

UCT Department of Psychiatry and Mental Health Newsletter

Issue 5 June 2017



A NOTE FROM THE HOD

Our mid-year newsletter is once again a useful showcase of the broad range of clinical services, teaching and training, and research undertaken by the dedicated staff of our Dept. We are fortunate to have truly dedicated professionals serving in our Divisions and Committees, and the articles here provide the reader a sense of the excellent and innovative work that they doing. We are increasingly contributing not only to the Western Cape and South Africa, but also to other parts of the continent, as the story showcasing the training of Dr Cathy Abbo of Uganda in Child and Adolescent psychiatry indicates.

Thinking back on the year to-date, it is important to acknowledge the Life Esidimeni tragedy. This debacle emphasizes the terrible consequences of focusing solely on saving rands, and ignoring consequences for patient care. Uncomfortable as it may be for our colleagues, we must continue to emphasize that medical maladministration is a potentially crucial contributor to morbidity and mortality. Psychiatric care must shift from institutions to the community, but the evidence indicates that it is ultimately cheaper to provide well-funded community mental health services than to discontinue services: the country cannot afford not to invest strongly in mental health services.

Supervisor-supervisee relationships are key to improving clinical interventions for mental disorders, teacher-student relationships are key for moving clinical training forwards, and mentor-mentee relationships are key for moving research in our department forwards. The passing of Prof Denise White reminds us of this: she played key roles in building services in our department, in training our registrars and students, and her work with her research mentor Ashley Robins was crucial in advancing our understanding of neuroleptic malignant syndrome. I hope that we can be inspired by her contributions as a clinician-scientist, as well as by her strong activism, which was key to strengthening the medical profession locally.

Warm regards,
Dan Stein



IN THIS ISSUE

COMMENTS

Thanks to department colleagues and others for submitting contributions to the newsletter. If you have any comments or suggestions for future newsletter issues or would like to volunteer to be part of the newsletter team please make contact with the editor.

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ADDICTION PSYCHIATRY

POST GRADUATE DIPLOMA IN ADDICTIONS CARE

By Graeme Hendricks

On occasion one gets asked to do an audit and the surprise it holds is pleasant given the slew of bad news and negativity that populates social and other media. The wealth of knowledge and expertise, which populates the teaching fraternity on the Post Graduate Diploma in Addictions Care, is truly impressive.



This Post Graduate Diploma in Addictions Care course is offered over two years that draws on expertise from a range of people in different organizations. An integral part of the postgraduate diploma is that the student has to complete 180 hours of practical work under supervision. We have links with the Medical Research Council that supplies the researchers who offer our students the latest research in epidemiology of substance usage in adults and adolescents, the psycho education interventions based on these research findings, the outcomes from these interventions and the difficulties that these interventions face. Resilience and the factors influencing resilience is emphasised and included in the interventions. What this research also teaches is what level of intervention is needed for the client given the extent of the substance use disorder. The researchers involved are Professor Bronwyn Myers (Senior lecturer), Dr Nadine Harker (South African Community Epidemiology Network head) and Dr Tara Carney.

Second, the students are also exposed to the neurobiology of addiction and the different explanatory models of how addictions arise and the philosophy of recovery. In terms of treatment our students are given exposure to both the principles of evidence based treatment and how to evaluate research findings, 12 step programmes (which is the type of intervention and support most available in South Africa), Motivational Interviewing (MI) and cognitive behaviour therapy, an introduction to the Matrix model and the principles of Harm reduction. The exposure to both abstinence based treatment approaches as well as harm reduction is necessary because the student population are placed in a variety of settings. Neurobiology is taught by Dr Fleur Howells who has a special interest in neuroimaging and has worked extensively with methamphetamine users. Explanatory models of addiction is taught by Dr Wilson a psychiatrist who has extensive knowledge and previously headed up the division of Addiction Care at UCT. Recovery philosophy is covered by Associate Professor Kleintjes who started up the postgraduate diploma in Addiction Care at UCT and is currently the principal psychologist at Valkenberg hospital. The Matrix model is taught by a Matrix manager who is employed by the City of Cape Town. Harm reduction is taught by Professor Myers. Our major intervention, theoretical model of CBT and MI, is taught by a clinical psychologist Ms Amy Adams who works in an inpatient detox unit and is also attached to the University of Stellenbosch.

Third, screening and assessment includes training in history taking, case formulation and treatment planning, the role of urine testing and the different tools used in screening for unhealthy drug and alcohol usage. Various experts offer lectures on the effects alcohol, opiates, stimulants, cannabis and prescription and OTC medications and the medical interventions available. Screening and assessment is taught by in-house psychiatrists with years of experience in the field. Dr Karjiker is partly responsible for teaching second to sixth year medical students, Dr Dannatt has a special interest in the management of alcohol, opiates and

cannabis and is currently registered for an MPhil in Addictions Care. Urinalysis is taught by a psychologist Ms Cathy Karasselos, the chief psychologist at Cape Town Drug Counselling Centre. Other psychiatrists who work on this module include Dr Wilson and Dr Bothwell who works in private practice in an Addiction Centre but was previously attached to UCT.

Fourth, co- occurring mental health is considered, looking at the difficulties in managing a substance use disorder and the various psychiatric disorders and how to manage patients medically. The psychiatric expertise in this area is supplied by a psychiatrist, Dr Henk Temmingh, who heads up the dual diagnosis ward at Valkenberg Hospital. Process addictions such as gambling are considered as well as whether sex addiction exists and the intersection between HIV and substance usage. Gambling addiction is taught by Dr Sinclair, a psychiatrist who works for the National Gambling Board and also holds a fellowship at the Department of Psychiatry and Mental Health at UCT. Sex and the debate around whether it is an addiction or not, is facilitated by Mr Shaun Shelly a MPhil student who also sits on the advisory board of the Department of Health as well as the Central Drug Authority. HIV and substance use is taught by Dr Andrew Scheibe a health consultant previously attached to the Department of Epidemiology at UCT.

Fifth, the abuse of alcohol during pregnancy is very prevalent in South Africa and particularly in the Western Cape. We therefore teach the recognition and diagnosis of children with FASD as well as looking the developmental outcomes of methamphetamine usage during pregnancy on infants and children. This is facilitated by Prof Colleen Adnams who holds the Vera Grover Chair in Intellectual Disability as well having a special interest in FASD. Dr Cilla Springer is a paediatrician and attached to the University of Stellenbosch. We consider adolescent development, dual diagnosis in adolescence, prevention with children and adolescents and well as designing intervention programmes with adolescents with SUD's. These lectures are facilitated by the Department of Child and

Adolescent psychiatry registrar psychiatrist Dr Schultz, a child and adolescent psychologist Ms Gillian Douglas and Dr Carney from the MRC as well as Shaun Shelly from TB/HIV care association.

Sixth, evidence based treatment options for families living with addiction is considered, the role of support groups, working therapeutically with families, psychoeducation as an intervention strategy and the exploration of co- dependency. The overview of interventions for families is given by Dr Eugene Davids a post- doctoral student at the Department of Child and Adolescent Psychiatry. Attachment theory is taught by Mr Stephen Lay, an experienced clinical psychologist, and Patricia Oosthuizen, a clinical psychologist working in a private addiction centre, teaches the family intervention work.

Seventh, case management and service monitoring includes looking at the work of Assertive Community outreach, how to monitor service quality and how to effect changes that are needed. This module is taught by Dr Cossie who heads the Assertive Outreach team at Valkenberg Hospital and service monitoring by Prof Myers.

Eighth, ethical principles and how it affects the work of persons working in the addictions field is considered. This is taught by Prof David Benatar the Head of Department of Philosophy and the director of Bioethics Centre. Thi is also facilitated by Ms Rose Kent a counselling psychologist and social worker who lectured and supervised at the University of Kent with special interest in caring for the carer. Policies and the Substance Abuse act is dealt with by Dr Simon Howell a senior researcher at the Centre of Criminology in the Faculty of Law, University of Cape Town.

I certainly believe that we produce a well- rounded practitioner who would be able to work in a number of settings. ■▶

CHILD AND ADOLESCENT PSYCHIATRY AND MENTAL HEALTH

DIFFICULT BEGINNING, CHALLENGING YET REWARDING JOURNEY, HAPPY ENDING

By Dr Cathy Abbo

The decision to take off two years from my family and work to join the UCT M. Phil in Child and Adolescent Psychiatry was a difficult one. I am glad I took that decision. This two-in-one training (clinical and research) involved full-time clinical training with no dedicated time set aside for the research

Right: Catherine Abbo and her three children, Georgina in blue, Susan in pink, Percy centre and husband Geoffrey Adi to right.



component and so the trainee's schedule for research becomes 'whenever you find time to get your research done' during the two years. Very few people manage within the two years to complete both the clinical training and the research, so I was in good company when I didn't. After completing the clinical training, I had to return immediately to work and family in Uganda but I was determined to complete the research component. The provision by UCT that I could complete my thesis while back home was a great strength.

Reintegrating back in the family and work was not easy either and so I took off time from working on my thesis in order to go through this process to completion. However, the research lingered on at the back of my mind at all times. Thanks to my supervisors who supported me to go through the HREC procedures while at UCT and kept in touch even after I returned to Uganda.

For my M.Phil thesis, I looked at Intellectual Disability (ID) in children and adolescents in Khayelitsha Township, Cape Town. The field of ID, which is the commonest developmental disorder, particularly in children and adolescents, has been described as a neglected one, especially in sub-Saharan Africa. Yet ID has a major impact on life, quality of life, mental illness, economic and educational well-being. Little research has taken place in Africa about ID. One of the key challenges is to identify appropriate, useful, and free screening tools that might identify those at risk of ID both for clinical purposes and for prevalence studies. One tool that has been used to investigate the broad category of 'disability' (which includes ID) is the Ten Questions Questionnaire (TQQ). The TQQ has given some rates of 'disability' in low- and middle-income countries (LMICS) in the order of 10-25%. However, no further dissection of ID within the broader category of 'disability' has been performed given that the TQQ was not developed with ID in mind. The Wessex Behavioural Schedule (WBS) is a UK screening tool for functional ability for adults with ID, and therefore seemed an appropriate candidate instrument to evaluate for potential use in Africa. However, no psychometric data for the tool were available and no clinical cut-off scores for ID had ever been developed. A broader project using the WBS in Khayelitsha generated a prevalence rate of 19% 'disability'. My study explored the psychometric properties of WBS to determine its suitability for use in children and adolescents in a South African setting and to generate clinical cut-offs to define ID.

Data from a door-to-door survey were available on 452 children and adolescents aged 5-18 years. The mean age was 10.3 (SD 3.9), 54% were female, over 90% were

in school, and 53% had a mother as primary carer. The WBS had good internal consistency ($\alpha = 0.80$) and all items appeared to be worthy of retention. Exploratory factor analysis suggested the WBS to be a multi-dimensional scale composed of four subscales: conceptual abilities, practical skills, sensory abilities and continence. Even though four expert raters were used for the MDP75 calculation, inter-rater reliability was low at 58% (Fleiss kappa = 0.08). It was therefore not deemed appropriate to proceed to further analysis to determine the MDP75 and cut-off values for the WBS. Possible reasons for low inter-rater reliability suggested by the raters included age-based expectations, inclusion of physical disabilities, limited information to make a diagnosis of ID contained in the WBS, and the need to take environmental factors into consideration.

The good internal consistency and factor analysis structure of the WBS was encouraging, but the low inter-rater reliability brought into question the usefulness of the WBS in a child and adolescent age group. Whilst the WBS may remain useful in an adult age range, a more developmentally-sensitive measure should be sought or developed as a screening tool for ID.

This achievement would not have been possible without my training Division, which became my home during the training period, the Division of Child and adolescent Psychiatry (DCAP) at Red Cross Children's Hospital and the financial support from African Paediatric Fellowship Programme (APFP).

I am delighted to have been awarded the dissertation with distinction. ■

CONGRATULATIONS

Prof Petrus de Vries, for maintaining his 100% record of having his supervisees pass their dissertations with distinction.

Willem de Jager has been appointed Principal Psychologist in the Division: to our knowledge this is

the first time that a Principal Psychologist has been appointed in this key and under-served discipline. This represents a key advance. ■

FORENSIC PSYCHIATRY

MUSIC THERAPY STUDY

By Marc Roffey

In 2016 Marc Roffey and Bruce Muirhead conducted a study on 'Group Music Therapy as an intervention for the negative symptoms of schizophrenia in a forensic inpatient population'. The study was a mixed methods qualitative/quantitative one, and was written up and successfully submitted, in August last year, by Mr Muirhead as a mini-dissertation towards his MMus (Music Therapy) degree. The qualitative component of the study, which was conducted over six weeks in the long-stay forensic wards at Valkenberg Hospital, yielded positive findings.



Above: Bruce Muirhead facilitates a music therapy session.

The study marks a milestone in a longstanding collaboration between Valkenberg Hospital and the Department of Music Therapy at the University of Pretoria, as it is the first time that a dissertation has been submitted by one of the Department's students, based on work done at the hospital. The study is also unique in being the first to have taken place in a forensic setting in this country. ■

EQUINE THERAPY PROJECT

By Marc Roffey



The third forensic Equine Assisted Therapy program, at Valkenberg Hospital, done in partnership with The Equinox Trust, an Equine Therapy NGO, was successfully completed at the end of April this year. The first program was piloted in September 2015, and each of the three programs have been of eight weeks duration. The most recent was the most intensive, in terms of patient participation and data collection. Funding has been successfully secured for a twelve-week program, which will commence in September of this year. The Equinox Trust facilitators who have been working with the forensic unit, Sarah Garland and Fiona Bromfield, have been invited to present their work with the unit at their parent body EAGALA's 2018 conference, which will be held near Nashville, Tennessee. ■

LIAISON PSYCHIATRY

CONSULTATION-LIAISON REPORT 2017

Compiled by Toni Abrahams

The division is headed by Associate Prof Jackie Hoare and membership includes Louise Frenkel (CL psychology, G22, oncology, pain), Dr Tessa Roos/Dr Candice Jacobson (DoE CL education, Women's Mental Health (WMH)), Dr Deirdre Pieterse (Senior Registrar), Avril Cowlin (Sessional CL psychology), Ereshia Benjamin (WMH psychology), Dr Adele Marais (Adolescent clinic

and transgender clinic psychology) and Dr Kathleen Mawson (New Somerset Hospital CL). Clinical work includes an inpatient unit, CL inpatient referrals and Outpatient (OPD) clinics. The Ward G22 inpatient liaison unit admits patients with medical conditions and comorbid mental health problems such as HIV, transplant patients, oncology, chronic pain management, diabetes etc. It also caters for patients with eating disorders, conversion/somatoform disorders and depressed pregnant women. Interventions utilized in the unit include mindfulness, CBT for chronic illness, adherence focused groups, problem solving, yoga and OT and dietitian interventions. The division has seen an increase in admissions and panel assessments since 2011. The OPD clinics include the following liaison clinics: Eating Disorders, Pain clinic (run with Physiotherapy and Anesthetics), Women's mental health, Oncology mental health, Adolescent with chronic illness mental health and Liaison follow up clinic. As with the inpatient units there has been an increase in average number of patients seen per month, with an increase from 120 in 2013 to 150 in 2016. The CL service has seen 898 patients in 2016 and includes work in the Bariatric surgery, renal, cardiac and liver transplant assessment service. The most common referrals are those relating to psychological reactions to physical illness, deliberate self-harm, organic mental disorders such as delirium and dementia, alcohol and substance misuse, mental illness related to childbirth, behavioural disturbance, and medically unexplained symptoms. Capacity assessments for TOP, sterilization and transplant assessments are also conducted by the service.



In addition to clinical services, the division also teaches under- and postgraduate students including registrar teaching. The division hosts a CL journal club and has weekly senior registrar seminars. Dr Pieterse and Dr Roos are currently undertaking their MPhil studies. There are a number of research studies underway in the division. These include looking at factors associated with DSH method among patients admitted to Groote Schuur Hospital (GSH) (Dr Pieterse Dr J Bantjies and A/Prof Hoare) and a retrospective analysis of an acupuncture intervention for chronic pain management at GSH Pain Clinic (Dr Lagerstrom, Dr Louw and A/Prof Hoare). In addition, a number of HIV-related studies are also underway looking at adolescent prevention, neuropsychiatric status, adherence and drivers of neuroHIV. Finally, Louise Frenkel has published numerous articles on chronic pain.

Information sourced from A/Prof Hoare. ■

CONGRATULATIONS

Caroline Kuo, Honorary Lecturer in the division, won a poster award on her local research at the American Public Health Association annual meeting. This points to the high quality of the work that she and Prof Jackie Hoare are doing locally in the adolescent HIV space.

Ereshia Benjamin and A/Prof Jackie Hoare on each winning a GSH clinical innovation award. Ereshia will work with colleagues in Obstetrics/Gynaecology to introduce an antenatal education program at GSH MOU, presented by the MDT, with the aim of enhancing maternal and neonatal care, including mental health care. Jackie will work with colleagues in a range of disciplines to form The Adolescent Clinicians Group (ACG), with the aim of integrating adolescent care. They will provide a weekly group for adolescents with a chronic illness, and will train adolescents with chronic conditions to facilitate peer support groups. Many thanks to Dr Patel at GSH for initiating and supporting these clinical innovation awards. ■

PSYCHOPHARMACOLOGY AND BIOLOGICAL PSYCHIATRY

CONGRATULATIONS

Nynke Groenewold, a post-doctoral Fellow in the Division on winning a Kavli travel award from the ENIGMA Brain Imaging consortium.

Stefano Maiorana, a Master's student in the Division on winning an Oppenheimer Scholarship to support his research.

Freda Swan, a Master's student in the Division on winning a NRF Innovation award to support her research.

Whitney Barnett and Nicola Gray on winning grants (from the MRC and from Discovery, respectively) to complete their doctoral training. ■

PSYCHOTHERAPY

CONGRATULATIONS

Joe Starke, a recent graduate of our registrar program, and a PhD student in the Dept, has joined the division.

Maryam Abbas who has won a start-up grant from UCT. Her clinically-focused research will focus on intellectually disabled sexual offenders who are state patients. ■

PUBLIC AND COMMUNITY MENTAL HEALTH

CALL FOR GREATER GLOBAL FOCUS ON IMPROVING QUALITY OF MENTAL HEALTH CARE FOR WOMEN IN THE PERINATAL PHASE

By Simone Honekom

Dr Simone Honikman of the Perinatal Mental Health Project in the Alan J Flisher Centre for Public Mental Health, contributed to the development of a position statement



issued by the World Psychiatric Association (WPA) on Perinatal Mental Health. "Researchers and healthcare services have focused on depression, particularly postnatal depression, but a growing evidence base has accrued on the importance of other primary and comorbid disorders, particularly bipolar disorder, anxiety disorders (post-trauma stress, obsessive-compulsive, panic and generalized anxiety disorders), psychosis, eating disorders and personality disorder in both the antenatal and postnatal period." "The WPA urges all health care professionals and policy makers to improve pregnancy outcomes, reduce maternal and infant morbidity and mortality, improve care of the infant and enhance the mother infant relationship."

One of the 12 recommendations included the call for "integration of psychosocial assessments and core packages of mental health services into routine antenatal and postnatal care and establishing of effective referral mechanisms. Tools that have been validated for a target population and interventions that are culturally appropriate and culturally sensitive for the local context should be used. Healthcare professionals should receive appropriate training."



Caring for mothers.
Caring for the future.
www.pmhproject.org



The full statement may read at

http://www.wpanet.org/uploads/Position_Statement_WPA%20perinatal%20position%20statement%20FINAL.pdf

GLOBAL BURDEN OF DISEASE TECHNICAL TRAINING WORKSHOP: AN OPPORTUNITY TO SEE THE BIG PICTURE

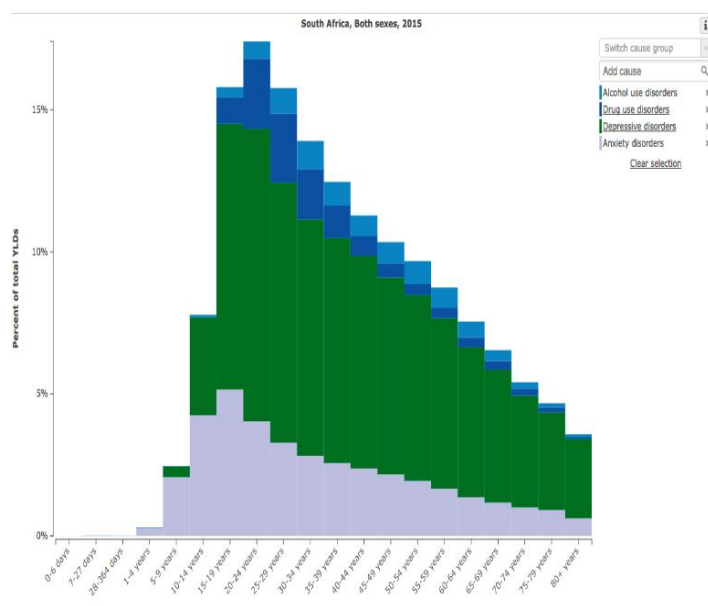
By Claire van der Westhuizen

Global burden of disease (GBD) statistics have influenced health policy around the world and changed the research funding landscape. These figures are widely quoted by advocates and researchers, and the Lancet recently devoted a 400 page issue to the GBD Study 2015.

Prof Katherine Sorsdahl and Dr Claire van der Westhuizen (below) from the Division of Public Mental Health travelled to Greece in April 2017 to find out more about this public health phenomenon. Participants from over 20 countries attended the ten-day intensive training, where topics ranged from global health policy, to data collection methods, to the technical details of complex modelling approaches.



The workshop facilitators walked participants through using the ground-breaking online data visualization tools, available at <http://www.healthdata.org/results/data-visualizations>, where anyone can generate data visualisations for a range of locations and topics, such as causes of death and health-related Sustainable Development Goal indicators. The figure below shows years lived with disability caused by common mental disorders (depression, anxiety and substance use disorders) in South Africa in 2015, for all age groups. This is just one example of the data visualisations that can be accessed readily.



The GBD approach aims to produce comprehensive and comparable figures to inform health policy and improve population health. The 2015 study generated statistics for 324 diseases and injuries, over 2300 disease or injury sequelae and 79 risk factors for 7 world super-regions, 21 world regions, 195 countries and territories, and sub-national areas in 10 countries, including South Africa. The Institute for Health Metrics and Evaluation (IHME) at the University of Washington uses over 22 teraflops of computing power to generate these GBD statistics annually for all diseases, injuries, age groups by gender, and locations from 1990 to the current year of analysis. Since the methods are constantly updated, and new data is added annually, only the most recent

figures should be used to compare health metrics over time.

The GBD investigators at IHME actively engage with collaborators in many countries globally and rely heavily on local collaborators to interpret local data, identify data sources, collect appropriate data, co-author papers, and critically review GBD methods and publications. With the new drive and funding from the Gates Foundation to extend the GBD statistics to subnational data, aiming for areas as small as 5x5 kilometres, the need for global collaboration has become more pressing. See the call for collaborators at: <http://www.healthdata.org/gbd/call-for-collaborators>.



Above: Workshop participants.

As South Africans are living longer, the impact of disability caused by non-communicable disease is increasing, and mental and substance use disorders play a significant role in causing disability. However, in the mental health field, particularly in sub-Saharan Africa, prevalence and risk factor data are scarce. As mental health professionals we can contribute by adding to the drive for more and accurate data, and being involved in collecting and evaluating that data. In the words of Bill Gates, one of the funders of the GBD study, "We can't cure what we don't understand." ■

RESEARCH SHOWS MENTAL HEALTHCARE INTEGRATION IS POSSIBLE - WORLD HEALTH DAY OF SPECIAL SIGNIFICANCE WITHIN SOUTH AFRICAN CARE COMMUNITY

MEDIA RELEASE

In the wake of the Life Esidimeni tragedy that saw more than 100 mentally ill patients lose their lives, World Health Day on 7 April 2017 is significant for the South African mental healthcare community with the year’s theme focussing on depression.

The World Health Organization estimates that the total number of people living with depression increased by 18.4%¹ between 2005 and 2015 and that depression is the biggest cause of disability worldwide. More than 80% of this disease burden is among people living in low- and middle-income countries like South Africa.



At the Alan J Flisher Centre for Public Mental Health (CPMH), we drive various research programs to produce evidence-based recommendations on how to treat depression and other mental

illnesses cost-effectively whilst putting patients’ needs first, by using integrated care.

One of the research programmes hosted within the Centre, the Programme for Improving Mental Health Care (PRIME), developed a district mental healthcare plan (MHCP) in South Africa that integrates mental



healthcare for depression, alcohol use disorders and schizophrenia into standard care for chronic physical conditions.

This collaborative care approach ensures that people receive supportive and ongoing care in the community and health facilities, while being able to access specialist services and inpatient care when needed. PRIME’s research has shown that this healthcare model is feasible within the South African context.

This form of integrated care can also be applied to the maternity setting. Rates of antenatal and postnatal depression and anxiety in South Africa appear to be far higher than those in high income settings and even in other low- and middle-income settings.



The Africa Focus on Intervention Research for Mental health (AFFIRM) randomised controlled trial has studied the benefits of using community health workers to provide counselling for perinatal depression in Khayelitsha.

The Centre’s Perinatal Mental Health Project (PMHP) has shown that routinely integrating screening and counselling services into maternity health services can help mothers with perinatal depression.



Depression is a major public health issue and an important economic issue. It can no longer be ignored by policy makers,” says CPMH Director Prof Crick Lund. “Solutions are available, and we know more about what needs to be done than ever before, for example by providing care in primary healthcare and community settings. But we need the political will and commitment, especially from provincial Departments of Health to implement our national Mental Health Policy Framework (2013- 2020)”.

1 This reflects the overall growth of the global population, as well as a proportionate increase in the age groups at which depression is more prevalent.

ABOUT

The Alan J Flisher Centre for Public Mental Health (CPMH) grew out of a shared vision and commitment to collaboration between members of the Department of Psychiatry and Mental Health at the University of Cape Town (UCT), and the Psychology Department at Stellenbosch University (SU).

CONTACT

For any media queries or to schedule an interview with any of our knowledgeable researchers and mental health care professionals, contact Maggie Marx at 021 650 2061 or media@cpmh.org.za. 📩

CONGRATULATIONS

Over the past few years, perhaps the most congratulated person in our Dept has been Prof Crick Lund. During this time, he has raised more than R200 million in research funds, has won major awards such as the NSTF-TK Kambule award for research outputs, and has contributed in many other ways to our Dept for example as Head of our Division of Public Mental Health. Prof Lund has been offered a position as Chair of Global Mental Health at King's College London. This is a bitter-sweet congratulations, as it represents a major loss for our Dept. Fortunately, however, Crick will continue to live and work in Cape Town, and he plans to continue to collaborate closely with the Division and the Centre for Public Mental Health. He will however be reducing his time at UCT to 50% from July 1. Prof Katherine Sorsdahl will take over as Head of the Division and Director of the Centre for Public Mental Health. Margie Schneider will serve as Deputy Director of the CPMH.



Maxine Spedding, a PhD student in the Division on the reports of her dissertation reviewers: no changes required! Her work has focused on depression in pregnant woman, a key clinical issue in the South African context.

Megan Malan, an MPhil student in the Division on passing her dissertation with distinction. Megan did this while also working on data management in the Schizophrenia in Xhosa (SAX) study.

Prof Katherine Sorsdahl, Head-Elect of the Division on her supervision of both Maxine and Megan. May she go from strength to strength with her mentoring. 📩

SOCIAL RESPONSIVENESS IN THE DEPARTMENT

By Petrus de Vries and Toni Abrahams

Social responsiveness (SR) is one of the Performance Review/Appraisal 'pillars' at UCT. Until 2016, there was no social responsiveness portfolio. The Departmental 10-year review acknowledged this gap in the Department. In 2017, we saw the formation of the Departmental Social Responsiveness Committee (DSRC). The committee has had two meetings to-date in which the team looked at SR definitions, categorizing SR, how to implement an SR lens to pre-existing academic and communication activities in the department. The committee is headed by Prof de Vries and members are pictured below.



Above: (Standing from left to right) Petrus de Vries, John Parker, Henk Temmingh, Fiona Schulte, Marc Roffey (Seated from left to right) Toni Abrahams, John-Joe Dawson Squibb and Claudia de Clercq. Absent Nasera Cader-Mokoa and Delcia Liedeman-Prosch.

The committee members have varying portfolios with the aim to have SR underpinning all. Henk Temmingh attends to sabbaticals in the department, while Marc Roffey, Claudia de Clercq and Nasera Cader-Mokoa coordinate the academic lectures. Fiona Schulte coordinates CPD events. The departmental website is

coordinated by John-Joe Dawson Squibb, while Toni Abrahams and Delcia Liedeman-Prosch edit and co-edit the departmental newsletter, respectively.

The UCT Conceptual Framework for Social Responsiveness defines SR in the following way: *“We are committed to engaged, policy-relevant research and teaching, as well as to expanding opportunities for students to become directly involved in socially-responsive learning. Our aim is to ensure that our research contributes to the public good through sharing knowledge for the benefit of society and through fostering in our students the acquisition of the civic literacy, knowledge and skills necessary to build a more just, equitable and unified South African society.*

Work in this regard continues across campus, reflecting innovative partnerships between UCT academics and external stakeholders, including government at all levels, local communities, national and international social movements, continent-wide organisations, institutions from the global South, and various international organisations. Our social responsiveness engagements take varied forms including:

- *research activities*
- *engagement with policy development*
- *public commentary on development issues and strategies*
- *social outreach activities by students*
- *programmes to empower external constituencies*
- *the improvement of the relevance of the curriculum*
- *providing opportunities for lifelong learning*

The committee identified four groups of stakeholders with whom we may have socially responsive activities or engagement, namely the public, user/carer groups, professionals and government.

Examples of SR activities or engagement with the general public include the following:

- Public communication of science (e.g. through books, websites)
- Media engagement (e.g. radio programmes, public press, articles for public magazines)
- Talks to general public/schools/clubs
- Creative public engagement activities (e.g. Lentegour Spring Project, Sean Beaman's Cantata, creative books written for public, art exhibitions).

Examples of user/carer SR activities or engagement include the following:

- Board membership of NPO (e.g. Autism South Africa, Scholarships, etc.),
- Talks to NPO sector (e.g. WCFID, Cape Mental Health)
- User/carer engagement (e.g. open days, One-to-One days in ID, family conferences)
- Educational activities involving user/carers/NPO, outreach to NPOs (e.g. to social care organizations, children's homes)
- Policy development and engagement (with NPO sector)
- Advocacy (e.g. right to vote campaign, service user rights, access to recreational activities, disability discrimination)
- Engaged scholarship (e.g. research in partnership with NPOs, themes and topics with community-based participation).

SR activities with professionals may include the following:

- Board membership of professional organizations (e.g. SASOP, CMSA etc.)
- Continuous professional development and lifelong learning (e.g. lunchtime lectures open to professionals outside department; educational activities involving professionals)
- Outreach and liaison with external professional groups e.g. in other cities, countries, socially-responsive service development

- Socially-responsive curriculum development (e.g. transformation of curriculum, locally-developed textbooks)
- Engaged scholarship (e.g. research in partnership with professional groups outside UCT).

Finally, SR activities with government may include the following:

- Policy development and engagement (with hospitals, government)
- Government task teams
- Educational activities with government agencies
- Research in collaboration with government agencies.

The work of the committee has just begun. We have focused on defining, describing and categorising SR activities. The next step is to start documenting and acknowledging the numerous SR activities already being undertaken in the department. Below are just a few examples of SR activities already underway. We welcome any ideas on creative SR projects or staff who would like to join the committee. We look forward to keeping you updated on this important portfolio. ■



LENTEGEUR MARKET GARDEN LAUNCH

By John Parker

As a flagship project of the Spring Foundation at Lentegeur Hospital, the Lentegeur Market Garden has provided longer-term patients at the hospital with an opportunity to rebuild and rediscover their mental and physical wellbeing through working in an organic market garden. Established in 2012, this project aims to provide therapeutic opportunities and vocational training through horticultural work. By providing opportunities for a sense of connection, not only to the soil but also to community members who get access to wholesome fresh produce, this project fulfils the key aim of the Spring Foundation of “Hope and Recovery through re-connection.”



For Forensic patients the garden also provides an opportunity for demonstrating an ability to take responsibility, to work and to manage finances, all of which are important considerations in motivating for discharge from hospital. Regular observations have revealed marked improvements in the majority of patients involved in the project, with several now eligible for discharge, whilst the patient’s own accounts, which are recorded as an element of the project, have revealed high levels of satisfaction.



In 2016, the Premier of the Western Cape, through the South African Urban food and Farming trust, recognised the potential of the market garden and injected substantial capital to take the project to a higher level. With the addition of other major sponsors, Janssen Pharmaceutical and The Rupert Foundation, the project has now expanded to a 1, 2 ha piece of land, with three part-time employees and a business plan that will ensure its long-term sustainability.



The Hospital, together with the Spring Foundation hosted the Official Launch of the Garden to thank our benefactors and to showcase the garden. The event took place 25th April 2017 at the Conference Centre at Lentegeur Hospital. The programme also included a tour of the Market Garden. ■



Photos courtesy of by Delcia Liedeman-Prosch

WHAT WORKS IN SOUTH AFRICA? EVIDENCE-BASED PSYCHOLOGICAL THERAPIES FOR RESOURCE LIMITED SETTINGS

By John Joska, Crick Lund and Lena Andersen (on behalf of the organizing committee)

What can be done to treat the mental disorders that are so prevalent in our communities? Which psychological treatments are effective? Is it feasible to integrate these treatments into primary health care? Who is able to administer these treatments?

These questions and more are to be explored at the Psychotherapy Symposium taking place on the 11th and 12th of August, 2017. The aim of the symposium is to share evidence and gain a common understanding of what psychological therapies work, for whom, and under what conditions. The overall goal of the symposium is to consolidate the evidence to improve the delivery of psychological therapies in low resourced primary care and community settings.

The symposium is a multi-institutional collaboration between Western Cape Department of Health, University of Cape Town, University of the Western Cape, and Stellenbosch University. It is aimed at everyone working in mental health care throughout South Africa including NGOs, NPOs, government organisations, trainees (e.g. registrars and intern psychologists), faith based organizations, occupational therapists, social workers, psychiatrists, psychologists, academic researchers, and public and private sector nurses, counsellors and clinicians.

Day 1 of the symposium will feature presentations of a range of studies on psychological therapies throughout South Africa. The studies will include evidence-based psychological interventions, using non-specialist

providers to deliver the intervention, for at-risk or clinical populations.

Day 2 (half day) will be a dedicated discussion space for everyone working in the field. The keynote speaker, Professor Ricardo Araya from the Centre for Global Mental Health, Kings' College, London, will address the topic of how to synthesize psychotherapy findings across diverse studies and settings. Professor Araya has extensive experience in the field and has been very influential in mental health policy and service development in South America and globally. A panel of local experts will then discuss and debate the findings and the themes of the previous day, with input from the audience, with a view to generating common themes for best practice. Day 2 will end with a final summary session.



Please visit www.psychotherapysymposium.co.za to submit an abstract for presentation and/or to register for the conference. Bursaries are available. ■

ANNUAL RESEARCH DAY

By Colleen Adnams

For those who were unable to attend the 2017 Departmental Research Day on 14 March at the Valkenberg Educational Centre and as feedback for those who participated, here is a short report on the highly successful event. The theme was “Research for Health Care Delivery” and the topic was rewarded with excellent attendance throughout the day (at over 100, we believe the highest attendance yet at a Departmental Research Day).

Dr Tracey Naledi, Chief Director for Health Programmes in the Western Cape Government: Health, in her opening plenary talk on the theme of the day, stressed the importance of quality research evidence underpinning health systems and clinical practices and policies and emphasised the critical value of well-functioning government-community-researcher partnerships in this process.

The Panel Discussion session delivered a dynamic and inspiring dialogue by A/Prof Tolu Oni (School of Public Health, UCT), Dr Anna Walder (King's HealthPartners, U.K.), Ms Ingrid Daniels (Director of Cape Mental Health), Prof Katherine Sorsdahl (Head, Division of Public Mental Health, UCT) and Dr Simone Honikman (Director, Perinatal Mental Health Project, UCT). The panel's discussion resonated with many in the audience on a wide range of health research issues and on the self-journey in that endeavour and very positive feedback was reported.

The 'rapid fire' short presentations demonstrated the breadth and depth of research outputs in the department and we congratulate Dr Lihle Mgweba-Bewana for winning the award for the best presentation on her MMed research project: "Triple comorbidity of severe mental illness, HIV infection & alcohol abuse in a female population at a community psychiatric clinic in Cape Town: Prevalence and correlates".

The poster presentations were of an equally high standard and congratulations go to Ms Antoinette Burger for her winning poster titled "The impact of abstinence from methamphetamine on brain metabolites."

Professor Melvyn Freeman, Chief Director for Non-communicable Diseases, National Department of Health, presented the closing plenary on 'Research towards better mental health in South Africa'. In a thought-provoking presentation, those practicing in the field of mental health and research were tasked with considering what type of research is 'for the better good of society'. Prof Freeman concluded by arguing that



Photos courtesy of Rita Stockhowe.

serendipitous research may also result in the better good but challenged that all research should be ethical.

Thanks and warm congratulations to the Department Research Committee team who organised

this excellent and academically polished event: Dr Adele Marais (DRC Chair), Dr Margie Schneider, Dr Simone Honikman, Ms Louise Frenkel, Dr Fleur Howells, Ms Lameze Abrahams and Ms Shahieda Amardien. The plenary sessions were ably chaired by Prof Sharon Kleintjes. In all, it was a memorable day with high quality speakers, a vibrant tone and to top it off, great catering. Well done Adele and team! ■▶

CAN A SMART PHONE APP BE USED TO SCREEN FOR AUTISM?

By Aubrey Kumm

From cell phone to smartphone, desktop to laptop and tablet, the continued evolution of technology and its applications have rendered high-tech devices integral to our daily lives. Today, there are more active mobile devices than human beings on earth. Interestingly, according to a report published by the United Nations in 2013, more people on earth have access to cell phones than toilets. GSMA (Groupe Spéciale Mobile Association) classifies South Africa as a “Fast Grower” market with five mobile operators and 87.6 million mobile connections, 88% of which are so called “pay-as-you-go”. With so many active mobile phones

out there, and given our continent’s desperate need for scalable and effective early identification and intervention tools for children with Autism Spectrum Disorder (ASD), it begs the question: Could a smart phone application (app) be a feasible tool to screen for ASD in low resourced African communities?



Above: Aubrey Kumm and Eugene Davids administering research with participants.

The Autism&Beyond iPhone App was designed and developed by a multidisciplinary team at Duke University (Durham, North Carolina, USA) as potential screening tool for autism risk in children aged 12-72 months, in their natural environment. The app records and analyses behaviours and emotional reactions in

young children presented with four short videos designed to elicit shared enjoyment and attention. Autism risk is then quantified by combining questionnaire data collected from parents about their child with analysis of the child’s recorded emotional reactions. The app is not yet a screening or diagnostic tool, but being used to test the reliability of smart phone questionnaires and video analysis of facial expressions as a possible screening tool for autism in young children. In collaboration with Duke University, DCAP investigated the technical feasibility and cultural acceptability of the Autism&Beyond app in Khayelitsha.

We administered the app with 40 children recruited by word-of-mouth utilising the very effective local church and street committee grapevine. On three consecutive chilly winter mornings, participant parents and children gathered around a paraffin heater in a typical Khayelitsha home on typical Khayelitsha street. After some sweet tea, homemade vetkoek and split pea soup provided sustenance, the work began.



Above: Project assistants preparing a meal for the research participants.

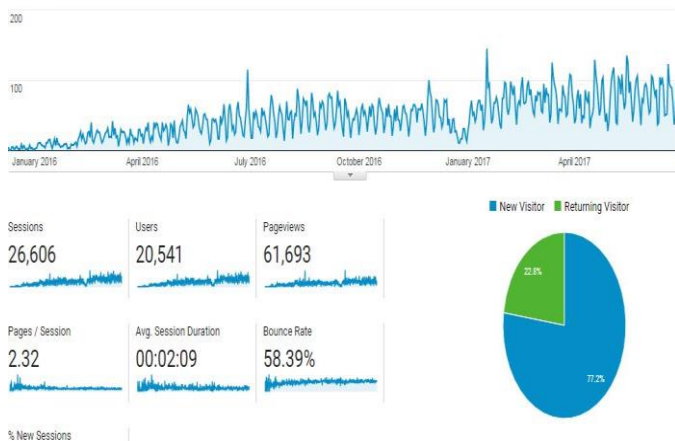
Some parents were asked to return a few weeks later to participate in focus groups, where we asked for their opinions and general feelings about the app. Our results suggest the app to be technically feasible, accessible and culturally acceptable to people living in Khayelitsha. Some differences in emotional response to the videos when compared with children in the USA study, suggest the need for larger-scale studies to investigate the subtleties of cross-cultural responses to specific video stimuli and potentially the need to adapt the video to the local population.

We recently reported our results at the annual International Meeting for Autism Research in San Francisco where we were awarded the inaugural Cultural Diversity Poster Award. This award recognises “innovative research focused on issues of racial, ethnic, cultural and socioeconomic diversity in autism with the potential to have a significant impact on traditionally underserved communities.”

CONGRATULATIONS

Maryam Abbas and to the rest of the Transformation Committee (TC) on which she serves. Maryam and the TC arranged an orientation day for new department members. Feedback indicates that this helped meet the goals of making department processes transparent and inclusive.

HOW IS OUR WEBSITE FARING?



From January 2016 to-date there has been a steady increase in sessions and users visiting our site. Over 20,000 users have had 26,606 sessions on our site. There has been over 60,000 page views with an average of 2,32 pages being viewed per session for an average duration of 2.09 minutes. 77.2% of the site visitors have

been new to our site. Also interesting is a list of some of the countries where users are regularly viewing our website which include U.S., U.K. Kenya, India, Germany, Netherlands, Canada, Australia and Nigeria. Please visit our site at <http://www.psychiatry.uct.ac.za/> to obtain important information on departmental divisions, publications, lunchtime lecture schedules, etc. If you have any news, information, video or audio clips relevant to the department’s work this is a great way to share it with a wider audience, please make contact with [John-Joe Dawson-Squibb](#) for more details.

STUDENT PSYCHIATRY SOCIETY

By David Backwell

The Student Psychiatry Society and the South African Medical Students’ Association held a discussion evening around the Life Esidimeni tragedies that have unfolded over the last few years, called “Discussing Dignity”. This refers to the mismanagement and attempted de-institutionalisation of patients of a Life Esidimeni facility into several organisations leading to the death of 94 patients. Professor Crick Lund was part of the official reporting process on these events and gave a summary of the procedural and structural factors around the plans for national de-institutionalisation and other action plans and what is currently happening on a national organisational level. Annie Robb (a social activist for individuals with psychosocial disabilities) explained her repeated attempts to alert individuals and bring light to the potential and then past injustice that happened from gross mismanagement. Dr Qhama Cossie tied everything together by bringing the focus back to the Mental Health Care Act, and basic ideas on good patient care. Beyond exploring the events, the evening highlighted the importance of diligence in psychiatric work, the need for compassion, and the importance of advocacy for marginalised groups.

TRIBUTE TO PROF DENISE WHITE

By Delcia Liedeman-Prosch



We learned with a deep sense of loss, of the untimely passing of Prof Denise White, a former Head of Psychiatry at Lentegeur Hospital and much-respected colleague and clinician, at the age of 72, on 9 March 2017. She leaves behind two daughters, a son and three grandchildren.

She passed away peacefully in London, surrounded by her family, after having been diagnosed with metastatic carcinoma in October 2016 and suffering the sudden loss of her husband who died in 2015.

Moving from New Zealand to South Africa at a young age, she completed all medical training at UCT and Groote Schuur. Her professional and academic life as a superb clinical psychiatrist was dedicated to the public sector, having worked at Groote Schuur and Lentegeur Hospitals. Her philosophy was: “if you have the ability to serve, you should.”

As lifelong member of SAMA and its President in 2015-2016, she raised awareness of mental health, referring to it as “the Cinderella of the healthcare professions –

always the Oliver Twist.” She played a huge role in representing professional matters and doctors on a local, national and international level.

Prof White was an effective communicator and natural leader, with a calm composure and steady hand. Her view was that there was no point in being “timid or naive- you have to don an asbestos shield to deflect the heat of a crisis and remain cool.”

This was in no small measure demonstrated by her spearheading of the successful “SAMA’s titanic struggle” (her own words) in 2009, aimed at achieving the Occupation-Specific Dispensation for public sector doctors, amidst the first ever national doctors’ strike in SA. Just prior to the strike, Denise courageously led a doctors’ march on Parliament to hand over a memorandum to Government.

She was a pivotal SAMA negotiator in the late nineties, for huge improvements in doctors’ salary packages relating to commuted overtime. Prof White furthermore led the public sector into its (still) existing affiliation with COSATU.

The approach of this remarkable woman reflected the very essence of who she was: humble, principled, quiet, yet determined and unshakeable in her beliefs and views, always doing what was right, not expedient.

She changed an aspect of global psychiatric practice when she and a colleague (Dr Ashley Robbins) identified a link between the administration of neuroleptic drugs to patients admitted to Groote Schuur’s psychiatric wards with catatonic illness; and evolution of the said syndrome (associated mortality rate of 20%). This contributed to her being a highly sought-after international speaker. Her later work concerned the links between HIV and psychiatric illness.

Prof White was a true example of what it means to serve and SAMA honoured her with the well-deserved 2016 Gold Medal Award of the year for loyal dedication to the profession and SAMA.

Professor Denise White’s memory and her invaluable legacy, inclusive of her support to many, will be treasured by, amongst others, the mental health profession, and the large number of students and registrars that she mentored in her special way.

Information sourced from Prof M Sonderup. ■

PASS STAFF UPDATE

Congratulations to Riana Oliver (right), whose Senior Secretary post was upgraded to Admin Assistant.



Congratulations to Gillian Hanslo whose Admin Assistant post was made permanent. ■

CONGRATULATIONS

Kerry Armstrong, Kirsten Reid, Robyn Akhurst, and Marise Bruwer for passing their Part II examinations at the SA College. We wish them all the best with their future careers as psychiatrists.

Kaz Kulisewa and Olive Liwimbi for passing their Pass II examinations at the Malawian College. We are delighted that they were able to do their clinical rotations at UCT, in a collaborative SA-Malawi training effort.

Honorary Prof Olive Shisana, who has just received the Order of the Boabab, South Africa’s highest Presidential award, a fitting acknowledgment of her immense contributions. Prof Shisana’s citation reads, “For her outstanding contribution to the field of science and community service, particularly her tireless work in researching solutions to the scourges of HIV and AIDS.” ■

WELCOME TO NEW STAFF

Welcoming clinical psychologists Antonio Lentoer and Kamal Kamaloodien to Valkenberg Hospital.

Joe Starke has joined Valkenberg Hospital as a consultant. ■

GOODBYE TO STAFF

Thank you to Neil Horn and Surita van Heerden for their multiple contributions to the department over the years. ■

