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SOUTH AFRICAN PSYCHIATRY

ABOUT the discipline FOR the discipline

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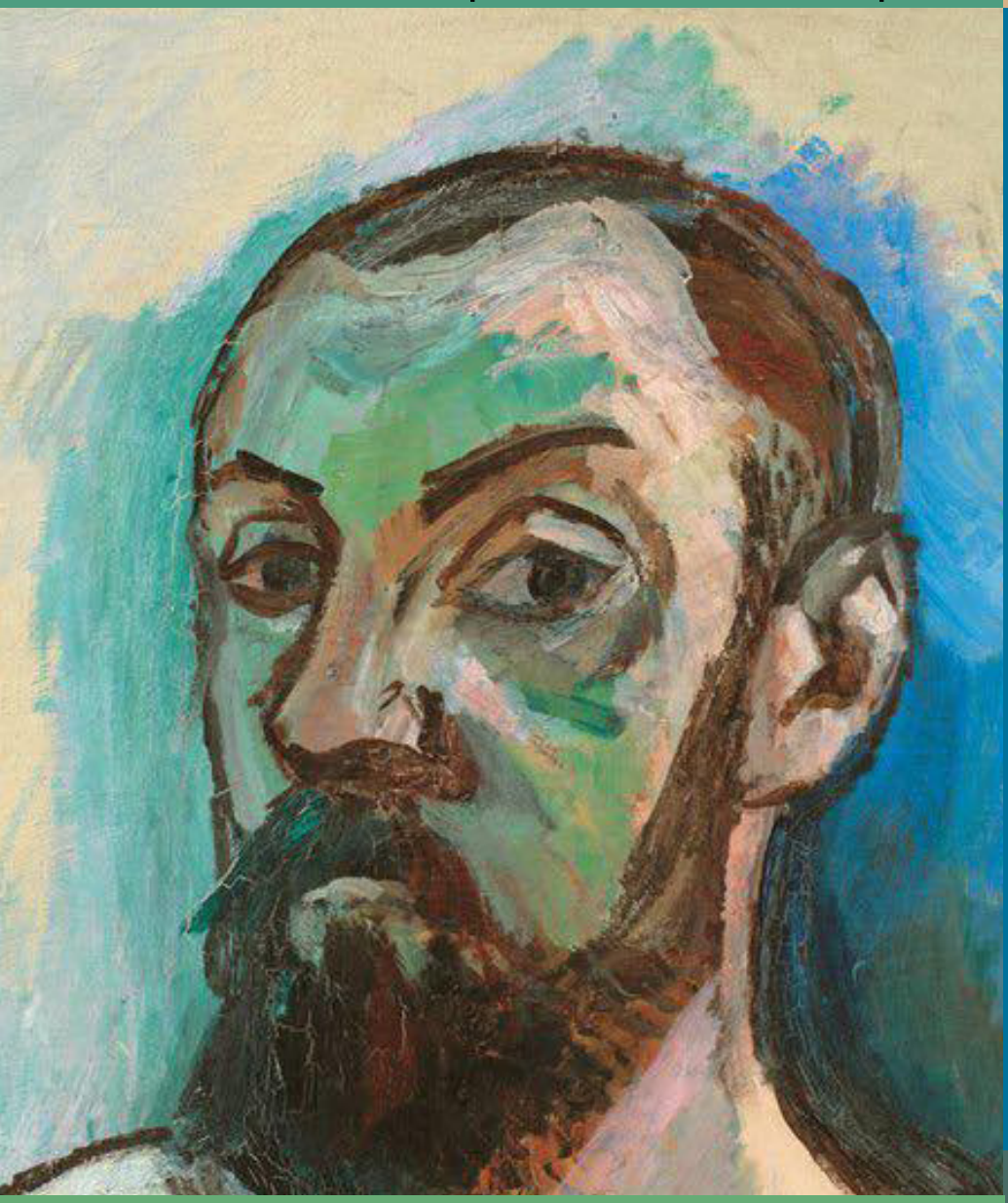

ADVANCING EARLY INTERVENTION FOR ADHD IN SOUTH AFRICA

SMARTPHONE ACCESS AND ITS ROLE IN ADOLESCENT MENTAL HEALTH

ART & MENTAL HEALTH IN FRACTURED TIMES

THE STORY OF RESILIENCE

COLLEGE OF PSYCHIATRISTS ELECTIONS TRIENNIUM 2026 - 2029

PUBLISHED IN ASSOCIATION WITH THE SOUTH AFRICAN SOCIETY OF PSYCHIATRISTS

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* **PLEASE NOTE:** *Each item is available as full text electronically and as an individual pdf online.*

Dear Colleagues

Welcome to the "autumn" issue for 2026. Since the last issue, when I announced the arrival of a new podcast "Talking Psychiatry", 10 episodes were recorded and released - in essence, *Season 1*. It has been an interesting journey, hosting and recording these conversations on a virtual platform, with my study constituting the studio. There were occasional technical issues, but these were all part of the steep learning curve. To date there have been several thousand "views" on the channel, and it seems that the content found an audience. Whether there will be a second season remains to be seen but it is important to acknowledge Eugene van der Walt, Rigel Andreoli and Tibor Szabo for their respective roles and contributions to what was ultimately a team effort – thanks! And of course, a big thanks to all of my guests who joined me and gave of their time and expertise.

The current issue features content related to child mental health (du Randt) as well as the critical issue of the impact of social media and smartphones on adolescent mental health (Farina). In addition, the piece on resilience (Hitzeroth) touches on a topical issue of relevance to both practitioners and patients. We are also pleased to be able to publish the opening address (Papathansopoulos), dealing with healing in fractured times, from last year's Art for Mental Health exhibition hosted by the University of the Witwatersrand's Department of Psychiatry.

On a sad note, the *Departmental News* section features a tribute to the passing of a colleague, Marc Stopford, our heartfelt condolences to his family.

Finally, The Life Esidimeni tragedy should not be forgotten. Since the last issue it has been announced that the National Prosecuting Authority will be proceeding with prosecutions for those implicated in the deaths. We will be watching that space with interest. The wheels of justice turn slowly, but it seems they are turning.

Until next time, take care.

NOTE: "instructions to authors" are available at www.southafricanpsychiatry.co.za

Acknowledgement: Thanks to Lisa Selwood for assistance with proof reading

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2) Database of medicine prices (28 August 2024). Department of Health website. *http://www.mpr.gov.za* (29 August 2024). **EVD1031/04/2025.**

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EPISODE 8	HIV and Psychiatry
EPISODE 9	Adolescence, ADHD and pornography
EPISODE 10	Adolescent suicide

CMSA CONSTITUENT COLLEGE COUNCIL ELECTIONS 2026 – 2029 TRIENNIUM

On behalf of the Elections Council and the CMSA, we would like to share the outcome of the Constituent College Council Elections for the 2026 – 2029 Triennium in the College of **Psychiatrists**

The election process has now been completed in line with CMSA rules and procedures, and we are pleased to confirm that the results have been finalised following strong participation from members across all Colleges.

Below, please find the list members who have been successfully elected to serve on the Constituent College of Psychiatrists Council for the 2026 – 2029 Triennium. The names are place in alphabetical order according to surnames.

- Prof Nadira Khamker
- Prof Carla Kotzé
- Dr Paslius Sizwe Mazibuko
- Prof Lebogang Simon Phahladira
- Dr Gabariel Sephodi Sefala
- Dr Shwetha Suresh
- Dr Mvuyiso Talatala
- Dr Lindokuhle Thela
- Dr Rita Gillian Marie Thom
- Assoc. Prof Leigh Luella van den Heuvel

NB: The Elections Council resolved to increase the composition to 10 members due to a tie in votes for 9th position

We thank all nominees and members who took part in the process. The level of engagement continues to reflect members' commitment to the governance and work of their Colleges and the CMSA.

The newly elected College Council may co-opt additional members in accordance with its Constitution, where necessary, to enhance representation, including on a geographical or demographic basis.

The next phase of the process will be the election of the College President, Honorary Secretary, and Senator by the newly elected College Council.

Once again, thank you for your participation. Should you have any questions or require further clarification, please do not hesitate to contact us on elections@cmsa.co.za

Eric Buch
CEO

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Final Call for ABSTRACT & SYMPOSIA SUBMISSIONS

SUBMISSION DEADLINE: 30 APRIL 2026

This is your final opportunity to submit abstracts and propose symposia for the 2026 South African Biological Psychiatry Congress. We invite psychiatrists, psychologists, registrars, students, and healthcare professionals to share original research, clinical insights, and innovative developments, as well as propose focused, high-impact symposium sessions that foster dialogue and collaboration.

ABSTRACT SUBMISSION GUIDELINES

SUBMIT YOUR ABSTRACT HERE

SYMPOSIA SUBMISSION GUIDELINES

SUBMIT YOUR SYMPOSIUM PROPOSAL HERE

The Dan J. Stein Award recognises outstanding early-career clinicians, clinician-scientists, and basic neuroscientists from South Africa and the African continent who demonstrate excellence, innovation, and leadership in biological psychiatry. It aims to highlight emerging leaders whose work advances understanding of the biological mechanisms of mental disorders, integrates clinical and population-level perspectives, and contributes to improved mental health outcomes.

Dan J. Stein Award
FOR EMERGING LEADERS IN BIOLOGICAL PSYCHIATRY

Named in honour of Professor Dan J. Stein, the award celebrates his significant contributions to biological psychiatry, translational neuroscience, and mentorship across Africa. We warmly invite eligible candidates to submit their applications and be considered for this prestigious recognition.

SCOPE OF THE AWARD

The **Dan J. Stein Award for Emerging Leaders in Biological Psychiatry** recognises outstanding early-career clinicians, clinician-scientists, and basic neuroscientists from South Africa and the African continent who demonstrate excellence, innovation, and leadership potential in the field of biological psychiatry. The award seeks to support and showcase emerging leaders whose work advances understanding of the biological mechanisms underpinning mental disorders, integrates biological approaches with clinical and population-level perspectives, and contributes to improving mental health outcomes in African and global contexts.

The award honours the enduring legacy of Professor Dan J. Stein and his seminal contributions to biological psychiatry and translational neuroscience research,

as well as his longstanding commitment to mentorship, training, and capacity building in Africa. Through his scientific leadership and scholarship, he has played a pivotal role in advancing biological psychiatry in South Africa, across the African continent, and internationally.

Professor Stein served as Chair of the Biological Psychiatry Special Interest Group from 1999 to 2004, during which time he helped to strengthen and expand the field locally. He was instrumental in establishing biological psychiatry fellowships and training opportunities for medical students and early-career psychiatrists, and has mentored generations of clinicians and researchers who have gone on to contribute to the field in South Africa and beyond.

ELIGIBILITY CRITERIA

Eligible work may span a broad range of topics within biological psychiatry, including (but not limited to) genetics and genomics, neuroimaging, psychoneuroimmunology, neuroendocrinology, pharmacology, experimental psychopathology, computational approaches, and other translational or mechanistic research relevant to mental health and illness.

Applicants must meet **all** of the following criteria:

1. Abstract Submission
- Must have submitted a **scientific abstract** for presentation (poster, oral, symposium, or workshop) at the **South African Biological Psychiatry Congress.**

2. Career Stage
- Must be **early- to mid-career**, defined as:
  - **Within 10 years of completion of their highest degree or clinical specialist qualification**, excluding documented career interruptions (e.g., parental leave, illness), **or**
  - Currently in a training or early faculty position (e.g., registrar, fellow, postdoctoral researcher, lecturer, or equivalent).

3. Professional Background
- Open to:
  - Clinicians
  - Clinician-scientists
  - Basic neuroscientists
- Applicants should be actively engaged in research relevant to **biological psychiatry**.

4. Geographic Eligibility
- Open to **South African nationals** and **nationals of other African countries**, regardless of current country of residence, provided the research has relevance to African contexts or populations.

5. Leadership and Contribution
- Applicants should demonstrate **emerging leadership potential**, as evidenced by:
  - Scientific contribution to the submitted abstract
  - Evidence of initiative, mentorship, collaboration, or capacity-building activities
  - A clear trajectory of ongoing engagement in biological psychiatry research or practice

SELECTION CONSIDERATIONS

In selecting the award recipient, the adjudication panel will consider:

- Scientific quality, originality, and rigour of the submitted abstract
- Relevance to biological psychiatry on the African continent and globally, and translational impact
- Applicant's role and contribution to the work
- Evidence of leadership potential and commitment to the field

AWARD

The award will be presented at the Biological Psychiatry Congress and will include a monetary prize of R25,000, along with a plaque and certificate.

APPLICATION PROCESS

1. Submit your abstract through the congress submission portal by 30 April

CONGRESS SUBMISSION PORTAL

2. Submit your application for the award through the REDCap survey by 15 May

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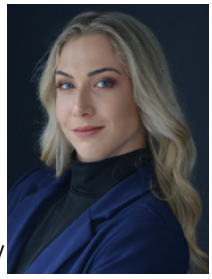
CREATING A NETWORK OF CARE: THE EVIDENCE-BASED WORK OF THE GOLDILOCKS AND THE BEAR FOUNDATION IN ADVANCING EARLY INTERVENTION FOR ADHD IN SOUTH AFRICA

Juane du Randt

This article is based on a presentation at the 5th Southern African Multidisciplinary ADHD Congress 2024



Juane du Randt

Amid the extensive research presented at the South African ADHD Congress, the story of the Goldilocks and the Bear Foundation stands out not simply because it is compelling but because it represents a rare intersection of community-based practice, evidence-based mental health care, and systemic change. While the field contributes crucial academic advances, this Foundation grounds those principles in everyday reality, reaching children in communities where mental health support is either inaccessible or non-existent.

The Foundation's core narrative begins with a simple metaphor: every child is Goldilocks, searching for a world that feels "just right." The Bear symbolises protection, guidance, and steadfast support; a role the Foundation has come to embody for families across the Western Cape.

ORIGINS OF THE FOUNDATION: WHEN A FAIRY TALE SPARKED A MOVEMENT

The Goldilocks and the Bear Foundation did not begin in a boardroom, a clinic, or a research lab. It began with two friends, Prof Renata Schoeman and Nic de Beer, running a marathon in 2017 dressed as the beloved fairy-tale characters, intending to raise funds for an organisation supporting children with ADHD.

But the organisation they sought to support did not exist. Rather than abandoning the mission, they created what would become the first South African non-profit organisation dedicated entirely to early intervention and free mental health support for children with ADHD in under-resourced communities. From that single act of initiative emerged a movement that has since touched tens of thousands of lives.

The Foundation was built to address an alarming reality: children with ADHD were falling through the cracks. They were misunderstood, mislabelled, and unsupported, not because their needs were complex, but because systems were not built to accommodate them.

A VISION FOR CHANGE

The Foundation's vision is clear:
To create resilient, resourceful children free from mental health difficulties.

Its mission complements this vision by focusing on the implementation of evidence-based, integrated mental health services, delivered at the community level, free of charge, and supported by a multidisciplinary network.

The Foundation's goals include:

1. Early identification of ADHD and other mental health conditions through free community-based screenings.
2. Empowering parents, teachers, and community stakeholders through education, workshops, and training.
3. Developing a connected ecosystem of child mental health care provision, facilitated by volunteer professionals.

4. Generating community-level data to inform policy and contribute to academic research.
5. Ensuring no child is left behind due to undiagnosed or untreated mental health challenges.

THE SOUTH AFRICAN CRISIS IN CHILD MENTAL HEALTH

The Foundation's work must be understood in the context of the severe shortage of child mental health resources in South Africa. Globally, around 10–20% of children experience mental health disorders, with an estimated prevalence of 17% in low- to middle-income countries (LMICs). ADHD alone affects approximately 5% of school-aged children worldwide.

Despite these statistics, South Africa allocates only 1% of its psychiatric services to child mental health. The gap between need and provision is vast. In the Western Cape alone, approximately 200,000 children living with a mental health condition do not have access to mental health services.

Several systemic barriers contribute to this crisis:

1. Stigma and Misconceptions

Mental health stigma remains pervasive, often rooted in cultural beliefs and fear of judgment. Families may deny symptoms or avoid seeking help to prevent being labelled.

2. Lack of Awareness

Teachers and parents frequently lack knowledge about ADHD's diverse presentations, particularly in girls who are often underdiagnosed due to inattentive or internalising symptoms.

3. Overburdened Public Services

Public health and education systems are severely stretched. Clinics operate beyond capacity, school support teams are limited, and referral pathways are inconsistent and time-consuming.

4. Cost of Care

Private mental health services are financially inaccessible for most low-income families. Even public services incur hidden costs such as transport, time off work, repeated clinic visits, and long waiting periods.

When parents are hourly wage earners, attending multiple appointments often means no work, no pay. A barrier that can effectively prevent access to diagnosis and treatment.

AN EVIDENCE-BASED, COMMUNITY-BASED SOLUTION

In response to these systemic challenges, the Foundation developed a model grounded in evidence, practicality, and compassion. Its guiding principle: bring support to the child, instead of expecting the child to navigate a broken system to access support.

The Foundation's interventions fall broadly into four pillars:

1. Awareness and Advocacy

Workshops, community training, school presentations, and partnership-driven awareness campaigns form a central part of the Foundation's mission. This approach is grounded in behavioural science research demonstrating that increasing community mental health literacy improves early detection and treatment adherence.

To date, the Foundation has reached over 50,000 learners, parents, teachers, and professionals through workshops and awareness initiatives.

2. Free Screening and Early Identification

This is the heart of the Foundation's work. The organisation conducts free mental health screenings directly in schools and community settings. This design eliminates the usual access barriers such as transport, clinic queues, and repeated appointments.

Screenings are guided by tools widely used in the field of child mental health. Where indicated, children are referred to a network of volunteer psychologists, occupational therapists, paediatricians, psychiatrists, and other specialists, who provide the necessary follow-up at no cost to the family.

This approach aligns with global recommendations emphasising early detection as a protective factor that significantly improves long-term outcomes for children with ADHD.

3. Community-Based Data Collection

A unique strength of the Foundation is its commitment to data. While operating at the community level, the Foundation collects anonymised information on ADHD trends, screening outcomes, referral patterns, and local resource gaps.

This database is the first of its kind in South Africa and is being developed with the long-term goal of influencing policy, improving service planning, and supporting peer-reviewed research.

4. Training and Capacity Building

The Foundation invests in training for University students, Health care providers, Volunteers, Educators, and community facilitators.

This aligns with global best practice, which emphasises capacity building as a critical component of sustainable mental health interventions in LMICs.

The Foundation's model ensures that knowledge gained is multiplied outward, expanding the network of care.

IMPACT: MORE THAN NUMBERS

Every statistic represents a story, and one such story is that of "Goldilocks," a real child with a fictionalised name.

Goldilocks was referred for behavioural and academic challenges, and her teachers believed she required a special-needs placement. After being screened by the Foundation, she was found to have undiagnosed ADHD and an untreated visual impairment.

She received glasses free of charge, accessed medication through the referral network, and subsequently improved her academic performance from being at risk of school placement change to achieving a 90% average.
This transformation highlights the value of accurate

diagnosis, accessible care, and respectful support, all of which are cornerstones of early intervention. But Goldilocks is only one of thousands of stories. Each represents a future rewritten.

CHALLENGES AND MILESTONES IN DELIVERING MENTAL HEALTH SUPPORT

Despite its success, the Foundation faces several persistent challenges in delivering mental health support. Stigma and low levels of mental health literacy remain significant barriers, as fear, mistrust, cultural myths, and misunderstanding often limit families' willingness to access services. Systemic limitations within the public sector, including clinic backlogs, inconsistent referral pathways, and bureaucratic delays, further complicate follow-up care.

Many parents also struggle with long-term engagement due to work demands, income instability, and logistical constraints, all of which make consistent mental health management difficult. Perhaps the most pressing challenge, however, is funding: the Foundation receives no government support, meaning that every service provided, from screenings to multidisciplinary referrals and community resources, is sustained entirely through donor contributions and fundraising efforts. This financial vulnerability is particularly concerning given the Foundation's measurable impact on the provincial mental health system, as the sustainability of its service network depends on stable, ongoing support.

Yet, despite these obstacles, the Foundation has achieved remarkable milestones. It successfully adapted its methods of community engagement during the COVID-19 pandemic, demonstrating resilience and innovation in a rapidly changing landscape. It received the SASOP Award for Community Service in 2018, recognising its contribution to child mental health.

The publication of its children's ADHD resource book, *All of These Things Are Important to Me*, has provided a valuable tool for educators, parents, clinicians, and children themselves. The Foundation also launched the ADHD Congress, which has grown in reach and influence each year, and developed the first community-level ADHD database to support research and policy advocacy.

In addition, its robust training programmes have upskilled students, professionals, and volunteers, further expanding the network of care. The Foundation continues to evolve by strengthening partnerships, expanding programmes, and refining its evidence-based practices.

WHY EARLY INTERVENTION MATTERS

The urgency of the Foundation's work is reinforced by decades of research highlighting the consequences of delayed or absent intervention. Without early support, children with ADHD are significantly more likely to drop out of school, develop secondary psychiatric conditions such as anxiety, depression, or oppositional defiant disorder, and experience higher rates of substance use disorders.

They are also more vulnerable to accidental injuries owing to impulsivity and inattention, and may face long-term physical health challenges linked to chronic stress and lifestyle difficulties. These outcomes, however, are preventable. Evidence consistently shows that early identification and intervention improve academic performance, reduce behavioural difficulties, strengthen self-esteem, enhance family relationships, and ultimately support healthier, more productive adult functioning. ADHD is not a life sentence; however, being unsupported can be.

BUILDING A VILLAGE

The Foundation frequently reminds us that saving futures truly takes a village, and that the Bear cannot do it alone. Members of the public play an essential role in sustaining this work, and there are many meaningful ways to get involved. Individuals can donate either through once-off contributions or monthly giving to help maintain the Foundation's free services. They can also support the organisation by purchasing items from its online shop, including the ADHD children's book that has become a valuable resource for families and educators.

Another simple yet impactful option is adding the Foundation as a beneficiary on the Woolworths MyDifference App, allowing Woolworths to donate a portion of shoppers' purchases on their behalf. People may also volunteer their time or professional expertise, advocate by sharing awareness messages and challenging mental health stigma, or participate in community initiatives such as the annual "Sea of Yellow" civvies day in September, which raises both funds and visibility for ADHD. Together, these collective efforts empower the Foundation to continue changing lives and expanding its reach across South Africa.

A STORY WITH A MORAL

The moral of the Goldilocks and the Bear story is simple yet profound:

No child should be left behind because of something they cannot control.

ADHD is not a character flaw, a behavioural failure, or a parental shortcoming. It is a neurodevelopmental condition that requires early, compassionate, evidence-based support. When that support is offered, the trajectory of a child's life can change forever.

The Foundation has shown that with innovation, community engagement, and relentless dedication, it is possible to build an ecosystem of care that reaches even the most underserved children.

Together, we can create a South Africa where every Goldilocks finds a world that feels just right.

Juané du Randt is a Registered Counsellor and Operations Manager at the Goldilocks and the Bear Foundation, dedicated to holistic well-being and transformative growth. With a BA in Psychology, a BPsych, and training as a Level 1 DBT practitioner, Juané integrates lifestyle coaching and mental health care to support individuals and families. Her late diagnosis of ADHD fuels her passion for advocacy, education, and empowerment, particularly for neurodiverse children and their parents. Juané brings both professional expertise and personal insight to her work, inspiring others to embrace their full potential through understanding, compassion, and evidence-based support.
Correspondence: juane@gb4adhd.co.za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REGISTRATIONS NOW OPEN

DATE: **2 - 5 SEPTEMBER 2026**

VENUE: **VIRTUAL (SOUTH AFRICA STANDARD TIME (SAST))**

THEME: **BEYOND SYMPTOMS: PRECISION, EQUITY AND REAL-WORLD OUTCOMES IN ADHD**

Join us from 2-5 September 2026 for the 7th Southern African Multidisciplinary ADHD Congress, presented virtually for your convenience.

Each year, our congress seeks to bring together the latest thinking, the most relevant conversations, and the people most committed to improving the lives of those affected by ADHD. For 2026, we are proud to present the theme: **Beyond Symptoms: Precision, Equity and Real-World Outcomes in ADHD**

Whether you are a long-standing colleague in the field or joining us for the first time, we invite you to be part of this important conversation. Join us as we challenge assumptions, share knowledge, and work together toward more precise care, greater equity, and better outcomes for all those living with ADHD.

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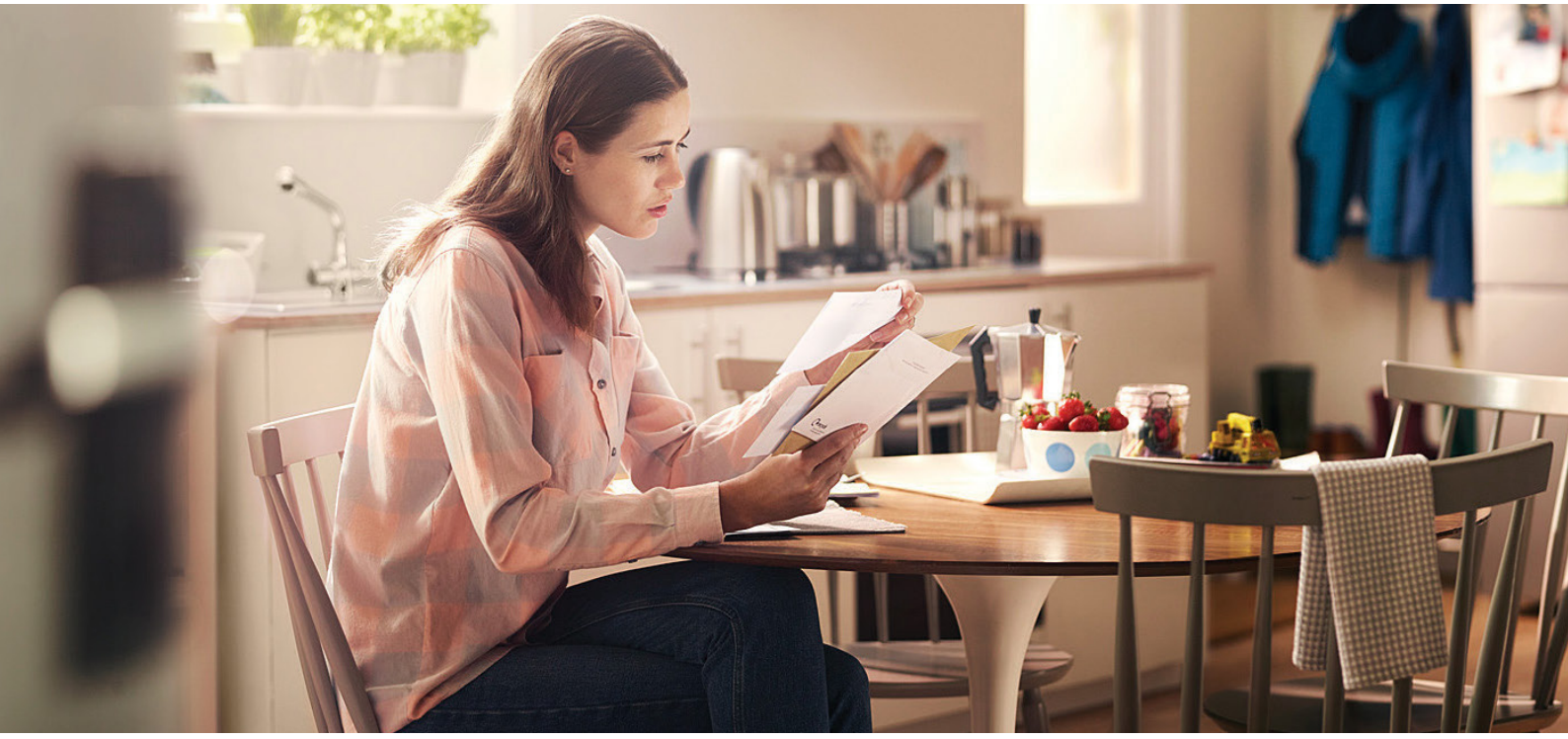
Depression can make keeping on top of daily tasks a struggle



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THE GLOBAL PUSH FOR DELAYED SMARTPHONE ACCESS AND ITS ROLE IN ADOLESCENT MENTAL HEALTH

Kate Farina

ABSTRACT

One of the great paradoxes of our time is unprecedented connectivity coinciding with a sharp, global decline in adolescent mental health metrics (depression, anxiety, self-harm) since approximately 2012.

Kate Farina

It has become ever clearer to both mental health professionals, as well as parents, caregivers and educators, that connectivity does not automatically translate into the connection that children, adolescents and indeed adults fundamentally need to thrive. In fact, connectivity is disrupting connection.

The rapid saturation of smartphones among South African adolescents has coincided with a precipitous global decline in youth mental health, characterised by rising rates of anxiety, depression, and self-harm. This paper argues that the introduction to the young, developing adolescent brain of hyper-stimulating, algorithmically driven apps and games hosted on smart devices, represents an unregulated social experiment. The result of the addictive design of many apps and games is sleep disruption and developmental displacement, which in turn erodes the foundations of childhood.

The global shift in thinking around the need for new digital norms for children and adolescents, to address the emerging teen mental health crisis is discussed. It also covers the emergence of the Smartphone Free Childhood South Africa (SFC-SA) movement, one of many global chapters, as a collective response to this crisis. The paper concludes that delaying smartphone and social media access, transitioning schools to "phone-free" environments, and safeguarding the mindful use of EdTech, are critical public health imperatives necessary to protect the cognitive and emotional development of the next generation.

THE DIGITAL EXPERIMENT

The current generation of adolescents, being the first to be "born digital", is the subject of what social scientists describe as a massive, unregulated clinical trial.

While digital scepticism was once dismissed as "moral panic," empirical data released in the last two years reveals a stark, global inflection point. Research popularized by social psychologist Dr. Jonathan Haidt identifies 2012 as the year the "Great Rewiring of Childhood" became visible in public health data.[1] This period coincides with the mass transition from "feature" phones to smartphones equipped with front-facing cameras, and an ability to host ever more sophisticated apps and games, as well as the arrival of high-speed data.

For the first time in human history, we have decoupled the transition into adulthood from physical maturity and tethered it to digital entry. As parents in South Africa, we have witnessed the move from a play-based childhood to a phone-based childhood in less than a decade, with no safety testing, an increasing burden on parents to manage and monitor devices, and no manual for the biological fallout.

By migrating the majority of adolescent life to the virtual sphere, we have inadvertently eroded the four developmental cornerstones required for psychological maturation:

- Free play: The transition from a play-based to phone-based childhood has stripped adolescents of the physical, autonomous play necessary for building resilience and executive function.
- In-person socialization: Digital interactions lack the synchrony, physical touch, and non-verbal cues (eye contact, micro-expressions) required to develop social fluency and empathy.
- Deep focus: The "attention economy" utilizes intermittent reinforcement schedules to fracture the cognitive capacity for deep work, replacing it with a state of perpetual distraction and attention fragmentation.

- Restorative sleep: The encroachment of blue light and fear of missing out (FOMO) into the nocturnal hours has created a systemic sleep deprivation crisis, which is a primary driver of mood disorders.

EROSION OF CHILDHOOD

Childhood was historically a protected period of low-stakes social learning. In the South African context, the erosion of childhood through the early access to smart devices is compounded by our unique "Safety-Tech Trap." Because many parents feel the physical world (streets, parks) is unsafe, we have allowed the digital world to become the "safer" alternative. However, while the physical world poses risks to the body, the digital world (unsupervised, unfiltered and algorithmically driven) poses a profound and often unrecognised risk to the young psyche.

DIRECT VS INDIRECT HARMS

In our advocacy at SFC-SA, we categorise the digital threat into two distinct but overlapping spheres: direct and indirect harms. Direct harms are the acute, more immediate injuries resulting from specific online interactions. These include the psychological trauma of cyberbullying, sexting, sextortion, exposure to age-inappropriate adult or extremist content, and the pervasive "comparison trap" inherent in image-heavy social media that fuels body dysmorphia and eating disorders. They also include "addictions" as a result of compulsive use of online pornography, gaming and gambling. These direct harms are the ones that parents tend to focus on and fear most.

However, the indirect harms, often referred to as "developmental displacement" are arguably more insidious because they are defined by what is *missing* from a child's life as a result of their screen time. Following the Displaced Behaviour Hypothesis, every hour spent tethered to a smartphone is an hour displaced from the biological pillars of healthy development: restorative sleep, vigorous physical activity, and the "messy" face-to-face play where conflict resolution and empathy are mastered.[2]

In South Africa, where high-stress environments already tax a child's resilience, the loss of these natural buffers is potentially catastrophic. We are not just witnessing children being hurt by what they see on their screens, we are seeing them withered by the absence of the real-world experiences that screens have replaced.[3,4]

The research is showing that we have essentially traded physical bruises for permanent psychological scarring.[5]

ADDICTIVE DESIGN

The term "addiction" is often dismissed as parental hyperbole, yet in the context of modern app and game design, it is a precise neurobiological description. These platforms are not neutral tools but are examples of "persuasive design," utilising specifically designed psychological hacks, embedded in sophisticated algorithms, to modify behaviour without conscious awareness. They are engineered by some of the world's brightest minds to exploit human biological vulnerabilities for profit.[6]

Central to their design is the variable reward schedule - by providing likes, notifications, or in-game rewards at unpredictable intervals, apps transform the smartphone into a "slot machine in a child's pocket".[7] This triggers a surge of dopamine, the neurotransmitter of craving and anticipation, which in turn reinforces the habit loop.

Furthermore, features like infinite scroll and autoplay are explicitly engineered to eliminate stopping cues, those natural pauses that would otherwise allow the prefrontal cortex to regain control and signal the user to stop. For a child, whose impulse-control centres are still developing, this creates a state of cognitive overmatch. The goal of these platforms is to maximise time-on-device to facilitate data extraction and maximise ad revenue, often at the direct expense of the child's psychological well-being and ability to engage in sustained, deep-level focus.[8,9]

THE DEVELOPING BRAIN

The introduction of smart devices (essentially any electronic gadget with a processor and internet connectivity), which are capable of hosting ever smarter platforms (apps and games), typically comes at a critical time in the development of the adolescent brain. There are two main focus areas of concern, namely:

- Critical thinking and impulse control: The prefrontal cortex, responsible for executive function, impulse control, and emotional regulation, undergoes a massive remodelling process that is not complete until the mid-20s.[1,10] During this period, the limbic system (the emotional centre) is highly active while the inhibitory control of the prefrontal cortex remains under-developed. Providing a device engineered for infinite scrolling to a child with an immature "braking system" creates a state of perpetual cognitive overmatch.[6]
- Altered brain structure: Preliminary data from the National Institutes of Health Adolescent Brain Cognitive Development study found that children with high screen usage (7+ hours per day) showed premature thinning of the cerebral cortex - the outermost layer of neural tissue processed for sensory information and language.[11]

DISTRACTION AND DRAMA

The introduction of a smartphone, which becomes a 24/7 accessory, has impacts on both concentration and inter-personal skills.

- Erosion of focus: The mere presence of a smartphone, even when silenced or left face down, induces "brain drain." The cognitive capacity required to ignore a device reduces the available mental energy for complex academic tasks.[12]
- Deterioration of social dynamics: The migration of social life to the digital sphere has stripped the classroom and playground of empathetic, face-to-face interaction. Without immediate feedback, adolescents are more likely to engage in "disinhibition," leading to digital drama and cyberbullying.[13,14]

DETERIORATING TEEN MENTAL HEALTH

Eminent researchers such as Haidt and Twenge highlight various factors linked to early and unfiltered access to the online world, as being responsible for the rise in anxiety, depression, self-harm and suicide in the last decade.[1, 15]

SLEEP ARCHITECTURE AND BIOLOGICAL NECESSITY

With the majority of adolescents reporting that they have their devices in their rooms at night, and that late at night is when most of the digital harm (such as cyberbullying) occurs, it is evident that we have a "perfect storm" of tired brains making bad choices. Besides the opportunity created for digital drama, sleep, being the "foundation of foundations" for mental health, is the first casualty of the smartphone era as a result of:

- Blue light disruption: The adolescent circadian rhythm naturally shifts during puberty, making them "night owls." Short-wavelength blue light from screens suppresses melatonin secretion, pushing sleep onset even later.[16]
- Nocturnal checking (FoMO): South African adolescents report high levels of "vamping" - waking up to check notifications. This fragments the sleep cycle, specifically reducing REM sleep, which is essential for emotional processing. Chronic sleep deprivation is a primary clinical precursor to anxiety and suicidal ideation.[17]

SOCIAL MEDIA AND PATHOLOGICAL COMPARISON

Social media has fundamentally altered the landscape of human social comparison, often shifting it from a tool for self-improvement into a pathological, never-ending cycle.

- The Comparison Trap: Adolescents view highly curated "highlight reels" of their peers and influencers. Because their brains are naturally primed for social ranking, this leads to "upward social comparison" that diminishes self-esteem and drives body dysmorphia.[18]
- Cyberbullying and anonymity: The lack of physical presence facilitates a "keyboard warrior" culture. The victim is unable to find sanctuary, as the device provides 24/7 access to their psyche.[5]

DEVELOPMENTAL DISPLACEMENT

The Displaced Behaviour Hypothesis suggests that the harm of smartphones lies not only in what they do to a child, but what they prevent a child from doing – or in other words the "missed opportunities".

Every hour spent scrolling is an hour displaced from:

- Free play: Where resilience and conflict resolution are learned.
- Physical activity: A natural antidepressant and regulator of cortisol.
- Deep-level social engagement: Where empathy and non-verbal communication are mastered.[19]

In a country like South Africa, where outdoor play is often restricted by safety concerns, the displacement of real-world connection by digital consumption is particularly acute, leaving youth without the "natural resilience-building mechanisms" required to navigate a high-stress society.

A GLOBAL SHIFT IN THINKING

THE DEATH OF "DIGITAL INEVITABILITY"

For over a decade, parents were sold a narrative of "digital inevitability." We were told that the world was changing, and to keep our children competitive, we had to submerge them in technology as early as possible. However, we are now witnessing a global reawakening and a shift in thinking. The data has caught up with our parental intuition: the unrestricted entry of children into the hyper-extractive, algorithmically driven online world has resulted in a public health crisis.

The shift in thinking is fundamental: we are moving from the "Digital Native" myth (the idea that kids are naturally tech-savvy) to the "Digital Vulnerability" reality. We now recognize that while children may be tech-fluent, they are judgment-impoverished due to the biological realities of the developing brain.[10]

As a result, we are moving from an era of unrestricted access to one of age-appropriate friction. This shift is characterized by the realization that digital literacy does not require early smartphone ownership; in fact, the cognitive impairment caused by addictive design may actually hinder the very future-ready skills (such as deep work and critical thinking) that parents hope to cultivate.

THE NEUROBIOLOGICAL TIPPING POINT

The global response is increasingly grounded in neurobiology. We now understand that the adolescent brain is "all gas and no brakes." The limbic system (the emotional and reward centre) matures early, while the prefrontal cortex (the centre for impulse control and long-term thinking) is not fully "online" until the mid-20s.[10]

By providing a smartphone - a device designed by the world's most sophisticated psychological engineers to capture attention - to an "under-construction" brain, we have created a state of perpetual cognitive overmatch. The global response is shifting toward delaying this access until the "brakes" (the prefrontal cortex) are better developed.[11]

THE RISE OF COLLECTIVE PARENT ACTION

The most significant shift in the global response is the move from individual responsibility to collective action. As a founder of Smartphone Free Childhood, I have seen how the "social exclusion" argument - the fear that a child will be the "only one" without a phone and will be left out as a result - has been used to coerce parents into buying devices they don't want their children to have just yet.

Movements like SFC (UK), SFC-SA (South Africa), and Wait Until 8th (USA), have pioneered the "Parent Pact" to delay smartphones (and by default social media) until high school. By organizing at the school and community level, through "collective action", we are neutralising the social pressure. The Parent Pact is based on the assumption that

when a majority of a peer group agrees to delay, the "social pariah" risk vanishes. Through this, we are trying to reclaim the "norm" around when children first get access to smartphones.[20]

THE PIVOT TOWARDS PHONE-FREE SCHOOLS

Parallel to the parental movement is a legislative and institutional pivot toward Phone-Free Schools. Educational authorities in the UK, France, several US states, and increasingly in South African private and public sectors, are adopting "Bell to Bell" or "Away for the Day" policies. These mandates recognize that the school environment is a sacred space for cognitive development and face-to-face socialisation.

The data suggests that banning phones in schools doesn't just reduce cyberbullying; it also closes the "attainment gap" between students from different socio-economic backgrounds, as those with fewer resources at home benefit most from a distraction-free environment.[12]

In South Africa, where educational inequality is a critical concern, phone-free policies serve as a low-cost, high-impact intervention for social justice and mental equity.

The global shift is now reaching the highest levels of governance. We are seeing a "domino effect" of national and regional smartphone bans in schools:

- The United Kingdom: Issued federal guidance backed by research showing that "Away for the Day" policies significantly improve academic focus and reduce cyberbullying.
- France & The Netherlands: Implemented nationwide bans in middle schools to restore the "sanctity of the classroom."
- Australia & The US: Multiple states have legislated lockers, pouch systems or total bans, treating smartphones not as educational tools, but as "digital cigarettes".

THE REGULATORY RESPONSE

The final, and perhaps most significant, evolution in the global response is the transition from parental action to state-level regulation, specifically regarding minimum age restrictions for social media access. For years, the "13+ age limit" found in the Terms of Service of most social media platforms, was a toothless relic of the US Children's Online Privacy Protection Act (COPPA), designed for data privacy rather than psychological safety. Today, governments are realizing that leaving the gates to the digital world to be guarded by profit-driven corporations is a gross failure of child protection.

Australia has recently led the charge with landmark legislation proposing a categorical ban on social media for children under 16, shifting the onus of proof onto the platforms concerned, rather than the parents. Countries across Europe are now considering similar legislation. Similarly, in the United States, the Florida and Utah legislatures have moved to restrict minor access to addictive features without explicit parental consent. This regulatory shift recognizes that social media is a "non-linear" hazard: the harm is not just in the content, but in the algorithmically driven, infinite-scroll architecture that bypasses a child's under-developed impulse control.

In South Africa, this global momentum provides a critical template. SFC-SA is one of the organisations advocating for a move towards a framework where "Digital Safety" is regulated with the same rigor as food safety or automotive standards, ensuring that a child's entry into the online world is commensurate with their cognitive and emotional maturity, and that the burden to keep children safe online is taken off the shoulders of overwhelmed parents and educators.

FROM "DIGITAL LITERACY" TO "DIGITAL WISDOM"

We no longer equate having a smartphone with being tech-literate. In fact, the global consensus is shifting toward the idea that deep-seated digital literacy, being the ability to code, to focus on complex tasks, and to understand algorithms, is actually hindered by the fragmented attention spans caused by early smartphone use.[8,9] We are moving toward "Digital Wisdom": teaching children how technology works before we give them the tools that work on them.

THE SFC-SA MODEL: A CALL TO ACTION

As a founder of SFC-SA, I advocate for a model that moves parents from individual guilt to collective action. We support the global call to shift towards new norms that protect and nourish a happy, healthy childhood as the foundation for robust mental health. Our primary focus is to:

- **Connect and empower parents** to delay the introduction of smart devices and social media for their children, encouraging mindful slow-tech, low-tech decisions that protect childhood. We promote establishing Parent Pacts in primary school communities, so that no child is the "only one" without a smartphone, thereby neutralizing social exclusion. We also advocate the use of basic-feature "dumbphones" for safety and communication without the addictive apps.
- **Support and encourage schools** to make the academic day smartphone-free; to limit screen time in the classroom by integrating EdTech carefully and mindfully; and to promote the delay of smartphones, social media and online gaming by upskilling parents on the latest research and thinking. We encourage phone-free schools to sign up to be listed on the SFC-SA Phone-Free Schools Register.
- **Lobby and work with regulators** to support the delay of smart devices; implement legislation setting minimum age restrictions for social media; enforce smartphone free schools; and to clarify requirements for Digital Safeguarding of EdTech in schools. We have launched petitions to gauge public opinion in respect of minimum age restrictions for social media, as well as phone-free schools, to support our advocacy work.

FINAL REFLECTIONS

The SFC-SA community is not a group of Luddites, but rather we are parents who have been watching our children make their way in a digital world and have seen the data about the real impact this has had and is having. We are reclaiming the right for our children to grow up slowly. The "Genie" may be out of the bottle, but we are the ones who decide where that bottle is allowed to go. By delaying smartphone access, and by default social media,

we are not just saying “no” to a device; we are saying “yes” to sleep, “yes” to focus, and “yes” to a resilient South African future.

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She holds a BSc (Zoology and Botany) from the University of Pietermaritzburg, and an LLB and LLM (Administrative and Constitutional Law) from the University of the Witwatersrand.

She founded Be in Touch 8 years ago, an organisation with a focus on supporting parents and teachers to keep children safer and saner online.

Kate is an online safety expert but as a parent of teens herself, is also a “mum on a mission”, helping other parents with practical tools to manage their family’s devices and stay connected to their children as they go and live online. She much prefers solutions to scare-mongering, as she knows that the job of the modern-day parent is hard enough!
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IN SEARCH OF GLIMMERS: ART, MENTAL HEALTH, HEALING AND HUMANITY IN FRACTURED TIMES

Maria Papathanasopoulos

Opening address – Art For Mental Health Exhibition October 2025

Good evening, colleagues, students, artists, friends, distinguished guests.

It is a privilege and honour to welcome you all to the opening of our 2025 Faculty art exhibition entitled *Glimmer.* The exhibition seeks to merge the worlds of creativity, art and healing, as we recognize Mental Health Awareness Month. Tonight, we gather not only to admire works of art by our colleagues, but also to reflect on what it means to be human: fragile, resilient, complex, and luminous even in times of darkness.

When I was first invited to address you at this opening, I thought: Glimmer…. glimmer of hope? What exactly is a glimmer? What does glimmer ask of us, on a personal level and as a medical community, and what might we offer glimmer in return?

The title *Glimmer*, is deceptively small. A glimmer is not a floodlight or a blaze. It is a flicker, a flicker of light at the edge of darkness - subtle, sometimes fragile, but unmistakable. It is what breaks through the shadows. And in the context of mental health, that flicker can mean the difference between despair and recovery, silence and voice, invisibility and recognition.

In psychology, a "glimmer" is the opposite of a trauma trigger.
It's a tiny moment, however brief, that brings you a sense of peace, joy, or safety - when the nervous system feels safe. When your body says: I'm okay. I'm alive. I can breathe safely here.

A glimmer might be:

- the first sunrise after a long, sleepless night in the ICU.
- It might be the sound of birds in the morning.
- A kind word or gentle touch from someone.
- a particular painting that captures you, maybe like one you'll see tonight that lets you feel something you couldn't articulate or say out loud.

Over the next few minutes, I want to weave together three threads: the challenges and hopes of our world today; the power of art in healing; and how, together, in the intersection of medicine and creativity, we might generate new light.

I. THE WORLD AS IT IS: TENSIONS, CRISES, AND POSSIBILITY

We do not live in a world of pure hope. I'm not sure how many of you are aware of the statistics, but as of mid-2025, there are approximately 56 active conflicts worldwide, and depending on which website you look at it can go up to 150 active armed conflicts. As healthcare professionals, we are on the front lines of many crises, from pandemics to conflicts, inequality to climate change. To situate this exhibition's launching moment within our realities helps us see its urgency.

Let me name a few threads:

- **Global health and funding pressures.** In recent years, many countries have scaled back aid and public health budgets. The WHO has warned of income shortfalls, program disruptions, and the need to restructure functions in the face of reduced donor contributions. Let's look at what the withdrawal of USA international funding has done. In this shrinking space, the struggle to maintain immunizations, surveillance, preparedness, and essential services has intensified. Health systems have crashed in Botswana, and other countries, etc.

- **Pandemic governance and cooperation.** After the COVID 19 catastrophe, the world negotiated a Pandemic Agreement, a signal that multilateralism, though strained, still matters. Yet the gaps and delays in vaccine equity, supply chains, and trust remain stark.
- **Climate crisis and health.** This year, at the UN climate summit, world leaders again renewed pledges to push emissions cuts, warning that exceeding 1.5 °C could unleash cascading harm, including new disease patterns, displacement, food insecurity, and extreme events. Health systems have to continuously adapt to these pressures, especially in vulnerable regions.
- **Geopolitics, social fractures, and the politics of culture.** Around the globe we see rising polarization, culture wars, and contested narratives. In Europe, reports suggest the USA is promoting ideologies that disrupt consensus in cultural spheres. Art and health alike are not insulated from politics. The very stories we tell, the histories we expose or suppress, the narratives we permit. These matter deeply.
- **South Africa, G20, and health equity.** In 22-23 November, Johannesburg will host the 2025 G20 Summit — the first on African soil.

  Our country, and indeed our continent, has an opportunity to elevate issues of equity, climate resilience, universal health coverage, and structural justice in the global agenda. As emphasized by many, we must turn health from a line item into a foundational investment.
- Around the world, **mental health** is now recognised as one of the greatest challenges of our time. The WHO has called for urgent global action, because depression, anxiety, and trauma do not recognise borders. Yet, despite the universality of these struggles, access to care remains deeply unequal. A glimmer here is not just about individual healing, it is about collective responsibility. It is about the light of international solidarity, the growing acknowledgment that mental health IS health, and that addressing it is central to building just, peaceful, and thriving societies.
- In South Africa, the conversation about mental health is deeply political. Our history has left wounds that are not only physical but also psychological—wounds of violence, inequality, and silencing. Today, the gap in mental health resources between urban and rural, private and public, insured and uninsured, is vast. To speak of *glimmer* in this context is not to deny the enormity of the challenge, but to highlight where the light is breaking through: in policy reforms slowly gaining momentum, in the bravery of healthcare workers who persist despite limited resources, and in the voices of people refusing to be silent about their struggles.
- Mental health advocacy here is also an act of justice. It calls on us to challenge stigma, to dismantle barriers to care, and to affirm that the right to mental well-being is inseparable from the right to dignity. When we speak of glimmers in a political sense, we are speaking of accountability, change, and the courage to demand better.

All this is to say: Glimmer does not arrive in a vacuum. It arrives in a world wrung by conflicts, by division, by ecological peril, and by opportunity. It offers a space, however fragile, to see possibilities, to imagine healing not just in bodies but in systems, in communities, in relationships.

Because in the darkness of our systems, our politics, our despair - **WE NEED ART**. We need beauty. We need moments that do not fix, but remind. That do not erase pain, but soften its grip.

II. GLIMMER IN THE PERSONAL LANDSCAPE

But *glimmer* is also intimate and deeply personal. Many of us, whether openly or privately know what it feels like to face darkness: the weight of depression, the chaos of stress and anxiety, the loneliness of grief.

Let's take a moment to think about how glimmer shows up in the emotional lives we carry.

- In pain, a glimmer is the first day your body lets you stand without wincing. It's the tear you cry not out of grief, but out of release.
- In happiness, a glimmer is the realization that you've laughed, really laughed, for the first time in months. It's the moment you realize you're no longer surviving, but living again.
- In despair, a glimmer can be frighteningly small, the quiet voice that says, "Hold on," or the nurse who stays with you, even when they have ten other things to do.
- In hope, a glimmer is courage in fragile form. Not certainty, but possibility. Not a guarantee, but a direction.

As health professionals, you've seen this.

You've held space for people whose lives were breaking and you've helped them find even the faintest glimmer of something worth holding onto. **Sometimes, you are the glimmer.**

For our students and colleagues in medicine, this theme resonates even more powerfully. You spend your careers surrounded by suffering, holding stories that sometimes feel overwhelming.

Your own mental health, too often neglected, is the very foundation of the care you can offer others. Recognising and protecting that is itself an act of light, an act of humanity.

III. THE POWER OF ART, LIGHT, AND GLIMMER

In medicine, we often chase grand breakthroughs: cures, therapies, life-saving interventions. Yet much of healing happens in the in-between: in comfort, in empathy, in moments of hope, courage, small transformations. That is the realm where art dwells.

Art can pierce defenses. Art can name what cannot easily be named in sterile rooms. Art can reveal a patient's interior life, fears, dreams, or grief. Art reminds us that being human is more than biological processes. It is memory, longing, frailty, resilience. When we engage with art, in observing, discussing, creating, we nurture parts of our humanity that sometimes get flattened under protocols, metrics, and emergencies.

For medical staff, art can offer a mirror, or a respite: a moment to reflect on suffering, but also on dignity, connection, beauty. It can soften our edges, restore our equilibrium, and re-anchor us in the deeper purpose of our work. In moments of burnout or discouragement, a glimmer of insight or inspiration can sustain us.

And so, tonight, Glimmer, the exhibition, invites us not just to see but to feel. Not just to admire but to respond.

IV. WHAT WE CAN DO, TOWARD INTEGRATED HEALING

So tonight, I invite you to see Glimmer as more than a small Faculty art exhibition. See it as:

- a mirror reflecting what you may have buried or forgotten.
- a window into someone else's experience, grief, or joy.
- a lantern guiding you back to your purpose, your empathy, your spark.

When you leave here tonight let the works you see accompany you. Carry one image, one phrase, one disquiet. Let it haunt you, let it challenge you not just as you move through this room, but in your work tomorrow, your clinics, your homes, your own sleepless nights.

In closing, I return to the metaphor of light. We live in a dim and fractured world. Yet glimmers matter. One flicker can point the way. In YOUR hands, in the hands of those who heal, lies the power, not just to mend flesh, but to awaken vision. As we walk through this exhibition, I challenge you to pause with each work and ask yourself: *What glimmer does this hold?* Perhaps it is a glimmer of rage, or of tenderness, or of imagination. Perhaps it will spark a glimmer in you.

Lastly, I want to thank the artists who had the courage to share their light with us. Let us commit, as a community of healers, educators, and citizens, to keep looking for glimmers, in our work, in our policies, in our relationships, and within ourselves. Thank you, and welcome to *Glimmer.*

Maria Papathanasopoulos opened the exhibition in her capacity as the Director of the HIV Pathogenesis Research Unit and co Executive Director of Supporting Health Initiatives. She is the former Assistant Dean of Research, Innovation and Postgraduate Support, Faculty of Health Sciences, University of the Witwatersrand.
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The **2026 South African Biological Psychiatry Congress** will be a special event, hosted in collaboration with the **International Neuropsychiatric Association (INA)**. This year's theme, **"Bridging Brain, Behaviour & Beyond",** captures the exciting convergence of neuroscience, psychiatry, psychology, and social science in shaping our understanding of mental health and wellbeing. It highlights the importance of dismantling silos by integrating brain into behavioural research, translating laboratory findings into clinical practice, and incorporating community and lived experience into scientific inquiry.

In line with this theme, the Congress fosters collaboration across organisations, encourages diverse perspectives, and creates a stimulating experience for all. With a focus on neuropsychiatry, we will link brain function to behaviour and explore the future of psychiatric practice.

We are honoured to provide a platform from **26–29 November 2026** to share the latest in science, innovation, and clinical practice. We warmly invite INA members, registrars, early career psychiatrists, researchers, students, and industry partners to join us and contribute to this exciting event.

Register Here

Call for Abstracts | **Call for Symposia**

View Accommodation

Leigh van den Heuvel
Stellenbosch University
Congress Convenor

Valsamma Eapen
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In collaboration with

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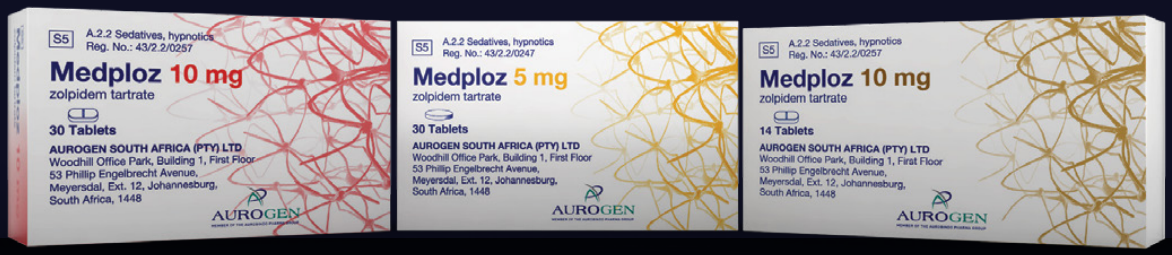

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Goodbye to **INSOMNIA**

DEPARTMENTS OF PSYCHIATRY

University of The Witwatersrand

Dr Marc Stopford

Ugasvaree Subramaney

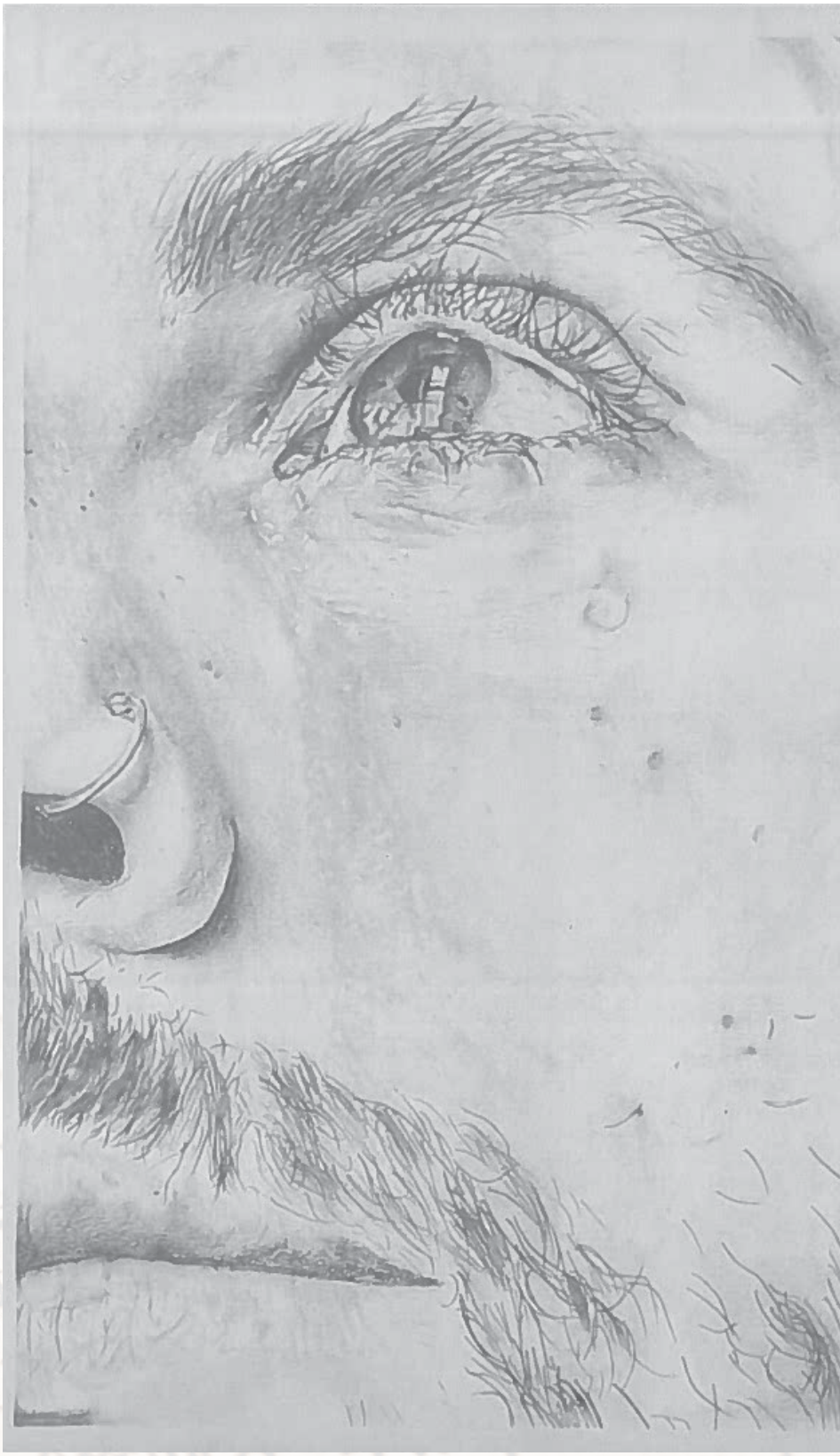
It is with deep sadness that we have learned of the passing of Dr Marc Stopford.

Dr Stopford was a bright and creative registrar in the department of Psychiatry from 2020 till 2024. He was an active member of the department, bringing not only skill and commitment to his work but also, enthusiasm and positivity to those around him. He was the representative of the registrar body in 2022, a member of the departmental research day committee and was active in the art for mental health exhibition every year since its inception in 2022. He contributed greatly to the spirit and cohesion of the department.As a registrar and thus a valued member of our team, Marc was a kind and thoughtful person who touched the lives of many.

We are grateful for the time he spent in our training circuit. His kindness, dedication and positivity, will always be remembered, and his absence will be deeply felt by all of us.

With deepest sympathy to his former colleagues and friends, and to his family.

Please see his self-portrait submitted to the art for mental health exhibition in 2023, below. Grateful for having a piece of him with us.



UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

FACULTY OF HEALTH SCIENCES

Wits Faculty of Health Sciences
Department of Psychiatry

ANNUAL BJVR MEMORIAL LECTURE

The Cost of Candour: What if we all told the truth?

Speaker:

Prof. Laurel Baldwin-Ragaven

Physician, educator, scholar and social justice advocate, Laurel Baldwin-Ragaven (she/her) is Professor of Family Medicine in the Wits University Faculty of Health Sciences, Johannesburg and former clinical head of Family Medicine in Southern Gauteng. Currently, she coordinates the mentorship programme in the School of Clinical Medicine and is a member of the Faculty Professional Ethics and Standards Committee (PESC) and the University Gender Equity Advisory Committee (GEAC). .

Baldwin-Ragaven researches and writes extensively on dual loyalty of health care workers, medical participation in torture, health sector complicity with apartheid state violence, gender-based violence, feminism and bioethics, migrant health, and training and education in health and human rights. Her undergraduate degree in American Studies is from Smith College, USA. She completed her MDCM and specialty training at McGill University, Canada. She is the mother of two adult children who, like most of us, are trying to make their way in this complex world.

Date: 22 April 2026
Time: 16h30
Venue: Marie Curie Lecture Theatre

Click Here to Register

Prof. Laurel Baldwin-Ragaven

IMISA
Learning
Forums

Reaching for the Stars

Stargazing and Mindfulness

Monday 13 April 2026 19h30 - 21h00

with
Marc Roffey

REACHING FOR THE STARS: STARGAZING & MINDFULNESS

*Presented by **Marc Roffey**, Monday 13 April 2026.*

This learning forum proposes that regular and immersive stargazing has the potential to enhance psychosocial wellbeing in the following ways: experiencing mindfulness, experiencing wonder and awe, fostering social cohesion and connectedness to nature, stimulating curiosity and exercising cognition, and gaining enriched personal perspectives. The talk will focus on how viewing the stars provides a gateway into experiencing mindfulness, although, importantly, this may not be recognised or labelled as such by stargazers. At the same time consciously bringing mindful awareness to stargazing – essentially through using the night sky and its contents as an object or anchor – can deepen and enrich stargazing. Mindfulness interacts with and reinforces the other psychosocial benefits listed above, and structured mindfulness and stargazing programs have great potential as interventions to enhance wellbeing.

The learning forum will provide an introduction to astronomy and the wonders of the night sky. Ways of accessing amateur astronomy resources in a local Southern African context will be discussed, and specific associations between practicing stargazing and mindfulness will be explored. The session will include a few short practices.

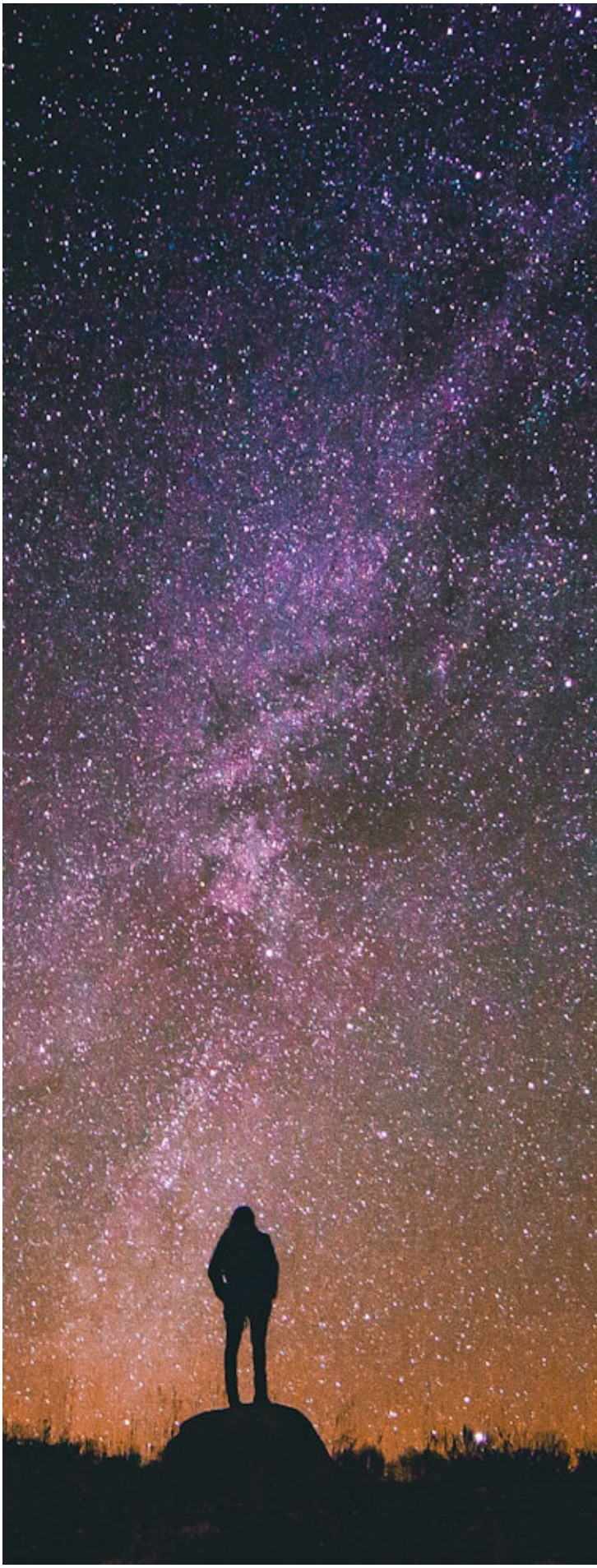
Watch on YouTube

Learning Forums - IMISA

RELEVANT READING:

https://www.researchgate.net/publication/392463570_Stargazing_and_the_Mind_Amateur_Astronomy_and_Mental_Wellness_-_South_African_Psychiatry_Issue_43_2025

Marc Roffey is a psychiatrist, affiliated to the Department of Psychiatry and Mental Health, University of Cape Town. In 2023 he completed the Certificate in Mindfulness-Based Interventions, through IMISA and the University of Stellenbosch. He has been fascinated by astronomy since early childhood, and regularly stargazes under the magnificent South African skies. He believes that stargazing provides immediate and powerful access to states of awe and mindful awareness, and that it facilitates connectedness to the wider natural world (and therefore has relevance to Ecopsychology). He is a member of the Cape Centre of ASSA (Astronomical Society of Southern Africa). Attendees of the learning forum are encouraged to read the article 'Stargazing and the Mind', as it provides a foundation for the material which will be presented.
Correspondence: marc.roffey@uct.ac.za



Photography by Greg Rakozy

THE STORY OF RESILIENCE

Volker Hitzeroth

In the uncertain world in which we live, encountering intensely challenging events - whether borne from our relationships, our work, or our interactions with the world around us - is inevitable. How easy or difficult it is to navigate these moments is down to resilience. But what determines how resilient a person is, and how might we become more resilient to the challenges we face? This is the story of resilience.

Volker Hitzeroth

This is the fifth article in the wellbeing series and was also the subject for a keynote presentation at Medical Protection's Spotlight on Risk event in April 2026.

The term 'resilience' has its origins in the Latin word 'resilire' meaning to rebound, jump back or leap back. Our interest and curiosity in resilience are as old as humanity itself, and it has appeared in philosophical thought since antiquity. However, the academic study of resilience is a more recent phenomenon, becoming more mainstream from the 1970s onwards. With the Covid-19 pandemic and an increasingly unstable global environment, resilience has become a much more familiar concept and takes an increasingly prominent place in the wellbeing literature.

This article will explore the philosophical, psychological and biological understanding of resilience, looking at what the latest research is telling us about the role of resilience in our mental wellbeing and the key lessons to build resilience into our lives.

UNDERSTANDING RESILIENCE

For each of us, resilience doesn't emerge through periods of peace or relative comfort, but rather through the hard knocks of life when we encounter difficulties. These are moments where our resilience is tested - in all walks of life, from our work to our relationships with family and friends.

In academic discourse, there has been a recent paradigm shift in the understanding and exploration of resilience away from prior research into what pathology and deficits people had that made them less resilient, to more recent research about why many people cope well and what factors and interactions affect this. The current interest relates to how a person's trauma can be assimilated into their story, not as something that defines them but as just another chapter, opening the door for them to move beyond it and later, even to occasionally flourish. Our understanding of resilience today is of making a conscious effort to move forward in an insightful, integrated, and positive manner because of lessons learned from a prior adverse life experience.

RESILIENCE IN PHILOSOPHY

The philosophical exploration of resilience began with stoicism in Greece in the third century BCE. One of its key proponents, Epictetus, was a former slave who is known to have walked with a crutch and explored the idea of letting go of those things that are outside of our control. The quote "Lameness is an impediment to the leg, but not to the will" is widely attributed to him and embodies not only stoic thinking but also fortitude.

The four virtues of stoicism provide a pathway to developing resilience. *Practical wisdom* is a logical approach to encountering life's complexities, encouraging the individual to handle themselves in a calm manner, focus on learning and developing an understanding of good and evil. *Courage* demands an unyielding boldness in facing adversity with integrity whilst maintaining a commitment to principle. *Temperance* is about exercising restraint and achieving balance in life by finding a 'golden mean' between excess and deficiency. Arguably the most important virtue is *justice,* which encourages kindness, empathy and a pursuit of the common good.

RESILIENCE IN PSYCHOLOGY

Since its origins in the 1970s the study of resilience in psychology has taken place over four waves, each looking at a different theme. The *first wave* explored individual traits, looking to identify the attributes and qualities of a person that correspond to resilience. This wave of study was focused on the characteristics that engender resilience and by association also the characteristics of a person who is not resilient. It also explored the risk factors and protective factors that might make an individual more or less resilient. Findings from these studies, such as Werner's classic 40-year longitudinal study in Hawaii, led to the design of person-based interventions in psychology around self-esteem and the locus of control.

The *second wave* began in the 1990s and challenged the earlier trait-based model of understanding resilience. It recognised that resilience is a more dynamic and fluid phenomenon than simply being determined by a person's inherent character traits. It moved away from the 'what' questions of the first wave that focused on identifying

and improving character traits and instead began asking the "how" question in order to recognise the complex interactions between an individual and their environment. It led to the recognition of equifinality – an understanding that the route to building resilience is not singular but that different pathways can lead to the same resilient outcome – and also "multifinality" – that the same risk factors present for different individuals can lead to separate outcomes depending on the context.

The *third wave* came in the 2000s and examined the aftermath of tragedy, stress and trauma on a person. It recognised that people cannot only recover following an adverse event, returning to their pre-event equilibrium, but that in some cases can grow and transform beyond this, to even flourish after the event. It sought to identify the factors and interventions that would facilitate this 'post-traumatic growth', recognising the roles that self-actualisation, maturity, wisdom, spirituality, altruism and finding a sense of purpose can have in allowing an individual to transcend their trauma.

This was quickly followed by the *fourth wave* which looked to expand on the findings of the previous wave, exploring the bigger picture through multi-level analysis, integrating a range of disciplines including genetics, neurobiology, psychology, and societal and cultural factors. Its purpose was to explore the totality of what contributes to our resilience, from the science of the brain all the way through to external phenomena like poverty, discrimination and inequality.

THE BIOLOGY OF RESILIENCE

There is an incredible and rapidly growing body of research exploring the biology of resilience at the genetic, molecular, cellular and circuit level. The purpose of such study is to understand how factors like epigenetic mechanisms, ion channels, neurogenesis and neuroplasticity, and various behavioural circuits contribute to how resilient we are. Ultimately, examining the biological aspect is where the study of resilience begins to overlap with the medical profession, with the driving force being the possibility of treating the underlying neural damage caused by stressors and develop safeguards to prevent the neural injury in the first place. This also takes the exciting step of going beyond recognising the patterns in why people are or aren't resilient, to enhancing the resilience of those who are naturally not resilient.

BUILDING RESILIENCE

However, the research does paint a more complex picture. A study looking at interventions designed to foster resilience in healthcare practitioners from Kunzler et al. found that resilience training may have a positive impact in the immediate aftermath of treatment, but such interventions fail to materially reduce anxiety symptoms or improve wellbeing. Alternatively, studies published in the Journal of Psychiatric Research and the British Medical Journal have found cognitive therapy and mindfulness-based interventions to have had positive outcomes as resilience-promoting and enhancing methods.

So, what other practical steps can healthcare practitioners take to build greater resilience in the face of the constant and varied pressures and traumas of the profession? What can we tell our patients when guiding them towards betterhood? *Seligman's three Ps* provide a framework for cognitive traps that undermine resilience: *personalisation* – believing that we are at sole fault for what has happened to us, *pervasiveness* – believing that the trauma is all encompassing to every aspect of our lives, and *permanence* – believing that the resultant suffering is now a permanent fixture of our lives. While these beliefs are common in trauma survivors Seligman's research highlights that when we learn to reframe these distorted interpretations, we increase our ability to recover, rebuild, and grow.

Furthermore, Farchi and Peled-Avram developed the ART of resilience which provides another helpful framework:

1. Accepting the reality of the situation and Acknowledgement of possible coping resources
2. Reframe and Reinterpret stressors by challenging negative thought patterns
3. Tailoring the coping resources to the specific needs and demands of the situation

There are many mechanisms contained throughout different methods of improving our resilience which can all generate a positive impact on oxytocin, endorphins and vasopressin which facilitate social engagement, and our reward circuits, mirror neurons, immune system, prefrontal cortex, amygdala and hippocampus. Resilience, however, is not merely about coping during hardship, recovering after trauma, or healing after hardship anymore, but rather about becoming a better person all around. The current thinking relates to opportunities, even attempts to elevate and enhance yourself, your being and your life by looking towards acceptance, more authentic living, serenity, insight, maturing, wisdom, and finding meaning, purpose and a deeper morality. Becoming a more resilient person is about being part of a global humanity where we are all connected by our trauma and tragedies, by our hopes and wishes. In short, it is about a profound and deep transformation and transcending our older, previous selves.

Trauma and tragedy, like uncertainty and fear, are part of life. Resilience does not mean that you are not upset, hurt, distressed, or despairing in response to an event. It is also not about erasing trauma, pain and distress. Instead, resilience is about permission to be yourself, to cry, to grieve – and then also to live; it is about adapting and integrating all the adverse events into your life and still being able to move forward while not being consumed by them.

We can be both resilient and still symptomatic – resilience is the process of moving forward with insight and meaning despite symptoms persisting – a reintegration that honours both suffering and strength. After a tragic disruption we can assimilate and experience a profound understanding and growth – thus emerging with more self-understanding and capacity – arriving at a level that exceeded the place where we were before the disruption. On occasion, this might open a window into a deeper, authentic self where we re-find our place and our purpose in life and the larger world.

Disclaimer:
This article is based on a collation of existing articles, textbooks and internet sources

Volker Hitzeroth is a Medicolegal Consultant at Medical Protection Society.
Correspondence: Volker.Hitzeroth@medicalprotection.org

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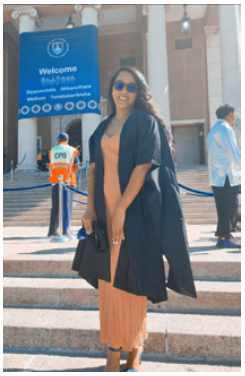
NEWSLETTER: JANUARY-MARCH 2026

ORGANISATIONAL UPDATES



THANYA APRIL HONOURS GRADUATION

Thanya April, PMHP's Operations Manager, graduated with her Honours in Industrial and Organisational Psychology with distinction from the University of Cape Town (UCT).

This is a wonderful achievement and reflects her hard work and commitment to growth.

We're also excited to share that she has begun her Master's in Programme Evaluation this year at UCT.

LIESL HERMANUS MPHIL GRADUATION

Liesl Hermanus, PMHP Clinical Services Coordinator, graduated with her MPhil in Infant Mental Health from Stellenbosch University.

Her research thesis, *Comparing the presenting Infant Mental Health concerns of caregivers accessing the Ububele Baby Mat Consultation Service pre- and during COVID-19*, reflects her deep commitment to supporting caregivers, infants, and families with care, insight, and compassion.

This is a wonderful achievement, and a testament to her dedication to advancing infant mental health at our service site and in South Africa.

GODFREY ABRAHAMS PASSING & TREE PLANTING CEREMONY

Earlier this year we said goodbye to a cherished member of the PMHP team, Godfrey Abrahams, who passed away in January.

Godfrey created and cared for our garden at our service site at the Hanover Park Midwife Obstetric Unit (MOU). He did this with extraordinary dedication and skill, over ten years, creating a beautiful and welcoming space for staff, mothers, and families who visit the site. His care and attention helped shape the garden into the peaceful place it is today.

Family, friends, and colleagues gathered in the garden to honour his life and legacy. Together we planted an indigenous pompom tree (Dais cotinifolia). The ceremony was a moment of remembrance, reflection, and gratitude for the many ways Godfrey contributed to our community. As the tree grows, it will stand as a reminder of the care he brought to this space and the lasting impact he had on those around him.

ORGANISATIONAL UPDATES

SOUTH AFRICAN HUMAN RIGHTS COMMISSION (SAHRC) PRESENTATION

Representing the Maternal Support Grant (MSG) Advocacy Coalition, Simone presented alongside Dr Edzani Mphaphuli of GrowGreat and Tshepo Mantjé of Equality Collective, on the urgent case for a Maternal Support Grant.

The coalition's submission highlighted a critical gap in South Africa's social protection system: pregnant women, particularly those in low-income and informal contexts,

are left without adequate financial support during a period of increased nutritional, mental health, and economic vulnerability. This gap has direct consequences for maternal mental health, birth outcomes, and early childhood development.

Read the written submission to the Commission here.
Watch the presentation here and read the Daily Maverick article on it here.

HOLD MY HAND DISCUSSION PAPER ON EARLY LEARNING OUTCOMES

The PMHP contributed to a discussion paper initiated by Hold My Hand, Towards measuring early learning outcomes (birth to three) which argues that South Africa lacks appropriate shared measures to track responsive caregiving, early learning, and child development from birth to three, making it hard to assess programme reach and impact. It reviews existing tools, identifies major data gaps, and calls for culturally grounded, caregiver-inclusive measures and stronger data systems to better monitor, improve, and fund support in the first three years.

CAPACITY BUILDING

SIKUNYE WEBINAR SERIES

The PMHP was invited by the faith-based NGO Sikunye, who focusses on the First 1000 Days, to contribute to a webinar series "Motherhood and Mental Health" exploring how churches can support families' emotional and mental wellness. The series was offered to those working in churches in South Africa and neighbouring countries.

We spoke at two sessions, with an average of 114 people attending each: the first focused on building awareness of the signs, symptoms, and consequences of perinatal mental health challenges. This was supported by a combination of evidence-based content and PMHP's experience of working with women in distress, highlighting both the scale and urgency of these challenges. The second session centred on creating safe, stigma-reducing spaces for conversations with families, offering practical guidance on how to engage in supportive ways, and when, where and how to refer for additional care.

Watch the recordings:

Session 1

Session 2

The full webinar series can be found here

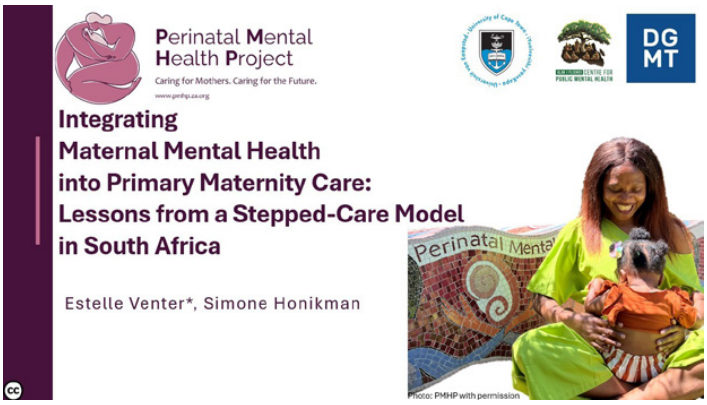
PHILANI MENTOR MOTHER TRAINING

It was a privilege for PMHP to partner with the Philani Maternal, Child Health and Nutrition Trust, together with the CHIME (Community Health Intervention through Musical Engagement) research project, on a five-week training programme for Mentor Mothers and Outreach Team Leaders. The training created space for shared learning, reflection, and practical skill-building around maternal mental health, compassionate engagement, trauma-informed care, and self-care.

The series was facilitated by Simone Honikman and Estelle Venter, with Liesl Hermanus from PMHP and Sine Mpisane, PhD student on CHIME, co-facilitating selected sessions.

Post-training results showed improved knowledge, particularly in understanding maternal mental health conditions and supportive counselling approaches. Participants highlighted non-verbal communication, healthy boundaries, self-care, and supportive supervision as especially valuable, and many reported plans to apply these skills directly in their day-to-day work with women and families in their communities.

PERINATAL PRIORITIES CONFERENCE



Training and Teaching Coordinator, Estelle Venter represented PMHP at this key South African conference for health workers in maternal and neonatal care - 44th Annual Scientific Meeting for Priorities in Perinatal Care in Southern Africa. She gave an oral presentation on our Maternal Support Service model. In addition, she facilitated a workshop, "Integrating management of Intimate Partner and Domestic Violence into routine maternity care".

This was attended by 16 frontline providers, from four provinces. Anonymous feedback revealed very high ratings, with 45% of participants rating the workshop as good and 45% as excellent. The majority identified practical ways to apply the learning in their daily work - with several innovative strategies described. These included strengthening staff training and knowledge sharing, improving engagement with survivors of intimate partner violence, and increasing awareness of available support services within their institutions.

CONFERENCES AND PUBLICATIONS

INTERNATIONAL MATERNAL AND NEWBORN HEALTH CONFERENCE 2026

PMHP Mental Health Counsellor, Tyla Prinsloo, facilitated a session at the International Maternal and Newborn Health Conference (IMNHC) 2026 titled: *Breaking the silence: collective action to address mistreatment in maternity care*

During this interactive roundtable discussion, participants explored why experiences of mistreatment are so often normalised or overlooked, especially for those who are most marginalised, and worked collaboratively towards practical, context-specific strategies for change.

Guided group conversations encouraged discussion participants to reflect on their own settings, challenge harmful norms, and consider how respectful maternity care could be strengthened through leadership, service delivery, advocacy, and collective action.

PAPERS PUBLISHED

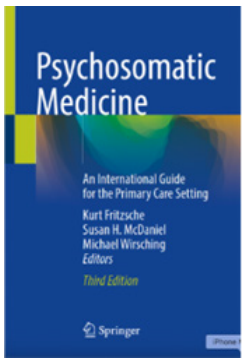
The PMHP contributed to several academic articles that were published in the first quarter of 2026.

Community health intervention through musical engagement (CHIME) in South Africa: A formative exploration of the feasibility and development of a music-based intervention to support perinatal mental health. *PLOS Global Public Health* S Sigwebela, B McConnell, N Waluwalu, T Davies, KRM Sanfilippo, L Stewart, S Field, V Glover, S Honikman (2026)

Identification, treatment and prevention of perinatal depression in Low-and Middle-Income Countries–a narrative review. *Biological Psychiatry.* M Ng'oma, W Ahmed, N Seward, S Honikman, O Mbekwani, RC Stewart (2026).

The intergenerational legacies of research disinvestment, aid retrenchment and transactional compacts on global women's health *PLOS Global Public Health* R. Keynejad, A. Hatcher, D. Sapkota, N. Woollett, S. Honikman, A. Palfreyman

CHAPTER PUBLISHED IN PSYCHOSOMATIC MEDICINE



We are pleased to share a new PMHP book chapter by S Field, JM Place, and S Honikman in the new edition of the Springer textbook, "Psychosomatic Medicine: an International Guide for the Primary Care Setting".

The chapter, *Maternal Mental Health in South Africa and the Refinement of a Multi-component Service Model,* reflects on maternal mental health in South Africa and the ongoing development of integrated, context-responsive care. The work highlights PMHP's continued contribution to research, practice, and advocacy in maternal mental health.

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6 - 9 September

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Perinatal Mental Health

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Early Bird Registration

Registration Deadline: 30 June 2026

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Elize Kloosterziel
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MARCÉ 2026 CONFERENCE

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Services include care during pregnancy and the post-partum period, as well as mental health support related to reproductive and hormonal health.

A weekly mother-baby group is also facilitated to support bonding and early mental wellbeing.

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ANNUAL REPORT 2025: WPA SECTION ON PSYCHIATRY LAW AND ETHICS

Roy Abraham Kallivayalil (Section Chair)

EXECUTIVE SUMMARY

The Section on Psychiatry, Law and Ethics is one of the most active Sections of WPA. The Section deals with legal and ethical issues related to the practice of psychiatry and draws on international conventions, past and present, as well as the moral philosophy and its application to psychiatry. The membership of the Section has more than doubled from 34 to 72 during this triennium reflecting the interest and academic enthusiasm it has generated among our member societies. It fully complies with WPA requirements regarding membership diversity, governance renewal, scientific and academic programmes and remains committed to expanding its global network and its mission and the goals of WPA.

1. MEMBERSHIP

The WPA Section on Psychiatry, Law and Ethics has currently 72 members from different world regions and fulfills the WPA requirement of international representation and geographic diversity.

The following new Section office-bearers assumed office during the WPA World Congress, Vienna, September 2023.

Chair: Prof Roy A Kallivayalil (India)
Co-chair: Prof Tsuyoshi Akiyama (Japan)
Secretary: Prof Neeraj Gill (Australia)

Committee Members:

1. Harneet Kaur (India)
2. Rodrigo Ramalho (New Zealand)
3. Kuruvilla Thomas (India)
4. Manuel Trachsel (Switzerland)
5. Christos Tsopelas (Greece)

The Chair, Co-chair and Secretary were elected during the WPA Vienna Congress, September 2023. The Committee Members were proposed and approved later. The Section has remained very active during the triennium (2023-2026).

There has been a great interest in the Section membership which has more than doubled from 34 to 72 in three years. The following six members were elected to the Section this year.

2. ACTION PLAN : 2025 -2026 ACTIVITIES (COMPLETED

1. WPA Section on Psychiatry, Law and Ethics Symposium was held during the 25th World Congress of Psychiatry, Prague, Oct 5-8, 2025. Title: “Psychiatry, Law and Ethics- Challenges in contemporary times”. Chairs: Luigi Janiri (Italy) and Maria Ammon (Germany). Speakers: Roy Kallivayalil (India)-Psychiatry, Law and Ethics- Challenges in South Asia, Christos Tsopelas (Greece)- Psychiatry, Law and Ethics- Challenges in Europe and Tzeferakos Georgios (Greece)- Psychiatry, Law and Ethics- Future Perspectives

2. **Section meeting:** An in-person meeting of our Section was held during WPA World Congress Prague on October 5th . All members of our Section attending the Congress joined the meeting. We decided to keep the section active and dynamic and also to admit new members who are keenly interested.

3. **WPA Scientific Sections Meeting:** Our Section attended this meeting during WPA Prague on October 7, 2025 convened by the WPA Secretary for Sections Prof Armen Soghoyan. Roy Kallivayalil presented a report on our Section and participated in the deliberations.

4. WASP Congress, Marrakech Jan 2026 : Symposium in collaboration with the World Association for Dynamic Psychiatry on " Creative Dimensions in Psychiatric and Psychotherapeutic Treatment of the Vulnerable". Speakers: Roy A Kallivayalil (Section Chair), FabianGuénolé, France, TimothySullivan,USA, Sieglinde Bast, Germany and Maria Ammon, Germany

5. WASP / WPA Congress – Marrakesh (January 2026): *Symposium: Climate Change in a Changing World* . Chairs: Martinotti G., Kallivayalil R.
Speakers: Bhugra D., Cianconi P., Karaliuniene R., Janiri L

6. WPA Section on Psychiatry, Law and Ethics Symposium was held during the Annual Conference of Indian Association for Social Psychiatry, Sept 12- 14, 2025 at Chandigarh, India. Topic: "Challenges in the the Field of Psychiatry, Law and Ethics in South Asia". Speakers: Neeraj Gill, Roy A Kallivayalil, Mohan Isaac and Smitha Ramadas

7. The WPA Section on Psychiatry, Law and Ethics symposium was held during the 77th Annual Conference of the Indian Psychiatric Society in New Delhi, January 27–31, 2026. The session, titled "Challenges in South Asia, MHCA 2017, Forensic Psychiatry, Digital Psychiatry and Data Privacy," featured the following topics and speakers: Psychiatry, Law, and Ethics: Challenges in South Asia – Prof. Roy A. Kallivayalil (India), Ethics of Mental Health Legislation: The Mental Healthcare Act 2017 vs. International Human Rights Standards – Prof. Neeraj Gill (Australia), Forensic Psychiatry in India: Current Practices & Future Directions – Dr. UC Garg (Agra) and Digital Psychiatry & Data Privacy: Legal and Ethical Challenges in Tele-psychiatry – Dr. Heena Merchant (Mumbai).

8. Strengthening of Inter Sectional Collaboration: with
   - Ecology, Psychiatry and Mental Health Section
   - Preventive Psychiatry Section

3: SCIENTIFIC OUTPUT AND PUBLICATIONS: (SELECTED)

1. Menon, V., Balasubramanian, I., Rogers, M.L., Grover, S., Lakdawala, B., Ranjan, R., Sarkhel, S., Nebhinani, N., Kallivayalil, R.A.,2026. Development and psychometric evaluation of an abbreviated form of the revised suicide crisis inventory (A-SCI)-2 in major depression: A multicentric investigation. *Asian Journal of Psychiatry,* p.104897.

2. Menon V, Balasubramanian I, Rogers ML, Grover S, Lakdawala B, Ranjan R, Sarkhel S, Nebhinani N, Kallivayalil RA, Raghavan V, Mishra KK. Factor structure, reliability, and validity of the revised Suicide Crisis Inventory in major depression: A multicentric Indian study. Journal of affective disorders. 2024 Jan 15;345:226-33.

3. Ni MY, Leung CM, Wan TT, Campion J, Gill N, Galea S, Ip EC. Harnessing the power of constitutional rights and legal frameworks to scale up public mental health implementation. The Lancet Psychiatry. 2026

4. Misra M, Sinha N, Pathare S, Gill N, Javed A. World Psychiatric Association position statement on mental health and the death penalty. Lancet psychiatry. 2024.

5. Menon V, Balasubramanian I, Rogers ML, Grover S, Lakdawala B, Ranjan R, Sarkhel S, Nebhinani N, Kallivayalil RA, Raghavan V, Mishra KK. Psychometric properties and factor structure of the suicidal narrative inventory in major depression: a multicentric evaluation. Asian journal of psychiatry. 2024 May 1;95:104002.

6. Kisely S, Bull C, Gill N (2025) A systematic review and meta-analysis of the effect of community treatment orders on aggression or criminal behaviour in people with a mental illness. Epidemiology and Psychiatric Sciences 34, e12, 1–11. https://doi. org/10.1017/S2045796025000058

7. Gill, Neeraj, et al. "Bringing together the World Health Organization's QualityRights initiative and the World Psychiatric Association's programme on implementing alternatives to coercion in mental healthcare: a common goal for action." *BJPsych open* 10.1 (2024): e23.

8. Evans M, Tezak T, Gooding P, Gill N. Coercion in psychiatry and mental health care: Ethical, legal, and human rights considerations. World Social Psychiatry. 2024 Sep 1;6(3):112-6.

4: BOOK PUBLICATIONS

The Glow of Synthesis: Twelve Beacons of Light in Social Psychiatry 2025 ROY ABRAHAM KALLIVAYALIL, RAMA RAO GOGINENI and SALMAN AKHTAR
ISBN: 978936616364220251/e https://ejaypee.com/products/the-glow-of-synthesis-twelve-beacons-of-light-in-social-psychiatry-by-roy-abraham-kallivayalil

Neeraj Gill and Norman Sartorius (eds). Mental Health and Human Rights – The challenges of the United Nations Convention on the Rights of Persons with Disabilities to Mental Health Care. Springer Nature, Switzerland. 2024. https://link.springer.com/book/10.1007/978-3-031-52179-9

5: ACTION PLAN: UPCOMING ACTIVITIES IN 2026

- Collaboration with the World Association of Dynamic Psychiatry: Keynote address on "Dynamic Psychiatry and Ethics in the Contemporary World "- by Roy A Kallivayalil (Section Chair), Raipur, India, April 24-26, 2026
- Section Symposium on "PSYCHIATRY, LAW AND ETHICS IN THE CONTEMPORARY WORLD: HUMAN RIGHTS, NEUROSCIENCE, CULTURAL AND LINGUISTIC CHALLENGES AND END-OF-LIFE CARE" at **WPA World Congress of Psychiatry, Stockholm, Sept 23- 26, 2026:** Accepted for presentation.
- Section Meeting during WPA World Congress Stockholm
- Participation in international research projects.
- Preparation of peer-reviewed publications
- Expansion of collaboration with WADP and WFMH.
- Strengthening Inter Sectional Collaborations.

We thank WPA President Prof Danuta Wasserman and Secretary for Sections Prof Armen Soghoyan for their valuable guidance and support.

Prof Roy Abraham Kallivayalil (Chair)
Neeraj Gill (Secretary)

WPA Section on Psychiatry, Law and Ethics March 31, 2026

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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:

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

PERSPECTIVES

- Personal opinions written by non-medical contributors

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ANNOUNCEMENTS

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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.

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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

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- The submission should be accompanied by the University/Faculty letter noting successful completion of the research report.

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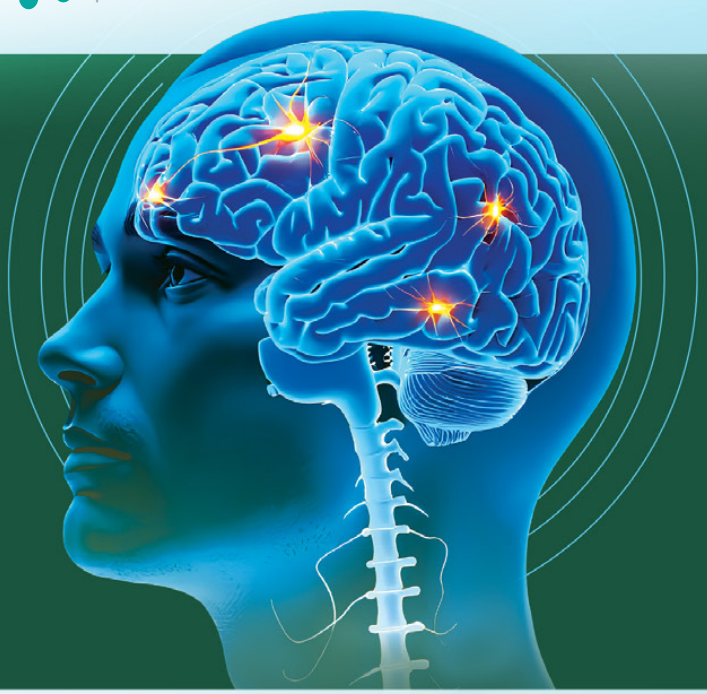

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References: 1. Freynhagen R, Baron R, Kawaguchi Y, et al. Pregabalin for neuropathic pain in primary care settings: recommendations for dosing and titration. Postgraduate Medicine 2021;133(1):1-9. 2. Onakpoya IJ, Thomas ET, Lee JJ, et al. Benefits and harms of pregabalin in the management of neuropathic pain: a rapid review and meta-analysis of randomised clinical trials. BMJ Open 2019;9:e023600. 3. Attal N. Pharmacological treatments of neuropathic pain: The latest recommendations. Revue neurologique 2018:1-5. 4. Wu CS, Huang YJ, Ko YC. et al. Efficacy and safety of duloxetine in painful diabetic peripheral neuropathy: a systematic review and meta-analysis of randomized controlled trials. Syst Rev 2023;12(53): 1-13. 5. Tesfaye S, Kempler P. Conventional management and current guidelines for painful diabetic neuropathy. Diabetes Res Clin Pract 2023;206(Suppl 1):110765. 6. Jang HN, Oh TJ. Pharmacological and Nonpharmacological Treatments for Painful Diabetic Peripheral Neuropathy. Diabetes Metab J 2023;47(6):743-756. 7. Moisset X. Neuropathic pain: Evidence based recommendations. Presse Med. 2024;53(2):104232.

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