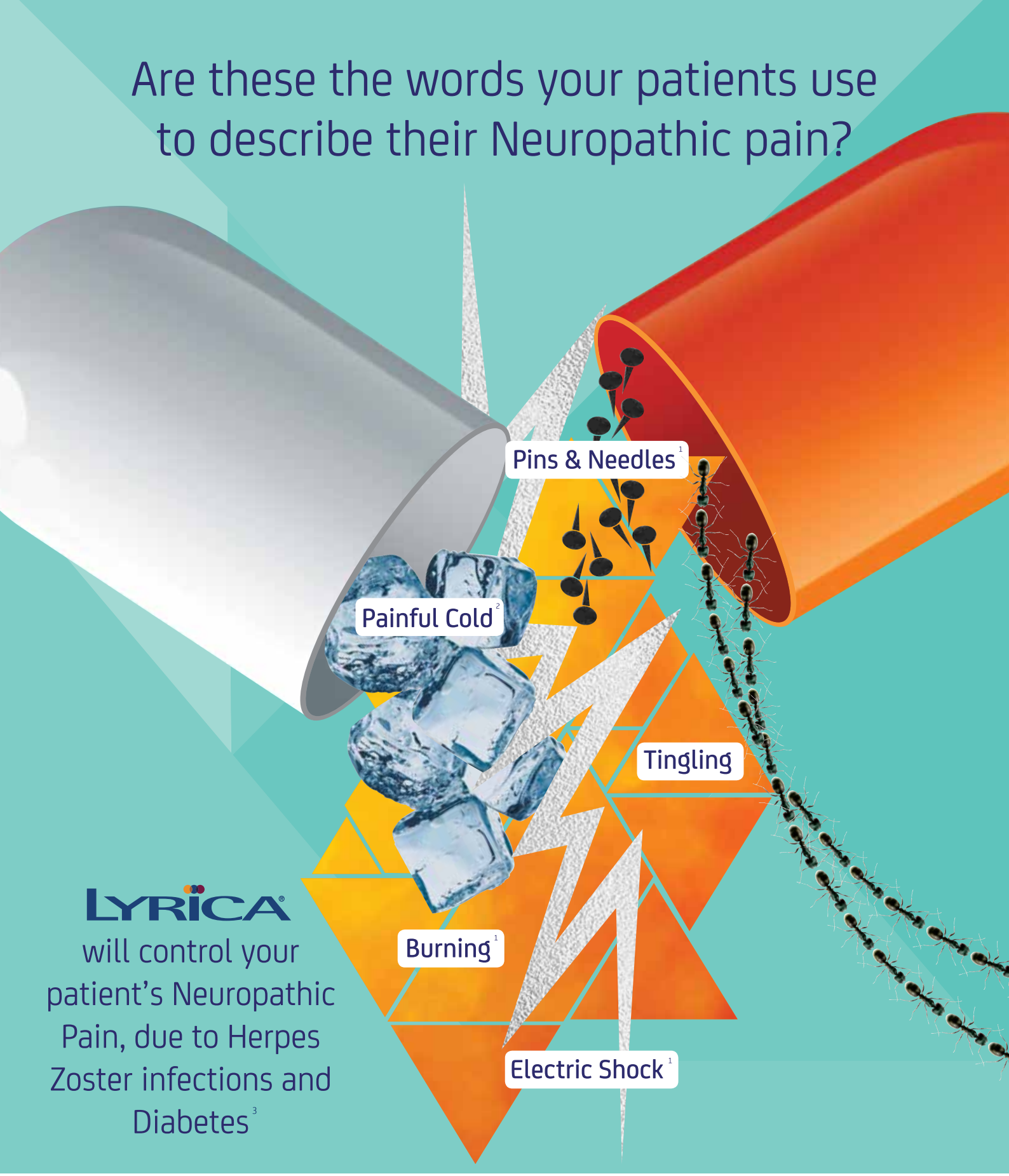

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Acknowledgement: Thanks to Lisa Selwood for assistance with proof reading

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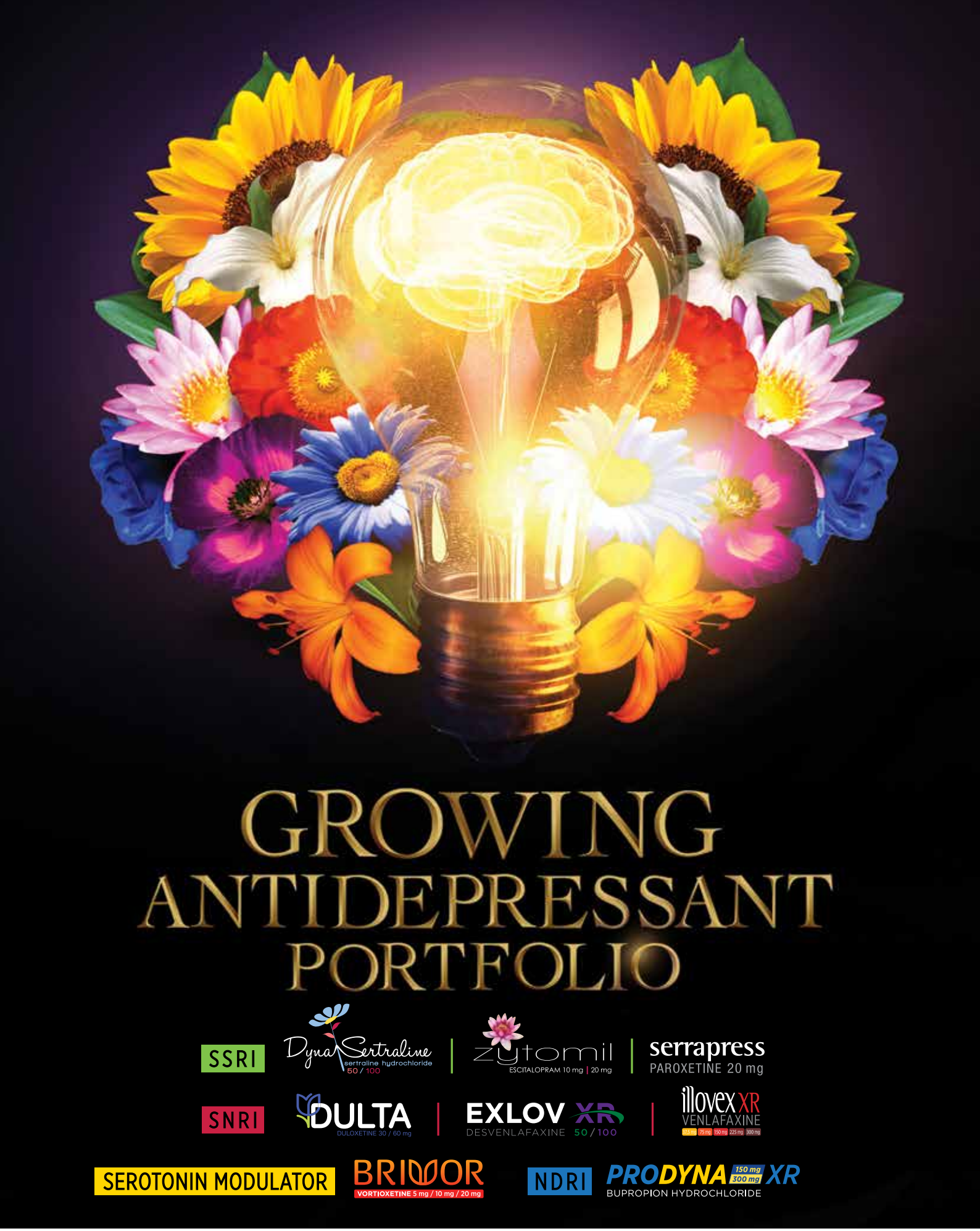
Advertising: The Source Events and Marketing
Design and Layout: Rigel Andreoli and Kirsten Brooks
Web: www.southafricanpsychiatry.co.za
Contact Person: Adisha Gani - adisha@thesourcesolutions.com
COVER IMAGE: East London City Hall, Oxford Street by Bfluff on Wikimedia Commons
Design and layout: The Source **Printers:** Raptor Print
South African Psychiatry is published quarterly by The Source Solutions. It's mission is to communicate the latest news and developments in the area of South African Psychiatry

CONTENTS PAGE IMAGE:
East London, CBD, looking westward from the Town Hall towards the sea

COVER IMAGE:
East London City Hall, 105 Oxford Street



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SASOP 2025 WELCOME MESSAGE

Siki Gwanya-Mdletye

Dear Colleagues,

It is a great honour to welcome you to the SASOP 2025 Congress, hosted here in the Eastern Cape — a province of rich culture, layered history, and enduring resilience. It has been many years since this Congress was last held in our region, and we are proud to open our doors to the broader psychiatric community.

On behalf of the Local Organising Committee, I extend a warm welcome to psychiatrists and mental health professionals from across the country and beyond. Your presence signals a shared commitment to advancing accessible, equitable, and person-centred mental health care.

This year's theme, ***Reimagining Mental Health Care Access,*** invites us to think boldly and act decisively in addressing real-world barriers. Our programme is enriched by a diverse range of speakers — from esteemed senior academics to rising voices in the field — each contributing unique insight and energy. For us in the Eastern Cape, where senior psychiatric leadership is still growing, it is a particular privilege to host some of the country's most experienced and accomplished clinicians and scholars. Your presence among us is both affirming and deeply valued.

At the same time, we are proud of the opportunity given to our local organising team — a group that includes early-career psychiatrists — to shape this Congress. The confidence shown in us by SASOP has affirmed the importance of inclusive leadership, and we hope this will inspire others to step forward in service of our evolving mental health landscape.

Welcome to the Eastern Cape. Welcome to SASOP 2025.

Warm regards,
Dr. Siki Gwanya-Mdletye
Chairperson, SASOP 2025 Congress

Correspondence: drsiki@icloud.com

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SASOP PRESIDENT - WELCOME MESSAGE

Anusha Lachman

It is with great enthusiasm that I welcome SASOP members and associate members, affiliates, NPO sector and industry partners to the National SASOP congress in East London. It is with no coincidence that the theme of the congress "Re-imagining health care access" was chosen to ground this event in the small seaside city of EL, highlighting the time for us to remember that access to psychiatric care extends beyond the big urban cities of SA, and that all South Africans deserve to be held in mind when we think around the provision of fair, equitable and safe mental health care in the country.

For those attending their first congress with us, welcome and we hope you find this academically and intellectually stimulating. For those who are regular attendees, we hope that this congress showcases the amazing opportunities for mental health care delivery that aligns with good evidence-based practice while still delivering culturally sensitive care. Our LOC is new, enthusiastic and brings a diversity of thinking and ideas that remind us why we are so energized in the field of psychiatry in SA.

As I look forward to welcoming and handing over to the incoming President of SASOP Dr Anersha Pillay at this congress, I would like to take this opportunity to thank the membership and our university, college, NPO and industry partners for the support and engagement with my vision during my term as president which included 3 broad aims – to focus on Child & Adolescent MH, Effective science communication and to strengthen our academic and educational footprint. I would also like to acknowledge the amazing support and teamwork from Dr Mvuyiso Talatala who served as the first COO for SASOP during my presidential term and who was instrumental in facilitating a smooth engagement for a public sector president with the private practice issues.

We have had some remarkable milestones including the following of note:

- An exponential increase in new registrar memberships in the last 12 months
- Renewed activity and membership engagements with our recently formed and reignited SIGs- a special mention to the Sports & Exercise, Women's Mental Health, CAP groups.
- Timeous and bold position statements including amongst others, on the safe and ethical use of Ketamine, Excessive Screen Time in children, The Care of Transgender and Non-binary youth.
- Effective and targeted science communication via popular media, indigenous radio, news and print media specifically with our top ten most watched SASOP commentaries including those on Teen Pregnancies, Men's mental health and the Search for the perfect body.
- A special mention to the formidable and diverse representation of our membership in these platforms with 8 of the top 10 spokespersons identified by our PR company JIGSAW' media tracking coverage – being women and POC.
- Representation and recognition of SASOP members formally on international organizations including the first African President of the Marce International Perinatal Society (Lavinia Lumu), first African President of the WAIMH (Astrid Berg), first South African as President of the African Association of Psychiatrists (Mvuyiso Talatala), Co-director of AGMHI (Bonga Chiliza), WAIMH Presidents' Executive at large & Exco of the WPA Section committee on Education & Publications(Anusha Lachman) to name a few.

Dr Mvuyiso Talatala, as the first COO to the SASOP President and Board, and Dr Anusha Lachman (SASOP President).

Finally, I would like to give feedback on the progress of the creation of the SASOP/PsychMG Institute for Education, Research and Training. We have had an enthusiastic and promising interaction with the membership in our effort to create a database of psychiatrists (private and public sector) who are wanting to be more involved in educational initiatives, examination collaboration with the College of Psychiatry as well as mentoring and supporting research through SASOP. This will allow for a range of expertise, interest and experience to support the foundation of training and research in collaboration with SASOP and our academic institutions. I am also happy to report on one of the new initiatives under the Institute which was successfully launched in May 2025 in partnership with Aurogen/Aurobinda to target mid training registrars from across the country in learning ethically sound clinical and challenging prescribing practices in special populations including civil forensics, children and old people. I am pleased to announce that following this pilot event –the SASOP Registrar Clinical Master Class Series will now continue as a regular standing event on the calendar with the promise and commitment to develop a more engaging and academically enriching program over time.
I wish you all a stimulating and enjoyable conference ahead, and hope that you are touched by the infectious spirit and showcase of psychiatry in the Eastern Cape.

Another initiative we are pleased to be part of, under the auspices of the SASOP Institute, is the Pan African UK Clinical Educational Series (PAUCES). This is an international clinical partnership between various African Societies of Psychiatry (South Africa, Kenya, Nigeria), the Africa Global Mental Health Institute (AGMHI) and the UK based Association of Black Psychiatrists (ABP) and the Royal College of Psychiatrists. SASOP led the launch of this partnership, in August 2025, with an offering on Neuropsychiatry via the AGMHI webinar platform. We look forward to this becoming an established multi-country collaboration to support clinical education in mental health across the continent.

PAUCES
Pan African UK
Clinical Educational
Series

I wish you all a stimulating and enjoyable conference ahead, and hope that you are touched by the infectious spirit and showcase of psychiatry in the Eastern Cape.

Dr Anusha Lachman
SASOP President

Correspondence: anusha.sasop@gmail.com

The colorful and diverse class of mid-level registrar trainees at the first SASOP Clinical Master Class series

SASOP 2025 Keynote Speakers

PROF LUKOYE ATWOLI (KENYA)

Prof. Lukoye Atwoli is a leading Psychiatrist, currently serving as the Dean of the Aga Khan University Medical College in East Africa, the Deputy Director of the Brain and Mind Institute, AKU, and a practicing Psychiatrist at the university's hospital in Nairobi. He has an extensive academic background, including a PhD from the University of Cape Town, focusing on trauma and PTSD in South Africa. As a member of the World Mental Health Surveys Consortium, Prof. Atwoli is widely published, with research interests in trauma, PTSD, genetics of mental disorders, children and youth mental health, as well as HIV-related mental health. Prof. Atwoli holds key leadership roles, including Vice-President of the World Psychiatric Association Section on Epidemiology and Public Health, Chairperson of the Board of the Mathari National Teaching and Referral Hospital in Kenya, and co-Chair of the Board on Global Health of the US National Academies of Sciences, Engineering and Medicine. As a strong mental health advocate, he has influenced policies both in Kenya and internationally, earning him honors such as the International Fellow of the American Psychiatric Association (IFAPA), the Moran of the Order of the Burning Spear (M.B.S), and election to the US National Academy of Medicine (NAM). He is also a member of the Kenya National Academy of Sciences.

PROF OYE GUREJE (NIGERIA)

Dr. Oye Gureje is Emeritus Professor of Psychiatry and Director of the WHO Collaborating Centre for Research and Training in Mental Health, Neuroscience, and Substance Abuse, Department of Psychiatry, University of Ibadan and Extraordinary Professor, Department of Psychiatry, Stellenbosch University. Gureje is a graduate of the University of Benin, Nigeria, University of Manchester, UK, and the University of Ibadan, Nigeria. He holds the academic degrees of MBBS (in Medicine and Surgery), MSc, PhD, and DSc (in Psychiatry) and professional specialist certifications as Fellow in Psychiatry of the National Postgraduate Medical College of Nigeria; Fellow, West African Postgraduate Medical College; Fellow, Royal College of Psychiatrists (UK); and Fellow, Royal Australian and New Zealand College of Psychiatrists. Gureje is internationally recognized as a leading global mental health researcher with important contributions to psychiatric nosology, mental-physical comorbidity, cross-cultural epidemiology of mental disorders, ageing in sub-Saharan Africa, and the development of integrated service for people with mental health conditions. His has received grant support from the Welcome Trust, MRC (UK), EU, AusAid, Grand Challenges Canada, IDRC and the NIMH, among others and has published more than 650 peer-reviewed scientific papers, monographs, book chapters, and has co-edited 3 books. With over 130,000 citations to his works and an h-index of 132, he has, for several years, been listed by Thompson Reuters/Clarivate and among the "global Highly Cited Researchers". His contributions to mental health service and policy development in Nigeria include leading the development of the current National Policy on Mental Health Service as Chair of the Mental Health Action Committee of the Federal Ministry of Health. As the Founder and Director of the Mental Health Leadership and Advocacy Programme (mhLAP) at the University of Ibadan, he has led in leadership capacity building and mental health service and policy developments in the five anglophone countries of Gambia, Ghana, Liberia, Nigeria, and Sierra Leone. As President of Association of African Psychiatrists and Allied Professions (AAPAP), he convened, in 2009, and in collaboration with the WHO and the World Psychiatric Association, a policy roundtable on scaling up mental health in sub-Saharan Africa, attended by the health ministers or their representatives of 8 sub-Sahara African countries. A recipient of many awards, he is a Fellow of the Nigerian Academy of Science, Fellow of the Nigerian Academy of Medicine, and a laureate of the Nigerian National Order of Merit.

PROF MO NAGDEE (NEW ZEALAND)

Mo is a Consultant Forensic Psychiatrist in the Southern Regional Forensic Service at Te Whatu Ora / Health NZ and an Associate Professor in the Department of Psychological Medicine, Dunedin School of Medicine at the University of Otago in New Zealand. Mo has

held various clinical and academic roles in his peripatetic career, commencing as an academic in Anatomy, Human Biology and Palaeoanthropology, before gravitating to Medicine, Psychiatry and ultimately Forensic Psychiatry. Following a registrarship at WITS and obtaining his FCPsych(SA), Mo spent a few years in the UK and backpacking around the world before settling in Grahamstown/ Makhanda in the Eastern Cape. Mo spent over a decade as Clinical Head at Fort England Hospital, Associate Professor of Psychiatry at Walter Sisulu University and Clinical Associate in the Department of Psychology at Rhodes University, prior to relocating to the South Island of New Zealand in 2020. Mo's doctoral thesis and primary clinical research interest has been around gender, violence and mental health issues in women within the South African forensic system, although his academic curiosity and activity have extended across a diverse range of fields. Precipitated by the intriguing history of Fort England Hospital since his appointment there in the mid-2000's, Mo developed a particular fascination with the historical intersections of social, clinical and philosophical dimensions of 'insanity' and the 'insanity defence', and how their conceptual evolution has shaped contemporary clinical understandings and practice, especially within the forensic field.

DR CHINWE OBINWA (UNITED KINGDOM)

Dr Chinwe Obinwa is a Consultant Forensic Psychiatrist with a wealth of experience in mental health spanning over 25 years. She is a fellow of the Royal College of Psychiatrist. Her training in psychiatry started in Lagos, Nigeria and throughout her career, Dr Obinwa has gained proficiency in various subspecialties of psychiatry. They include neuropsychiatry, forensic learning disability, specialist female forensic psychiatry, and offender health. Her expertise in forensic psychiatry is in assessing complex clinical cases, involving multiple agencies that pose a significant risk of harm to others. She is adept with the various risk assessment tools, such as RSVP, IPDE, HCR-20, SAPROF and Stalking Risk Profile. She is also a proficient medico-legal expert. Dr Obinwa is interested in workforce development, medical education and training. She is currently the Clinical Director for Forensic Services in her NHS Trust where she has been involved in developing forensic services. She is also a trainer for Forensic Specialist Registrars and supervisor for psychiatric trainees and medical students. Her non-clinical interests include empowering and supporting females in the workplace; she was the first Chair of the Women's Network in her Trust. She is also the President of the Association of Black Psychiatrists (ABP) UK. ABP UK is one of the diaspora groups of the Royal College of Psychiatrists. It is an association that supports the professional development of black psychiatrists through education, training, mentoring and networking. Dr Obinwa loves fashion, travel, food and music especially Afrobeats.

DR SHUBULADE SMITH (UNITED KINGDOM)

Dr Shubulade (Lade) Smith CBE is the President of the Royal College of Psychiatrists. Lade is a Consultant Psychiatrist at the South London and Maudsley NHS Foundation Trust and Visiting Senior Lecturer at the Institute of Psychiatry, Psychology and Neuroscience, Kings College London. Lade graduated in Medicine from Guy's Hospital Medical School, London, where she won prizes in Psychological Medicine.

After training in psychiatry at the Maudsley, she undertook a Research Fellowship in antipsychotic side effects, supervised by Professor Sir Robin Murray. She subsequently set up a joint medication review/physical health clinic, a "one stop shop" aimed at health promotion and management of physical problems in people with SMI, for which she was nominated a BMA Pioneer for innovation in psychiatry. Having trained in General Psychiatry and worked in Forensic Psychiatry, she is now the Lead for the Acute Forensic Pathway of the South London Partnership and Clinical Director of the Forensic Services at SLaM.

In 2019, Lade was awarded a CBE in the Queen's Birthday Honours for services to Forensic Intensive Psychiatric care and was awarded Psychiatrist of the Year by the Royal College of Psychiatrists. Lade was co-organiser of the RCPsych International Congress from 2019–23 – this has gone from strength to strength and now attracts 3000 delegates from all over the world. Lade is the former Clinical and Strategic Director of the National Collaborating Centre for Mental Health at the Royal College of Psychiatrists, providing medical leadership for the team developing mental health policy and guidelines. Lade has specialist expertise in mental health inequality and sat on the core working group of the Independent Mental Health Act Review, chaired by Professor Sir Simon Wessely.

She was responsible for some of the key recommendations, including recommendations aimed at improving outcomes for Black people with mental health problems, which have now been taken up by the government. Between 2020–23, she was joint Presidential Lead for Race and Equality at the Royal College of Psychiatrists. In 2023, she was in HSJ's list of 100 influential "Black, Asian and Minority Ethnic" leaders, in 2024 their list of 50 influential "Black, Asian and Minority Ethnic" leaders. Dr Smith sits on the Board of the NHS Race & Health Observatory and is a Trustee of National MIND and the Bethlem Art Gallery. Lade enjoys walking along the Thames, theatre, cinema, reading and Zumba.

Local Speakers

DR FEROZA ARBEE

A psychiatrist with 15 years of clinical experience in diagnosing and treating a wide range of psychiatric disorders. Committed to holistic and patient-centered care, with particular interest in women's mental health and cultural/spiritual presentation of mental illness. Adept at working in outpatient, inpatient, and telepsychiatry settings. Passionate about mental wellness, cross-cultural psychiatry, and advancing mental health equity.

DR INDHRIN CHETTY

Keynote Address: Ethics Academic Grand Round On Informed Consent

Indhrin Chetty is a forensic psychiatrist and Academic Head, Division of Forensic Psychiatry in the Department of Psychiatry, University of the Witwatersrand and consultant psychiatrist at Sterkfontein Hospital. He obtained the MBChB degree at UCT and then obtained the Fellowship of the College of Psychiatrists of South Africa (FCPsych) and the Certificate in Forensic Psychiatry. He also holds a LLB degree from the University of Kwa Zulu Natal. He is currently enrolled for the MScMed (Bioethics and Health Law) at the Steve Biko Centre for Bioethics at the University of the Witwatersrand. He has previously served on the Board of the South African Society of Psychiatrists (SASOP) and currently chairs the Forensic Psychiatry Special Interest Group of SASOP. He is also a member of the Council of the College of Psychiatrists of the Colleges of Medicine of South Africa. His areas of interest are medicine and the law, bioethics and human and non-human animal rights.Dr Siki Gwanya-Mdletye

DR ELSA DU TOIT

Dr Elsa du Toit is a maternal mental health specialist with a passion for improving the lives of women during pregnancy and the postpartum period. She began her career as a general practitioner in 2000. While working, she earned her Honours degree in Psychology from the University of Stellenbosch cum laude in 2006. In 2010 she qualified as a General Psychiatrist but her focus was already firmly set on Women's Mental Health. The first decade of her career as a psychiatrist she bridged the gap between State and Private Medicine by providing a Perinatal Psychiatry Service in both sectors, while doing much needed research in this field. Her PhD studies explored the complex intersection between mental illness and unplanned pregnancy in women, shedding light on the unique needs and vulnerabilities of this population and their babies. Currently, Dr. Du Toit practices as a perinatal psychiatrist at Panorama Health Care Psychiatry. Her collaborative approach involves working closely with colleagues across various disciplines, fostering an integrated care model. In addition to her clinical work, Dr. Du Toit is actively involved in the Marce South Africa's regional women's mental health group. She also serves on the executive committee of SASOP Women's Mental Health Subgroup. Furthermore, she developed the www.drelsadutoit.com learning hub, an online academic platform where healthcare workers and women can access valuable information about women's mental health during the perinatal period. Through her commitment to advancing mental healthcare, Dr. Du Toit continuously strives to improve women's health through research, clinical practice, collaboration and education.

DR SIKI GWANYA-MDLETYE

Topic: From Diagnosis to Return-to-Work: Making Sense of Psychiatric disability in the Workplace

Dr Siki Gwanya-Mdletye is a psychiatrist in private practice in Gqeberha, with a clinical and academic interest in occupational psychiatry and mental health policy and systems strengthening. She holds an MBChB, a Diploma in Occupational Medicine, a Diploma in Mental Health, an MSc in Clinical Epidemiology, an FCPsych (SA), MMed in Psychiatry and an MPsych. Before specialising in psychiatry, Dr Gwanya-Mdletye worked extensively as an Occupational Medical Practitioner across multiple industries and went on to serve as the manager of Corporate Health Services for the South African operations of a global automotive manufacturer. This experience informs her unique perspective on the interface between mental health and the workplace — a focus that continues in her current psychiatric practice, where she sees a significant caseload of employees, first responders, and public sector workers presenting with occupationally linked mental health conditions. She currently chairs the Advocacy and Policy Working Group of the Africa Global Mental Health Institute and leads the Eastern Cape Subgroup of the South African Society of Psychiatrists.

PROF XANTHE HUNT

Keynote Address: Digital mental health solutions and South African Psychiatry: Current practices and future directions

Prof Xanthe Hunt is the Mental Health Lead at the Africa Health Research Institute (AHRI), where she leads a programme of work on adolescent mental health. Prof Hunt's research sits at the intersection of adolescent mental health, disability, and violence prevention, with a focus of understanding the social determinants of young people's functioning and health. She holds visiting appointments as an Associate Professor in Global Health at Stellenbosch University and as a Specialist Scientist at the South African Medical Research Council. With a PhD in Psychology and advanced training in epidemiology and clinical research from Harvard and Stellenbosch, Prof Hunt brings rigorous interdisciplinary expertise to her work on pressing global health challenges. Beyond research, Prof Hunt facilitates capacity-building workshops for universities, NGOs, and CBOs worldwide, and provides technical support to government and private sector organisations on schools-based mental health, and research. Her accolades include the 2018 Stellenbosch Chancellor's Medal, a 2019 NIH Fogarty Fellowship, and recognition as a Mail & Guardian Top 200 South African.

DR LAVINIA LUMU

Topic: Psychotropic Medication and Fertility: Preconception Prescribing Considerations in Psychiatry

Dr Lavinia Lumu completed the fellowship in psychiatry and obtained the FCPsych (SA) qualification from the Colleges of Medicine in South Africa and a Master of Medicine in Psychiatry (Witwatersrand). Currently in private practice with a special interest in perinatal psychiatry. An advocate for maternal mental health and supports the Grow Great – Flourish Foundation in maternal mental health training. An honorary lecturer at the University of the Witwatersrand, Department of Psychiatry, Faculty of Health Sciences, and the president-elect of the International Marcé Society for Perinatal Mental Health.

DR BELINDA MARAIS

Topic: Walk the talk – getting clinicians more physically active

Dr Belinda Marais is a general psychiatrist working in the public sector at Tara Hospital, a tertiary-level specialised psychiatric hospital in Johannesburg, and as an academic joint appointee at the University of the Witwatersrand's Department of Psychiatry. Her interests include the management and treatment of individuals with severe mental illness, particularly treatment resistant schizophrenia, as well as issues around the underutilisation of clozapine. Additionally, she advocates for lifestyle interventions and, being an ultramarathon runner herself as well as the mother of two young active children including a teenage rower, specifically also the value and importance of exercise and physical activity.

DR LIHLE MGWEBA-BEWANA

Topic 1: An update on current recommendations for management of obesity in mental health care users

Topic 2: Practical dietary guidelines for people living with mental health disorders in LMIC

Dr Lihle Mgweba-Bewana is a Neuropsychiatrist at Weskoppies Hospital in Pretoria, South Africa. She holds an MBChB from UCT, a Diploma in Mental Health (CMSA), a Fellowship in Psychiatry (CMSA), an MMed (UCT) with distinction, and an MPhil (UCT). She also has a Subspeciality certificate in Neuropsychiatry from the CMSA. Her interests include Neuropsychiatry, Cultural aspects of Psychiatry, and the intersection of mental health with technological advancements like AI, including their ethical and safety implications. Dr. Mgweba-Bewana also advocates for mental health through media interviews and social media.

DR YVETTE NEL

Dr Nel is a psychiatrist, clinician researcher and lecturer at the University of the Witwatersrand and Tara Hospital in Johannesburg South Africa, where she works as the senior consultant in a women's mental health ward, managing women with severe mental illness and psychosis. She holds an undergraduate MBCHB from UCT, and postgraduate MMED in psychiatry from Wits university, as well as a fellowship of the college of psychiatrist, SA. She serves as a supervisor for undergraduate and postgraduate research projects at wits university, and as a lecturer and examiner for undergraduate and postgraduate students in psychiatry and neuroscience. She also serves as an examiner for the psychiatry specialist part 2 exam and diploma of mental health with the college of psychiatrists. Her clinical and research interest lies in women's mental health, specifically, the management of serious mental illness in women who are parents, linked to intergeneration transmission of mental health disorders and psychosocial adversity. She is additionally trained in parental mental illness, child aware adult practice and parent infant psychotherapy. She is also passionate about patient rights and ethical treatment of mental healthcare users and serves as a member of the Wits HREC (medical). She is a member of the SASOP women's mental health special interest group executive.

DR LWANDILE TOKWE

Topic 1: Integrating Mental Health Care by Professional Nurses into Primary Health Care (PHC) in South Africa

Topic 2: Mental Health Task Sharing for Professional Nurses in Rural Primary Health Care, South Africa

Dr. Lwandile Tokwe is a Professional Nurse and a Senior Research Officer at the University of Cape Town's HIV Mental Health Research Unit, Department of Psychiatry and Mental Health. He is an experienced primary health care (PHC) clinician and academic. He holds a Postgraduate Diploma in Nursing Education (cum laude), a Bachelor of Nursing (BCur), Master's in Nursing (MCur) (cum laude), and a Ph.D. in Nursing Science from Stellenbosch University. He is registered with the South African Nursing Council as a Psychiatric Nurse, General Nurse, Accoucheur, Community Health Nurse, Nurse Educator, Assessor, and Moderator. Dr. Tokwe' research focuses on HIV and co-morbidities in rural PHC settings, with a strong foundation in qualitative methods. He is passionate about integrated services within PHC. He is published in national and international peer-reviewed journals and serves as a peer reviewer for journals specializing in HIV and qualitative research. He is actively involved in teaching and postgraduate supervision. He is an active member of the Sigma Theta Tau International Honor Society of Nursing (Alpha Beta Beta Chapter), where he serves as Communication Officer, and is affiliated with the Southern African HIV Clinicians Society.

DR MERRYN YOUNG

Keynote Address: Nature Deficit Disorder: Why time outdoors should be a psychiatric prescription

Topic: Identity exploration and diagnostic clarity in youth

Dr Young obtained her medical degree at the University of Pretoria. After completing her internship and community service in a rural area of Limpopo she continued to work as a Medical Officer in psychiatry and paediatrics, both in Limpopo and Johannesburg. She then trained in Psychiatry at the

University of Cape Town and further completed the Fellowship in Child and Adolescent Psychiatry at Red Cross War Memorial Children's Hospital in Cape Town. She has been in private practice in Cape Town for several years and enjoys collaborating with colleagues and serving as the current convenor for the SASOP Child and Adolescent Special Interest Group (CAPSIG).

PROF RENATA SCHOEMAN

Keynote Address: Inside out, Outside in: Transforming mental health care form both ends of the system

Topic: Value-based health care 101

Prof Renata Schoeman (MBChB, MSocSc, MMed, FCPsych, PhD, MBA, PGDipFS) has been in full-time private practice as a general psychiatrist (child, adolescent, and adult psychiatry) since 2008. As a psychiatrist, she has special interests in ADHD, eating disorders, mood disorders and anxiety disorders. Renata also holds appointments as associate professor in Leadership, and as head of the MBA in Healthcare Leadership at the Stellenbosch Business School. She serves on the Ministerial Advisory Committee on Mental Health (South Africa), where she chairs the sub-committee on Child, Adolescent and Family Mental Health. She serves on the advisory boards of various pharmaceutical companies and is a past director of the Psychiatric Management Group (PsychMG). She is the convenor of the South African Society of Psychiatrist (SASOP) special interest group for ADHD, and co-founder of the Goldilocks and The Bear Foundation (www.gb4adhd.co.za). She is a well-published academic, and respected thought leader and mental health advocate who has received many awards during her career, amongst others, the Young Minds in Psychiatry award from the American Psychiatric Association, the Discovery Foundation Fellowship award, a Thuthuka award from the NRF, and an MRC Fellowship. Other awards include a Media Excellence Award as Thought Leader (2018 and 2019), and the Media Excellence Award as Newsmaker (2019) from the University of Stellenbosch. She was honoured as a Mental Health Hero by the Discovery Foundation during 2019, as well as by Welum in 2021. In 2022, she was recognised by Prestige South Africa as Psychiatrist of the Year.

CECILIA VAN DER WALT

Topic 1: From Practice to Profit: Starting Smart in Private Psychiatry

Topic 2: Turning Practice Profits into Long-Term Wealth

Cecilia van der Walt is a qualified accountant and cum laude graduate from the University of Stellenbosch Business School, known for her strategic financial thinking and exceptional skill in financial modelling and wealth-building for professionals. Her career began at one of South Africa's top SME financiers, where she earned national recognition as a top-performing portfolio manager, designing bespoke financial models that helped high-potential businesses scale sustainably. She then moved into Commercial Property and Asset Finance within corporate banking, structuring complex deals for medical and professional clients across the country. Cecilia later transitioned into strategic consulting, where her gift for translating financial data into actionable growth plans made her a trusted adviser to small and medium-sized practices—especially in the medical sector. She has since become a licensed Independent Financial Adviser with Financial Solutions 4 Professionals (FS4P), focusing exclusively on empowering professionals and practice owners to achieve financial independence through clarity, structure, and strategy. Cecilia is the founder of GROW THERE®, a unique platform for professionals looking to build profitable, resilient businesses. Her approach integrates advanced financial modelling, personal wealth planning, and practical business tools—tailored specifically for medical specialists. Outside of her work, Cecilia is a wife and mother of two, coffee enthusiast, marathon-runner and lover of motivational content and the outdoors.

MR STEPHEN DAVIDS

Topic: Short Stays, Long Journeys: Rethinking the 21-day Model for Lasting Recovery

Stephen Davids is a registered social worker with the South African Council for Social Service Professions and the South African Association of Social Workers in Private Practice. He has over 17 years of experience in working with Substance Use Disorder (SUD) predominantly using trauma-informed interventions, Motivational Interviewing technics, and a Developmental approach. Stephen strives for the best possible outcome for each of his clients, through collaboration with multiple mental healthcare professionals, organizations, and individuals that render services within the addictions field. Stephen within the multidisciplinary team aims to ensure integrated, coordinated care, focusing on change motivation, treatment planning, relapse prevention, and community support. Stephen also consults with community and faith-based organizations regarding the management and treatment of substance dependent persons, interventions on the mezzo level of the environment and training initiatives to enhance their responses to addiction.

DR ALICIA PORTER

Dr. Alicia Porter is a Child and Adolescent Psychiatrist, previously the clinical head of the child and family unit at Charlotte Maxeke Johannesburg Academic Hospital. She has newly re-entered private practice at the ADDNOVA centre for child and family development in Blairgowrie Johannesburg. She is a honorary lecturer in the Department of Psychiatry at the University of the Witwatersrand. She completed her undergraduate training at the University of Kwazulu-Natal in 2002 and her specialist training at The College of Medicine of SA of Psychiatrists in 2010. Dr. Porter has a Diploma in Human Rights, Mental Health, and Law from the Indian Law College in Pune India, which she obtained in 2019. She ran a private practice at St Augustine's in Durban from 2012, before relocating to Johannesburg in 2018. She is also one of the coordinators of the Healthcare Workers Care Network that was established to support healthcare workers during the pandemic and she has been involved in training and support of healthcare workers during the Covid pandemic and currently. Her special interests are child and adolescent mental health, woman's mental health, mental health in the workplace, and burnout. She is a mental health advocate and believes in mental health promotion and primary prevention. Dr. Porter is currently the Secretary of the Board of Directors of the South African Society of Psychiatrists , and a board member of Epilepsy SA. She was the previous Vice Chairperson of the Botshabelo Board, a children's NPO in Johannesburg.

Oral Presentation Abstracts

Feasibility of embedding substance use and depression screening in an inpatient TB setting

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Background: Depression and substance use are linked to worse adherence and treatment outcomes in TB patients. With South Africa's syndemic of TB and mental health conditions, healthcare workers (HCWs) should proactively identify and optimally treat these comorbid mental health conditions in TB patients. In order to implement change in our healthcare setting, the drivers of behavior change and the feasibility and acceptability of implementation need to be explored.

Methodology: In this mixed methods study at DP Marais TB Hospital in Cape Town, South Africa, 100 participants were recruited from the 166 new admissions in July – September 2024. Medical officers and nurses screened for depression using the Patient Health Questionnaire 9 (PHQ-9) and for substance use using the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), with subsequent clinical interviews for positive screens. Feasibility was assessed using semi-structured interviews with these HCWs (n=9).

Results: HCWs were able to screen 60.82% of admissions during this study. The PHQ-9 demonstrated excellent discriminatory ability for identifying MDE (AUC=.94). Major Depressive Episodes (MDE) were diagnosed in 8% (95%CI 3%-13%) while 18% had depressive symptoms that were attributed to their current medical condition. All of these were new diagnoses of MDE. Substance Use Disorders (SUD) were diagnosed in 38% (95%CI 28%-48%). Most HCWs found the screening to be beneficial for providing holistic and patient-centred care. However, barriers to implementation were time constraints and the complexity of the ASSIST. A proposed mitigator would be involving more nursing staff into the screening processes. The mean time to complete the PHQ-9 was under three minutes. While the mean time to complete the ASSIST was 5½ minutes, the upper limit was 23 minutes.

Conclusion: There is a high prevalence of undiagnosed and untreated depression and substance use in an inpatient TB setting. Routine admission screening was well-received, although with time constraints being the main perceived barrier to implementation. Subsequent research should investigate patient perspectives on screening procedures and larger implementation science studies.

Orexin system dysregulation in opiate addiction: mechanisms, brain targets, and therapeutic opportunities

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Background: The orexin (hypocretin) neuropeptide system, originating in the lateral hypothalamus, plays a central role in regulating wakefulness, reward, and motivated behavior. While its involvement in sleep disorders such as narcolepsy is well known, emerging evidence implicates the orexin system in substance use disorders, particularly in modulating the effects of opiates on brain reward pathways.

Methodology: A comprehensive review of current literature (1998–2024) on orexin system biology and its interaction with opiates, was conducted focusing on neuroanatomical, molecular, and behavioural data. The

analysis included experimental findings from rodent models, receptor binding studies, peptide expression assays, and functional neuroimaging of key brain regions including the lateral hypothalamus (LH), ventral tegmental area (VTA), and nucleus accumbens (NAc).

Results: Acute opiate administration activates orexinergic neurons and elevates orexin-A levels, enhancing dopamine signaling via VTA-NAc pathways. This potentiates reward processing and reinforces drug-seeking behavior. Chronic exposure, however, downregulates orexin expression and reduces neuronal excitability in the LH. This attenuation is associated with disrupted homeostatic signaling, increased relapse vulnerability, and altered mood states during withdrawal. μ-opioid receptor activation suppresses GABAergic inhibition of orexin neurons, while chronic opiate use modifies the cAMP-CREB transcriptional pathway, reducing prepro-orexin mRNA. Antagonists targeting OX1R effectively reduce opiate self-administration and cue-induced relapse in preclinical models.

Conclusion: The orexin system serves as a key neuromodulator linking arousal and reward circuitry. Its dynamic regulation by opiates underscores its potential as a therapeutic target. Orexin receptor antagonists offer promising strategies to mitigate drug-seeking behaviors and relapse, while orexin agonists may restore neurochemical balance in hypoarousal states. Continued translational research is warranted to develop orexin-based interventions for addiction.

Factors associated with weight perception among South African healthcare workers

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Background: Accurate perception of one's weight status may be requisite to maintain a healthier weight status and may confer both risk and protective factors for health and wellbeing; particularly amongst health care workers (HCW) where it may have broader impacts, such as influencing the effectiveness of health education interventions.

Objectives: We aimed to investigate how accurately HCW participating in "The feasibility, acceptability and efficacy of a mental health self-management app in healthcare workers working during the COVID-19 pandemic: A RCT (COVID-MH-Clin)" perceive their weight and the factors associated with misperceiving their weight status. We particularly wanted to investigate how weight perception interplays with mental wellbeing during a particularly challenging period such as the COVID-19 pandemic.

Methodology: Utilising the baseline data of HCW participating in COVID-MH-Clin (n = 244) we conducted secondary data analyses comparing HCW self-perceived weight status, to their body mass index (BMI) to determine whether HCW accurately perceived their weight according to BMI categories. Univariate analyses were first conducted to assess for associations between sociodemographic, work, medical, lifestyle and mental health outcome measures and weight perception accuracy. Multinomial regression models including age, sex and significant variables were then constructed to determine the factors associated with weight perception accuracy and to investigate the association between weight perception accuracy and mental health outcomes.

Results: A third of the HCW (n = 82, 33.6%) did not perceive their weight correctly. The majority (n = 8, 88.9%) of underweight HCW considered themselves to have a normal BMI, whereas 63.3% (n = 38) of overweight HCW and 26.6% (n = 25) of obese HCW considered themselves to have a normal BMI.

Conclusion: A third of HCW incorrectly perceived their weight which may influence their health related behaviours. Factors associated with incorrectly perceiving weight will be presented and discussed.

Assessing knowledge and attitudes towards trans and gender diverse people among South African mental health workers in a specialist psychiatric hospital setting

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Background: Transgender and gender-diverse (TGD) individuals face disproportionate mental health risks compared to cisgender populations. Despite the high burden of mental illness, accessing quality care remains challenging due to discrimination and lack of provider knowledge. There is limited evidence exploring mental health worker views in a local setting. This study aimed address this gap by exploring knowledge and attitudes of South African mental health workers in specialist psychiatric hospitals towards TGD people.

Methodology: A cross-sectional descriptive study utilising the Transgender Knowledge, Attitudes, and Beliefs (T-KAB) scale was conducted among 150 mental health workers at two specialist tertiary psychiatric hospitals in Johannesburg, South Africa. Sociodemographic information, professional characteristics, and work experience were collected and analysed in relation to T-KAB scores.

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Results: Participants demonstrated moderately favourable attitudes with a mean T-KAB score of 2.81/4.00. Professional category significantly influenced attitudes, with psychologists (3.30) followed by medical doctors (3.23) scoring the highest, and nurses (2.61) and social workers (2.62) scoring lowest. Age, sexual orientation, and religious affiliation were significantly associated with T-KAB scores, while years of practice, previous training in TGD-related care, and prior exposure to TGD patients showed no significant associations.

Conclusion: Mental health professionals in South African psychiatric hospitals hold moderately positive attitudes towards TGD individuals, with significant variations across professional categories. Prior training and clinical exposure were not associated with attitudes, highlighting the need for clarity on what forms of training and exposure effectively improve knowledge and attitudes. Profession-specific approaches may be needed to improve transgender-affirming mental healthcare in specialised psychiatric settings.

The doctor as patient - my experience of stage IV colon cancer

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Background: The Doctor as Patient – my experience of Stage 4 Colon Cancer.

Author: Dr David Benn – Psychiatrist in Private Practice

In February 2018 I was diagnosed as having Stage 4 Carcinoma of the colon.

What followed was ten months of intensive chemotherapy and two surgical procedures, a right hemi-colectomy and a left partial hepatectomy.

This was a sudden role-reversal, I had to markedly curtail my practice and draw on disability insurance.

Methodology: This gave rise to many personal and professional dilemmas. In the face of profound uncertainty what should I tell my patients and referral sources? I stopped seeing new patients and managed only existing patients for most of the year. In this situation what are the ethics of seeing new patients that you may not be able to manage long-term? Most of my patients have ADHD and are typically seen over many years. I also teach medical students once a week. What if anything, should be said to them? I had privileged access to advanced medical services and was treated as a colleague by my medical team. I came to believe that the attitudes of the colleagues treating me had a profound effect on my emotional state as well as the outcome of treatment. They are not just scientists but also healers. I also had to confront my own fears and mortality. My second brother died of colorectal cancer in 1998 at the age of 44 and my younger brother had Carcinoma of the Prostate about a year before my diagnosis.

Results: I had firsthand experience of family and friends (including patient's) reactions to the diagnosis. This varied from avoidance to genuine concern. Patients of many Faiths assured me that they were praying for me. But much of the time people do not know what to say, and I think that this sometimes applies to the caregivers both lay and professional.

Conclusion: I plan to give a brief overview of the literature in this field and then proceed to give an account of my experiences including and especially what I found helpful. I am indebted to Dr Ben Bravery who's book The Patient Doctor should be read by every doctor and medical student.

The analysis of mental health cluster symptoms in rape survivors: Rape Impact Cohort Evaluation (RICE) study

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Background: In longitudinal studies, repeated measurements of mental health symptoms over time can be quantified and summarised as a total score for all items on a scale. This, however, reduces the dimensionality of a participant's state over time. Focusing on multiple clustered symptoms identified within a scale may offer more information, but requires advancements in statistical methodology. The objective is to assess a joint modelling framework to appropriately investigate the progression of multiple, co-occurring mental health symptom outcomes post rape and to assess the association between cluster symptom outcomes.

Methodology: Mental health outcomes were assessed with the Centre for Epidemiology Studies Depression Scale (CESD) scale for depression symptoms and the Davidson Trauma Scale (DTS) for post-traumatic stress symptoms (PTSS). Mental health clusters identified for depressive symptoms were depressive mood, interpersonal problems, positive affect, and somatic vegetation symptoms. For PTSS, we included re-experiencing, negative mood, avoidance, and hyper-arousal symptoms. These symptoms will be analysed using bivariate linear mixed models, which will involve analysis of all the possible pairs of the 8 identified mental health outcomes. The statistical approach applied will be illustrated using the Rape Impact Cohort Evaluation (RICE) study.

Results: Results will explore challenges that arise when modelling such data, namely non linearity in trajectories observed; non-normal distribution of outcomes, and computational complexities that come with modelling outcomes jointly. The current trends displayed in depression and post traumatic stress symptoms in the rape exposed cohort post-rape is a sharp downward trend in the first six months, with subsequent stabilization after that up to 36 months of follow up. Similar trends are displayed in the different mental health cluster symptoms and we will assess the associations between the different outcomes.

Conclusion: Choosing an appropriate modeling approach requires careful consideration to improve interpretability. How we measure mental health outcomes will assist in better understanding mental health complexities and support personalized care, programs and interventions for rape survivors.

Assessing and improving security personnel knowledge and skills in handling aggressive and violent patients at Cecilia Makiwane Hospital

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Background: Aggression and violence in healthcare settings are escalating public health concerns, especially in mental health units where patients may present with acute behavioural disturbances. Security personnel often serve as first-line responders to such incidents, yet they are frequently undertrained in non-coercive, patient-centred approaches. This study aims to assess and enhance the knowledge and skills of security personnel at Cecilia Makiwane Hospital (CMH) in the Eastern Cape Province, South Africa, in handling aggressive and violent patients.

Methodology: The study will use a quasi-experimental single-group pretest-posttest design to measure the effectiveness of a structured training intervention. Initially, the participants' baseline knowledge, attitudes, and confidence levels will be assessed using the Management of Aggression and Violence Attitude Scale (MAVAS). This will help identify gaps in their understanding of appropriate responses to patient aggression. A two-phase intervention will follow, focusing on de-escalation techniques, communication strategies, ethical considerations, and the legal framework surrounding the use of force in healthcare environments. Post-training assessments will be conducted to evaluate any improvements in knowledge, attitudes, and self-reported preparedness in managing aggressive behaviour. The study will also explore potential barriers to the practical application of these skills within the hospital setting. Quantitative data from pre- and post-intervention surveys will be analysed using statistical methods to determine the significance of observed changes.

Results: The study is currently ongoing; however, the expected outcome is a demonstrable improvement in the competence and confidence of security personnel in handling violent and aggressive incidents. These findings will be used to make evidence-based recommendations for institutional training protocols, policies, and continuous professional development. Moreover, the study aims to contribute to broader national efforts to improve workplace safety and quality of care in psychiatric and general medical wards.In addition to informing hospital policy at CMH, this research may serve as a foundation for similar training programs at other facilities, ultimately fostering a safer and more therapeutic environment for both patients and healthcare workers.

Conclusion: Violence against healthcare workers in South Africa, particularly in the Eastern Cape, is a pressing issue with serious implications for staff well-being and patient care. Surveys indicate that more than half of medical professionals have either experienced or witnessed abuse from patients or their families, leading to significant mental health consequences. At Cecilia Makiwane Hospital in Mdantsane, a substantial number of trauma-related injuries are linked to interpersonal violence, commonly occurring during weekends and evenings. However, such incidents often go underreported due to the normalization of violence and a lack of meaningful institutional response. Several systemic issues contribute to the problem, including inadequate security infrastructure and limited staff support, especially in psychiatric units where the risk of aggression is higher. Current safety measures are insufficient to protect frontline workers, leaving them vulnerable in high-stress environments. Addressing this growing crisis requires a holistic strategy, encompassing the development of institutional policies, effective community engagement, and psychosocial support structures for healthcare workers. This study represents the first attempt in the Eastern Cape to assess and enhance the knowledge and skills of hospital security personnel in managing aggressive and violent patients through de-escalation techniques. By examining the current competency levels and training needs of security staff at Cecilia Makiwane Hospital, the research aims to provide evidence-based recommendations for targeted interventions. Furthermore, the study is expected to contribute to the development of standardized training programs and policy guidelines for the use of de-escalation methods by hospital security teams. This could potentially improve staff safety, patient outcomes, and the overall quality of healthcare delivery. The research findings may also inform broader policy revisions, both locally and nationally, in addressing violence in healthcare settings and improving the integration of security personnel into mental health care services.

Mothering with a serious mental illness: a retrospective review

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Background: Mothering may be an important role for some women, including those with serious mental illness (SMI), for whom mothering may provide motivation for recovery, while potentially increased psychosocial burden. Children of mothers with SMI have an increased risk of academic and mental health challenges. Little is known about mothering with a SMI in South Africa. with SMI The aim of this study is to identify the prevalence and characteristics of motherhood in women with SMI. This study was conducted at Tara H Moross psychiatric hospital in Johannesburg, South Africa.

Methodology: Demographic, clinical data, and motherhood characteristics were collected retrospectively from the files of 121 female psychiatric inpatients with SMI.

Results: Prevalence of motherhood was 61%, with 36% of the sample having minor children. Mothers and non-mothers were similar, predominantly single, unemployed, with a high burden of substance use. The most common SMI noted in both groups was psychotic disorders (47%). The prevalence of HIV was six times higher in mothers (p= 0.0001). The extended family were caring for children (without mothers) in 43% of cases while 25% of mothers provided childcare alone.

Conclusion: Motherhood is common in women with SMI. Unemployment, single parenting, comorbid HIV infection and substance use are highlighted, as is the role of the extended family in childcare, in this setting. Further exploration of impact of these factors on the mothering role, women's mental health and child outcomes is suggested. This study acknowledges the high prevalence of motherhood in women with SMI, with implications for future policy planning, targeting intergenerational mental health.

Integrating transgender and gender-diverse care and mental health support into public health services: lessons from Buffalo City Metro

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Background: Due to the impact of the PEPFAR funding freeze in January 2025, all the gender-affirming health care services, including access to a trained mental health care practitioner, for transgender and gender-diverse people were closed in March 2025. The NDOH has provisions for key populations and a division for creating Centres of Excellence in each district, but it was not in a position to provide services.

Methodology: A pilot project was initiated in Buffalo City Metro with the Family Medicine & Rural Health Department providing a doctor twice a month to prescribe gender affirming hormone therapy. A training and sensitisation program is underway to build a multidisciplinary team, including councillors and psychologists, to provide care.

Results: At the time of publication, 24 of the 33 known clients have re-engaged with care. Several patients came from Queenstown and Port Elizabeth, due to a lack of services in those areas. A registered counsellor at DVDH engaged in in-service training to support services.

Conclusion: The transgender and gender-diverse community in the Eastern Cape is relatively small, and can be integrated into DOH services with appropriate training and sensitisation of staff. There is an urgent need to capacitate mental health care workers on providing sensitive, gender affirming care to TGD people.

A model for providing specialist mental health outreach to district-level health facilities: the Northern KwaZulu-Natal (KZN) experience

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Background: Mental health conditions in South Africa represent the leading cause of disability-adjusted life years (DALYs). Resources allocated to their prevention, treatment and rehabilitation are low and disproportionately allocated to centralised, hospital-based care. The treatment gap for mental health conditions in South Africa may be close to 92%, and internationally, the trend is to address not just the treatment gap but also the "quality gap", which reflects the quality of care received by individuals with mental health conditions. The National Mental Health Policy Framework and Strategic Plan 2023 – 2030 (NMHPFSP) aims to address the treatment gap by integrating mental health into general care and providing quality care as close to the places where people live and work as possible. In order to achieve these ideals, mental health interventions have been included in the core package of district health services, utilising a task-sharing approach where non-specialist healthcare workers provide interventions while being supervised, supported and trained by outreach specialists. From 2018 to date, the Mental Health Outreach Program in Northern KZN has provided Psychiatric and Psychological outreach to three rural health districts (King Cetshwayo, uMkhanyakude and Zululand) encompassing 16 District Hospitals, collectively serving 2.5 million people.

Methodology: The presentation provides a descriptive case study of a mental health outreach service.

Results: The presentation will describe the key features of a multifaceted specialist mental health outreach program running in Northern KZN, providing both

psychiatric and psychological outreach to district-level facilities in the region. It will also reflect on the outcomes, challenges, and lessons learnt and discuss the broader application of this type of outreach model for addressing the quality gap in mental healthcare provision at the community and district level within the South African healthcare system.

Conclusion: Adopting, or adapting this model may assist other regions in achieving the NMHPFSP objective of strengthening district and primary healthcare-based mental health services.

The missed pandemic: intimate partner violence in female mental-health-care-users during the COVID-19 pandemic

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Background: Adverse childhood experiences (ACEs) and interpersonal violence (IPV) in mentally ill women are often neglected and need to be reviewed in light of the suggested increase in IPV during the COVID-19 pandemic. We investigated the prevalence of ACEs and IPV in women living with severe mental illness (SMI) attending an outpatient psychiatry service at a public hospital in KwaZulu-Natal, South Africa, during the COVID-19 pandemic. We also described the association of ACEs with later IPV.

Methodology: A written survey comprising socio-demographic and clinical questionnaire, WHO Adverse Childhood Experiences International Questionnaire (ACE-IQ) for ACEs and the Women abuse screening tool (WAST) for IPV, was completed by the 154 women with SMI.

Results: 141 (91.6%) participants scored positive for ACEs and 104 (67.5%) had experienced three or more ACEs. The most prevalent forms of ACEs were emotional neglect 72 (46.8%), one or no parents, parental separation, or divorce 104 (67.5%), contact sexual abuse 67 (43.5%) and witnessing a household member treated violently 67 (43.5%). Sixty-one (46.6%) participants reported IPV with scores 13 (indicative of abuse). On logistic regression, experience of three or more ACEs was significantly associated with IPV in adulthood (aOR 3.3, 95% CI: 1.2-9.6).

Conclusion: The high prevalence of IPV and association of IPV with cumulative ACEs reflect firstly the hidden epidemic of domestic violence and secondly the vulnerability of those with ACEs to become victims of abuse later which is often missed in the care of women with SMI.

Exploring a brief remote counselling program for South African Depression and Anxiety Group (SADAG) service users with depression or anxiety symptoms or unhealthy alcohol use

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Background: South Africa has disparities in mental health treatment access, and the COVID-19 pandemic further spotlighted a need for decentralization of services. Since around 90% of South Africans have access to a phone, mobile technologies have the potential to transcend geographical and socio-economic barriers, and reduce inequities in service access. This could be achieved through evidence-based programs informed by service user and service provider perspectives. Such initiatives are scarce in South Africa within research and practice. This study sought to explore key stakeholders' experiences and perceptions of available remote/mobile technology platforms; service needs and possible barriers to remotely delivered counselling interventions for anxiety, depression or unhealthy alcohol use.

Methodology: This was an exploratory study that recruited three participant groups: SADAG representatives (management, operational staff and counsellors); South African-based mental health and substance use experts; and SADAG service users. The stakeholders' insights were explored through individual and focus group interviews (both virtual and face-to-face). The interview guides focused on factors related to acceptability and feasibility of remote mental health counselling programs in South Africa.

Results: We interviewed 48 participants: 17 SADAG team members, 12 key experts and 19 service users. Participants found the concept of a remote mental health counselling program generally acceptable due to anonymity, convenience and the potential wider reach of such programs. However, they also highlighted some disadvantages such as network issues and loadshedding, limited nonverbal cues, and callers' lack of quiet and safe spaces during sessions. To maximize the opportunities and minimize the potential barriers, participants recommended: (i) prioritizing underserved populations, (ii) delivering the content flexibly, (iii) developing systems for clear communication with service users and within SADAG, (iv) providing adequate counsellor training not only on content but also on handling high risk situations and (v) frequent supervision for counsellor well-being and boundary setting.

Conclusion: Our findings highlight the potential of remotely delivered counselling programs to increase access to mental health services, and also provides

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insights into future remote models that are contextually appropriate. Furthermore, insights from this study, which included diverse stakeholder perspectives, have been used to inform the conceptualization and testing of a remote counselling program in collaboration with SADAG.

Barriers and facilitators of nurse-led antidepressant prescribing at primary care facilities in Harare, Zimbabwe

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Background: To close the large treatment gap for depression in Zimbabwe, integration of mental health care into primary care is pivotal and advocated by the WHO's mhGAP guideline. Low cost interventions, such as non-specialist antidepressant prescribing have been recommended to narrow the treatment gap. There is little evidence to show that antidepressant prescribing by non-specialist at primary care level is feasible and acceptable to patients and non-specialists in LMICs. The study therfore aimed to explore barriers and facilitators of nurse-led prescription of antidepressants in primary care from the perspective of general nurses.

Methodology: We purposively sampled and conducted semi-structured interviews with 19 general nurses in primary care in Harare City. An interview guide with question based on the Theoretical Framework for Acceptability was used . Codes were identified using a deductive approach based on the constructs of the Theoretical Framework for Acceptability as well as inductively.

Results: Across the data-sets, four main themes were identified: affective attitude toward antidepressants, perception on nurse-led antidepressant prescribing, scope of work and resource availability. We found high acceptability towards the use of antidepressants and for nurse-led prescription. Lack of training, supervision and treatment guide were identified as important barriers. System-levels barriers included limited human resources, unavailability of antidepressants and the legal framework not allowing general nurses to prescribe antidepressants .

Conclusion: Nurse-led prescription of antidepressants is acceptable by the nurses as prescribing agent. The need of training and supervision should be prioritised for in-service training and the development of a local prescribing guide. System-level barriers will need buy in from political representatives of the Ministry of Health.

Psychiatry 101: a self-paced clinical psychiatry course for early-career doctors in South Africa

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Background: Access to affordable, practical psychiatric training remains limited in South Africa, particularly for early-career medical doctors outside specialist pathways. Existing postgraduate opportunities are often prohibitively expensive, overly theoretical, and lacking in clinical applicability. This perpetuates gaps in mental health service provision at the primary and district healthcare levels. In response, Psychiatry 101 was developed as a self-paced, clinically oriented online course aimed at enhancing psychiatric knowledge and consultation skills among non-specialist doctors.

Methodology: The course was designed according to principles of adult learning and online pedagogy and is hosted on the Payhip platform to ensure broad accessibility. It comprises asynchronous video lectures, downloadable clinical tools, quizzes, and case-based learning. Core modules cover general psychiatry, child and adolescent psychiatry, psychiatric emergencies, and psychopharmacology. Each module emphasizes clinical presentation, diagnosis, assessment—including screening tools—and evidence-based management. The course is fully accredited for 20 Continuing Professional Development (CPD) points by the Health Professions Council of South Africa (HPCSA), with a certificate awarded upon successful completion of a final examination. The planned evaluation of course impact will adopt a qualitative methodology, focusing on participants' experiences, perceived value, and self-reported changes in clinical confidence and practice.

Results: The preliminary rollout engaged a cohort of early-career doctors in South Africa. Informal feedback, gathered via post-course surveys and direct correspondence, indicated high levels of satisfaction. Participants highlighted the course's clarity, clinical relevance, and flexible format as key strengths. Many reported improved confidence in psychiatric assessment

and management in generalist settings. The self-paced structure was especially appreciated by those balancing clinical duties with ongoing learning.

Conclusion: Psychiatry 101 offers a practical, accessible solution to psychiatric training gaps in South Africa and similar low-resource contexts. By integrating clinical relevance with online flexibility and HPCSA-accredited CPD certification, the course meets both educational and professional development needs. Planned future directions include formal qualitative outcome evaluation, expansion into additional psychiatric and psychosocial domains, and the creation of pathways for more advanced training. As an adaptable, scalable model, Psychiatry 101 contributes meaningfully to reimagining mental health care access by empowering generalist clinicians at the frontline.

Female perpetrators of serious/major crimes in forensic psychiatry: exploring the "mad" "bad ", and "sad", managing the media and debunking myths

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Background: Perpetrators of serious and violent crimes have an overrepresentation of male offenders, regardless of the presence of mental illness or not. Indeed, when a woman kills, maims or is violent in any way, they almost always have a serious mental illness. Or do they?

This presentation focusses on the rise of the female offender in forensic psychiatry, from psychosis to psychopathy, encompassing the important issue of serious mental illness of mood and other psychiatric disorders in the perinatal period.

Methodology: A review of all research undertaken at the forensics department at Wits, published or unpublished, involving female offenders, from 1990 to 2024. A descriptive analysis of offending population by gender and outcomes will be discussed in a narrative fashion and represented by means, percentages and tables. a comparative analysis with male offenders will be analysed. further, a review of media analyses of female offenders will be undertaken

Results: The results will encapsulate important issues pertaining to the female psyche, specific mental health issues related to women and a review of the neurobiology of psychopathy in females, comparing male and female brain pathology will be presented. Output within the media analysed noting issues of stigma and sensationalism.

Conclusion: The numbers of female offenders are on the rise in the realm of forensic psychiatry. Reasons thereof might lay in prejudicial attitudes, as well as the important issues of mental illness promoted by psychosocial issues and trauma.

Gut microbiome and mental health in long covid

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Background: Post-Acute Sequelae of COVID-19 (PASC), also known as Long COVID, is marked by persistent symptoms ≥12 weeks after SARS-CoV-2 infection. Such symptoms may include depression, anxiety, and posttraumatic stress disorder (PTSD). Emerging evidence suggests the gut-brain axis may contribute to these neuropsychiatric symptoms, but few studies have been conducted to investigate this, particularly on the African continent. We investigated the association between the gut microbiome and posttraumatic, depressive and anxiety symptoms in South African participants with PASC.

Methodology: Participants were enrolled from the South African Long COVID Registry. Mental health symptoms were assessed using validated self-report scales: PHQ-9 (depression), GAD-7 (anxiety), and PCL-5 (PTSD). Stool samples were analyzed using full-length 16S rRNA gene sequencing. Amplicon sequence variants were generated using DADA2 in QIIME2. Spearman's rank correlation was used to assess associations between alpha diversity (Shannon index) and symptom severity. Beta diversity (Bray–Curtis dissimilarity) was analyzed using PERMANOVA, with symptom scores as continuous predictors. False discovery rate (FDR) correction was applied to all p-values.

Results: Alpha diversity (Shannon index) was significantly negatively associated with depressive symptom severity (PHQ-9, adjusted $p = 0.007$). Associations with PTSD (PCL-5, adjusted $p = 0.06$) and anxiety symptoms (GAD-7, adjusted $p = 0.06$) were not statistically significant after correcting for multiple testing. No significant associations were observed between beta diversity (Bray-Curtis dissimilarity) and symptom severity for depression, anxiety, or PTSD after correcting for multiple comparisons (all adjusted $p > 0.05$).

Conclusion: These findings suggest that reduced gut microbial diversity may be linked to depressive symptom severity in individuals with PASC, highlighting a potential role of the gut-brain axis in post-COVID depression. The lack of associations with anxiety, PTSD, or overall microbial community composition suggests symptom-specific pathways. These findings underscore the importance of integrating biological and psychosocial approaches to reimagine accessible, holistic mental health care in post-COVID contexts, particularly in underserved populations.

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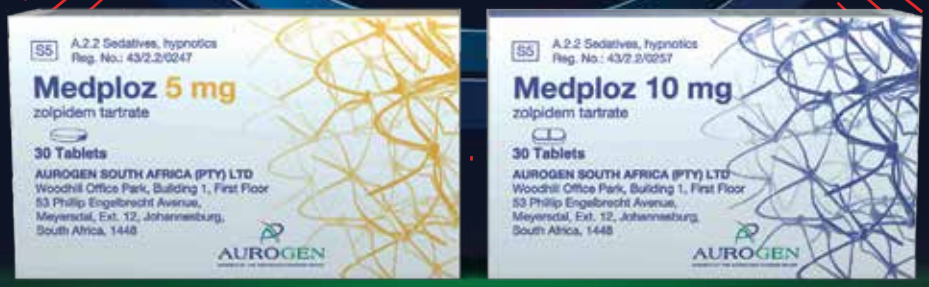

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Poster Abstracts

A review of psychotropic drug prescription for patients with intellectual disability at Alexandra Hospital (a specialist intellectual disability psychiatric hospital) Outpatient Clinic

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Background: Individuals with intellectual disability (ID) are more likely than the general population to be prescribed psychotropic medication, often for the treatment of psychiatric disorders or the management of behaviours that challenge. This study aimed to assess the prescribing patterns of psychotropic medication to outpatients with ID at a specialist psychiatric hospital and evaluate alignment with international prescribing guidelines.

Methodology: This retrospective study reviewed the medical folders and prescription charts of 103 new patients attending the outpatient clinic at Alexandra Hospital, Cape Town, between January 2018 and August 2019. Data were collected at the initial appointment and six months follow up. Prescribing practices were evaluated against the World Psychiatric Association (WPA) and National Institute for Health and Care Excellence (NICE) guidelines. Statistical analysis was conducted using SPSS Version 25. Descriptive statistics (means, standard deviations, 95% confidence intervals, frequencies, and proportions) were calculated. Chi-square tests examined associations between demographic (age, sex, living setting) and clinical variables (diagnosis, severity of ID) and the prescription of psychotropic drug classes. A significance level of $\alpha = 0.05$ was used.

Results: Psychotropic medication was prescribed to 88% of patients. Antipsychotics accounted for over 56% of prescriptions, often used for BTC in the absence of a psychotic disorder. While some prescribing practices aligned with WPA and NICE guidelines, such as documenting indications and conducting regular reviews, key gaps were identified. These included limited documentation of behavioural interventions and inconsistent monitoring of side effects. Chi-square analyses showed no significant association between ID severity and medication type; however, patients in residential facilities were significantly more likely to receive anxiolytics/hypnotics ($p = 0.007$).

Conclusion: This review revealed a few shortcomings in meeting prescribing guidelines by clinicians at Alexandra hospital. Measures to address these shortcomings could be the inclusion of medication review schedules and standardised forms for clerking and monitoring of side effects in patient files, the use of behavioural strategies as the primary management of behaviours that challenge, and the performance of regular clinical practice audits.

Pulling at the roots: exploring the relationship between childhood trauma, perceived stress and hair-pulling symptom severity in trichotillomania

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Background: Individuals with trichotillomania (TTM) repeatedly pull out their hair, despite efforts to stop, leading to hair loss, distress, and impairment. While childhood trauma and stress often precede or exacerbate hair-pulling episodes, their link to symptom severity remains understudied. We therefore investigated perceived stress and childhood trauma in individuals with TTM and healthy controls (HC), and examined the associations between levels of perceived stress, childhood trauma, and hair-pulling severity in individuals with TTM.

Methodology: In a cross-sectional study (n = 187; 78% female, mean age: 34.4 [SD: 14.8 years]), current perceived stress- (PSS) and childhood trauma (CTQ) scores were compared between adults with TTM (n = 109) and HC (n = 78) using ANCOVAs, controlling for sex and age. Associations of PSS- and CTQ scores with TTM severity were analysed using Pearson and Spearman correlations.

Results: Individuals with TTM had higher perceived stress ($F = 43.53$, $p < 0.01$), emotional abuse ($F = 5.58$, $p = 0.02$), emotional neglect ($F = 8.29$, $p < 0.01$), and childhood trauma in total ($F = 6.27$, $p = 0.01$) than HC. In TTM, perceived stress ($r = 0.26$, $p < 0.01$) and physical neglect ($r = 0.23$, $p = 0.02$) positively correlated with hair-pulling severity.

Conclusion: These results highlight the potential role of early-life adversity and ongoing stress in TTM. Interventions targeting stress regulation and the psychological sequelae of childhood physical neglect may be beneficial in the clinical setting.

Brainstem arousal network dysregulation in Long Covid and ME/CFS: the "frozen sympathicus" phenomenon and neuromuscular fatigue mechanisms

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Background: Emerging evidence suggests Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) may represent a severe subtype of Long COVID, with both conditions exhibiting autonomic nervous system (ANS) dysregulation and postural orthostatic tachycardia syndrome (POTS). We investigated structural and functional abnormalities in the brainstem arousal network, particularly the periaqueductal gray (PAG), to understand the "frozen sympathicus" phenomenon - a state of persistent sympathetic overdrive.

Methodology: Using 3T MRI, we compared brainstem morphology and autonomic function in:

- 22 Long COVID patients (including 20 meeting ME/CFS criteria)
- 16 healthy controls

Assessments included volumetric analysis of 22 brainstem nuclei, heart rate variability (HRV) testing, and standardized clinical evaluations (Canadian Consensus Criteria, ICD-10).

Results:

Key Findings:

1. Structural Changes:
   - o 42% larger PAG volume in patients (529mm³ vs 304mm³ in controls)
   - o Right insular cortex abnormalities correlated with sympathetic overactivity
2. Functional Impairments:
   - o Near-complete HRV loss upon standing ($p<0.001$)
   - o Absent parasympathetic tone and deep sleep phases
   - o Sympathicotonic dominance persisting at rest ("frozen" state)

Conclusion:

Clinical Implications

These findings suggest:

- ME/CFS represents the most severe manifestation of post-viral ANS dysregulation
- The PAG-right insular network may drive the "frozen sympathicus" phenomenon
- Volumetric MRI biomarkers could aid diagnosis and subtyping

Conclusions:

Our results demonstrate significant brainstem structural and functional abnormalities in Long COVID/ME/CFS, supporting the "frozen sympathicus" model of neuromuscular fatigue. Further research should explore therapeutic modulation of this dysregulated network.

The factors associated with reengagement in HIV care

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Background: The increase in accessibility of antiretroviral therapy (ART) has had a remarkable impact on morbidity and mortality related to the human immunodeficiency virus (HIV) [1]. Despite significant advances made in HIV care, gaps in continuous ART engagement persist [2]. Extant evidence has identified several predictors of non-adherence and disengagement, yet factors associated with reengagement in HIV care such as changes in stigma and motivating factors are less well understood. This study aimed to explore the factors associated with reengagement in HIV care following ART treatment interruption in a sample of adult women in Khayelitsha, South Africa.

Methodology: The cross-sectional study was conducted across four public health facilities in Khayelitsha with 83 adult female participants who had reengaged in HIV care following a period of treatment interruption. Participants were asked to report experiences of disclosure-related HIV stigma, patient-clinic relationships pre- and post-reengagement, and mental health associated factors. In addition, participants' motivating reasons for reengagement were explored using an open-ended question. Participants were asked to respond to study measures with reference to disengagement and reengagement. We conducted a paired-samples t-test to the factors associated with reengagement. Significant associations were determined at α=0.05. The qualitative data was analysed using thematic analysis, using the six-phase approach, to identify emerging themes in the data.

Results: The data revealed that the overall experienced stigma was higher for HIV-related stigma,

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References: 1. Wigal T, Brams M, Gasior M, Gao J, Squires L, Giblin J, for 316 Study Group. Randomized, double-blind, placebo-controlled, crossover study of the efficacy and safety of lisdexamfetamine dimesylate in adults with attention-deficit/hyperactivity disorder: novel findings using a simulated adult workplace environment design. *Behav Brain Funct.* 2010;*6*:34. Available from: http://www.behavioralandbrainfunctions.com/content/6/1/34 [Accessed 18th August 2021]. **2.** Pennick M. Absorption of lisdexamfetamine dimesylate and its enzymatic conversion to d-amfetamine. *Neuropsychiatr Dis Treat.* 2010;*6*:317-327. **3.** Frampton JE. Lisdexamfetamine: A Review in ADHD in Adults. *CNS Drugs* 2016: *30*(4):343-54.DOI 10.1007/s40263-016-0327-6. **4.** Adler LA, Dirks B, Deas PF, Raychaudhuri A, Dauphin MR, Lasser RA, *et al.* Lisdexamfetamine Dimesylate in Adults With Attention-Deficit/ Hyperactivity Disorder Who Report Clinically Significant Impairment in Executive Function: Results From a Randomized, Double-Blind, Placebo-Controlled Study. *J Clin Psychiatry.* 2013;*74*(7):694-702. **5.** VYVANSE® 30, 50, 70 capsules. Professional information approved by the medicines regulatory authority. November 2023. **6.** Coghill DR, Caballero B, Sorooshian S, Civil R. A Systematic Review of the Safety of Lisdexamfetamine Dimesylate. *CNS Drugs* 2014;*28*:497-511.

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personalised stigma and public attitudes stigma, before reengaging in care than it was after. Patient-clinic relations were also greater post-reengagement. Participants' self-reported reasons for reengagement included concerns for family and children, fear of illness and death, and improved insight into the need for ART.

Conclusion: The reasons for disengagement and reengagement in HIV care are multifactorial. They are also significantly impacted by stigma and patient-clinic relations, which can serve as barriers to accessing care. The exploration of self-motivating reasons for return to care highlight the importance of giving people living with HIV (PWH) the power and confidence to take ownership of their health. It also serves as a building block towards potentially implementing different strategies to assist with adherence and access to HIV care.

Sexual and gender identities in first-episode schizophrenia: insights from a South African cohort

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Background: Sexual and gender minorities (SGM) experience significant mental health disparities, including elevated risks for schizophrenia, substance use, and suicide, drive by social adversities such as childhood trauma (CT), loneliness, stigma, and discrimination. SGM-related factors intersect with schizophrenia risk vulnerabilities and disease progression. SGM identities however remain under-researched in the clinical setting.

Methodology: This presentation draws on the findings of a series of studies on the associations of SGM identities with illness prodrome, presentation, and outcome conducted in in a South African cohort of patients with patients with first-episode schizophrenia (FES) over the first 24 months of treatment with flupentixol decanoate. We used validated clinical scales to examine gender identities (BSRI) and sexual orientation (SOIS) along a continuum rather than as dichotomous outcomes.

Results: In patients with FES, differences in gender role endorsement and sexual orientation, independent of biological sex and socio-demographic factors, were linked to more severe CT, poorer premorbid adjustment during late adolescence, age of illness onset, and higher substance use rates. These adversities moderated associations between SGM status and worse psychopathology and depression outcomes as well insight impairment. Findings point to disruptions in core identity formation as a potential mechanism linking SGM status to illness severity. We propose temporally patterned premorbid trajectories that may shape illness outcomes in SGM with FES.

Conclusion: Our findings highlight how social adversities and self-identities development intersect with schizophrenia risk in SGM populations. Identities-related stressors might influence treatment engagement in FES. For clinicians, this highlights the need for a non-judgmental approach that integrates identities-related factors, trauma histories, and social context in care planning.

Educators' knowledge of and attitudes towards attention-deficit/ hyperactivity disorder

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Background: Attention-deficit/Hyperactivity Disorder (ADHD) is one of the most prevalent neurodevelopmental disorders. Teachers play a crucial role in identification and referral of children with symptoms of ADHD as well as integration of learners into an academic setting. This highlights the importance of educator's having a positive attitude towards those with ADHD as well as adequate knowledge. Hence this study aimed to investigate educators' knowledge and attitudes towards children with ADHD.

Methodology: A cross-sectional analytical study was conducted at mainstream private and public schools in Tshwane district, Gauteng province. One hundred educators, comprising 63 from public schools and 37 from private schools, participated in the study. The study focused on educators teaching grades 1 through 12. Each participant completed a modified demographic questionnaire and the ADHD-Specific Knowledge and Attitudes of Teachers (ASKAT) scale, which included the Scale for ADHD-Specific Knowledge (SASK) and the Scale of ADHD-Specific Attitude (SASA).

Results: On average 70% of the knowledge questions on the SASK questionnaire were answered accurately; private school educators demonstrated significantly higher knowledge with the median of 75% when compared to public school educators who had a median of 65%. Attitudes towards ADHD were mostly unfavourable. No significant correlation was found between knowledge and attitude (p=0.5706), teaching experience and attitudes(p=0.2174), and attitudes between public and private schools (p=0.6220).

Conclusion: This study finds that educators have adequate ADHD knowledge. Despite mostly unfavourable attitudes toward ADHD and educators' noting that ADHD-type behaviours can be disruptive, they are committed to supporting learners and highlighted the need for effective classroom management strategies.

Barriers and facilitators of ongoing engagement in substance use treatment programs among people with HIV in South Africa: a qualitative analysis

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[3]*University of Maryland*

Background: South Africa is known with the largest population of People with HIV globally. Substance use disorders in this population may lead to several adverse health outcomes, including poor adherence to anti-retroviral treatment (ART) and healthcare engagement, increased risk-taking behaviour, and negative health outcomes. There is limited knowledge known regarding the challenges People with HIV living in low-to-middle income countries face in engaging in substance use treatment programs.

Methodology: The study draws on a set of qualitative interviews collected as part of a pilot study known as Project Khanya. This was a peer-delivered intervention study aimed at improving ART adherence among People with HIV and comorbid substance use disorders in a low-to-middle income community. The interview transcripts from the study participants and healthcare providers (HCPs) were thematically analysed to identify individual, social and structural themes that might elucidate barriers and facilitators of engagement in substance use treatment programs.

Results: Both healthcare providers and participants identified social support, healthcare experiences, and substance use as key factors influencing treatment attendance. Strong social support, positive healthcare experiences, and reduced substance use facilitated attendance, while poor social support, negative healthcare interactions, and ongoing substance use hindered it. Supportive care, strong relationships, and psychoeducation encouraged engagement, while stigma, financial hardship, and a low degree of readiness to change were major barriers. Both groups highlighted the need for holistic, person-centred approaches to improve outcomes in HIV and attendance to substance use treatment programs.

Conclusion: This study examined factors affecting engagement in HIV and substance use disorder treatment, highlighting the impact of dual stigma, privacy concerns, and the negative effect of ongoing substance use on HIV management. It stresses the importance of addressing individual, social, and structural barriers to improve substance use treatment program attendance.

Empowering communities: a path to perinatal mental wellbeing in rural South Africa through results-based programming

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[3]*Anglo American*

Background: Depression is the most common perinatal complication, and poor mental health has significant effects on the life and prospects of mothers and their babies. In rural, peri-mining South African communities, transient labour patterns and economic coercion increase risks for young mothers. Most of all, mothers feel unsupported: when a teenage mother was asked if her community cared for her when she was struggling, she answered “no, I am alone in this.”. Through a partnership between Healthy Brains Global Initiative, Right to Care NPC, and Anglo American Corporate SA, the Mma we nnete programme aims to create nurturing environments for mothers using results-based contracting which focus on outcomes defined by the mothers themselves.

Methodology: Launched in March 2025, the programme followed an in-depth discovery phase and includes:

1. Emotion recognition tools for non-stigmatizing coping strategies.
2. Resources to support pregnancy, delivery, and infant care.
3 Peer support from lay health workers trained in empathetic listening.
4. Digital CBT and online platforms while awaiting referral.

Lay workers collect data via a mobile application, with SMS-based self-reported surveys. Quantitative data is visualized in Power BI; qualitative data is thematically analysed.

Results: As of submission, 897 mothers were enrolled: 26% had delivered, and 1% experienced pregnancy loss. 401 antenatal and 254 postnatal support sessions were held. Initial response rates are at 15% for the SMS survey where mothers feedback on their progress against outcomes. 72 (63% of respondents) Mothers report that they can name their feeling and have a coping strategy using the emotional identification tool. 56 (51% of respondents) Mothers know what to expect during pregnancy, delivery, when their baby arrives and want to attend antenatal visits. 77 (83% of respondents) Mothers report that they feel someone cares about their wellbeing. 8 (57% of respondents) Mothers report they connect with their baby.

Conclusion: Embedding peer support into existing community-based organizations and leveraging Department of Health community cadres will support integration into broader maternal-child health strategies. Scaling requires alignment with policy on community mental health integration, operational support for supervision and training, and sustainable financing. Digital platforms, local partnerships, and localized tools will enable broader rollout regionally and nationally.

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References: 1. Chen Kuang, Yinghua Sun, Bing Li, Rui Fan, Jing Zhang, Yumin Yao, Zhonggui He. Preparation and evaluation of duloxetine hydrochloride enteric-coated pellets with different enteric polymers, Asian Journal of Pharmaceutical Sciences, Volume 12, Issue 3, 2017, Pages 216-226. 2. Jawahar, N. & Anilbhai, P.H.. (2012). Multi unit particulates systems (MUPS): A novel pellets for oral dosage forms. Journal of Pharmaceutical Sciences and Research. 4. 1915-1923.

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SASOP Annual General Meeting 2025

- **Date:** Friday, 19th September 2025
- **Time:** 09:45 – 10:45 (Plenary Session 4)
- **Venue:** TBC

DRAFT AGENDA

1. **To approve the minutes of the previous AGM held on 29 November 2024**
2. **To receive and consider the Annual Financial Statements for the period ended 31 December 2024**
3. **To elect Directors in accordance with the provisions of the MOI**
   President (2027 – 2029) nominations have closed, but all other positions are still open for nomination until 22 August 2025.
4. **To appoint the Auditors of the company for the ensuing financial year**
5. **To consider the amended MOI**
   Members will be provided with the revised MOI prior to the meeting for review and will be requested to formally accept the amended MOI at the AGM
6. **To transact any other business which may be transacted at an AGM**

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INSTRUCTIONS TO AUTHORS

South African Psychiatry publishes original contributions that relate to South African Psychiatry. The aim of the publication is to inform the discipline about the discipline and in so doing, connect and promote cohesion.

The following types of content are published, noting that the list is not prescriptive or limited and potential contributors are welcome to submit content that they think might be relevant but does not broadly conform to the categories noted:

LETTERS TO THE EDITOR

- Novel experiences
- Response to published content
- Issues

FEATURES

- Related to a specific area of interest
- Related to service development
- Related to a specific project
- A detailed opinion piece

REPORTS

- Related to events e.g. conferences, symposia, workshops

PERSPECTIVES

- Personal opinions (including those written by non-medical contributors)

NEWS

- Departments of Psychiatry e.g. graduations, promotions, appointments, events, publications

ANNOUNCEMENTS

- Congresses, symposia, workshops
- Publications, especially books

The format of the abovementioned contributions does not need to conform to typical scientific papers. Contributors are encouraged to write in a style that is best suited to the content. There is no required word count and authors are not restricted, but content will be subject to editing for publication. Referencing - if included - should conform to the Vancouver style i.e. superscript numeral in text (outside the full stop with the following illustration for the reference section: Other AN, Person CD. Title of article. Name of Journal, Year of publication; Volume (Issue): page number/s. doi number (if available). Where referencing is not included, it will be noted that references will be available from the author/authors.

All content should be accompanied by a relevant photo (preferably high resolution – to ensure quality reproduction) of the author/authors as well as the event or with the necessary graphic content. A brief biography of the author/authors should accompany content, including discipline, current position, notable/relevant interests and an email address.

Contributions are encouraged and welcome from the broader mental health professional community i.e. all related professionals, including industry. All submitted content will be subject to review by the editor-in-chief, and where necessary the advisory board.

REVIEW / ORIGINAL ARTICLES

Such content will specifically comprise the literature review or data of the final version of a research report towards the MMed - or equivalent degree - as a 5000 word article

- A 300 word abstract that succinctly summarizes the content will be required.
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- The submission should be accompanied by the University/Faculty letter noting successful completion of the research report.

Acceptance of submitted material will be subject to editorial discretion

All submitted content will be subject to review by the editor-in-chief, and where necessary the advisory board. All content should be forwarded to the editor-in-chief, Christopher P. Szabo - **Christopher.szabo@wits.ac.za**

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