DEPARTMENT OF PSYCHIATRY AND MENTAL HEALTH
UNIVERSITY OF CAPE TOWN

DEPARTMENTAL REPORT 2004 – 2014

The Report is presented in four parts. PART I introduces the Department and its achievements over the last 10 years, states the Terms of References generated in consultation with staff in the Department and in the Faculty of Health Sciences, and outlines the key findings of our self-review. In PART II, we present our Hospitals and Divisions to illustrate the breadth, depth and diversity of activities and sites for our work. PART III represents a summary of our strengths, weaknesses, opportunities and perceived threats across the five key themes of GOVERNANCE & ADMINISTRATION, RESEARCH, TEACHING & LEARNING, TRANSFORMATION and SOCIAL RESPONSIVENESS. In PART IV, Prof Dan Stein, our Head of Department, brings together a general reflection of the last 10 years, and proposes some thoughts for the future.

I am extremely grateful to all members of the Department who participated in the process of self-reflection and self-review. It was a pleasure and privilege for me to explore all the corners of our Department and to experience the passion and enthusiasm everyone has for their work.

We sincerely hope that this report will be not only a summary of the Department of Psychiatry and Mental Health as it is in 2015, but that it will also act as a reminder of all the things we still want to and can achieve in the next decade.

Prof Petrus J de Vries
Sue Struengmann Professor of Child & Adolescent Psychiatry
FOREWORD FROM THE INTERIM DEAN

IT IS INDEED A GREAT PLEASURE FOR ME TO WRITE A FOREWORD TO THIS REPORT FROM THE DEPARTMENT OF PSYCHIATRY AND MENTAL HEALTH HIGHLIGHTING THEIR WORK OVER THE LAST DECADE.

Mental health is an essential component of health and is a basic human right, yet it is often not given the attention that it deserves as a health and development issue. Mental disorders significantly account for about 15% of the global burden of disease, defined as premature death combined with years lived with disability. If only the disability component of the burden of disease calculation is taken into account then mental disorders account for about 30% of all years lived with a disability in low- and middle-income countries. It is therefore a major concern for us that one third of all South Africans suffer from a mental illness and it has been estimated that 75% of them will not get any kind of help.

It is thus extremely gratifying to see that our Department of Psychiatry and Mental Health has made significant strides in the field of mental health over the last ten years. New transformative initiatives, at a clinical, basic science, public health and community level, based on the needs of our country, have been developed and numerous collaborations, both locally and internationally, have been established. In addition, good relationships have evolved with the Department of Health, the Department of Social Development, and with Non-Governmental Organizations in the Province, to work together to find solutions for what is one of the major public health problems facing us. The research output and the educational programmes developed in the Department are not only outstanding but also highly relevant to our needs. The challenge for us over the next few years is to determine whether this has had an impact on the health of people not only locally but also globally.

We congratulate the Department on a job well done and thank all the staff for their sterling work over the years. Without their individual and collective commitment and dedication the Department of Psychiatry and Mental Health would not be one of the premier academic departments on the African continent.

There is no health without mental health!

Professor Gregory Hussey
Interim Dean,
Faculty of Health Sciences
University of Cape Town

FOREWORD FROM THE HEAD OF DEPARTMENT

IT HAS BEEN A TREMENDOUS PRIVILEGE TO LEAD THE DEPARTMENT OF PSYCHIATRY AND MENTAL HEALTH AT THE UNIVERSITY OF CAPE TOWN AND ITS AFFILIATED HOSPITALS FOR THE PAST 10 YEARS, WHICH COINCIDES WITH THE TIME PERIOD OF THE CURRENT UNIVERSITY REVIEW.

This review speaks to the tremendous skills and energy of our staff and students and demonstrates that we are one of the leading Departments of Psychiatry in the low-middle income world – providing relevant teaching, cutting-edge research, innovative services and robust advocacy for our patients, in an integrative and transformative way, and in keeping with a primary care approach. It also speaks to many areas for future possible improvement.

My warm thanks to all of those who participated in this review, to our staff and students who do us proud, and to the many, many partners we have locally, in Africa, and internationally, who help and support us.

Prof Dan Stein
Head of Department
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1. EXECUTIVE SUMMARY


UCT aims to be a world-class African institution, and in line with that vision our Department aims to be a leading Department of academic excellence that produces transformative and integrative teaching, research, healthcare and public service relevant to mental illness and well-being in local, African and global contexts.

The Department currently employs more than 150 staff across all Divisions. This includes members of permanent academic staff, either appointed by the University of Cape Town, or on joint appointments between the University of Cape Town and the Western Cape Provincial Government. In addition, the Department has a small core group of PASS (Professional, Administrative, Support & Service) staff, and more than 75 staff funded on grants and other sources of so-called 'soft funding'. The Department is also very proud of its honorary lecturers and 14 honorary professors.

As a result of growth and increasing specialization in medicine, the Department has grown from having one formally approved Division (Child & Adolescent Psychiatry) to ten. The 10 Divisions (Addictions Psychiatry, Child & Adolescent Psychiatry, Forensic Psychiatry, General Adult Psychiatry, Intellectual Disability Psychiatry, Liaison Mental Health, Neuropsychiatry, Psychopharmacology and Biological Psychiatry, Psychotherapy, and Public Mental Health) have brought great specialism and diversity into the Department. However, governance & administration demands have also increased accordingly. We embarked on a process of facilitated reflection with Faculty support in 2012, and have enhanced our governance structures in the Department, but realize that ongoing optimization, particularly with regard to interdivisional governance & administration may be required.

Over the review period of this report (2004-2014) the Department has seen significant growth in research activity and output. In the review period, our publications went from 11 in 2004 to more than 100 papers per year for the last three years, and our research grants and posts went from very few to a current state where more than half of all staff are supported by funding from science agencies such as the NIH, EU, MRC and NRF. During this time, hundreds of peer-reviewed papers, book chapters and books have been authored by members of the department. Apart from quantity, recent papers have also been in high-impact general medical journals (eg New England Journal of Medicine, Lancet, PLoS Medicine), psychiatric journals (eg Molecular Psychiatry, American Journal of Psychiatry, British Journal of Psychiatry), as well as more basic science and sociology journals (eg Nature, PNAS, Social Science and Medicine). Our research has been internationally competitive, yet with a clear focus on local and African needs.

A growing number of Departmental researchers and their groups are internationally recognized, and a growing number of global research initiatives are led from Cape Town. Many members of the Department have also received significant national and international awards over the last 10 years. We currently have 2 A-rated, 2 B-rated, 1 C-rated and 2 Y-rated National Research Foundation staff, and 5 University-accredited research units, all with very significant output and impact. We are very pleased with the considerable progress in research output, but want to make sure that we also retain the quality and impact of our work, whilst capitalizing on unique opportunities that working in Africa may bring.

The last decade has also seen very strong developments in teaching & learning, with new initiatives and innovative approaches in undergraduate teaching and curriculum development, highly successful programmes for specialist psychiatry training, and very rapid emergence of subspecialist training programmes. At the start of the review period, only Child & Adolescent Psychiatry was accredited for subspecialist training. Over the last 10 years, the Department has initiated MPhil subspecialist programmes in the areas of Addictions, Forensics, Intellectual Disability, Neuropsychiatry, and Psychotherapy. In addition, a very successful Masters’ programme in Public Mental Health has been developed as an integral part of the Centre for Public Mental Health, and an MMedSci (Neurosci) programme was developed as part of the Brain-Behaviour Initiative. The last decade has therefore seen significant expansion of postgraduate training, including a diversification of programmes, not just in medical specialisms, but also for other mental health workers and basic scientists. Our undergraduate training programme received positive external review by the Health Professions Council of South Africa in 2014, and the postgraduate psychiatry programmes achieved a Gold rating after an external Health Professions Council of South Africa review in 2015. The Department has also built very positive links with a number of African countries for specialist and subspecialist training, an initiative we would be very keen to develop further.

Even though clinical activity is not a specific focus of this review, we are a clinically-led department, and clinical work is therefore integral to our daily activities and our departmental vision. Departmental staff have continued to
lead, develop and deliver innovative high-quality clinical services, based on existing evidence-based practice as relevant and appropriate in our local contexts. One of the characteristics over the last decade has been increasing specialization and sub-specialization of clinical services and service delivery models, albeit within a primary care vision. This has brought high levels of clinical skills into the Department. Examples include HIV neuropsychiatry programmes, maternal mental health programmes, mentalization-based parenting programmes, and autism spectrum disorder programmes, including primary care outreach, to name but a few. We are conscious that we work in a provincial and national health-, education- and social-care framework that may pose significant challenges at times. Mental health is still struggling to be recognized as a key contributor to burden of care. Yet, we are proud of our strong links with governmental and non-governmental organizations that oversee, develop and provide clinical care.

One of the striking characteristics of our Department lies in the breadth and depth of social responsiveness activities. This is exemplified by the fact that three members of the Department were awarded the Vice-Chancellor’s prestigious Alan Pifer Award for socially responsive research (Prof Alan J Flisher, Prof Dan Stein, and Prof Crick Lund). We have been greatly encouraged by the commitment of our staff to a range of social responsiveness activities from local to national and international. Across all our Divisions there are examples of contributions to engaged scholarship, that is, the application of our professional and academic expertise with an express public purpose. One remarkable example comes from the Lentegeur Spring Project. The aim of the Spring Project is to re-design what a psychiatric hospital looks like, feels like, is and does, using ecological principles to bring alive the metaphor inherent in the name Lentegeur, which, translated, means “the essence of spring”. Through various initiatives, the Spring Project is promoting the development of a mental health centre of the future that is at the heart of its community and which plays a leading role in the healing of a community that is plagued by a plethora of social ills.

The first Robben Island Lunatic Asylum was established in 1846, followed by the purpose-designed building of Valkenberg Psychiatric Hospital in 1891. It is said that the Valkenberg Inspector of Asylums (as they were called at the time) had strong views about the importance of regular outings, contact with family, friends and the community. We have perhaps come full circle to a Spring Project (described in detail under the Divisions of General Adult Psychiatry and Public Mental Health) that wants to re-embed mental health facilities into the community. Along the way, and very strongly so over the last 10 years, members of the Department of Psychiatry and Mental Health have contributed to this process, and to the rallying cry that “there is no health without mental health”.

Indeed, transformation and innovation are important themes in our country, in the University of Cape Town and in our Department. We are very mindful of the legacy of our apartheid past, and are committed to a transformed society where there is a place and a space for everyone, and where everyone’s voice can be heard and valued. As a Department we are deeply committed to the need to train the full range of mental health professionals (including psychiatrists, psychologists, medical students, occupational therapists, nurses, and so on), and we are committed to develop the next generation of mental health and neuroscience clinical and non-clinical researchers and research leaders. We want them to represent the socio-demographic and cultural diversity of our country. We want to train clinicians and researchers who can communicate with people of our country in their own language. One of the key findings in our self-review has been the recurrence of concern over transformation across Divisions throughout all aspects of our work, and the need for ongoing innovation.

There is no doubt that we can and need to do more, and perhaps differently, over the next decade. We hope that this review process will enable us to reflect appropriately on our strengths and opportunities, whilst acknowledging our weaknesses and environmental threats.
TERMS OF REFERENCE FOR THIS REVIEW

BASED ON A PROCESS OF DISCUSSIONS AND REFLECTIONS IN TEAMS, DIVISIONS AND IN THE DEPARTMENTAL EXECUTIVE COMMITTEE, WE HAVE GENERATED TERMS OF REFERENCE FOR THIS REVIEW. WE HOPE THAT THESE WILL HELP US HAVE PERTINENT CONVERSATIONS WITH OURSELVES AND OUR REVIEWERS, IN ORDER TO ENSURE A POSITIVE DEVELOPMENT PLAN FOR THE DECADE AHEAD.

GOVERNANCE & ADMINISTRATION

1. Are our governance structures sufficiently and appropriately responsive to Departmental needs?
2. Is there sufficient University and Faculty support for administration, finance, and human resource management?
3. The Departmental Divisions are very different. How do we optimize working within and between Divisions? How do we ensure appropriate and flexible Divisional representation in governance?

RESEARCH

1. How is the Department doing in terms of quality and quantity of research activity based on our research themes, output and impact? Are there strategic research priority areas that we could or should consider?
2. There are many University mechanisms to support early research career development for staff. What are the barriers that prevent clinicians from becoming clinician scientists or clinical researchers? What else can we do to encourage staff to participate in research activities?

TEACHING & LEARNING

1. Registrar research projects (now a requirement for registration with the Health Professions Council of South Africa) are placing a significant additional burden on trainees and supervisors. How do we develop, strengthen or support the system to allow these projects to happen in a timely way, and ensure they are of high quality?
2. The Department has significant opportunities to develop teaching & learning links across Africa, perhaps particularly for specialist and subspecialist training. How do we grow our African footprint in terms of teaching & learning? Should we extend our postgraduate training to include professionals other than psychiatrists and psychologists, and if so, how?

TRANSFORMATION

1. The Department has been transforming in many ways over the past decade, but on the other hand much remains to be done. What strategies could be used to strengthen transformation in our department?
2. How do we achieve transformation in training and research across divisions and across professional groups?

SOCIAL RESPONSIVENESS

1. We use the faculty definition for social responsiveness in our department. There is clearly a range of socially responsive activities across research, training and learning, in engagement with governmental and non-governmental sectors locally and internationally. Should we have more formal approaches, portfolios or coordination of such work? Are there any other areas or activities we should consider?
2. How should we assess social responsiveness? What are the indicators that could measure achievements in social responsiveness?
2. INTRODUCTION TO THE DEPARTMENT OF PSYCHIATRY AND MENTAL HEALTH


Since 2004, the Department of Psychiatry and Mental Health has seen significant growth. Current staff include 7 professors, more than 50 consultant psychiatrists and psychologists on joint appointments, more than 30 registrars and supernumerary registrars (doctors training as psychiatrists), a growing number of other post-graduate students (including Masters’ and PhD students, currently numbering more than 30), and more than 75 staff funded on research grants.

Over the last 5 decades, the Department has established a national and growing international reputation for its teaching & learning, and for research and scholarship. The first College Fellow in Psychiatry qualified in 1966, and several hundred psychiatrists have since been trained. Many specialists for various African countries, including the first Malawian psychiatrist, and several of the first child & adolescent psychiatrists in various countries, were trained in the Department of Psychiatry and Mental Health at UCT. The Department has a growing number of research teams and initiatives with national and international reputations. These include the Brain Behaviour Initiative (a UCT signature programme), the Adolescent Health Research Unit, the HIV Research Unit, the Alan J. Fisher Centre for Public Mental Health, and the SU/UCT MRC Research Unit on Anxiety & Stress Disorders. Five research group leaders have received national ratings by the National Research Foundation in recognition of their academic achievements. We currently have 2 NRF A-rated scientists (Prof Stein and Prof van Honk), 2 NRF B-rated scientists (Prof de Vries and Prof Lund) and 1 NRF C rated scientist (Prof Astrid Berg). In addition we have 2 young and emerging scientists who have received NRF Y-ratings (Dr Fleur Howells and Dr Katherine Sorsdahl).

Until recently the Department had one official Division (Division of Child & Adolescent Psychiatry) and a number of other groups, themes and units. Given the growth and specialization in skills and services, over time 10 Divisions have been established. The Department at present therefore includes the following Divisions:

- Addiction Psychiatry (led by Dr Don Wilson)
- Child & Adolescent Psychiatry (led by Dr Wendy Vogel)
- Forensic Mental Health (led by A/Prof Sean Kaliski)
- Intellectual Disability Mental Health (led by Prof Colleen Adnams)
- Neuropsychiatry (led by A/Prof John Joska)
- General Adult Psychiatry (led by Drs Peter Milligan and Robin Allen)
- Liaison Psychiatry/Psychology (led by Dr Jacqueline Hoare and Ms Louise Frenkel)
- Psychopharmacology and Biological Psychiatry (led by Prof Dan Stein)
- Psychotherapy (led by Dr Sharon Kleintjes and Ms Lameze Abrahams), and
- Public Mental Health (led by Prof Crick Lund and Dr John Parker).

A number of the Divisions have research Units or Centres, including the Adolescent Health Research Unit (led by Prof Petrus de Vries and Cathy Mathews) in the Division of Child and Adolescent Psychiatry, the HIV Mental Health Research Unit (led by Prof John Joska and Dr Jacqueline Hoare) in the Division of Neuropsychiatry, the Brain- Behaviour Initiative and the SU/UCT MRC Unit on Anxiety and Stress Disorders (led by Prof Dan Stein) in the Division of Psychopharmacology and Biological Psychiatry, and the Alan J. Fisher Centre for Public Mental Health (led by Prof Crick Lund) in the Division of Public Mental Health.
Over the last decade the Department has shown clear growth in research, with local relevance. In addition, Departmental teaching & learning has grown significantly, also with a clear focus on local and African relevance. Publication outputs have grown from fewer than 20 peer-reviewed publications in 2004 to 155 in 2013, and more than 100 papers per year since 2012. We are working in a range of key areas of high relevance, including neuro-HIV, substance use, psychological trauma, maternal and child mental health, adolescent sexual/reproductive and mental health, task-sharing interventions, and mental health policy. The majority of our Divisions now offer MPhil or Postgraduate Diplomas, and we have produced some of the first sub-specialists in several key areas in Africa. We attract a broad range of students for our Postgraduate Diplomas, Masters’ and PhD programmes.

Departmental Staff have research collaborations across Africa and around the globe, and are gradually building firmer links with key Universities in Africa, Australia, Europe and the USA. While this is primarily on the back of research and training grants, some of these collaborations (eg with the University of Melbourne) are philanthropically funded.

Staff in the Department have received various awards. Apart from research funding, awards have been received for projects such as the Lentegeur Spring Project, and international awards to individuals, such as Prof Astrid Berg, Prof Petrus de Vries, and Prof Dan Stein. We are also very proud that, over the last 10 years, 3 members of our Department have been awarded the Vice-Chancellor’s annual Alan Pifer prize in recognition for socially responsive research that has contributed to the advancement and welfare of South Africa’s disadvantaged people. Awards went to Prof Alan J Flisher (2005), Prof Dan Stein (2009) and Prof Crick Lund (2013). Many other awards for PhD and post-doctoral scholarships have also been made in the last decade.

We have made progress in the demographic transformation in our Department, although much more remains to be done. Infrastructure and administrative support from the University and Faculty has not kept up with the positive growth over the last 10 years.

Whilst we are very well placed at the University of Cape Town to become an even more prominent, internationally competitive Department, there also important weaknesses and threats. We will therefore need to identify appropriate strategies to optimize our skill-sets and to maximize the relevant opportunities.
INTRODUCTION TO THE DEPARTMENT OF PSYCHIATRY AND MENTAL HEALTH

PART I
PART II

3. OUR HOSPITALS

1. ALEXANDRA HOSPITAL

Alexandra Hospital (often referred to as ‘Alex’) is situated on the historic Nieuwe Molen farm in Maitland. In 1901 the Cape Colonial government purchased the farm complex with its windmill, completed in 1782 by the Colonial Burgher council who owned the land. The Nieuwe Molen mill, a national monument and the oldest remaining and largest windmill in the country, remains on the hospital grounds. The site purchased by the Cape Government was used as a military camp during the following years of the South African War. A hospital was then built on the site and on completion was used as a military hospital during the First World War (1914). In 1921, the complex was converted by the Provincial Authority and sold to the Union Government for use as an institution for patients with intellectual disability.

Known as the Alexandra Institution, it was the first of its kind in the country. By the end of 1921, 245 white men and women, transferred from Valkenberg Hospital and Pretoria Mental Hospital, were resident at the Institution. Staffed with medical and nursing personnel as well as occupational therapists, the number of residents increased to over 900. Residents undertook a range of handicraft and woodworking activities, selling the products, whilst others did menial work outside of the estate. A school (now Molenbeek School for Learners with Special Education Needs) was opened to accommodate 100 children with intellectual disability, followed by the establishment of the ‘Friends of the Alexandra’ day centre for children with severe intellectual disability.

The Institution later became Alexandra Care and Rehabilitation Centre and more recently, Alexandra Hospital. In the 1950’s Prof Vera Grover from the University of Cape Town commenced clinical and research work at the Hospital and supervised a number of postgraduate psychologists in clinical work and research. Subsequently Prof Francis Ames, a pioneer in neuropsychiatry and a key activist during the struggle against apartheid, taught regularly at Alexandra Hospital. People of colour were provided with services only after the era of Democracy in the 1990s. Over 200 residents were deinstitutionalised in 2008-2009.

The present day Hospital has 300 beds, 34 for acute admissions and 255 for mental health care users under short-, medium- and long-term admissions. No new long-term patients are admitted. The hospital’s multidisciplinary health team (see under the Division of Intellectual Disability Mental Health) provides inpatient and outpatient diagnostic, therapeutic and rehabilitative services to children and adults with intellectual and developmental disabilities and a range of psychiatric, psychological and behavioural disorders.
2. GROOTE SCHUUR HOSPITAL

Groote Schuur is Dutch for 'Great Barn' and was named after the Groote Schuur estate established by the Dutch settlers in the 17th century. Groote Schuur Hospital (often abbreviated as GSH) is an approximately 900-bedded hospital, and is the main teaching hospital of the University of Cape Town Medical School in the Faculty of Health Sciences. The hospital is funded by the Western Cape Provincial Government and is therefore a public hospital. The hospital is prominently situated on the slopes of Devil's Peak in Cape Town. Founded in 1938, it is probably best known as the institution where Dr Christiaan Barnard performed the first successful human heart transplant in 1967. The Old Main Building of the hospital was declared a Western Cape Province Heritage Site in 1996.

The Department of Psychiatry has offices in J-block, which initially housed the administration of the hospital, and which was allocated to the Department of Psychiatry after the new Groote Schuur Hospital was built. J-block is the base for the Head of Department and central departmental administration. When the Department of Psychiatry was initiated at the University of Cape Town just over 50 years ago, it started with a small number of beds in the neurology unit. Currently, there are 55 beds at Groote Schuur and many outpatients are seen. J-block houses the Addictions, Liaison, and Neuropsychiatry Divisions of the Department, as well as a number of Departmental research units (eg the Brain-Behaviour Initiative, the HIV Mental Health Unit and the MRC Unit on Anxiety & Stress Disorders).
3. LENTEGEUR HOSPITAL

By the 1970s Cape Town had a number of hospitals for patients with mental health problems. These were often referred to as 'mental health' or 'psychiatric' hospitals. Apart from Services at Alexandra Hospital and Valkenberg, Child & Adolescent Mental Health Services had developed in Rondebosch associated with Red Cross War Memorial Children’s Hospital. The services provided by the University of Cape Town Department of Psychiatry and Mental Health, based in the southern suburbs, were complemented by a new programme started by Stellenbosch University at Tygerberg Hospital in the Northern Suburbs of Cape Town.

However, many patients living in the Cape Flats and surrounding area had very little access to mental health facilities. In 1972, a team of architects and psychiatrists studied international mental health facility design trends and, as a result, Lentegeur Hospital (‘Smell of Spring’) was built to contemporary specifications in Mitchells Plain. The hospital was opened in 1975. The site is large, and houses a range of buildings and facilities, including an administration block, an education centre, nurses’ accommodation and a range of inpatient and day patient facilities. A part of the Lentegeur grounds was recently used to build the new Mitchells Plain District Hospital.

The Lentegeur grounds and buildings are now also the site for a remarkable social responsiveness, community engagement and ‘Green Psychiatry’ project, called the Lentegeur Spring Project. More information about this project is provided under the Divisions of General Adult Psychiatry and Public Mental Health. Members of the Divisions of Forensics, General Adult Psychiatry, and Intellectual Disability Mental Health are based at the Hospital.
4. RED CROSS WAR MEMORIAL CHILDREN’S HOSPITAL

It is remarkable to think that Red Cross War Memorial Children’s Hospital (often referred to as ‘Red Cross’) is the only free-standing, dedicated children’s hospital in sub-Saharan Africa. The 300-bedded hospital was opened in 1956 with funding through public subscription as a memorial to soldiers who died in the Second World War. The main academic links of the hospital are with the University of Cape Town Faculty of Health Sciences. Red Cross is widely regarded as one of the premier centres in South Africa and Africa for postgraduate specialist and subspecialist training in paediatric medicine and surgery.

Starting with consultation-liaison to Red Cross War Memorial Children’s Hospital, a Division of Child and Adolescent Psychiatry was formed in the Department of Psychiatry in 1964. In 1978 the Division moved to the site of the Rondebosch Cottage Hospital. Staff in the Division of Child & Adolescent Psychiatry still do liaison work and neuropsychiatry clinics at Red Cross War Memorial Children’s Hospital, but the majority of outpatient, day patient, inpatient, as well as research and training activities, remain on the Cottage Hospital Site, across the Rondebosch Common from Red Cross. The site is also the base of the Alan J. Flisher Centre for Public Mental Health. For more information, see the Divisions of Child and Adolescent Psychiatry, and Public Mental Health.
5. NEW SOMERSET HOSPITAL

New Somerset Hospital (typically referred to as Somerset Hospital) is based in the Green Point area of Cape Town, looking out over the V&A Waterfront development. The hospital opened in 1864 and is a recognized provincial heritage site. From 1918 until 1937 (when Groote Schuur Hospital was completed), Somerset Hospital was the main teaching hospital for the University of Cape Town.

The original Somerset Hospital was built in Chiappini Street in Cape Town in 1814. It was the brainchild of Dr Samuel Bailey, a retired Navy Surgeon. He had set up a private practice in Long Street and became convinced that a hospital was needed for civilians in Cape Town, as the only other hospitals were for military, naval and government staff. Bailey approached the Governor of the Cape, Lord Charles Somerset, for permission and support for the project. Somerset provided Bailey with the land and offered his support, but did not provide any funding. The original Somerset Hospital was therefore built by Bailey at his own expense, but with permission from the Governor to call the hospital ‘Somerset Hospital’. When Bailey could not maintain the hospital, it became the property of the Burgher Senate. Dr Henry Bickersteth was appointed to succeed Dr Bailey in 1832.

It soon became clear to Dr Bickersteth that the hospital in Chiappini Street was becoming unsuitable for use, and in 1845 he started a campaign to raise funds for a new hospital. On 18 August 1859 the foundation stone for the ‘New’ Somerset Hospital in Green Point was laid by Sir George Grey, then Governor of the Cape Colony. Dr Bickersteth had expressed a desire that Somerset Hospital should be converted into a ‘practical school of Medicine’. Almost 40 years later, in 1895, Dr E Barnard Fuller joined the staff of Somerset Hospital. With the support of a small group of colleagues, Barnard Fuller started an Anatomy and Physiology department in 1912 and the first cohort of medical students were enrolled. Students completed their first two years of training at the University of Cape Town, and had to complete their clinical studies abroad.

Today, the hospital is still a teaching hospital affiliated to the University of Cape Town. The Department of Psychiatry and Mental Health has one full-time Psychiatrist on the staff of New Somerset Hospital.
6. VALKENBERG HOSPITAL

Valkenberg Hospital is a large, government-funded tertiary hospital site for adults with mental health problems. The hospital is based in Observatory between the banks of the Liesbeeck and Black Rivers, with Devil’s Peak in the distance. It is one of the main teaching hospitals of the University of Cape Town Department of Psychiatry and Mental Health, and also houses specialist training centres for nurse training in association with Stellenbosch University and the Cape Peninsula College of Nursing.

The name Valkenberg was derived from the Dutch farmer, Cornelius Valk, who, in 1720, established a farm on the land where the hospital now stands. In 1881 the government of the Cape Colony bought the farm with the view of building a ‘reformatory’ or correctional centre. This did not happen, but a ‘lunatic asylum’ (as it was referred to in the 19th century) was established to accommodate patients from Robben Island. In February 1891 the first 36 patients were transferred to the ‘Valkenberg Asylum’.

The hospital grew to accommodate a significant number of patients. In the late 1990s, after democratization of South Africa, the hospital was threatened with closure. After significant negotiations, the bed numbers were reduced, but the site and hospital maintained. Many of the beautiful original late 19th century buildings had become very run-down. The Western Cape Provincial Government announced a significant refurbishment programme of the site, which remains underway at the time of this review.

Valkenberg (together with Lentegeur Hospital) is the base for a number of Divisions in the Department of Psychiatry and Mental Health (Forensics, General Adult Psychiatry). A graphic representation of where Departmental Divisions are based and active is shown on page xx.
4. OUR DIVISIONS

DIVISIONS AND THEIR HOSPITALS AT A GLANCE

THE 10 DIVISIONS IN THE DEPARTMENT OF PSYCHIATRY AND MENTAL HEALTH WORK ACROSS 6 MAIN HOSPITALS. THE FIGURE SHOWS THE DISTRIBUTION OF DIVISIONAL WORK ACROSS THESE SITES. WE LOOK FORWARD TO MANY FURTHER DEVELOPMENTS IN THE NEXT DECADE.

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<th>DIVISIONS</th>
<th>ALEXANDRA</th>
<th>GROOTE SCHUUR</th>
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<th>RED CROSS WMCH</th>
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** Psychotherapy and consultation-liaison psychiatry is provided by the Division of Child & Adolescent Psychiatry at Red Cross War Memorial Children’s Hospital
1. DIVISION OF ADDICTION PSYCHIATRY

HISTORY OF THE DIVISION

The Division of Addiction Psychiatry developed from the realization that the area of Addictions was underemphasized and not ideally managed in the Department of Psychiatry. Prof Dan Stein and Dr Don Wilson therefore developed the outline of a Divisional structure. In 2007 we began the process of motivation for an MPhil in Addictions, which was accepted in 2008/9, and approved by the Faculty of Health Sciences in 2009. In 2011 a Postgraduate Diploma (PGDip) in Addictions was created to provide targeted training to individuals with an interest in addictions and to provide up-to-date training to those already working in the field of addictions.

Our clinical services are predominantly provided on an outpatient basis, through liaison work and in outreach clinics to the Drug Counselling Centre. We use several beds in our acute admission units at Groote Schuur Hospital for inpatient care of substance dependent patients and have motivated for, and are waiting for dedicated beds to become available.

BASE

The Division has office space at Groote Schuur Hospital but part-time staff are active at both Lentegeur and Valkenberg Hospitals.

STAFF IN THE DIVISION

FULL-TIME STAFF
- Dr Don Wilson, BSc (UCT), MBChB (UCT), FCPsych (SA), Head of Division

PART-TIME STAFF
(many also linked to other Divisions)
- Prof Dan Stein
- Dr Henk Temmingh
- Dr Imthiaz Hoosain
- Dr Mariam Karjiker
- Dr Mike West
- Dr Heidi Sinclair
- Cathy Karassellos
- Shaheema Allie

HONORARY STAFF
- Prof Bronwyn Myers

POSTGRADUATE STUDENTS IN THE DIVISION

MPhil Students
- Dr Mike West
- Dr Lisa Dannatt
- Shaun Shelly

PhD. Students
- Anne Uhlman
SUMMARY OF ACTIVITIES IN THE DIVISION

CLINICAL
We provide:
1. psychiatric/medical input into the acute management of patients who require detoxification, and management of those with substance induced psychotic disorders.
2. ongoing care to individuals with particularly problematic substance abuse who need close monitoring and have co-morbid medical problems (both as an outpatient and as a liaison service to in-patients at Groote Schuur Hospital).
3. an assessment clinic for substance dependent individuals as well as a specific Tik Assessment clinic.
4. Opiate Substitution Therapy (OST) clinics
5. a Gambling Assessment Hotline and clinical interventions to gamblers
6. a clinical service outreach component to facilities falling under either the Departments of Health or Social Development who provide inpatient or outpatient drug and alcohol treatment facilities. We currently provide psychiatric input to the CTDCC for managing patients with dual diagnosis or more problematic management issues, and this type of input has benefited both organizations. We believe we could provide a similar service to other facilities falling under these two organizations. It would provide both a resource and a learning opportunity to a registrar in this field.

TEACHING & LEARNING
• The training of those with mental health qualifications who want to become expert in their field, be they Senior registrars, psychiatrists, psychologists or clinical Social Workers. We have the MPhil in Addictions Medicine with 4 candidates registered for 2015.
• For those individuals who want to enter the field of addictions or who are already participating in addiction management but whose knowledge and skills are limited we have developed the Post Graduate Diploma in Addictions. We have 26 candidates registered in 2015.
• Improving training of Registrars in Psychiatry in our allocated seminars.

RESEARCH
A wide range of research is conducted – driven recently by a cohort of patients with Tik induced Psychosis
• looking at neural pathways, genetic variances, psychological differences.
• Looking at the experience of family members living with substance dependent individuals. Also looking at co-morbid illnesses associated with Tik users and pathological gamblers.
• Phenomenology, diagnosis and treatment of substance use disorders co-occurring with schizophrenia and related psychotic disorders

SOCIAL RESPONSIVENESS
• Involved with support to associated hospitals, NGOs with direct clinical input as well as providing bi-weekly teaching seminars on addiction.
• Developing and modifying practical treatment programmes that can be used in primary care settings.
• Developing and training provinces on dual diagnosis guideline for the DoH.

GOALS FOR THE NEXT 10 YEARS
• Attempt to integrate research to practice (and vice versa)
• Increase numbers of MPhil and Doctoral candidates and how to get funding.
• Continue with fortnightly Addiction seminars and look to Addiction Updates on Saturday mornings for clinicians in private.
• Continue with fortnightly Addiction seminars
• Explore collaboration with other departments e.g. HIV researchers, public health researchers
• Explore opportunities for collaboration with other clinicians and researchers – involve them as honorary staff members.
• Develop framework for our collaborations in line with UCT policy, e.g. sustainability of collaborations, African impact of collaborations.
• In 2015 Dr Henk Temmingh and A/Prof Bronwyn Myers were appointed as new Heads of the Division of Addiction Psychiatry.
SWOT ANALYSIS

STRENGTHS
- Growing teaching and research programmes
- Collaborating with academic institutions across the platform and in other Universities to develop appropriate interventions for acute psychosis secondary to substance use
- Designated research coordination officer has been appointed to assist with admin of Addictions and offer research support

WEAKNESSES
- Inadequate teaching, research and supervision staffing
- No current funding for professorship or associate professorship to attract and/or retain staff in the Division

OPPORTUNITIES
- Building on existing services and attempts to activate Addictions consultant post – 2 posts at 5/8 time have been created in 2015
- Motivating for Sub-specialty status and Training numbers
- Training of registrars in Opiate Substitution Therapy – poor initial uptake but will be continued
- Working on Department of Health guidelines for managing Dual Diagnoses; will look to further collaborations with them
- Exploring cross-university collaboration in sharing of scarce teaching resources with Stellenbosch University, for instance, through podcasts and E-learning

THREATS
- New intake of 24 PGDip students in 2015 – how to maintain these numbers in the light of future funding limitations
- Funding for MPhil and (post) doctoral candidates and sustainable funding for the PGDip
- Space in Department for future expansion
2. DIVISION OF CHILD AND ADOLESCENT PSYCHIATRY

HISTORY OF THE DIVISION

The Child and Adolescent Psychiatry outpatient service was started at the Red Cross War Memorial Children’s Hospital by Dr Vera Buhrmann, a psychiatrist, in 1964. A decade later the service was fully developed, with its own premises, three child psychiatrists, a multidisciplinary team, and a day programme for seriously disturbed children in a converted house nearby. In 1978 the Child and Family Unit (now referred to as the Division of Child and Adolescent Psychiatry (DCAP)) moved onto the present site at Sawkins Road, Rondebosch. From these small beginnings, a very active Division of Child and Adolescent Psychiatry has developed over the years.

By 1981 satellite clinics and community services for children were operating in Retreat and Mitchells Plain, followed by clinics in Crossroads, Guguletu and Khayelitsha. In the 1990s a parent infant mental health service was established at DCAP and in Khayelitsha. In 1991 a small 6-bedded inpatient unit for children under 13 years of age was added to the day treatment programme. The combined programme was renamed the “Therapeutic Learning Centre” (TLC). The Adolescent Day Unit, originally based in Roman Rd, moved to the William Slater Centre in 1991, and to Sawkins Road in 2006. The William Slater Adolescent Unit was the first multicultural unit for adolescents in Cape Town.

Due to the efforts of DCAP and the Department of Psychiatry, the subspecialty of Child and Adolescent Psychiatry was recognized by the Health Professions Council of South Africa in the 1980s, and the first Advanced Course in Child Psychiatric Nursing by the South African Nursing Council was started. Subsequently, a two-year postgraduate training programme for psychiatrists and clinical psychologists culminating in an MPhil in Child and Adolescent Psychiatry was established through the University of Cape Town, with the first candidate graduating in 1985.

In 2006 the University of Cape Town received a significant endowment from Dr Andreas and Mrs Sue Struengmann to fund a Professorship in Child & Adolescent Psychiatry. In 2006, Prof Alan Flisher was appointed as the first Sue Struengmann Professor of Child & Adolescent Psychiatry. He was a pioneering Child & Adolescent Psychiatrist in the fields of global and public mental health, and set up the Adolescent Health Research Unit and a very significant public mental health programme. Prof Flisher died in 2010, but left a lasting global legacy in child & adolescent mental health. He was succeeded in 2012 by Prof Petrus J de Vries.

BASE

The Division of Child & Adolescent Psychiatry is part of Red Cross War Memorial Children’s Hospital. Our physical base is at 46 Sawkins Road, Rondebosch, which includes 3 historic buildings opposite Rondebosch Common on a very pleasant and ‘child & family friendly’ site. We run a busy outpatient service in two clinical buildings (referred to as Building A and B). Our inpatient unit (the Therapeutic Learning Centre – TLC) for children under 13 years is based in Building C. We also run neuropsychiatry clinics and consultation-liaison activities on the Red Cross Site.
STAFF IN THE DIVISION

FULL-TIME STAFF IN UCT APPOINTMENTS
- Prof Petrus J de Vries MBChB (Stell), MRCPsych (Lond), PhD (Cantab), Sue Struengmann Professor of Child & Adolescent Psychiatry

FULL-TIME STAFF IN JOINT UCT/PGWC POSITIONS:
- A/Prof Astrid Berg, MBChB (Pret), FCPsych(SA), MPhil (Child & Adolescent Psychiatry)(UCT), Associate Professor of Child & Adolescent Psychiatry
- Dr Wendy Vogel, MBChB (Wits), FCPsych(SA), MMed Wits, MSc (Wits), Head of Clinical Unit
- Dr Papani Gasela, MBChB (Walter Sisulu), FCPsych(SA), Cert Child & Adolescent Psychiatry (SA), Consultant Child & Adolescent Psychiatrist
- Mr Willem de Jager,
- Ms Noelen Seris
- Ms Stilla Mokitimi (co-supervised in Division of Public Health, University of Malawi)

PART TIME UCT STAFF
- Ms Rehana Effendi, Senior Secretary (5/8 post)
- Ms Naime Salie, Senior Secretary (1/2 post)

HONORARY UCT STAFF
- Prof Brian Robertson, Emeritus Professor of Psychiatry
- Dr Simon Pickstone-Taylor, MA(Cantab), MBChB(UCT), ABPN(Psychiatry and Child & Adolescent Psychiatry), Honorary Senior Lecturer in Child & Adolescent Psychiatry
- Dr Ulrich Meys, MBChB (UCT), FCPsych (SA), MPhil(Child and Adolescent Psychiatry)(UCT), Honorary Senior Lecturer in Child & Adolescent Psychiatry
- Dr Carl Ziervogel, MBChB (Wits), FCPsych(SA), Honorary Senior Lecturer in Child & Adolescent Psychiatry
- Dr Anik Gevers, PhD (UCT), Honorary Senior Lecturer (Adolescent Health Research Unit)
- Ms Bea Wurz, BSc(Hons) (UCT), BSc(Hons) (UCT), MSc (UCT) cum laude, DipTher Comm (Tavistock), Honorary Lecturer in Infant Mental Health

In addition, there are other clinicians in private practice who offer voluntary sessions to the Division.

PROVINCIAL STAFF LINKED TO THE DIVISION
- 13 Professional Nurses
- 2 Enrolled Nurses
- 1 Intern Psychologist
- 1 Community Psychologist
- 2 Social workers (Posts unfilled)
- 1 Teacher
- 1 Teaching assistant
- 1 Occupational Therapist (employed 2 days per week)
- 3 Administrative clerks
- Housekeeper and Cleaning staff
- Volunteers offering Art Therapy, Yoga and Swimming lessons

POSTGRADUATE STUDENTS IN THE DIVISION

MMed Students
- From 2012-2014 we have had 2 UCT junior registrars rotating for 6 months as part of general psychiatry training. Prior to 2012 there were 4 UCT junior registrars rotating through the division at any one time.
- 1 Walter Sisulu University (Eastern Cape) supernumerary junior registrar rotating for 6 months at a time as part of general psychiatry training.
- 1 College of Medicine, University of Malawi, supernumerary junior registrar rotating for 6 months at a time as part of general psychiatry training.

MPhil Students
- The Division of Child & Adolescent Psychiatry is an HPCSA accredited training centre for subspecialist training in Child & Adolescent Psychiatry. We have 4 training places available.

CURRENT SENIOR REGISTRARS
- Dr Flippie Oosthuizen
- Dr James Shelly

Over the last 10 years, 11 Child and Adolescent Psychiatrists have trained in the division and achieved the Certificate in Child and Adolescent Psychiatry. Of those 8 have also obtained the MPhil in Child and Adolescent Psychiatry. 3 of these graduates were from African countries other than South Africa (Nigeria, Ethiopia and Uganda). One Clinical psychologist has obtained the MPhil.

RESEARCH MASTERS’, PHD STUDENTS AND POSTDOCTORAL FELLOWS
- The Division of Child & Adolescent Psychiatry has a number of active research programmes that support research training at Masters’ and PhD level. The following were active research students at the 2014/2015 transition. Many more students had been awarded research Masters’ or PhD degrees in the division over the 2004-2014 period.

Research Masters’ students
- Aubrey Kumm
- Lesia Smith (co-supervised in the Department of Psychology)
- Marisa Viljoen

PhD students
- John-Joe Dawson-Squibb
- Tosca-Marie Heunis (co-supervised at Stellenbosch University)
- Loren Lecleziio
- Stella Mokитimi (co-supervised in Division of Public Mental Health)
- Sarosh Pillay (co-supervised in Department of Rehabilitation Sciences)
- Noleen Seris

Post-doctoral Research Fellows
- Dr Nola Chambers
OUR DIVISIONS

PART II

SUMMARY OF ACTIVITIES IN THE DIVISION

VISION
Our vision is to be an academic child and adolescent mental health centre of excellence that provides clinical services, teaching & training, and research, all responsive to the changing needs of our society. We are committed to the promotion of child and adolescent mental health and advocate for appropriate child and adolescent mental health services locally, nationally and globally.

CLINICAL
The Division of Child and Adolescent Psychiatry is part of Red Cross War Memorial Children’s Hospital. The multidisciplinary team, consisting of child and adolescent psychiatrists, nurses, clinical psychologists, social workers, a teacher, a part-time occupational therapist and trainees, offers a tertiary specialist child and adolescent psychiatry service as outlined below.

1. Out-Patient Services
   - Infant Mental Health Service (0-3 years)
   - Generic Outpatient service (3-18 years)
   - Neuropsychiatry Service (3-18 years)

2. Consultation-Liaison Service

3. In-Patient Services
   - Therapeutic Learning Centre (TLC) for children under 13 years

4. In addition to providing direct clinical services, staff are actively involved in clinical consultation, support, outreach and training to community mental health teams at community healthcare, primary healthcare and district hospital levels. We are also actively involved in multi-agency work with staff from the Departments of Education and Social Development as well as with Non-Profit Organizations and Non-Governmental Organizations such as Autism Western Cape, Autism South Africa, Safeline etc.

GOVERNANCE & ADMINISTRATION
Clinical Governance and administrative issues are addressed within the following structures:

- Management Clinician Interface Meetings (MCIM)
  Monthly meetings are held at Red Cross chaired by the CEO and attended by all Heads of Clinical Units

- Quality assurance Meetings (QA)
  Monthly meetings are held at Red Cross chaired by the head of QA

- Operational Meetings
  Weekly meetings chaired by the Head of the Clinical Unit and attended by heads of units and professional leads to manage governance and administration of the Division

- Divisional Meetings
  Monthly meetings chaired by the Head of the Clinical Unit and attended by all DCAP staff

- Professional meetings
  Regular meetings are held by profession and led by the professional lead, eg nurses, doctors, psychologists

- Strategy meetings
  Strategic planning meetings take place quarterly

- EXCO and extended EXCO meetings
  Attended by Prof de Vries and Dr Vogel

- Lecturers’ Meetings
  Attended by staff in joint appointments

- Registrar Training committee meetings
  Attended by Dr Vogel

- Undergraduate Training Committee meetings
  Attended by Prof de Vries and Dr Papani Gasela

- Academic Programme
  Chaired by Prof de Vries

Research Themes at DCAP

Centre for Autism Research in Africa (CARA)
Adolescent Health Research Unit (AHRU)
Tuberous Sclerosis Complex Programme
Infant Mental Health Programme
DCAP Research Development Programme
TEACHING & LEARNING
The Division is actively engaged in a range of teaching and training activities across various levels from local to national and international, to a range of healthcare and other professionals, and the public.

Here we will outline some examples:
Undergraduate
- Medical students (2nd, 4th, 5th, 6th years & SSM)
- Undergraduate OT students
Postgraduate
- Junior registrars (2 plus 2 supernumeraries – Eastern Cape & Malawi)
- Senior Registrars (2)
- African Paediatric Fellowship Programme
- Advanced Nursing students (Stellenbosch)
- Advanced Social Work students

Observatories (to trainees from elsewhere, 1 month)
- 2 trainees from Zimbabwe
- 1 trainee from Zambia

Continuous Professional Development
- Peer Education (Workshops)
- GP Updates
- Level 2 CHCs and district hospitals
- ADOS-2, ADI-R

OUTREACH TO CHILD & ADOLESCENT MENTAL HEALTH TEAMS ELSEWHERE IN SOUTH AFRICA AND AFRICA
EASTERN CAPE: Prof Petrus de Vries and Dr Wendy Vogel have performed outreach activities (talks, case discussions and informal supervision) at clinical services in Port Elizabeth, East London and Mthatha

NIGERIA: Dr Vogel acted as external examiner on the MSc CAMH course led by Prof Olayinka Omigbodun at the University of Ibadan, Nigeria

MALAWI: Dr Wendy Vogel and Dr Rene Nassen (Stellenbosch University) spent a week in Malawi as speakers at the conferences and running workshops.

Elsewhere: Prof de Vries and A/Prof Berg have been invited speakers and lecturers in various countries including Australia, Austria, Belgium, Canada, France, Germany, Israel, Kenya, Namibia, Netherlands, Sweden, Switzerland, UK, USA and others.

RESEARCH
The Division of Child & Adolescent Psychiatry is a highly research-active Unit, with 5 main research programmes:
Adolescent Health Research Unit (Director: Prof PJ de Vries), Centre for Autism Research in Africa (Director: Prof PJ de Vries), Infant Mental Health Research Unit (Director: A/Prof A Berg), Tuberous Sclerosis Research Programme (Prof PJ de Vries), and a Staff Research Development Programme (led by Prof PJ de Vries). All staff are encouraged to participate in research and research development activities. The Adolescent Health Research Unit (AHRU) is a UCT-accredited research unit. A short summary of the AHRU is presented in a separate box.

PUBLICATIONS
In the review period (2004-2014), members of the Division of Child & Adolescent Psychiatry published in excess of 150 peer-reviewed papers in a range of journals, including high-impact journals such as the Lancet, Lancet Neurology, Molecular Psychiatry, American Journal of Public Health and many others. Prof Alan J. Fisher was, until his death, Editor-in-Chief of the Journal of Child & Adolescent Mental Health, the official journal of the South African Association of Child & Adolescent Psychiatry and Allied Professions (SAACAPAP). Prof Petrus de Vries is an Associate Editor of the journal.

SOCIAL RESPONSIVENESS
Although the Division of Child and Adolescent Psychiatry does not have a separate social responsiveness portfolio, individual staff members are actively involved in a range of governmental and non-governmental activities over and above their jobs. Organizations include:

Local and National
- Struengmann Foundation
- Autism Western Cape
- Autism South Africa
- Cape Mental Health
- Western Cape Forum for Intellectual Disability
- Margaret House Children’s Home
- Red Cross School Governing Body
- Advocacy Committee, School for Child & Adolescent Health, Red Cross
- Mother, Infant and Child Health Initiative, Western Cape Government
- Journal of Child & Adolescent Mental Health
- South African Association for Child & Adolescent Psychiatry and Allied Professions

International
- Tuberous Sclerosis Association (UK), Tuberous Sclerosis Deutschland (Germany), STSN (Netherlands)
- Society for the Study of Behavioural Phenotypes
- World Association on Infant Mental Health
- International Association for Child & Adolescent Psychiatry and Allied Professions

CONTRIBUTIONS TO POLICY DEVELOPMENT
Local
- Provincial Care Pathways into Inpatient Units
- Care Pathways for psychiatric disorders e.g. ADHD
- Western Cape Intellectual Disability Policy

National
- Integrated School Health Programme
- College National Curriculum Development
- National TSC guidelines

Global
- WHO Consultation on Autism Spectrum Disorders and other developmental disorders
- TSC International Diagnostic and Surveillance Guidelines
- World Association of Infant Mental Health Board
TRANSFORMATION

We acknowledge that the staff in joint appointments do not reflect the racial demographics of the country. This needs ongoing review and reflection, both within the Division and the Department of Psychiatry.

In order to improve the representativeness of our patient population, we have embarked on an ambitious programme to support and encourage access to mental health services at local Community Health Clinics. It is hoped that in so doing, we will create a greater awareness of the mental health needs of children and adolescents and also encourage further referrals to tertiary settings.

Transformation also involves examining the way in which we work so that we are able to meet the need for mental health services while at the same time practicing evidence-based work. We have to advocate constantly for more resources for child and adolescent mental health services. These are ongoing processes that take place through various meetings.

ADOLESCENT HEALTH RESEARCH UNIT

The United Nations forecast that by 2050, 40% of the world’s children and adolescents will live in Africa. Between 40-80% of mental health disorders and risk behaviours have their onset before a young person’s 18th birthday, and, as child mortality and infectious diseases are reducing, the burden of disease is increasingly focusing on adolescence. With all these key developmental challenges in mind, the Adolescent Health Research Unit (AHRU) was founded by Prof Alan Fisher and received formal University approval in 2003. The AHRU was a highly productive unit until his untimely death in 2010. In 2012 Prof Petrus de Vries and Prof Catherine Mathews took over the leadership of the AHRU, which now focuses on 5 key research themes:

1) Adolescent Sexual and Reproductive Health
2) Mental Health of Adolescents
3) Health systems, including school health systems for Adolescents
4) Child Abuse, Violence and Bullying
5) Intimate Partner Violence in Adolescents

The AHRU was reviewed by the University Research Committee towards the end of 2014. The review panel, led by Prof David Ross (London School of Tropical Diseases and Hygiene) and Prof Ashraf Kagee (Stellenbosch University), recommended renewal of the status of the Adolescent Health Research Unit “unequivocally and unanimously”.

The reviewers wrote: “Very recently, there has been an increased recognition of the importance of adolescent health both within South Africa and among global funding agencies. Research is needed to identify effective interventions for adolescents and to establish how best to deliver them. The Adolescent Health Research Unit in UCT is very well placed to meet this challenge. Although quite small and largely a virtual unit, it has a strong and dynamic leadership team, an excellent national and international research reputation, and excellent national and international networks of collaborators.”

In the 2004-2014 period, members of the AHRU published more than 120 peer-reviewed papers, 12 book chapters, intervention manuals and a range of consultation- and policy documents for governmental and other sectors. Projects have been funded by two EU-FP7 grants, the MRC UK, MRC South Africa, the Center for Disease Control and Prevention (CDC) and other funding bodies.
**SWOT ANALYSIS**

**STRENGTHS**
- We have a well-established multidisciplinary clinical approach, a balanced bio-psycho-social integrative philosophy, and a combination of clinical and research activities and high academic standards through regular weekly clinical multi-disciplinary meetings and an academic programme, including a research development programme.
- The multidisciplinary team members are enthusiastic, committed and highly skilled clinicians who are dedicated to offering a high quality service and improving services for children and adolescents.
- Our research programme is one of the most productive in the country.

**WEAKNESSES**
- There are very few training posts for registrars, senior registrars and other healthcare professionals with an interest in child & adolescent mental health.
- There are very few full-time consultant posts in the Western Cape and nationally in child & adolescent mental health.

**OPPORTUNITIES**
- The chance to work collaboratively with colleagues working in community and district hospital services to develop services and an infrastructure for child and adolescent mental health services at these service levels.
- Active contributions to policy development.
- Development of a clinical research database which will inform our continued evidence base practice.
- Numerous local, national and international research opportunities.

**THREATS**
- Clinical workload pressures on full-time and training staff, the complexity of cases that often come from very deprived socioeconomic and trauma-based backgrounds.
- Child & adolescent psychiatry works through multi-sectoral activity, including schools and communities. There are significant challenges in our educational and social development sector, which therefore compounds the demands on our work.

**GOALS FOR THE NEXT 10 YEARS**
- To continue to provide high quality child and adolescent mental health/psychiatric services (CAMHS) to all children and adolescents who require it.
- To continue to provide outreach and support to staff at district hospitals and CHCs and to advocate for more resources in these facilities and to develop services in these areas.
- To continue to advocate for child and adolescent mental health services at all levels of health care.
- To develop training modules in child and adolescent mental health for all practitioners such as nurses, social workers, psychologists and general practitioners.
- To continue to train child and adolescent psychiatrists, junior registrars and advanced psychiatric nurses both within SA and Southern Africa.
- To establish links with other CAMHS within the Southern African region.
- To expand our research programmes in CAMH locally, nationally and internationally in order to be recognized as an internationally-leading CAMH research organization.
3. DIVISION OF FORENSIC MENTAL HEALTH

BASE

VALKENBERG HOSPITAL
- Observation service
- Maximum secure ward
- Medium secure ward
- Low secure ward

LENTEGEUR HOSPITAL
- Female medium secure ward
- 4 medium secure wards

ALEXANDRA HOSPITAL
- Medium secure ward

STAFF IN THE DIVISION

FULL-TIME STAFF
- A/Prof Sean Kaliski BA (Wits) MBBCh(Wits) MMed (UCT) PhD (UCT) FCPsych (SA)
- Dr H G de Clercq MBChB (UP) FCPsych (SA)
- Dr M Roffey MBChB (UCT) FCPsych (SA)
- Ms T Swart MA (UKZN)

PROVINCIAL STAFF LINKED TO THE DIVISION
- 2 Social Workers
- 2 Occupational therapists
- 2 OT Assistants
- 70 Nursing staff

POSTGRADUATE STUDENTS IN THE DIVISION
M.Med Students
- Dr Candace Jacobson MBChB (UCT), MMed research project
- Dr A Maharaj MBChB (UKZN), MMed research project
- Dr M Bruwer MBChB, MMed research project

PhD Students
- Ms Tania Swart MA (UKZN)

SUMMARY OF ACTIVITIES IN THE DIVISION

CLINICAL
- Assessment of accused referred by the courts in accordance with the Criminal Procedure Act
- Rehabilitation and risk management of state patients

TEACHING & LEARNING
The Service has similar teaching & training responsibilities to other units at the Valkenberg site.

RESEARCH
- Femicide
- Family murder
- Female offenders

Artist's impression of the new Forensic Village at Valkenberg Hospital
SOCIAL RESPONSIVENESS
The Service is driven by the requirement to deal with crime committed by mentally ill persons.

TRANSFORMATION
The Division of Forensic Psychiatry shares the same challenges in terms of transformation as other Divisions in the Department of Psychiatry and Mental Health.

SWOT ANALYSIS:

STRENGTHS
• The service has a stable multidisciplinary team that has worked together for many years

WEAKNESSES
• The number of state patients is constantly increasing and there is a long waiting list for admissions for observations for the courts. This is due mostly to a shortage of resources

OPPORTUNITIES
• In the next year a new Forensic Village will be constructed at Valkenberg Hospital. This will enable the unit to upgrade its services.

THREATS
• The demand on the service may soon outstrip capacity

GOALS FOR THE NEXT 10 YEARS
• To maintain the well-established, multidisciplinary team
• To complete construction of the new Forensic Village at Valkenberg Hospital
• To consider appropriate strategies to improve services in spite of the increasing demand
4. DIVISION OF INTELLECTUAL DISABILITY MENTAL HEALTH

HISTORY OF THE DIVISION

The first recognized mental health programmes for children and adults with intellectual disability in the Western Cape Province were initiated by Professor Vera Grover, a University of Cape Town Psychologist and then Director of the Child Guidance Clinic. During a career spanning the 1950s to 1980s, she was the forerunner in clinical and public service provision, teaching and advocacy for people with intellectual disability. Professor Grover provided scholarly leadership to the services for individuals with intellectual disability, who were largely incarcerated, principally at Alexandra Hospital, but also beyond hospital settings. Another noted UCT academic and clinician, the late Emeritus Professor Frances Ames, Professor of Neurology, dedicated a number of years to service and teaching at Alexandra Hospital in the late 1980s and 1990s. In 2012, the refurbished Alexandra Hospital Outpatient Department was dedicated to Professor Ames.

A bequest from Vera Grover allowed a Professorship in Intellectual Disability to be established at UCT in collaboration with Alexandra Hospital in 1992 (initially referred to as the “Chair of Mental Handicap”, reflecting terminology of the era). Although there were preceding academic activities, the Division as such was formalized in 1995, with the first incumbent in the Vera Grover Chair being Prof Chris Molteno. The present incumbent is Prof Colleen Adnams, who heads the Division.

In 2012 the Division established an MPhil in Intellectual Disability Mental Health, open to postgraduate multidisciplinary health professionals who are working in the field and are registered with the HPCSA.

BASE

The Division’s clinical service platform is based at two regional Psychiatric Hospitals, Alexandra Hospital in Maitland and Lentegeur Psychiatric Hospital in Mitchells Plain. The Groote Schuur UCT Department accommodates the Vera Grover Chair, non-patient related research activities and access to general Departmental administrative support. Alexandra Hospital provides for people with intellectual disability and the Lentegeur Intellectual Disability Service functions within the general Lentegeur Psychiatric Hospital. The establishments have approximately 300 and 250 Intellectual Disability Service (IDS) beds respectively; Alexandra Hospital has 34 acute beds and Lentegeur Hospital IDS has 15 child and adolescent beds. Both provide outpatient services and medium- and long-term care for over 400 patients in a number of wards. Although nearly 500 adults with intellectual disability were de-institutionalized from both hospitals in 2008-2009, many with severe and profound intellectual disability remain in long-term care, a legacy and indictment of the era of institutionalization and custodial care of people with mental illness and intellectual disabilities. No new long-term patients are admitted for residential purposes.
PART II

STAFF IN THE DIVISION

FULL-TIME STAFF IN UCT APPOINTMENTS
- Prof Colleen Adnams, BSc (UKZN PMB), BSc Med(Hons) (UCT), MBChB (UCT), FCPaed (SA), Vera Grover Professor of Intellectual Disability & Head of Clinical Unit

FULL-TIME STAFF IN JOINT UCT/WCG POSITIONS
- Ockert Coetzee, BA, MA (Clin Psych) (Potch), Senior Lecturer in Clinical Psychology
- Siyabulele Mkabile, BA, MA (Clin Psych) (UWC), Senior Lecturer in Clinical Psychology
- Toni Abrahams, BA Psych. Counselling (UNISA), BA (Hons) (Psych)(UWC), MA (Clin Psych) cum Laude (UWC), Senior Lecturer in Clinical Psychology
- Dr Keith Ganasen, MBChB (Stell), FCPsych (SA), Senior Lecturer in Psychiatry
- Dr Andrew Hooper, MBChB (UCT), FCPsych (SA), Senior Lecturer in Psychiatry, Head of Lentegeur Intellectual Disability Service

EMERITUS STAFF
- Prof Chris D Molteno, MBChB (UCT), DCH, RCP Eng, MMed (Paed), MD (UCT), BA(Hons)(Sociology), PhD (UNISA), Emeritus Vera Grover Professor of Intellectual Disability

HONORARY UCT STAFF
- Prof Sandra W Jacobson, Wayne State University, Detroit, USA, Honorary Professor
- Prof Jo L Jacobson, Wayne State University, Detroit, USA, Honorary Professor

WESTERN CAPE GOVERNMENT STAFF LINKED TO THE DIVISION

Lentegeur Hospital IDS
- 42 Professional Nurses
- 31 Enrolled Nursing
- 94 Auxiliary Nurses
- 2 Intern Psychologists
- 2 Social workers
- 1 Occupational Therapist (full-time)
- 3 Occupational Therapists (part-time)
- 1 Physiotherapist (full-time)
- 4 Physiotherapists (part-time)
- 3 Medical Officers
- 1 intern music therapist
- 2 Ward / OPD Administrative clerks

Alexandra Hospital
- 53 Professional Nurses, Wards / OPD
- 88 Enrolled Nursing Auxiliaries
- 26 Enrolled Nurses
- 1 Intern Psychologist
- 1 Community Service Psychologist
- 2 Psychologists (1 Senior Psychologist, full-time; 1 part-time)
- 3 Social workers
- 2 Occupational Therapists
- 2 Physiotherapists
- 3 Medical Officers
- Ward / OPD Administrative clerks

POSTGRADUATE STUDENTS IN THE DIVISION

MMed Students:
- One UCT MMed (Psych) registrar rotates for 6 months to Alexandra Hospital as part of general psychiatry training.
- University of Malawi supernumerary registrars in Psychiatry and Mental health rotate to Alexandra Hospital for 6 months.

MPhil Students
- Dr Andrew Hooper

PhD Students
- Ockert Coetzee, Tania Pormario, Stephanie Sieberhagan

SUMMARY OF ACTIVITIES IN THE DIVISION

VISION
In the context of a changing global and health system environment, the Division’s vision is the optimization of mental health and well-being of persons with intellectual disability (with or without mental ill-health) throughout their lifespan, through excellence in academic training, clinical services, research and advocacy.

CLINICAL
The Division provides services at Alexandra and Lentegeur Hospital sites as well as outreach services. The multi-disciplinary teams at each clinical establishment, consisting of psychiatrists, paediatrician, psychologists, medical officers, occupational therapists, physiotherapists, nurses, social workers and trainees, offer secondary and tertiary specialist child, adolescent and adult mental health services that include assessment, therapeutic and pharmacological management and follow up.

Following a reconfiguration of intellectual disability mental health services, a full range of services across age groups is provided by each establishment team.

There has been a significant change in the clinical profile and complexity of client problems that present to the IDS platform. This has required a shift in focus and additional skilling in order to respond to the health and support needs of patients with challenging behaviour and psychological and psychiatric problems, autistic spectrum disorder, offending behaviour and substance abuse amongst other co-existing conditions.
1. OUT-PATIENT SERVICES
- Children and Adolescents – general and discipline specific
- Adults – general and discipline specific
- Parent Guidance Service, toilet training programme (Lentegeur Hospital)
- Combined platform services, approximately 300-400 patients per month

2. IN-PATIENT SERVICES
- Assessment and multidisciplinary management of 255 in-patient adults per month at Alexandra Hospital, 29 in the acute ward, approximately 220 in short-, medium- and longer term-wards. At Lentegeur Hospital, there are 15 in-patient child and adolescent beds and approximately 230 medium- and longer-term patients.

3. OUTREACH SERVICES
- Direct services are provided to Governmental educational facilities and other community based facilities, including group residential and occupational centres.

4. LIAISON SERVICES
- Staff members provide consultation and support to mental health and other service providers at primary, district, regional and tertiary levels.

SERVICE INNOVATIONS
- Parent / Family Psycho-education and Support Groups:
  - Provided weekly and monthly at Lentegeur and Alexandra Hospitals.
  - Annual Family Days.

Occupational Workshop
- A project run by the Occupational Therapy Department at Alexandra Hospital provides an occupational programme for patients with a view to integration into open labour environments.

Provincial Intersectoral Intellectual Disability Services Reference Panel
- This panel was set up by the Departments of Health and Social Development to address complex individual cases that present a significant challenge to management. The Division Head chairs the panel.

GOVERNANCE & ADMINISTRATION

DIVISION
Members of the Division contribute to executive and strategic planning of the Division under the leadership of the Head of Division.

DEPARTMENT
- Lecturers’ Meetings – Divisional members
- Undergraduate Teaching Committee – Dr Andrew Hooper
- Registrar Training committee – Prof Adnams, co-ordinates MMed research training
- Departmental newsletter – Toni Abrahams
- EXCO and extended EXCO – Prof Adnams

- College of Psychiatrists of SA Diploma in Mental Health convenors – Dr Keith Ganasek, Toni Abrahams

FACULTY
- Faculty Student Development and Support Committee – Dr Andrew Hooper
- Faculty of Health Sciences Physical Planning Committee – Prof Adnams
- Faculty Postgraduate Masters’ Committee – Prof Adnams
- Faculty Board and University Senate – Prof Adnams

CLINICAL GOVERNANCE AND MEETINGS AT HEALTH ESTABLISHMENTS
- Clinical Financial Business Unit Committees – All Division members
- Operational and Professional Meetings – Clinical and multidisciplinary teams
- Quality Assurance and Morbidity and Mortality Committees – Ockert Coetzee, Lentegeur Hospital IDS team
- Alexandra Hospital Department of Psychology – Head: Ockert Coetzee
- Executive Management Committee and Facility Board, Alexandra Hospital – Psychiatrist and Head of Division
- Lentegeur Hospital Research Committee – Siyabulela Mkabile
- Lentegeur Hospital STTA Committee – Toni Abrahams
- Lentegeur IDS, Adolescent Unit, Planning Committees – Siyabulela Mkabile, Toni Abrahams, Andrew Hooper
- Journal Club (Lentegeur Hospital) and Grand Rounds (Alexandra Hospital)

TEACHING & LEARNING
Undergraduate
- Medical students (2nd, 3rd, 4th, 5th, 6th years & Special study modules)
- Undergraduate OT students
- Convene OT Psychiatry Course (Dr Hooper)

Postgraduate
- MMed (Psychiatry), UCT and Stellenbosch University (intellectual disability, research topics)
- UCT MMed (Psychiatry) – supervision in psychotherapy cases
- Advanced Psychiatry Nursing (Stellenbosch University)
- UCT Postgraduate Diploma in Addictions
- UCT Postgraduate Diploma in Psychotherapy
- Intern and Community Service Psychologists – lectures and supervision
- UCT Clinical Masters

Continuous Professional Development
- GP, Paediatrics, Psychiatry Updates
- National Teachers Association
- Western Cape Forum for Intellectual Disability Workshops
- Cape Town Parent Centre
- Department of Education Schools for Learners with Special Needs
- Invited speaker and lecturer internationally and within Africa (Prof Adnams).
RESEARCH
The Division of Intellectual Disability Mental Health has growing research activity, with research in the areas of psychotherapy in families of adults with intellectual disability (ID) and challenging behaviour; clinical assessment of people with ID; prevalence of mental health disorders in people with ID; psychotherapy of people with ID; parenting of children with ID (Parenting from the Inside Out Africa Research site); parental stress and ID; fetal alcohol spectrum disorders – epidemiology, neurocognitive function, brain imaging and educational interventions; residential care for people with ID; health, stigma and human rights for people with ID.

Division members are involved in supervision and co-supervision of numerous postgraduate degrees and theses: MMed, MA Psych, MPH, MSc (Neurodev.), PhD.

Research collaborations include
USA – University of New Mexico, UCLA, San Diego State University, Wayne State University, University of South Carolina, CIFASD (NIAAA); UK / Ireland – Ulster University; Stellenbosch University; UCT Depts of Psychology, Human Biology, Schools of Public Health and Family Medicine, Health and Rehab. Disability Studies, Child and Adolescent Health; NPO’s – MENCAP (UK), Western Cape Forum for Intellectual Disability.

PUBLICATIONS
Approximately 75 peer reviewed in journals, book chapters in the review period.

SOCIAL RESPONSIVENESS
The Division has a history of social responsiveness and human rights advocacy that includes playing a key role in a successful national High Court judgment in 2008 for the rights of children with severe and profound intellectual disability to receive education from the Government. Professor Grover was a founder member of the Western Cape Forum for Intellectual Disability, an NPO established for parents and families, now representing over 150 NPO organizations in the sector, and that retains a close association with the Division. Individual members are actively involved in a range of initiatives and service portfolios, including executive management, that promote knowledge, training, service and advocacy for those with intellectual disability. Some are:

Local
• Vera Grover Scholarship and Sponsorship Trust Fund
• Western Cape Forum for Intellectual Disability
• Autism Western Cape
• Cape Mental Health
• Cape Town Child Welfare Association
• Annual One-to-One Day for people with intellectual disabilities
• Nelson Mandela Day activities, Tree planting project for patients with intellectual disability, Lentegeur Hospital

National
• Paediatric and Neurodevelopmental Association of Southern Africa
• South African Association for Scientific Study of Intellectual Disability

International
• International Association for Scientific Study of Intellectual and Developmental Disabilities
• Research Society on Alcoholism

CONTRIBUTIONS TO POLICY DEVELOPMENT
Local
• Western Cape Intellectual Disability Policy

National
• National Department of Education curriculum for learners with severe intellectual disability

International
• WHO-11 ICD Working Group on Classification of Intellectual Disability
TRANSFORMATION

Our demographics and gender distribution of 6 members is represented by: M=4, F=2; Black=1, Coloured=1, Indian =1, White=3. The demographic profile needs ongoing attention. Other transformation issues reflect that of the Department, Faculty and University.

GOALS FOR THE NEXT 10 YEARS

- increase number of joint staff, attract funding for posts, including senior registrar in ID Mental Health
- increase number of MPhil and PhD students
- increase research capacity and output
- expand on academic and research collaborations
- motivate for accreditation of Intellectual Disability Mental Health as a clinical sub-specialty with HPCSA (collaborative with other universities)
- expand on evidence-based clinical services, including outpatient, psychotherapeutic inpatient and child and adolescent services
- work with other sectors to support social, educational, vocational, living and mental health needs of children and adults with intellectual disability in a holistic way
- continue collaboration with WCG in policy development

SWOT ANALYSIS

STRENGTHS

- human rights and advocacy ethos
- multidisciplinary clinical approach and discipline specific expertise
- committed, innovative staff
- growing academic and research capacity
- collaborative academic support and advocacy for management of complex clinical cases
- collaboration across the platform for services and policy development

WEAKNESSES

- small critical mass
- lack of UCT administrative support to the Division as a whole, but especially at Lentegeur and Alexandra Hospitals
- Division is effectively spread across 3 separately governed establishments, restricting effective collaboration and regular meetings between the clinical teams
- no senior registrar training post

OPPORTUNITIES

- Division is well placed for contribution to service, research and policy development
- to be a very strong advocate for the rights and needs of people with intellectual disability in South Africa

THREATS

- lack of career opportunities for non-joint WCG staff – limits multidisciplinary academic and research potential
- clinical workload pressures on joint staff
5. DIVISION OF GENERAL ADULT PSYCHIATRY

HISTORY OF THE DIVISION

The Division is spread over 2 hospital sites, each having started at different times and for different reasons with different characteristics. Further information about Lentegeur Hospital and Valkenberg is presented in the section on ‘Our Hospitals’.

BASE

- Lentegeur Hospital, Mitchells Plain
- Valkenberg Hospital, Observatory.

STAFF IN THE DIVISION

FULL-TIME STAFF

(at Lentegeur Hospital)
- Dr Robin Allen
- Dr Nyameka Dyakalashe (District Psychiatrist)
- Dr John Parker
- Dr Peter Smith
- Dr Faadiel Williams

(at Valkenberg Hospital)
- Dr Qhama Cossie
- Dr Neil Horn
- Dr Pete Milligan
- Dr Aneshree Moodley
- Dr Henk Temmingh
- Dr Tania Timmermans
- Dr Peter Williams-Ashman (District Psychiatrist)

Psychologists:
- Mr Alan Fourie
- Ms Hayley Julius
- Dr Sharon Kleintjes
- Mr Stephen Lay
- Dr Helena Thornton

PART-TIME STAFF

(at Lentegeur Hospital)
- Dr Imthiaz Hoosen

(at Valkenberg Hospital)
- Drs Sean Baumann
- Dr Leanne Parasram

POSTGRADUATE STUDENTS IN THE DIVISION

MMed (Psych) Students

Valkenberg is the base for postgraduate specialist training in Psychiatry. The training scheme includes 28 doctors who have all completed appropriate medical training and community service.

JUNIOR DOCTORS AT THE 2014/2015 TRANSITION INCLUDED

- Dr Bruwer
- Dr Charles
- Dr Dawood
- Dr Du Toit
- Dr Grobler
- Dr Hector
- Dr Jacobson
- Dr Koller
- Dr Lagerstrom
- Dr Maharaj
- Dr Moloto
- Dr Planting
- Dr Reid
- Dr Setjie
- Dr Vermaak
- Dr Vlok-Barnard

MPhil Students
- Dr Qhama Cossie

PhD Students
- Dr Henk Temmingh
- Dr Goodman Sibeko

SUMMARY OF ACTIVITIES IN THE DIVISION

CLINICAL
All aspects of General adult psychiatry – inpatient and outpatients

GOVERNANCE & ADMINISTRATION
All aspects of corporate governance including budgets and Human Resource management

TEACHING & LEARNING
We provide teaching and training to a range of healthcare professionals, across two universities – the University of Cape Town and Stellenbosch University. We provide training to medical students, junior registrars, senior registrars, advanced nursing students and a range of allied professions, including occupational therapists.
LENTEGEUR SPRING PROJECT

THE AIM OF THE SPRING PROJECT IS TO RE-DISIGN WHAT A PSYCHIATRIC HOSPITAL LOOKS LIKE, FEELS LIKE, IS AND DOES, USING ECOLOGICAL PRINCIPLES TO BRING ALIVE THE METAPHOR INHERENT IN THE NAME LENTEGEUR, WHICH, TRANSLATED, MEANS “THE ESSENCE OF SPRING”.

The Spring Project has been set up to support projects, which include the development of vocational training projects such as food gardening, the redesign of the physical landscape into a place of beauty, the promotion of the philosophy of Recovery, the development of cultural initiatives and the minimization of the hospital's environmental impact. Through these various initiatives, the Spring Project is promoting the development of a mental health centre of the future that is at the heart of its community and which plays a leading role in the healing of a community that is plagued by a plethora of social ills. It is hoped that a model will be established that will be a blueprint for the transformation of the large psychiatric institutions, which still are a mainstay of mental health services in many developing nations.

The Spring Project is a Flagship of the Western Cape Premier’s 110% Green campaign and it was selected as part of the Cape Town World Design Capital 2014 Program. It has been featured in numerous news articles and programs including features on News24, in the Sunday Times, in City Press, the Green Times, The Plainsman, The People’s Post, Cape Talk, The Voice of the Cape, Heart 104.9 and SAFM Radio, and Special Assignment on SABC television. These have significantly enhanced the public image of the hospital.

Thus far the Project has supported the planting of over 300 trees at the hospital, the establishment of food gardens and the development of a permaculture training program that has produced measureable positive outcomes in a number of severely impaired patients, established a landscape design masterplan as well as blueprints for reduction of its carbon and water footprints, and hosted a Festival at the hospital to highlight its work. It has attracted in excess of R400 000 of investment for the hospital in the form of funding, goods and services.

300+ TREES PLANTED  R400,000+ INVESTMENT ATTRACTED
RESEARCH

Since 2009 we have conducted 4 related research projects at Valkenberg. These studies investigated clinical epidemiological, interventional and neurobiological aspects of schizophrenia and related psychotic disorders with a focus on alcohol and drug use disorder comorbidity. Currently recruitment has ceased and data analysis, write-up and publication are continuing. Study collaborators and principal investigators include Dr Fleur Howells, Dr Pete Milligan, Dr Henk Temmingh, Dr Don Wilson, Anne Uhlmann and Prof Dan Stein. The Psychosis Research Project at Valkenberg also led to collaboration with Prof. Dan Stein and Prof. Marie Claire King, resulting in a NIH R01 grant to investigate the Genomics of Schizophrenia in the South African Xhosa population. Additional research projects include studies on Bipolar Neuroimaging, Bipolar Internet Survey, and Health Services Research. Staff at Valkenberg and Lentegeur also supervise a range of MMed research projects.

SOCIAL RESPONSIVENESS

Staff in the Division of General Adult Psychiatry provide support and outreach to a range of mental health and other non-profit organizations. Perhaps the most innovative social responsiveness project from our Division is the Lentegeur Spring Project.

TRANSFORMATION

Neither trainees nor permanent staff in our Division reflect an appropriate demographic of our City, Province or Country. Members in the Division are very actively involved in Departmental transformation activities. For instance, Dr John Parker is one of the Transformation Officers in the Department. Dr Robin Allen has taken a lead in revisiting Departmental governance procedures in order to ensure that our governance procedures and structures map onto our Departmental vision of an integrative and transformative purpose.

GOALS FOR THE NEXT 10 YEARS

• Valkenberg Hospital has been undergoing a very dynamic process of refurbishment of old buildings, and introduction of new buildings. Appropriate transition between different buildings on site will be a key goal for the next few years.

• Lentegeur Hospital has a range of very creative plans around the Lentegeur Spring Project, and significant attention will be paid to this in the coming years.

• Transformation will also remain a high priority for members of this division.

SWOT ANALYSIS

The two hospitals in the Division are very different with different circumstances and different foci. We therefore did not feel able to generate a joint SWOT analysis.
HISTORY OF THE DIVISION

The division has grown at Groote Schuur Hospital (GSH) since 2008 as a response to the needs of persons living with medical conditions and mental illness. In response to the increased awareness at GSH, and the growing recognition of the burden of mental disorders in patients with chronic medical conditions with depressive, anxiety, substance abuse and neurocognitive disorders, we have expanded the Liaison service to develop a program of clinical service, teaching and research relevant to the field of Liaison Psychiatry and mental health. This division is based at GSH, where the Liaison team assesses and manages patients with psychiatric and physical comorbidity and complicated functional somatic symptoms. The service has been revolutionized by the development of special outpatient liaison psychiatry services located within the general hospital. The service is multi-disciplinary and located alongside the medical departments to which patients are referred originally. The outpatient clinics have integrated mental health services with the mainstream of medical care. The adolescent psychiatry clinic, the combined psychiatry oncology clinic, the chronic pain clinic, the general liaison psychiatry follow up clinic, women's mental health service and the eating disorders clinic are all new services which have improved the delivery of holistic care to these patient populations. Ward G22 has been restructured to manage complex patients with medical and co-morbid psychiatric conditions. The innovative service that we now provide has been recognized at the GSH Annual Performance Plan by the Departments of Oncology, Pediatrics and Obstetrics & Gynaecology.

We have secured funding from external agencies including MRC, the NRF and the NIMH. Our teaching and research program has led to several large grant awards, and several smaller projects. In the area of adolescent neuroAIDS our division has made a significant contribution to understanding the impact of HIV on adolescents mental health and behavior, with growing international recognition.

BASE

The Division of Liaison Psychiatry is based at Groote Schuur Hospital, Observatory. Our staff is housed in the wider Department of Psychiatry and Mental Health, at J-block, Groote Schuur Hospital. Our outpatient and inpatient service is located alongside the medical departments to which patients are referred originally.

Our services span 10 tertiary in-patient beds at Ward G22, and a busy liaison service at Groote Schuur Hospital, and several outpatient clinics. The outpatient clinics have integrated mental health services with the mainstream of medical care. The adolescent psychiatry clinic, the combined psychiatry oncology clinic, the chronic pain clinic, the general liaison psychiatry follow up clinic, women's mental health service and the eating disorders clinics are located within the general hospital

STAFF IN THE DIVISION

FULL-TIME STAFF

- Dr Jackie Hoare [head of division, neuropsychiatrist] MBChB, DMH, MRCPsych, FCPsych, MPhil (Neuropsychiatry)
- Louise Frenkel [Senior Clinical Psychologist] Masters in Clinical Psychology

In addition, the Division employs several contract and research staff.

PART-TIME STAFF (INCLUDING THOSE ON UCT CONDITIONS)

- Dr Kerry Louw [Consultant Liaison Psychiatrist]
- Mrs Nicole Phillips [CTAAC Project Manager]
- Bulelwa Mtukushe [PreP project manager]
- Ms Charity Odura [CTAAC neuropsychologist]
- Two research assistants

POSTGRADUATE STUDENTS IN THE DIVISION

Masters’ students:

- John Torline – MMed (psychiatry) research project in the division
- Nada Lagerstroom – MMed (psychiatry) research project in the division
- Kerry Louw – MPhil (Liaison psychiatry)
- Eileen Thomas – MPhil (Liaison psychiatry)

PhD students:

- Jackie Hoare
- Nicole Phillips
- JP Fouche
PART II

SUMMARY OF ACTIVITIES IN THE DIVISION

CLINICAL

1. WARD G22 (10 BEDS)
Ward G22 historically functioned as a therapeutic unit where patients were assessed for admission based on their suitability to engage in a therapeutic programme. G22 has now evolved into a liaison inpatient unit which, while still offering a therapeutic programme, now provides a service to all patients with co-morbid medical and psychiatric conditions. The unit now offers three admission programmes:

- Inpatient diagnostic assessment for complex patients, of variable duration.
- 8 week therapeutic programme comprising individual case management, group therapy, life skills, family therapy and consultations from other medical specialties and allied health professionals.
- 12 week eating disorder programme including specialist dietician input and access to the same therapies available in the 8 week programme.

2. INPATIENT LIAISON REFERRAL SERVICE
The liaison team sees patients referred from all wards in Groote Schuur Hospital. Most patients will be seen within 24 hours of referral.

As part of the inpatient liaison service patients referred from Valkenberg Hospital for a medical evaluation and/or admission will now be followed up by the liaison team while at Groote Schuur Hospital.

Consultation Liaison service receives 80-100 referrals per month.

Common problems referred to liaison psychiatry:
- Psychological reactions to physical illness
- Sterilization, termination and capacity assessments
- Deliberate self-harm
- Organic mental disorders, ie: delirium and dementia
- Alcohol and substance misuse
- Mental illness related to childbirth
- Behavioural disturbance
- Medically unexplained symptoms

3. LIAISON OUTPATIENT SERVICE
There are several liaison outpatient clinics being run at Groote Schuur Hospital throughout the week. These include clinics for eating disorder, women’s mental health, oncology, women’s HIV, transplant, pain, gender identity and adolescents with chronic physical illness.

4. OUTREACH SERVICES
The liaison team currently offers support to Mowbray Maternity Hospital, Victoria, Somerset and St Luke’s Hospice. Complex patients are reviewed at the referring hospital, the appropriate liaison clinic or offered an inpatient diagnostic assessment.

GOVERNANCE & ADMINISTRATION
Weekly Liaison team meeting led by Dr Hoare and Dr Louw cover both clinical and administrative issues that arise during the week

Weekly Support Group in G22 for the multidisciplinary team led by Ereschia Benjamin

Fortnightly research meeting for the research staff led by Dr Hoare

TEACHING & LEARNING

Undergraduate
- 6th yr Medical student weekly liaison seminars. Jackie Hoare and Kerry Louw

Post graduate
- Part 1 psychiatry neuroscience weekly teaching, anatomy (Chris Wharton) psychopharmacology (Kerry Louw) neurophysiology (Jackie Hoare)
- Part 2 psychiatry: liaison seminars 4 per year (Jackie Hoare and Kerry Louw)
- Pre exam group: mock exam papers and OSCE preparation weekly (Kerry Louw)

RESEARCH
The Division has three significant research projects in progress around the themes of the impact of HIV and HIV interventions on adolescents and children

2. Cape Town Adolescent Antiretroviral Cohort (CTAAC). SIR MRC Grant (2014-2016), NIH-funded
3. A Diffusion Tensor Imaging and Neurocognitive Study of ART-naive and ART-treated Children in Cape Town, SIG MRC funded
**SOCIAL RESPONSIVENESS**

Modern medicine is leading to increasing specialization; an emphasis on technology and focus on shortened inpatient stays, meaning acute hospital staff often find it difficult to explore and address their patients’ psychological problems. Consultation Liaison services at Groote Schuur Hospital is helping to end the artificial divide between mental and physical health. The incorporation of liaison psychiatry into Groote Schuur clinics has done much to reduce the stigma and increase awareness of psychiatric illness. It also enabled our team to make a more effective contribution to care in general hospitals and to medical education. However this increased awareness has lead to a continuous rise in referrals in a small team. Psychological factors are major determinants of the presentation and consequences of physical illness and medically unexplained symptoms that make up a large part of clinical practice at Groote Schuur. There is a high prevalence of diagnosable psychiatric disorder in in-patient and outpatient populations, which is accompanied by considerable disability and increased use of resources.

- Providing support to New Somerset Hospital, Victoria Hospital, Mowbray Maternity and St Luke’s Hospice
- Providing support for Adolescents awaiting transplant when transitioning from Red Cross to GSH
- Liaison partnership with Kidzpositive
- We currently assist in the care of a population more than 300 adolescents and early teens born between 1997 and 2004. Because their parents did not have access to ART during these years, the majority of these young people are now orphans. Their needs are legion.
- Providing support for transgender patients
- Providing outreach to Nazareth House, to manage behavioural problems in HIV infected children and adolescents.

**TRANSFORMATION**

The transformed division takes diversity of all types into account. It confronts inequality and seeks redress of former wrongs and imbalances. It would not be possible to achieve what the entire society must achieve throughout its levels- basic education, poverty alleviation and employment. Nonetheless we strive to be a Division that can provide services, teaching and research to all. To this end, we recruit staff in a transparent and ordered fashion. We respect the transformation agenda of the Province and the University.

Our staff composition includes:

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There is an imbalance at the academic level. We must address this.

**GOALS FOR THE NEXT 10 YEARS**

- To consolidate our services to include inpatient services to adolescents with medical conditions, and to develop the outpatient integrated care with medical services.
- To grow our teaching program in terms of linking PhD and masters students into our services and research.
- To strengthen collaborations within and without the University to grow cross-disciplinarity.

**SWOT ANALYSIS**

**STRENGTHS**

- The Division has a strong sense of unity, cohesion and camaraderie within its staff. There is good communication and understanding between members, and staff consistently report enjoying working within the Division.
- Members of the division feel supported and well managed. Staff members are invested in the work of the Division, and collaborate well together.
- The weekly division meeting on a Thursday is well attended and has a festive atmosphere.

**WEAKNESSES**

- As a small Division, we do not enjoy access to the resources established University divisions have, for example administrative support.
- Our staffing has not increased to meet the increased demand due to increased awareness of the psychological needs of medically ill patient

**OPPORTUNITIES**

- We are well positioned to attract funding.
- Staff members are supported to pursue their special interests within the liaison subspecialty.

**THREATS**

- Increasing burden of disease and awareness of psychiatric co-morbidity has led to an ever-increasing demand on the service.
7. DIVISION OF NEUROPSYCHIATRY

HISTORY OF THE DIVISION

The Provincial Government of the Western Cape initially funded GSH-HIV Neuropsychiatry in 2006 as a response to the needs of persons living with HIV (PLWH) with severe mental illness. In response to this stimulus, and the growing recognition of the burden of mental disorders in PLWH with depressive, anxiety, substance abuse and neurocognitive disorders, we have built on this platform to develop a program of clinical service, teaching and research relevant to the field of HIV and mental health. As the Division has grown, we have been able to extend our service, teaching and research platform to include old age psychiatry and related degenerative disorders, traumatic brain injury, epilepsy, brain tumours, neuro-inflammatory diseases (such as lupus), metabolic disorders, and vascular brain conditions.

We have secured funding from external agencies including USAID/PEPFAR, MRC, the NRF and the NIMH. Our clinical platform extends to numerous hospitals and clinics in greater Cape Town. Our teaching and research program has led to several large grant awards, and several smaller projects. In the areas of HIV-associated neurocognitive disorders, HIV and mental illness, HIV and adherence, and HIV and brief interventions, our work is pioneering in the region, with growing international recognition.

BASE

The Division of Neuropsychiatry is based at Groote Schuur Hospital, Observatory. Our staff are housed in the footprint of the wider Department of Psychiatry and Mental Health, at J-block, Groote Schuur Hospital. The J-block has been the home to psychiatry for approximately 20 years. Some of our staff have offices in a condemned prefab building in the J-block, but any home is better than none at all!

Our services span 5 tertiary inpatient beds at Ward G22, HIV and neuropsychiatry liaison at Groote Schuur Hospital, and several outpatient clinics. These are based mainly at J-block outpatients department, but we also support the Infectious Diseases service every Tuesday at general outpatients, as well as provide an outreach support services to Mitchells Plain Hospital (weekly) and Valkenberg Hospital (monthly).
Our Divisions

Staff in the Division

Full-time Staff
Groote Schuur Hospital
- Prof John Joska, MBChB (UCT), FC(Psych)(SA), MMed (Psych)(UCT), PhD (UCT), Head of Division, Consultant Neuropsychiatrist
- Dr Adele Marais, BA Psychol (Stell), BA Hons Psychol cum laude (Stell), MA Clin Psych cum laude (Stell), PhD (UCT), Senior Lecturer in Clinical Psychology

New Somerset Hospital
- Dr Surita van Heerden, Old Age Psychiatrist

In addition, the Division employs several contract and research staff.

Part-time Staff (Including Those on UCT Conditions)
- Ms Kareema Poggenpoel [Unit Secretary]
- Dr Carla Freeman [Lithium project manager]
- Dr Hetta Gouse [Masivukeni project manager]
- Ms Corne Robertson [Trauma study project manager]
- Ms Martine Casson-Crook [Lithium Study Neuropsychologist]
- Several research assistants, counsellors, nurses and technicians.

Honorary Staff
- Professor Leickness Simayi (HSRC)
- Dr Lucie Cluver (Oxford University)

Postgraduate Students in the Division
Masters Students
- Mwanja Chundu – MMed (psychiatry) research project in the division
- Lihle Mgweba – MMed (psychiatry) research project in the division
- Carla Freeman – MPhil (neuropsychiatry)
- Lina Groenewald – MPhil (neuropsychiatry)
- Rasmita Ori – MPhil (neuropsychiatry)

PhD Students
- Warren Burnhams
- Sindi Ncitalo
- Eric Decloedt

Summary of Activities in the Division

Clinical
1. Inpatients
   - 5 bedded unit for WOMEN or 4 women and 1 male in a side ward
   - Individuals with more severe behavioural disturbance may be accommodated in C23
   - HIV and Neuro Consultation liaison: performed by general neuropsychiatry registrar and the Senior Registrar + psychologist + consultant as needed. We make approximately 4-8 contacts per week.

2. Outpatients
   - A follow-up and referral OPD Friday am J2 (HIV, ward F/U, neurology)
   - HIV Psychology service (Friday am at J2 – includes a monthly HIV Women’s support group)
   - Referral clinic/neurogenetics Thursday (Dr Ian Lewis)
   - Mitchells Plain DH: HIV Psychiatry (Monday am) (Senior Registrar). This service was consolidated in the last 6 months and is running well.
   - GSH Infectious Diseases (Tuesday am- senior registrar)
   - Valkenberg Hospital Females (monthly Thursday pm) (Prof John Joska)
   - Old Age service: Memory clinic Wed am (assessment of dementia) + Old age psychiatry VH Wed pm
   - HIV Adolescent psychology service (Wed afternoons) – includes monthly adolescent support group

Geriatric Proposal
There has been a gradual increase in demand for old age psychiatry inpatient services, and the Division has proposed to partner with the Division of Geriatric Medicine to create more capacity at GSH.

Governance & Administration
Clinical Governance and administrative issues are addressed within the following structures (note that DoN operates within the Groote Schuur Hospital Unit of Psychiatry)

Monthly GSH CCC meetings
Monthly meetings chaired by the CEO and attended by all Heads of Departments and some Heads of Clinical Units (HCU). Issues pertaining to general operational matters are tabled here.

Financial Business Unit (FBU) meetings
Monthly meetings are held at GSH chaired by the HCU, and including all divisions based at GSH. Meeting is attended by clinical managers and head nurses. Issues pertaining to operational management of the psychiatry service at GSH are tabled here.
Clinical Fellows Meetings
Monthly meetings for supervision and training of the clinical fellows.

EXCO and extended EXCO meetings
Chaired by the Head of Department, Prof Stein, and attended by Prof Joska.

Lecturers’ Meetings
Attended by Prof Joska and staff in joint appointments

TEACHING & LEARNING

GENERAL DIVISION PROGRAMME
Weekly divisional seminars are shared with Division of geriatric medicine and include journal reviews, case presentations, and topic reviews.

A Combined clinical meeting memory clinic Wednesday am to discuss new cases with Neuropsychiatrist, Neuropsychologist, Geriatric physicians present.

UNDERGRADUATE
Semester 3: A Whole class lecture on HIV and mental health is given in September by Prof John Joska
Semester 3 (MBChB) & 2nd year OT students: A whole class lecture on IPV and HIV is given by Dr Adele Marais
Year 4: “Essentials of Dementia” is given by Dr Ian Lewis, and “Essentials of Psycho-somatic medicine” by the senior registrar.

Occupational Therapists receive a lecture on old age psychiatry from the senior registrar.

6th year medical students are taught on the ward by rotation

POST-GRADUATE
MMed didactic teaching is provided by several members of the Division (and Division of Liaison Psychiatry): Prof John Joska, Dr Jackie Hoare, Dr Kerry Louw and Dr Carla Freeman. This includes FC Psych exam preparation. (clinicalmondays; pre-part 2).

The clinical psychology interns are offered a two-hour workshop on HIV and Mental Health, and a seminar on the intersection between HIV and IPV (Dr Adele Marais)

Family Medicine interns receive a seminar on IPV and HIV (Dr Adele Marais)

Dissertation towards MMed and MPhil degrees are being supervised in the Division: we currently supervise 5 Masters students.

The Division is also currently supervising 3 PhD students.

CLINICAL TEACHING
Dr Adele Marais offers a monthly clinical supervision group with the HIV counsellors from Infectious Diseases clinic at GSH. She also co-facilitates a staff support group for the M2M counsellors and nurses in the Maternity Unit at GSH.

RESEARCH
The Division has an active research programme. It incorporates the UCT HIV Mental Health Research Unit, which was accredited in 2013. As such, we have attracted funding from several international agencies, including the following areas:

ADULT NEUROCOGNITIVE DISORDERS
• A recently completed NIMH RO1 (PI: Rob Paul), investigating the effects of HIV tat in sub-type C on cognition and imaging
• An ongoing EDCTP Lithium in HAND Clinical Trial (n=66)

ADHERENCE
• Masivukeni multimedia RO1 (PI: Bob Remien), currently in year 4.

CHILD NEUROCOGNITION
• An adolescent grant, being led in the Unit by Dr Jackie Hoare: CTAAC RO1 (PI: Heather Zar) funded= cohort study x 3yrs

EPIDEMIOLOGY AND SERVICE
• Meth and HIV sero-prevalence (Dr Hetta Gouse and Duke University)
• Coping and Support: Kathy Sikkema/Duke: R34 funded
• CBT-AD: Steve Safren.

HIV AND DEPRESSION / TRAUMA
• GSH pilot study: Dr Adele Marais (funded by UCT RD grant)

WE ACTIVELY COLLABORATE WITH:
• Prof Crick Lund and the Division of Public Mental Health
• Prof Bronwyn Myers and Dr Katherine Sorsdahl: a recently funded Wellcome Trust study exploring integration of screening and brief interventions in HIV and diabetes.
• Prof Leslie London: Suicide and organo-phosphates
• Dr Jonathan Ipser: HIV and Alcohol
SOCIAL RESPONSIVENESS

The rubric of social responsiveness refers to the notion of addressing injustice and inequality in society; the opportunities we as clinicians and academics have to give of ourselves and our time to improve the lives of all in our society.

As such, the Division has a vision of improving the lives of the most disempowered among those in society - none could be at greater disadvantage than the poor, HIV-infected, and mentally ill individuals we treat. These people are stigmatized in many ways, and struggle to access medical and social services.

As part of our work in the last 7 years, we have strived to create programs and projects that address these needs. Examples include:

• Developing a consortium agreement with Infectious Diseases and Paediatric Medicine at GSH, together with PEPFAR and ANOVA health institute, to establish new services at district and regional hospitals for PLWH.
• Developing and consolidating interventional research projects for PLWH at primary health clinics in Cape Town among the poorest of communities. Sites include Town 2 clinic, Khayalitsha and Mzamomhle Clinic, Crossroads.
• Developing a relationship with the Tafelsig Matrix clinic and support and consolidate service and research there.
• Creating a web-based training platform in partnership with GETSMARTER to improve adherence for patients with HIV and counselors (www.adherence.co.za)
• Developing a series of 3 booklets to “spread the gospel” of HIV mental health care to providers of all types: title include “HIV and Mental Health”, “Psychotropic Prescribing in HIV” and “Life Steps for Adherence in HIV”.
• The Head of Division is Chair of the Departmental Research Committee. He is also a member of the Faculty Research Committee and the Human Ethics Committee.
• Prof Joska was a College of Psychiatrists Counsellor from 2008-2014, and played a key role in the development of the OSCE examination in neuropsychiatry for the FC Psych (SA) exams.

TRANSFORMATION

The transformed division takes diversity of all types into account. It confronts inequality and seeks redress of former wrongs and imbalances. It would not be possible to achieve what the entire society must achieve throughout its levels - basic education, poverty alleviation and employment. Nonetheless we strive to be a Division that can provide services, teaching and research to all. To this end, we recruit staff in a transparent and ordered fashion. We respect the transformation agenda of the Province and the University.

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There is an imbalance at the academic level. We must address this.

GOALS FOR THE NEXT 10 YEARS

• To consolidate our services to include inpatient services to men with neuropsychiatric disorders, and to develop the platform for older persons.
• To grow our teaching program in terms of linking PhD and Masters students into our services and research.
• To strengthen collaborations within and without the University to grow cross-disciplinarity.

SWOT ANALYSIS

STRENGTHS

• The Division has a strong sense of unity and coherence around its staff (both clinical and research)
• There is good communication and understanding between members, and staff consistently report feeling well supported and managed
• Staff members are invested in the work of the Division, and collaborate well together
• An effort is made to have a monthly tea-gathering to touch base with everyone in the Division

WEAKNESSES

• As a fledgling Division, we do not enjoy access to the resources established University Divisions have

OPPORTUNITIES

• We are well positioned to attract funding
• Staff members are supported to pursue opportunities that are in line with their individual academic interests and professional development goals

THREATS

• There is sub-threshold threat from “acute services” which demands resources and commands attention
• There are times when so-called sub-specialist services or Divisions come under attack for being “ivory tower” work stations
8. DIVISION OF PSYCHOPHARMACOLOGY AND BIOLOGICAL PSYCHIATRY

HISTORY OF THE DIVISION

Psychopharmacology has long been a key interest of the Department of Psychiatry and Mental Health, given that joint appointment staff use psychiatric medications as a key intervention in our psychiatric health care services, and given that pharmacotherapy is a key curriculum area at both undergraduate and postgraduate level. In recent years, the Department has also seen substantial growth in 3 related areas of research: 1) neuroimaging, 2) neurogenetics, and 3) neuroscience. The Department has been home to a UCT signature theme, the “Brain-Behaviour Initiative”, a multi-disciplinary cross-Faculty research initiative which has in turn provided an important pillar for UCT’s planned “Neuroscience Institute”.

The Division and the Brain-Behaviour Initiative (BBI) have been led by Prof Dan Stein, but multiple members of the Department and of the University have contributed to a broad array of clinical services, teaching, and research in psychopharmacology and biological psychiatry. Dr Fleur Howells and Prof Jack van Honk were the first lecturers appointed in the Division, Dr Nastassja Koen is the current Project Manager of the BBI, and Dr Mike West is a joint staff member who is responsible for a new Psychopharmacology Clinic at Groote Schuur Hospital, focusing on treatment-resistant depression and anxiety disorders.

BASE

With the shift from a Brain-Behaviour Initiative into a Neuroscience Institute, the Division is in the process of formally establishing a Brain-Behaviour Research Unit. The Unit comprises three already existing Groups: 1) A psychiatric neuroimaging and neuropsychology group led by Jonathan Ipser and Samantha Brooks, 2) A neurogenetics group led by Nastassja Koen and Shareefa Dalvie, and 3) Neuroscience groups led by Fleur Howells and Jack van Honk. The Groups are already based in Groote Schuur’s J Block, and with the development of that Block into the home of the Neuroscience Institute, they will be well placed to engage in ongoing multi-disciplinary basic and clinical neuroscience collaborations.

STAFF IN THE DIVISION

FULL-TIME STAFF
- Dr Samantha Brooks
- Dr Fleur Howells
- Dr Jonathan Ipser
- Prof Dan Stein
- Prof Jack van Honk

PART-TIME STAFF
- Dr Coenie Hattingh
- Dr Nastassja Koen
- Nandi Siegfried

FELLOWS, HONORARY STAFF, AND STAFF IN OTHER DIVISIONS AND DEPTS LINKED TO THE DIVISION
- Prof Christer Alligulander, Honorary Professor, Sweden
- Dr Adam Baldinger (Fellow)
- Prof David Baldwin, Honorary Professor, UK
- Dr Megan Campbell (Fellow)
- Prof David Castle, Honorary Professor, Australia
- Dr Shareefa Dalvie (Fellow)
- Dr Bea de Gelder, Honorary Professor, The Netherlands
- Dr Nynke Groenewald (Fellow)
- Prof Sandra Jacobson, Honorary Professor, USA
- Prof Joseph Jacobson, Honorary Professor, USA
- Dr Sumaya Mall (Fellow)
- Dr Eileen Thomas (Fellow)
- Dr Pieter Naude (Fellow)
- Prof Mary Robertson, Honorary Professor, UK
- Dr Anne Uhlmann (Fellow)

PROVINCIAL STAFF LINKED TO THE DIVISION
- Dr Michael West, Consultant Psychiatrist in Psychopharmacology, GSH

POSTGRADUATE STUDENTS IN THE DIVISION

MMed Students:
- Dr Anthony Koller, (MMed research project in the division)
- Dr Michelle Barnard, (MMed research project in the division)

MMedSci (Neurosci):
- Katie Atmore
- Antoinette Burger

PhD Students:
- Taryn Amos
- Nico Badenhorst
- Adam Baldinger
- Kirsty Donald
- Jean-Pierre Fouche
- Sarah Heany
- Roxanne Henry
- Jacqueline Hoare
- Jennifer Hsieh
- Nastassja Koen
- Sheri Koopowitz
- Edith Kwobah
- Emmanuel Mwesiga
- Goodman Sibeko
- Henk Temmingh
- Daniella Vuletic
SUMMARY OF ACTIVITIES IN THE DIVISION

CLINICAL
Prof Dan Stein consults on treatment-refractory cases at Groote Schuur Hospital, and across the UCT-affiliated hospital platform. Mike West runs a psychopharmacology clinic for treatment-refractory mood and anxiety disorders at Groote Schuur Hospital.

GOVERNANCE & ADMINISTRATION
The Division has no full-time permanent lecturers; it relies primarily on grant-funding to support its staff, as well as on the collaboration of multiple other Divisions and Departments. Nastassja Koen is Project Manager of the Brain-Behaviour Initiative. The Brain-Behaviour Research Unit will be divided into different groups, each with its own leaders.

TEACHING & LEARNING
Psychopharmacology is an important component of both the undergraduate MBChB program, as well as the MMed (Psychiatry) program. Kerry Louw, from the Division of Consultation-Liaison, plays a key role in teaching the postgraduate curriculum. Contributors include Coenie Hattingh, Nastassja Koen, and Nandi Siegfried.

RESEARCH
The Brain-Behaviour Initiative has focused its multi-disciplinary research on 3 areas: psychological trauma, neuroHIV/AIDS, and substance use disorders. It has employed a broad range of methodologies, ranging from basic science, through to research on clinical populations (e.g., neurogenetics, neuroimaging), and on to public health and epidemiological research. The BBI is at the cutting-edge of basic and clinical neuroscience in the African continent, and has trained many students and Fellows from a broad range of disciplines. This work has led to many publications, multiple grants (with funding from NIH, MRC, NRF, and other funding bodies), and to a number of patents.

SOCIAL RESPONSIVENESS
The 3 foci of the Brain-Behaviour Initiative (psychological trauma, neuroHIV/AIDS, substance use disorders) were chosen with a specific eye on social responsiveness. These are areas of work that are highly relevant to South Africa, that contribute substantially to our local burden of disease, and that have frequently been highlighted in research priority setting exercises.

TRANSFORMATION
The Brain-Behaviour Initiative was transformative insofar as it represented a shift of focus from previously funded areas of health research to underfunded and ignored areas, and insofar as it required researchers from across the University to work outside of silos in innovative and transdisciplinary ways. It was also transformative insofar as many key members of the BBI were women (see article on BBI and Women Scientists in UCT’s Research Report of 2013). In terms of reflecting the diversity of South Africa’s population, about half of its Executive Committee, its current Project Manager, and many of its students are black.

GOALS FOR THE NEXT 10 YEARS
Expand the Drakenstein Child Health Study (DCHS), Enhancing Neuro-Imaging Genetics through Meta-Analysis (ENIGMA) and the Neurogenetics of African Populations (N-GAP) study. These are 3 key research studies in the Division. The first is a birth cohort study. The second is a large international collaboration in the area of brain imaging. The third is a large international collaboration in the area of neurogenetics.

SWOT ANALYSIS

STRENGTHS
• A multi-disciplinary, energetic and productive team
• Outstanding collaborative networks
• NIH funding

WEAKNESSES
• No permanent positions

OPPORTUNITIES
• From existing research projects including the Drakenstein Child Health Study, ENIGMA, N-GAP (Neurogenetics of African Populations)

THREATS
• NIH funding environment is competitive and unstable, local funding environment has limited resources
9. DIVISION OF PSYCHOTHERAPY

HISTORY OF THE DIVISION

The Division of Psychotherapy started with a focus on the development of a Post-Graduate Diploma in Psychotherapy. A psychotherapy reading group, consisting of clinicians (psychologists and psychiatrists) interested in psychotherapy teaching and training contributed to the development of the curricula for the PGDip in Psychotherapy. Louise Frenkel, Ereshia Benjamin and Dr. Adele Marais were all founding members of the Division, and remain active in the teaching and research agenda of the Division.

BASE

The Division of Psychotherapy is based at Valkenberg Hospital Education Centre, and has a dedicated space for the teaching of the PGDip in Psychotherapy.

STAFF IN THE DIVISION

FULL-TIME STAFF

- Dr Sharon Kleintjes, BSc (UCT), BA Hons (UNISA), MA Clin Psych (UCT), MPhil Child Psychiatry (UCT), PhD (UCT), Co-head of Division
- Ms Lameze Abrahams, BA (UWC), BA Hons (UWC), MPsych (UWC), Co-head of Division
- Ms Louise Frenkel, MA Clin Psych (Wits)
- Dr Adele Marais, BA Psychol (Stell), BA Hons Psychol cum laude (Stell), MA Clin Psych cum laude (Stell), PhD (UCT)
- Ms Ereshia Benjamin, BSoc Sci (UCT), BScHons Psychol (UCT), MA Clin Psych (UCT)
- Ms Zareena Parker, BA (UCT), BSocSci Hons (UCT), MA Research Psychology (UCT), MPsych (UWC)

PART-TIME STAFF

- Mr Graeme Hendricks, BSc (Microbiology) (UCT), BSocSci (Hons) Psychology (UCT), MA Clin Psych (UCT)
- Ms Naeema Parker, BSocSci (UCT), BA Hons (UNISA), MPsych (UWC)

HONORARY STAFF

- Dr Anik Gevers, BA Psychology (Grinnell College), MA Clinical Psychology (University of Missouri-Saint Louis), PhD (UCT) [also in Adolescent Health Research Unit, Division of Child & Adolescent Psychiatry]
- Dr Beverley Dickman, MA Clin Psych (UCT), PhD (UCT)
- Prof David Edwards, MA (Rhodes), PhD (Rhodes)

POSTGRADUATE STUDENTS IN THE DIVISION

Post Graduate Diploma in Psychotherapy Graduates:

2012/13
- Dr Haig MacRobert
- Ms Stacey De Kock
- Ms Susan Drummond

2014
- Dr Beverly Draper
- Ms Taryn Nicholas
- Dr Catherine Rodwell
SUMMARY OF ACTIVITIES IN THE DIVISION

CLINICAL
The Division of Psychotherapy provides professional integrated clinical services, training opportunities and resources aimed at enhancing the quality of life and wellness of the appropriate referrals. Services are provided for a diverse population (including children and adults), and in a range of settings (general psychiatry, intellectual disability, forensic and general medical settings).

1. Psychotherapy services: Different psychotherapy modalities are required in different settings: we prioritize an initial assessment of each person, so that the appropriate intervention is found for that individual. In the acute services, this is predominantly short-term supportive therapy for the patient (combining elements of CBT, psychodynamic concepts, dialectical behaviour therapy and the recovery approaches). Family sessions are also provided which deal with the structural and emotional impact of the illness on the family, and psycho-educational input.

In other wards (for example Forensic and Intellectual Disability Services), and therapeutic services, which deal with longer staying patients, services range from crisis intervention to medium and longer term therapies premised on all the models mentioned above.

Group work is also a feature of the services we as a Division offer:

2. Psychoeducational groups are offered in all settings and are facilitated by psychologists and intern psychologists, at times co-facilitated with other members of the multidisciplinary team.

3. Inpatient and outpatient Group psychotherapy (based on Yalom’s model, and the recovery approach) are offered in all wards. There are also specific skills based groups that are based on the dialectical behaviour therapy model.

Couple, family and group therapy services are provided as an adjunct to the individual patient’s recovery programme in the acute, forensic and intellectual disability services as well as the Consultation-Liaison service/ward, and the Therapeutic programme ward.

4. Psychometric assessments and specialized neuropsychological assessments are conducted to inform comprehensive diagnostic assessment and treatment planning where indicated.

The Department serves as an accredited internship training site registered with the HPCSA for the professional training of intern clinical psychologists, and it is the Division of Psychotherapy which co-ordinates and manages the training and provides placement and supervision for these clinical interns.

GOVERNANCE & ADMINISTRATION
The Division of Psychotherapy committee meets for quarterly reviews of teaching and training, and for planning and development within the Division.

TEACHING & LEARNING
The Division supports and provides psychology and psychotherapy teaching and training opportunities in the following areas:

UNDERGRADUATE TEACHING
Our involvement with the undergraduate medical teaching programme in the Faculty of Health Sciences has increased with the inclusion of additional teaching to the 4th and 6th year medical students in 2015. The core outcomes include clinically appropriate and relevant psychological knowledge and exposure to communication and counselling skills-based learning, and provision of support and supervision to students. Clinical supervision and case discussion are utilized to illustrate clinical skills.

4th year MBChB students (4 slots per block): Basic introduction to psychotherapeutic interventions
1. Introduction to Supportive Psychotherapy
2. Introduction to Psychodynamic Psychotherapy
3. Introduction to Cognitive Behavioural therapy
4. Counselling skills seminar

6th year MBChB students (3-hour teaching slot per block):
1. Bereavement and grief counselling
2. Stress and mindfulness
3. Case discussions/ supervision

Curriculum review: The division is in the process of liaising with relevant units in the faculty to establish what psychological /psychotherapy input is currently provided during pre-clinical years to identify gaps where further psychotherapy input may be needed

POSTGRADUATE TEACHING
Postgraduate diploma in Psychotherapy
The Postgraduate diploma in Psychotherapy is now in its third year, with 6 graduates, and 4 students currently completing the diploma. The courses include Basic Therapeutic Competencies, Dynamic Therapy, Evidence Based Practice, Cognitive Behavioral Therapy, and Ethics. Teaching is largely provided by joint-appointment staff with a few courses by external lecturers. External lecturers do not receive any remuneration.

Registrar training and supervision
- Pre-part 1 psychology teaching 27-30 lectures per annum. In the 2nd and 3rd year 3 psychotherapy cases are supervised by a few psychologists.
- LGH: Group psychotherapy supervision/in service training at Pathways (Ward 15) for Registrar (& MDT)
Part II

Research
Psychotherapy is a cross-divisional interest and there are many funded psychotherapy research projects underway within other divisions in the department. The Division of Psychotherapy’s primary research focus is to develop psychotherapy and counselling skills and models appropriate to our local clinical context. For example, recent work includes psychotherapeutic interventions with parents in an ID context (PhD submitted by Ockert Coetzee), and the therapeutic alliance in a forensic setting (PhD in progress by Tania Swart). Clinical research projects include a focus on suicidality (Dr. Jason Bandjes, Louise Frenkel and Ereshia Benjamin), chronic pain management (Louise Frenkel), and HIV and Intimate Partner Violence (Dr Adele Marais). This fairly new division also aims to secure support for clinicians conducting clinical research and evaluation in our focus area. We are exploring opportunities to find support for psychologists and psychiatrists who have an interest in psychotherapy, and want to expand their knowledge and efficacy as clinicians by undertaking research in their particular area. We have established a relationship with the Faculty Clinical Research Unit which provides support for clinical research activities.

Social Responsiveness
The Division was involved with the drafting of provincial guidelines to inform the development of counselling and psychological services across all levels of care, and including all service providers. Members from the Division made representation to the Chief Director of Health Programmes in Western Cape Department of Health.

In addition, the principal psychologists are collaborating with the HPCSA in evaluation of competencies for the local practice of foreign national trained clinical psychologists, and involved with the assessment of requirements for these individuals to practice in South Africa.

Transformation
The intern training programme was audited by the HPCSA in 2012, with transformation highlighted as an issue to be addressed. The Division has since been active in engaging issues of transformation as well as involvement with the broader transformation agenda within the Department.

Goals for the Next 10 Years
The division is a relatively new, and has a twin focus for the future, namely,

- Building capacity within the division: Increasing research skills and outputs of jointly appointed clinicians amongst clinical psychologists within the department, building support to encourage more PhD candidates in the division.
- Working toward greater sustainability of our work by increasing recruitment to our PGDip, and expanding our work to support Masters level training (a new MPhil in Counselling and Psychotherapy is in development), and as capacity develops, to offer opportunities for PhD studies within the division.

Swot Analysis

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<td>Lack of Provincial and national posts for psychological therapies and counselling</td>
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10. DIVISION OF PUBLIC MENTAL HEALTH

HISTORY

The Division was founded in 2008 as an interest group in Public Mental Health (PMH) and Community Psychiatry (CP). This later evolved into the Division of Public Mental Health with the understanding that this, in fact, has at least two components, namely Hospital and Community Psychiatry. Public Mental Health has been defined as follows: “In a public mental health approach, the unit of analysis is a population or a community, rather than an individual or a patient. With this approach, the psychiatrist/psychologist is led logically to analyse the way in which services are organised for a given population; the policies, plans and budgets that inform that service organisation; the ethical dimensions underlying the allocation of resources; and the role of the psychiatrist/psychologist in the health system. Public mental health requires the use of the best available research evidence to inform decision-making, and is driven by the objective of achieving equity in mental health care, including a primary health care approach to health systems.” Founding members included Cathy Aaron, Peter Ashman, Letticia Daniels, Andrew Hooper, Crick Lund, Peter Milligan and John Parker.

The division includes the Alan J. Flisher Centre for Public Mental Health (CPMH), which was launched in August 2010. The CPMH is a collaborative inter-institutional multi-disciplinary centre that conducts high quality research on public mental health, and uses evidence for teaching, consultancy and advocacy to promote mental health in Africa. The CPMH was established through a Memorandum of Understanding signed between UCT and Stellenbosch University in 2010 (www.cpmh.org.za). It was formally accredited by the UCT University Research Committee as a Research Centre in 2014.

BASE

The Alan J Flisher Centre for Public Mental Health is based at 46 Sawkins Road in Rondebosch. Office space is provided for the approximately 19 soft-funded researchers in the Centre. Divisional meetings therefore typically take place at Sawkins Road. Members of the division have workplaces throughout the City of Cape Town in a variety of community and hospital-based service settings.

STAFF IN THE DIVISION

FULL-TIME STAFF
- Prof Crick Lund (Co-chair of the Division)
- Dr J Parker (Co-Chair of Division, also in Division of General Adult Psychiatry)

JOINT PGWC STAFF:
- Dr R Allen
- Ms C Aaron
- Dr P Ashman
- Dr Q Cossie
- Dr N Dyakalashe
- Dr P Milligan
- Dr Henk Temmingh
- Dr W Vogel
- Dr MF Williams

PART-TIME STAFF
Listed under the Alan J Flisher Centre for Public Mental Health

POSTGRADUATE STUDENTS IN THE DIVISION

Masters Students (MPhil in Public Mental Health)
2015
- Seth Asafo (Ghana)
- Fikirte Bayouh (Ethiopia)
- Nyamadzawo Chivese (Zimbabwe)
- Peninah Kansiime (Uganda)
- Japhet Myaba (Malawi)
- Winfred Nalukenge (Uganda)
- Emeka Nwefoh (Nigeria)
- Prasansa Subba (Nepal)

2014
- Blessings Chikasema (Malawi)
- Rabia Khan (Zimbabwe)

PhD Students
- Emily Baron
- Erica Breuer
- Dixon Chibanda
- Thandi Davies
- Sumaiyah Docrat
- Demoubsy Kokota (Malawi)
- Megan Malan (South Africa)
- Connie Olwt (Uganda)
- Beatrice Williams (Malawi)
- Nicola Willis (Zimbabwe)
- Tigist Zerihun (Ethiopia)

2013
- Desalegn Bekele (Ethiopia)
- Lily Kpobi (Ghana)
- Chitsanzo Mafuta (Malawi)
- Ignicious Murambidzi (Zimbabwe)
- Winnie Mwami (Uganda)

- Stella Mokitimi
  (co-supervised with the Division of Child & Adolescent Psychiatry)
- Memory Nyatsanza
- Sarah Skeen
- Maxine Spedding.
SUMMARY OF ACTIVITIES IN THE DIVISION

CLINICAL
A key activity of the Division has been to develop a better understanding of the governance, policy and planning processes of the Western Cape and National Health Departments in order to inform the (UCT) Department’s response to various policy developments at provincial and national level and in an attempt to assist with mental health service development in the Western Cape in an academically rigorous manner. This initially involved somewhat ambitious attempts to map mental health service provision within the province. Although there is abundant evidence to point to a vast mental health resource gap, as well as the inequitable distribution of services, it soon became clear, however, that the basic metrics required to measure and correct this at the service level, were not in place. It was then agreed that a more effective strategy involved developing a better understanding of how processes in the provincial department worked, and how to influence them.

This has proved far more effective and the division hosted a presentation from a rural district where mental health indicators have been established with some degree of success. There followed closer interaction with the Health Programs Directorate and its Health Impacts Assessment Unit, with the division being invited to give input into the development of mental health indicators. This input is ongoing.

On a National Level, Prof Lund has played a supportive role in the development and adoption of the new National Mental Health Policy Framework and Strategic Plan by the National Health Council in July 2013 and he is currently Vice-chair of the interim Ministerial Technical Advisory Committee for Mental Health.

GOVERNANCE & ADMINISTRATION
Meetings are held monthly and meeting notes are taken and distributed by members of the Division. The Division is Co-chaired by Prof Lund and Dr Parker who were appointed by the Head of Department.

The governance structure for the Centre for Public Mental Health is shown in the Box outlining the activities in the Centre.

TEACHING & LEARNING

PSYCHIATRY REGISTRAR TRAINING
A key element of the Division’s work since its inception has been to develop a curriculum for the teaching of public mental health as a core subject to psychiatry registrars. This has identified key outcomes in community psychiatry and public mental health that will ensure competence as a General Psychiatry Specialist in South Africa. This was then developed into a series of seminars that are given by members of the Division in the following areas:

- Introduction to Public Mental Health
- Mental health policy and service organization
- Epidemiology in Psychiatry; Poverty and the Social Determinants of Mental Health
- Components of a comprehensive mental health service and applying this to the South African and Western Cape context
- Modalities of Delivery in Community Psychiatry
- Deinstitutionalization
- Mental health promotion and prevention of mental illness
- Practice of community psychiatry – a conceptual framework
- Disability and incapacity assessment
- Teamwork in community psychiatry
- Cultural competence, mental health literacy and empowerment
This is additional to the following core areas that were already in the curriculum:

- Mental Health Legislation
- Basic Counselling Skills
- Observed Interview and Formulation
- Research

Members of the Division have worked strategically to place the teaching of public mental health subjects as an essential part of specialist training in South Africa through the use of collegiate fora, public lectures, congress presentations and an editorial in the South African Journal of Psychiatry. The basis for this content and more detailed course information was provided to the convenor for the College of Psychiatrists of SA curriculum blueprinting team and the content has now been accepted as core examinable material for the FCPsych(SA) Part II examinations.

The Division has since reviewed and updated the course content and has now instituted a review process of the community psychiatry registrar clinical placements with a view to ensuring that these provide a suitable platform for the practical application of course content.

**PSYCHOLOGY INTERN TRAINING**
Similarly, the division has introduced a series of tutorials to psychology interns working at teaching hospitals on the following subjects:

- Mental Health Legislation
- Basic Counselling Skills
- Observed Interview and Formulation
- Research

**UNDERGRADUATE TEACHING**
A key target for the current year is to develop a brief undergraduate curriculum that provides an introduction to the Public Mental Health approach for medical students.

**POSTGRADUATE TEACHING**
A key gap in current mental health professional training in South Africa and elsewhere in Africa is an orientation to public mental health. This means an orientation to the mental health needs of populations, and the policies, laws and services that are required to meet those needs. The training offered by the Centre for Public Mental Health provides clinicians, health service managers, policy makers and NGO workers with crucial skills to enable them to plan and evaluate the services that they deliver and manage, lobby effectively for mental health, take on leadership roles in the strengthening of mental health systems, and conduct research in various aspects of public mental health in Africa. The Centre receives applications from a number of students primarily from medicine, psychiatry, psychology and nursing backgrounds.

Mental health is frequently marginalized in decision making for health service resources, partly because mental health professionals lack the skills and information to plan services, advocate for appropriate resource allocation, and conduct research. The training offered by the Centre enables them to take on these crucial responsibilities. Training opportunities of the Centre include:

1. an MPhil in Public Mental Health
2. PhD programmes in Public Mental Health
3. Short courses covering numerous public mental health topics

**SUPPORTING TEACHING AND LEARNING IN NEIGHBOURING STATES**
Currently, the Division supports post-graduate students from 6 sub-Saharan African countries and 1 country in Asia (Nepal).

Improving Mental Health Education and Research capacity in Zimbabwe (IMHERZ) (Co-Investigator: Prof Lund):

The IMHERZ consortium is a partnership of faculty at the University of Zimbabwe College of Health Sciences (UZ-CHS) with faculty from Harvard University, University of Cape Town, Institute of Psychiatry (London), University of Bristol, University College London, who have a long history of international mental health and community-based research and capacity building expertise. This is funded by PEPFAR and the National Institute for Health.

The role of the Alan J. Fisher Centre in IMHERZ is to coordinate all the IMHERZ activities at or through UCT. These activities aim to promote ongoing south–south collaboration.

**CONTINUING MEDICAL EDUCATION**
Members of the division published articles for an edition of Continuing Medical Education on Mental Health Care in the Community in the *South African Medical Journal* Volume 104 No1 of 2014. This included an editorial and articles on: Psychiatric Assessment in Primary Care, A Diagnostic Framework for Use in Primary Care; Deinstitutionalisation, Recovery in Mental Health, Integrating Psychiatric Assessment into the Three-Stage Approach and an Update on Attention Deficit Hyperactivity Disorder.

**Continuing Professional Development for medical professionals**
The Perinatal Mental Health Programme Team have written a book, “Maternal Mental Health: a guide for social and health workers”, published by Bettercare, and part of a range of books designed for the continuing professional development for nurses and social workers. The book is available on-line for download (http://bettercare.co.za/learning-programmes/maternal-mental-health/) and participants who successfully obtain 80% or more in the post-study test are issued a certificate of completion. The team is involved with a range of in-service training and professional development for nurses, midwives and
community care workers. They have partnered with the Department of Social Development to develop and deliver training for Social Workers on empathic engagement and assessment and management of common mental health disorders for mothers. They teach modules at UCT and the University of Stellenbosch on maternal mental health for Medical students, Advanced Midwifery, Psychiatry and Child Care nurses and for M Phil candidates in Maternal and Child Health.

RESEARCH
The current research activities of the Division are predominantly located in three large international collaborations. These projects include: PRIME (PRogramme for Improving Mental health care), AFFIRM (AFrica Focus on Intervention Research for Mental health), and EMERALD (Emerging mental health systems in low- and middle-income countries). A short summary of the programmes is provided in the box about the Centre for Public Mental Health. Further detail is available at the websites provided.

In addition to the above large research collaborations, the CPMH has also been involved in a number of smaller research and capacity building initiatives. These include:

1. Evaluation of the BasicNeeds mental health and development model in rural Kenya
2. Evaluation of the BasicNeeds mental health and development model in north India and Nepal (2012-2014)
3. Social Inclusion of Patients with Mental Disorders in South Africa: A Peer-Therapist Intervention Focused on Adherence (2011-2013)
4. Drakenstein Birth to 2-year Cohort study (2011-2014)


Total grants raised since launch of the Alan J. Fisher Centre since 2010 (covering 2011-2017) include R159,451,333 which includes a UCT portion of R54,682,752.

Since the establishment of the Alan J. Fisher Centre for Public Mental Health, staff have published 122 peer-reviewed papers (2010 = 30; 2011 = 22; 2012 = 21; 2013 = 29; 2014 = 20).

SOCIAL RESPONSIVENESS
• The Lentegeur Sprint Project is a joint social responsiveness project with the Division of General Adult Psychiatry. Details about the project are provided under General Adult Psychiatry.
• The Alan J. Fisher Centre for Public Mental Health has made a number of important contributions to national and international policy in the field of mental health and has a strong commitment to partnership with the WHO and Ministries of Health in its various research programmes. These include:
  • Prof Lund has led the drafting of a new national Mental Health Policy Framework and Strategic Plan (2013-2020) for South Africa. This was adopted by the National Health Council, in July 2013. As part of this policy development process, Prof Lund delivered a plenary address on the current state of mental health services in South Africa at the historic first National Mental Health Summit, convened by the national Minister of Health, Dr Aaron Motsoaledi, in April 2012.
  • Subsequently he was appointed as the Vice-Chairperson of the newly created National Mental Health Technical Advisory Committee to the Minister.
  • Prof Lund was also involved in facilitating the development of a national Mental Health Strategic Plan for Zimbabwe (2012). He was a Board member of the World Federation for Mental Health (2011-2013), which conducts ongoing advocacy work for global health and development policy on mental health. He also led the drafting of the new WHO African Regional Strategy for mental health for the continent (2014-2020), which is being sent for consultation to all African Member States.
  • There are also strong social responsiveness and policy engagement components to the major international research collaborations which CPMH leads, namely PRIME, AFFIRM and EMERALD. The role of the full-time PRIME Research Uptake Officer is crucial for translation of our research findings into policy and practice. Further details are available on the project websites.
  • Dr Simone Honikman was awarded a prestigious Ashoka Fellowship in 2014. Ashoka supports social entrepreneurs who are leading changemakers internationally. Dr Honikman’s ‘Making more Health’ award is funded by Boehringer Ingelheim.
  • The PMHP Communications and Advocacy officer is active in the dissemination of a multi-media strategy of social responsiveness. Examples of these outputs are available on the PMHP website: http://pmhp.za.org/programmes/advocacy/. These include involvement in the development of an educational story for FunDza, reaching adolescents via mobile technology, participation in national and global women’s advocacy campaigns, and driving a social media campaign on maternal mental health ‘Circles of Support’. This culminated in a fundraising concert at the Baxter Theater in 2014. The PMHP short film ‘Caring for Mothers’ is based on the story of Xolelwa, a PMHP service user, and provides an insight into living with antenatal depression. The link can be viewed on: http://pmhp.za.org/resources/for-your-interest/
PART II

TRANSFORMATION

The demographic profile of the Division (using former apartheid classification) is as follows:

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<tr>
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<th>Black</th>
<th>Indian</th>
<th>Coloured</th>
<th>White</th>
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<tbody>
<tr>
<td>Male</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Female</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>15</td>
</tr>
</tbody>
</table>

Both co-chairs of the Division are white males.

As such, the demographics of the Division are essentially untransformed. The research focus in the Division is, however, firmly aimed at equity and redress to improve the public mental health situation of the country.

GOALS FOR THE NEXT 10 YEARS

- Continue process of review of Registrar community psychiatry placement
- Develop a database of locally relevant PMH research and research opportunities that could be presented to registrars looking for MMed Topics.
- Strengthen the sustainability of the Alan J. Flisher Centre for Public Mental Health through long term funding for the Director (either through general operational budget funding or an endowed Chair)
- Introduce PMH teaching in the undergraduate years
- Continue to monitor/influence developments at national and Provincial DoH levels
- Inform UCT position on Mental Health Policy
- Present our work at lecturers’ meeting
- Look to developing a more in depth annual update seminar for the UCT department
- Maintain networking and support function
- Grow our research capacity
- In 2015 Dr John Parker stepped down as co-Head of the Division of Public Health. He was succeeded by Dr Faadiel Williams.

SWOT ANALYSIS

STRENGTHS

- The Alan J. Flisher Centre has an outstanding research output record. The Division has made significant gains in promoting Public Mental Health as a core subject for teaching and research both within UCT and on a national basis
- Members of the Division have developed a good understanding of how to work with national and provincial structures to promote the use of best evidence to develop mental health services and their input is now sought out and valued at local, national levels and international levels. The Lentegeur Spring Project and the Spring Foundation are developing a ground-breaking model for the re-purposing of psychiatric institutions

WEAKNESSES

- Lack of development in terms of research capacity among clinicians in the Division
- A lack of demographic transformation
- Struggle to meet regularly due to dispersed nature of workplaces of members and competing time demands
- A lack of administrative and budgetary support from within the University

OPPORTUNITIES

- Increased recognition within governmental health planning structures
- Growing recognition of and interest in public mental health as an essential part of mental health care in South Africa, among mental health professionals and trainees

THREATS

- Time demands on members of the division due to increased service loads as well as increased teaching loads on members of the Division
- Lack of financial sustainability for soft-funded research staff
- Lack of office space in the current CPMH accommodation. Currently we have a 60% shortfall in office space according to UCT FHS Physical Planning committee calculations, with no space for further expansion
Alan J. Flisher Centre for Public Mental Health

Strengthening public mental health in Africa
The CPMH is a collaborative inter-institutional multi-disciplinary centre that conducts high quality research on public mental health, and uses evidence for teaching, consultancy and advocacy to promote mental health in Africa. It was named in honour of Prof Alan J. Flisher, who was the first Sue Struengmann Professor of Child & Adolescent Psychiatry at the University of Cape Town, and African pioneer in Public Mental Health. Prof Flisher died in 2010 and left a powerful legacy that inspired the creation of a centre for Public Mental Health.

The Centre has four main programmes.

1. Programme for Improving Mental Health Care (PRIME)
2. Perinatal Mental Health Project (PMHP)
3. Africa Focus on Intervention Research for Mental Health (AFFIRM)
4. Emerging mental health systems in low and middle-income countries (EMERALD)

**STAFF**

**CPMH Director (AFFIRM/PRIME/EMERALD), Prof Crick Lund**

**PROGRAMME FOR IMPROVING MENTAL HEALTH CARE (PRIME)**
- Research Director, Prof Mark Tomlinson
- Project Manager, Ms Erica Breuer
- Research Uptake Officer, Mr Amit Makan
- Data Manager, Ms Emily Baron
- Operations and IT Support Officer, Mr Kevin Ernstzen (part-time)
- Administrator, Ms Gillian Hanslo (part-time)
- Communications Officer, Mr Charl Linde (part-time)

**PERINATAL MENTAL HEALTH PROJECT (PMHP)**
- Director, Dr Simone Honikman
- Project Co-ordinator, Ms Sally Field, Ms Rita Stockhowe
- Research Officer, Mr Michael (Nnachebe) Onah
- Training Officer, Ms Roseanne Turner (part-time)
- Clinical Services Co-ordinator, Ms Bronwyn Evans
- Mental Health Officer (Hanover Park), Ms Liesl Hermanus
- Mental Health Counsellor (Mowbray Maternity), Ms Charlotte Mande-Ilunga
- Mental Health Counsellor (False Bay), Ms Antoinette Devasahayam

**AFRICA FOCUS ON INTERVENTION RESEARCH FOR MENTAL HEALTH (AFFIRM)**
- Project Manager, Dr Marguerite Schneider
- Mental Health Counsellor, Ms Memory Nyatsanza
- Research Officer, Ms Thandi Davies
- Administrator, Ms Songelwa Mobo (part-time)

**EMERGING MENTAL HEALTH SYSTEMS IN LOW AND MIDDLE-INCOME COUNTRIES (EMERALD)**
- Research Officer, Ms Sumaiyah Docrat

**MPHIL IN PUBLIC MENTAL HEALTH**
- Senior Lecturer, Dr Katherine Sorsdahl
- Post-doctoral Fellow, Dr Claire van der Westhuizen

The governance structure of the CPMH is depicted in the figure above. The Director and CPMH are accountable to a Management Board.
FOUR MAIN PROGRAMMES

PRIME

This Department for International Development (DFID) research programme consortium, funded for the period of 1 May 2011 – 30 April 2017 is led by Prof Crick Lund and managed by Ms Erica Breuer at the Centre for Public Mental Health at the University of Cape Town. PRIME also includes the following partners: Makerere University, Kampala, Uganda; Addis Ababa University, Ethiopia; Public Health Foundation of India; Centre for Global Mental Health (Institute of Psychiatry, King’s College London & London School of Hygiene and Tropical Medicine), UK; World Health Organization; Geneva; Ministry of Health, Ethiopia; Ministry of Health, Madhya Pradesh State, India; Ministry of Health, Nepal; Department of Health, South Africa; Ministry of Health, Uganda; BasicNeeds, India; HealthNet TPO, Nepal. The PMHP is a cross-country partner.

The main purpose of PRIME is to generate high quality research evidence on the implementation and scaling up of integrated packages of care for priority mental disorders in primary and maternal health care settings in Ethiopia, India, Nepal, South Africa, and Uganda.

www.prime.uct.ac.za

EMERALD

This European Commission funded project is running for the period of 1 November 2012 – 31 October 2017. To facilitate the organization and management, EMERALD is structured in six work packages (WPs), which together comprise the project. Each WP has an academic lead who is responsible for the management and the results of their WP. Work Package 3 is led by Prof. Crick Lund at the Centre for Public Mental Health at the University of Cape Town and Dr Dan Chisholm at the WHO, Geneva. The EMERALD project includes the following partners: Kings College London (lead partner: Prof Graham Thornicroft); World Health Organization, Addis Ababa University, Transcultural Psychosocial Organization (TPO), Nepal; University of Ibadan, University of KwaZulu Natal; Butabika National Referral and Teaching Mental Hospital, and HealthNet TPO.

The objective of the EMERALD Project is to improve mental health outcomes by enhancing health system performance. Specifically, the EMERALD Project aims to identify key health system barriers to, and solutions for, the scaled-up delivery of mental health services in low- and middle-income countries (LAMICs), and by doing so improve mental health outcomes in a fair and efficient way.

www.emerald-project.eu

AFFIRM

This National Institute of Mental Health (NIMH) collaboration, funded for the period of 1 May 2011 – 30 April 2017, is led by Prof. Crick Lund and managed by Dr. Marguerite Schneider at the Centre for Public Mental Health at the University of Cape Town. AFFIRM is a research and capacity development hub, established in 6 countries: Ethiopia, Ghana, Malawi, South Africa, Uganda and Zimbabwe. AFFIRM also includes the following partners: Addis Ababa University, Ethiopia; Columbia University; Kings College London; University of Malawi; John Hopkins School of Public Health; University of Kwa-Zulu Natal; and the University of Zimbabwe. The PMHP collaborates on this project.

AFFIRM aims to investigate cost-effective interventions for mental health disorders, through task-sharing by Community Health Workers in South Africa, and Primary Health Care workers in Ethiopia.

www.affirm.uct.ac.za

THE PERINATAL MENTAL HEALTH PROJECT (PMHP)

The Perinatal Mental Health Project (PMHP) provides integrated mental health services for pregnant and postnatal women at the following sites: Liesbeeck Midwife Obstetric Unit (Mowbray Maternity Hospital), Hanover Park Midwife Obstetric Unit and False Bay Hospital. Between 2004 and the end of 2014, over 25 000 women were screened for depression and anxiety. More than 4000 women received therapeutic counselling. Further information can be found in the PMHP 2014 annual report: http://pmhp.za.org/wp-content/uploads/2015/04/PMHP_AnnualReport2014.pdf

www.pmhp.za.org
PART III

5. GOVERNANCE AND ADMINISTRATION

1. OPERATIONAL CHART
2. **EXCO, EXTENDED EXCO, LECTURERS’ MEETINGS AND DIVISIONAL MANAGEMENT**

**THE EXECUTIVE COMMITTEE (EXCO)**

The role of EXCO is to enable an environment in which members of the Department can live the vision and values of the Department of Psychiatry and Mental Health. EXCO provides a space for:

- strategic thinking and consensus building
- communication and representation
- decision-making and ratification
- monitoring and oversight
- innovation and future-planning

EXCO also helps to integrate the activities of the different Divisions and Committees of the Department. The role of the Head of Department is to lead EXCO in a way consistent with the Departmental vision and values, and the role of EXCO members is to support the Head of Department in a way likewise consistent with the Departmental vision and values.

**EXCO MEMBERSHIP**

- Head of Department
- Head of Postgraduate Training
- Head of Undergraduate Training
- Head of the Departmental Research Committee
- Head of the Academic Committee
- 2 Divisional Representatives
- 1 Administrative Representative

In addition to monthly EXCO meetings, we have bi-annual quarterly ‘Heads of Division’ meetings, where EXCO and all Heads of Divisions meet. On a monthly basis, there is also a Lecturers’ meeting, for all lecturers. The Lecturers’ meeting is a forum for discussion about issues at ‘grassroots’ level, and provides a forum for Divisions to present an annual report and discussion. Each Division also has relevant management meetings. For detail, see information under each Division.

3. **DEPARTMENTAL COMMITTEES**

The Department of Psychiatry and Mental Health has 4 key departmental committees.

- **Departmental Research Committee** – responsible for operational management of Departmental Research Funds, oversight of human research ethics applications, research protocol presentations and representation of the Department at Faculty and University level (Chair: Prof John Joska).
- **Postgraduate Committee** – responsible for oversight of specialist training in Psychiatry as part of the FCPsych (SA) and MMed (Psych) programmes (Chair: Dr Peter Milligan).
- **Undergraduate Committee** – responsible for oversight of Psychiatry and Mental Health teaching to UCT medical and occupational therapy students across all years (Dr Peter Smith).
- **Academic Committee** – responsible for organization of journal clubs, academic lectures, sabbatical procedures, ad hominem promotions and continuous professional education (Prof Petrus de Vries).
4. **SWOT ANALYSIS OF GOVERNANCE & ADMINISTRATION**

**STRENGTHS**
- The Departmental governance and administration has become stronger over time. In 2012 we started a proactive process to develop governance and management structures in a collaborative way.

**WEAKNESSES**
- We have an overemphasis on Psychiatry (and to a lesser extent Psychology) staff in our current Departmental structures, reflecting the fact that joint appointments are not offered to other categories of staff. As a result a number of professional groups are not well represented in governance, such as nursing, occupational therapy, speech and language therapy and other therapies.
- Transformation is a clear concern across all levels and all Divisions. Our gender profile has changed significantly over the last decade and is now a predominantly female one; and our racial distribution profile has shown a positive increase in black staff. However, at a senior academic level, we remain highly unrepresentative of South Africa.
- At present Divisions are very different and some staff have expressed lack of clarity about Divisional structures. For instance, some view themselves primarily in terms of hospital location, rather than in terms of a Departmental Divisional structure.

**OPPORTUNITIES**
- We have ongoing opportunities to redefine our structures and governance mechanisms, particularly given the positive process started in 2012.
- There are excellent opportunities to build interdisciplinary activities across clinical, research and teaching programmes, especially in collaboration with provincially-appointed staff.

**THREATS**
- There is tension between University and Provincial requirements and potential tension between UCT and Provincial structures about priorities.
- The increasing growth of Divisions may bring further fragmentation and dis-coordination of core aspects of our work (clinical, teaching, research, transformation and social responsiveness).
- Our Divisions have only recently been recognized, and given economic forecasts, the hope that they would lead to dedicated University and Provincial posts (including leadership posts) may not transpire.

5. **KEY EVALUATION QUESTIONS SET BY THE DEPARTMENT FOR SELF-REVIEW**

1. Are our governance structures sufficiently and appropriately responsive to Departmental needs?
2. Is there sufficient University and Faculty support for administration, finance, and human resource management?
3. The Departmental Divisions are very different. How do we optimize working within and between Divisions? How do we ensure appropriate and flexible Divisional representation in governance?
6. FINDINGS IN RELATION TO QUESTIONS

Overall we have made good progress in reviewing and restructuring the Department, and in revisiting the overarching vision and mission of the Department. We have a positive and integrative vision with a clear African perspective and a clear socially responsive purpose.

The Departmental leadership have found the facilitated process in 2012 and 2013 very helpful, and we are keen to maintain this positive momentum, partly through our governance mechanisms, and partly through our transformation activities, in order to ensure that all members of the department have a voice and feel that processes are clear, transparent and equitable.

We identified that there are specific development areas for the coming years and some of the key areas are listed under the terms of reference for governance & administration. We believe it would be very helpful to discuss and reflect on these points over the coming years to ensure that we have an optimal, yet flexible, governance structure in our department.

7. DRAFT IMPROVEMENT PLAN FOR THIS FUNCTION

1. Explore the governance structure in relation to Divisions and consider whether additional or more optimal ways may exist to govern collectively in a clear, accountable and transparent way, without removing Divisional initiative and flexibility in self-management.

2. Explore whether additional governance, communication and support mechanisms may be required for non-psychiatric postgraduate training, given the fact that we have a growing cohort of Masters', PhD and post-doctoral trainees.

3. Maintain and monitor our active transformation and innovation programmes with oversight from the Head of Department, EXCO, and our Transformation and Innovation Officers, whilst remaining mindful that transformation and innovation is everybody's business.
6. RESEARCH

1. RESEARCH GROUPS IN THE DEPARTMENT

The Departmental Research Committee oversees operational aspects of research in the Department of Psychiatry and Mental Health. The committee falls under the broader Faculty and University Research Committees. Content, themes and strategies for specific research programmes are coordinated and executed by individual Research groups under the guidance of their group leaders or Directors of accredited research units.

Apart from accredited research units listed below, the Department has active research groups in all Divisions.

1. ADDICTION PSYCHIATRY

Substance use and anxiety disorders (Don Wilson); Interventions (Mike West, Lisa Dannatt)

2. CHILD AND ADOLESCENT PSYCHIATRY

- Centre for Autism Research in Africa (Lead: Prof Petrus J de Vries)
- Tuberous Sclerosis Complex Research Programme (Lead: Prof Petrus J de Vries)
- Infant Mental Health Programme (Lead: A/Prof Astrid Berg)
- Staff Research Development Programme (Lead: Prof Petrus J de Vries)

3. CONSULTATION-LIAISON PSYCHIATRY

Liaison psychiatry and HIV (Jackie Hoare and Kerry Louw), pain (Louise Frenkel)

4. FORENSIC PSYCHIATRY

Mentally ill offenders (Sean Kaliski and Tania Swart).

5. GENERAL ADULT PSYCHIATRY

mHealth interventions (Pete Milligan), bipolar disorder (Neil Horn), substance-induced psychosis (Henk Temmingh), clinical audit (Robin Allen).

6. INTELLECTUAL DISABILITIES

Fetal alcohol spectrum disorder (FASD) neurobehaviour and brain imaging (Colleen Adnams), Stress in family members of people with intellectual disability (Ockert Coetzee), mentalisation-based parenting of children with intellectual disability (Toni Abrahams)

7. NEUROPSYCHIATRY

NeuroHIV/AIDS including assessment, brain imaging, neuropsychology, adherence interventions (John Joska, Carla Freeman, Hetta Gouse)

8. PSYCHOPHARMACOLOGY AND BIOLOGICAL PSYCHIATRY

Brain imaging (Samantha Brooks, Jonathan Ipser), Neurogenetics (Nastassja Koen, Shareefa Dalvie), Evidence-based psychopharmacology (Dan Stein, Taryn Amos)

9. PSYCHOTHERAPY

Intimate partner violence (Adele Marais), Recovery in serious mental illness (Sharon Kleintjes)

10. PUBLIC MENTAL HEALTH

Mental health policy and services (Crick Lund), Green Psychiatry (John Parker)
2. ACCREDITED RESEARCH UNITS

The Department has 4 University-accredited research units, and one MRC research unit.

THE BRAIN-BEHAVIOUR INITIATIVE (BBI)
Located within the Division of Psychopharmacology and Biological Psychiatry, it is one of UCT’s signature themes. The initial focus of the BBI was on psychological trauma, but it has extended to include neuro-HIV and substance use disorders. (Director: Prof Dan Stein)

THE HIV MENTAL HEALTH UNIT
Located within the Division of Neuropsychiatry, this is a newly accredited research unit. Its research focus is the neurobiology of HIV-associated neurocognitive disorders in children and adults, and neuro-behavioural aspects of HIV, including adherence, and interventions to improve care. (Director: Prof John Joska)

THE ADOLESCENT HEALTH RESEARCH UNIT (AHRU)
Located within the Division of Child and Adolescent Psychiatry, it is a joint initiative between the University of Cape Town and the Medical Research Council Health Systems Research Unit. The AHRU has five research themes that include sexual and reproductive health of adolescents, health systems for adolescents, adolescent mental health, bullying and abuse, and intimate partner violence in adolescence. (Director: Prof Petrus de Vries; co-Director: A/Prof Catherine Mathews, MRC).

THE ALAN J. FLISHER CENTRE FOR PUBLIC MENTAL HEALTH (CPMH)
Located within the Division of Public Mental Health, it addresses a range of questions in mental health policy and implementation science, and offers advanced training in public mental health. Within the Centre, The Perinatal Mental Health Project (PMHP) contributes research on maternal mental health from its own service and training initiatives as well as in collaboration with other partners. (Director: Prof Crick Lund)

SU/UCT MRC UNIT ON STRESS AND ANXIETY DISORDERS
This is the only extramural MRC Unit in South Africa. The research unit aims to focus on anxiety and related disorders, including PTD; to fosters a multidisciplinary biopsychosocial approach to these conditions, 3) to promote increased awareness of the anxiety disorders in the community, and 4) to ensure capacity building of research skills in students and staff (Director: Prof Dan Stein).

Each of these units is briefly described under their respective Divisions.

3. CAPACITY BUILDING IN RESEARCH

The Department is very committed to building research capacity to ensure we support development of the next generation of South African mental health researchers and research leaders. At the time of this report, the Department had more than 30 registered PhD students, more than 10 Masters’ students (apart from the MMed students), and more than 10 clinical research fellows or post-doctoral researchers, as well as numerous other PhD and Masters’ students co-supervised with other Departments and Universities.
4. PUBLICATIONS

There has been a very positive increase in publications since 2004. Over the last 3 years, Departmental peer-reviewed papers exceeded 100 outputs per year, excluding book chapters and books. A total of 547 accredited papers were published between 2004 and 2013. Final numbers for 2014 were still awaited at the time of this report, but were in excess of 100 papers. Details of Departmental publications are presented in the appendix of this report.

5. GRANTS

Research funding has been from the Broad Institute, CDC, DFID, the EU, the National and Provincial Department of Health, NIH, NRF, MRC, and SANPAD. We are particularly proud of the several EU, NIH, and Wellcome grants in our Department (PIs are Prof Adnams, Dr Hoare, Prof Joska, Dr Koen, Dr Kuo, Prof Lund, Prof Mathews, Prof Myers, Prof Stein, Prof van Honk).

6. AWARDS FOR RESEARCH AND SCHOLARSHIP

Members of the Department have received various awards for research and scholarship over the last decade. These include various national and international awards to Prof Astrid Berg, Prof Petrus de Vries, Prof Alan Flisher, Dr Jackie Hoare, Dr Fleur Howells, Dr Jonathan Ipser, Prof John Joska, Dr Nastassja Koen, Prof Crick Lund, Dr Katherine Sorsdahl, and Prof Dan Stein, amongst others. Three members of the department were awarded the prestigious Alan Pifer Prize, the Vice-Chancellor’s annual award for socially-responsive research. The award was won by Prof Alan Flisher (2005), Prof Dan Stein (2009) and Prof Crick Lund (2013).

We currently have 2 NRF A-rated scientists (Prof Stein and Prof van Honk), 2 NRF B-rated scientists (Prof de Vries and Prof Lund), 1 NRF C-rated scientist (Prof Astrid Berg), and 2 NRF Y-rated scientists (Dr Fleur Howells and Dr Katherine Sorsdahl). Importantly, the Department has won a number of prestigious doctoral and post-doctoral scholarships from the MRC and NRF, including to early-career black academics.
7. **SWOT ANALYSIS OF RESEARCH**

**STRENGTHS**
- Research in the Department has been strongly driven by several leaders in research. These individuals are well-capacitated locally and also have established international networks. They have taken a trans-disciplinary approach, moving from “bench to bed to bundu”, as exemplified by all our UCT-Accredited Research Units. These factors, together with the opportunities offered by working in local communities, have led to significant growth over the last 10 years.
- The Department has over the past decade moved to become perhaps the most productive Department of Psychiatry (as measured by papers, grants, and postgraduate students) on the African continent, and one of the most productive in the low-middle income world.

**WEAKNESSES**
- Most of the strength in research resides in a few group leaders and groups. Despite Faculty efforts (eg Harry Crossey Fellowship, Clinical Research Centre), given the clinical pressures and limited resources, the development of clinician-researchers has been slower than we would have liked to see.
- Faculty-based support for research administration, finance and human resources is problematic across the Department. This is a great concern to all research groups.

**OPPORTUNITIES**
- There are many funding opportunities, both locally and nationally that can be accessed.
- The planned Neuroscience Institute, based at Groote Schuur Hospital, may facilitate multi-disciplinary collaborations which are needed to generate relevant and publishable research. Similarly, the development of a planned Clinical Research Centre will provide space and other infrastructure once the Hospital has been rebuilt.

**THREATS**
- Grants are more and more competitive in a world of sometimes shrinking resources. The Brain-Behaviour Initiative and the MRC Unit on Anxiety & Stress Disorders are coming to the end of their terms.
- Without a strong and active Faculty and Departmental research administration, including finance management, grant officers and human resource management, we may miss or lose opportunities for larger-scale grant funding in the Department and in Divisions.

8. **KEY EVALUATION QUESTIONS SET BY DEPARTMENT FOR SELF-REVIEW**

1. How is the Department doing in terms of quality and quantity of research activity based on our research themes, output and impact? Are there strategic research priority areas that we could or should consider?

2. There are many University mechanisms to support early research career development for staff. What are the barriers that prevent clinicians from becoming clinician scientists or clinical researchers? What else can we do to encourage staff to participate in research activities?
9. FINDINGS IN RELATION TO QUESTIONS

Overall, it is clear that research and research output has grown in the Department over the last decade, and that we have a number of key research themes that are internationally competitive and leading. The per capita publication output for the Department indicates, however, that a few individuals are highly productive. It may be helpful to identify strategies in the coming years to attract research-active staff, and to encouraging existing staff to be more involved in research activities. This could include assisting staff with an interest in publication to develop appropriate manuscripts for peer-reviewed journals. The University has a strong programme supporting emerging researchers, and numerous opportunities are available to staff.

One example of good practice is the Staff Research Development Programme in the Division of Child & Adolescent Psychiatry, where the Research Office Programme for the Enhancement of Research Capacity (PERC) and the Emerging Research Programme (ERP), led by Prof Robert Morrell and Dr Mignonne Breier, supported two writing retreats of clinical staff. As a result, the Division started a regular programme of research development workshops as part of the Divisional academic programme, with talks and workshops about a range of research skills, such as research ethics, systematic research, protocol development. Following workshops in 2012 and 2013, there was a significant increase in the number of peer-reviewed publications in 2014, and 4 full-time members of staff were registered for PhD degrees.

The Faculty of Health Sciences is currently ranked in the top 50 in the world. Whilst there is no similar ranking for Departments of Psychiatry, we believe that we should be able to improve our performance and global research status in the coming decade. To achieve this, we will however need to find resources for various components of the research process, including administration, and research posts at all levels. We are keen to continue to explore whether there may be particular opportunities or ‘cross-cutting’ themes that could utilize the unique skill-set of our staff in the unique context of our country and continent.

10. DRAFT IMPROVEMENT PLAN FOR THIS FUNCTION

1. Continue to develop strong leadership in research groups, developing the next generation of research leaders, and continue to explore opportunities for interdisciplinary and ‘cross-cutting’ work, that may take advantage of the unique skillsets and opportunities available.

2. Continue to explore within the Department what the barriers to research participation may be for existing staff, and create mechanisms to encourage and reward staff for clinical research development.

3. Continue to maintain a high priority on research capacity building in the Department. Continue to use research funding (e.g. AFFIRM, N-GAP), SHICASA to also do quality training for quality output, at various levels, including research leadership development.
7. TEACHING & LEARNING

1. VISION AND GOALS

The teaching & learning goals of the Department are governed by our overarching Departmental vision. Our aim is therefore to train a next generation of mental health experts and mental health practitioners that will have an integrative and transformative approach to learning, clinical care and research.

Departmental staff members are involved in teaching across a range of professional groups, including psychologists, nurses, occupational therapists and non-healthcare professionals. For the purpose of this review, we will focus on undergraduate medical student training and postgraduate training of psychiatric registrars.

2. UNDERGRADUATE MEDICAL TRAINING

Undergraduate training for medical students and occupational therapists is overseen by the Undergraduate training committee. The core remits are to provide a comprehensive psychiatric and psychological training experience to undergraduate Health Science students, so that they will be able to provide the best possible care to their patients, to promote experiential/lifelong learning, an enduring interest in mental health, and critical thinking and reflective practice.

Our overarching frameworks include the Faculty Vision, Mission, Values, and Goals, Department of Health Education & Training (DOHET), the Department of Health, and global scientific standards of ethics, professionalism, and administrative justice.

The portfolios include
- Chairman – Dr Peter Smith
- MBChB VI – Dr Mariam Karjiker
- MBChB IV – Dr Qhama Cossie
- Psychiatry for Occupational Therapists – Dr Andrew Hooper
- Electives – Dr Peter Smith
- Child & Adolescent Psychiatry, Special Study Modules – Prof Petrus de Vries and Dr Papani Gasela
- Consultation-liaison teaching – Dr Kerry Louw
- Psychotherapy teaching – Naeema Parker
- Student support – Dr Sean Baumann and Dr Andrew Hooper
- Culture, Psyche and Illness – Dr Peter Smith
- Cuban students and foreign graduates – Dr Miriam Karjiker
The Undergraduate committee is involved in

- Quarterly Undergraduate Committee Meetings
- Participating in Portfolio meetings – reviewing current course content and refining core content
- Committee Meetings – Faculty Undergraduate Educational Committee, Student Support, Culture, Psyche & Illness Design team, Faculty Examination Committees, Curriculum Revision Team, Professional Standards Committee and Assessments Committee.

Overall, undergraduate medical education is going well. We received a positive 2014 HPCSA inspection and undergraduate teaching receives good support from lecturers and administrative staff. We were also delighted by positive feedback from students and successful final examinations, and believe our training has good standing in the faculty. A recent initiative was the formation of a Psychiatry Student Society that we hope will stimulate more undergraduates to develop an interest in Psychiatry and Mental Health.

We also have a very positive Special Study Module (SSM) programme, where 2nd year medical students spend 4 weeks doing a research-based project with Departmental staff. Over the last few years, students have participated in a range of very creative projects, including filming of an educational video on ECT (electroconvulsive therapy), explorations of public perceptions of corporal punishment, and studying how autism is portrayed in the public media.

We realize that transformation remains a challenge in the university, although there has been very significant progress in this regard at an undergraduate medical level. There has been significant pressure in terms of infrastructure and human resource constraints to support undergraduate teaching, although we acknowledge the benefits of Department of Higher Education (DoHeD) posts.

We are excited about a range of new possibilities through the use of innovative teaching initiatives and increased use of technology. We have identified some gaps in our undergraduate curricula and have started to develop plans to improve these in areas such as psychotherapy, substance abuse and child & adolescent psychiatry. We have also started to participate in research in medical education.

In spite of all the positive activities and opportunities, we are conscious of the expanded teaching platform for increased student numbers, with relatively few teaching opportunities at district level. We will need to remain mindful of how to achieve increased throughput of students without jeopardizing quality of teaching & learning.

3. POSTGRADUATE PSYCHIATRIC TRAINING

The University of Cape Town Registrar Training Programme

The Department has a long history of producing well-trained psychiatrists. At present, there are 28 registrars in funded training posts and a further 4 supernumerary trainees. We also provide child and adolescent psychiatry and neurology training rotations to registrars from Walter Sisulu University.

The Registrar Training Committee is chaired by Dr Pete Milligan, with Prof Sean Kaliski as deputy chair. Other members are: Prof Colleen Adnams, Dr Neil Horn, Ms Nuruneesa Lalken, Dr Ian Lewis, Dr Kerry Louw, Dr Aneshree Moodley, Dr Tania Timmermans, Dr Wendy Vogel and Dr Peter Williams-Ashman. The committee is supported by an administrator, Ms Noluthando Tshijila.

Members of the Registrar Training Committee are involved with various university postgraduate training committees and with the College of Psychiatrists. Members of the department regularly examine for the CMSA FCPsych and DMH exams.

The Registrar Training Committee Meetings – Faculty Undergraduate Educational Committee, Student Support, Culture, Psyche & Illness Design team, Faculty Examination Committees, Curriculum Revision Team, Professional Standards Committee and Assessments Committee.

The registrar training includes the following clinical training rotations:

- General Adult Psychiatry (LGH and VBH)
- Emergency Psychiatry/Consultation-Liaison Psychiatry/Neurology (GSH)
- Adult Therapeutic Psychiatry (GSH, LGH and VBH)
- Adult Ambulatory/Outpatient/Addictions Psychiatry (GSH, LGH and VBH)
- Child and Adolescent Psychiatry (LGH and VBH)
- Intellectual Disability (ALH)
- Neuropsychiatry (GSH)
- Forensic Psychiatry (LGH and VBH)
- Old Age Psychiatry (GSH and SLH)
- In addition, registrars complete a Community Psychiatry placement that involves a weekly outreach clinic at a local district hospital or CHC for three years.
PART III

FORMAL TEACHING PROGRAMME

Formal Teaching is mainly done on a Tuesday morning and includes the following:

Pre-part I: There are three main streams: 1) Psychology, which includes assessment, psychological theories and models; 2) Neuroscience, which includes Neuroanatomy, Neuroscience and behaviour, and Psychopharmacology and 3) Introduction to Psychiatry which covers basic psychopathology, research methodology and basic statistics.

Pre-part II: Teaching seminars covering all aspects of clinical psychiatry including the sub-specialties, and exam preparation which includes: Written preparation small group tutorials, OSCE preparation seminars and mock OSCE exams, Clinical case presentation preparation seminars, Neuropsychiatry seminars, and Neurology teaching.

Psychotherapy training includes teaching seminars and three supervised psychotherapy cases.

REGISTRAR RESEARCH ACTIVITY

Registrars are now required to complete a research dissertation prior to registration with the HPCSA as a specialist. This poses a significant challenge to registrars who still wish to complete their training within the four-year rotation as well as a challenge to the department to find suitable supervisors. This has resulted in registrars taking longer to complete their training requirements.

SUB-SPECIALTY TRAINING

Sub-specialty Training is currently available in the following areas:

- Child and Adolescent Psychiatry – two funded training posts plus supernumerary posts
- Neuropsychiatry – one funded post plus supernumerary post

The Department also offers MPhil degrees in Addictions Psychiatry, Forensic Psychiatry, Intellectual Disability, and Neuropsychiatry where other resources (eg research funds) are available. It has trained some of the first South African and African sub-specialists in these areas. Putting these MPhil degrees in place was a multi-year time-consuming effort that required support from the College of Psychiatry of South Africa, as well as from the University of Cape Town. Support from the Health Professions Council of South Africa was obtained for Forensic Psychiatry and for Neuropsychiatry, but is still awaited for the other sub-specialties.

TRANSFORMATION OF THE REGISTRAR BODY – 2015 PROFILE

Transformation of the registrar body is an ongoing challenge. There are an increasing number of female applicants for registrar posts. The number of African male and female registrars has increased in recent years, although some of this increase is due to increasing supernumerary registrars. There is an ongoing need to promote psychiatry to graduating undergraduate students. The Department is actively engaged in faculty processes to address transformation.

INNOVATIVE TEACHING & LEARNING

A recent innovation has been the development of a partnership with the College of Medicine, University of Malawi, to train registrars for Malawi. Registrars do their first two years including Part I exams in Malawi and then spend two years in Cape Town before returning to Malawi to complete their Part II exams. We currently have three Malawian registrars in Cape Town on the programme. We also have a Tanzanian registrar funded by Duke University (USA), as part of a NIH training grant and are expecting a fourth Malawian later this year. Child and Adolescent Psychiatry have provided sub-specialty training to supernumerary registrars from Uganda and Ethiopia via the African Paediatric Fellowship Programme, administered through the Department of Paediatrics, and supported by philanthropic funding.
### 4. SWOT ANALYSIS OF TEACHING & LEARNING

#### STRENGTHS
- Multiple initiatives, including curriculum revisions.
- At undergraduate level, psychiatry is accepted as a key discipline. At postgraduate level we have a growing reputation, and applicants often list us as the University of choice. Growing number of MMed graduates over recent years.
- Positive external reviews by external bodies such as the HPCSA, reflecting a high standard of undergraduate and postgraduate training, particularly in relation to other South African universities.

#### WEAKNESSES
- Transformation of our cohort of trainees remains an ongoing challenge. While we have made clear progress over the past decade, we do still need to attract more African trainees to psychiatry.
- The complete integration of psychiatry, including all of its sub-specialties into the undergraduate curriculum remains a challenge, particularly at district level; there is an ongoing need to promote psychiatry as a unique specialty that brings together the brain, the mind, and society. At a postgraduate level, there are high clinical demands.

#### OPPORTUNITIES
- Creative use of new technologies including web-based, and video-based teaching.
- Further integration of psychiatry into the early years of medical school, where we do not house the relevant courses.
- Extension of training opportunities to Africa, and to professionals other than psychiatrists/psychologists.
- Research in Medical Educational

#### THREATS
- Funding of additional training posts, particularly at sub-specialty level is unlikely in the current economic climate, and these are needed for this training to be sustainable.
- Growing clinical demands may further impact on registrar training. Increases in student numbers at undergraduate level without commensurate support may impact negatively on training.

### 5. KEY EVALUATION QUESTIONS SET BY DEPARTMENT FOR SELF-REVIEW

1. Registrar research projects (now a requirement for registration with the Health Professions Council of South Africa) are placing a significant additional burden on trainees and supervisors. How do we develop, strengthen or support the system to allow these projects to happen in a timely way, and ensure they are of high quality?

2. The Department has significant opportunities to develop teaching & learning links across Africa, perhaps particularly for specialist and subspecialist training. How do we grow our African footprint in terms of teaching & learning? Should we extend our postgraduate training to include professionals other than psychiatrists and psychologists, and if so, how?
6. FINDINGS IN RELATION TO QUESTIONS

At undergraduate level, the University has made good progress towards a more representative medical student body in terms of racial groups. The undergraduate medical cohort is about 70% female and about 70% African. Our registrar cohort mirrors the gender trend, but not the racial one. Whilst there has been improvement in representativeness of our registrar body, further shifts will be needed. Language and communication are keys to our jobs, and it is therefore essential that we can communicate with our patients in their primary languages, wherever possible.

Registrar research projects will require capacity building of a supervisor level. We have been fortunate to use many of the grant-funded staff in our Department to help in this task, and the Faculty has provided training in supervision. We need to attract staff who want to build capacity in this area of work, but should also consider strategies to build research skills and capacity of existing consultants and clinical supervisors. The challenge is clearly universal across the Faculty of Health Sciences, and we will continue to engage in discussions at a broader level with colleagues around this challenge.

We are very proud of the Departmental tradition of supporting training of colleagues from other African countries, and we would be keen to enhance our training links across the continent. It would be important to build key partnerships with African Universities, and to establish sustainable funding mechanisms for such capacity-building and training. A key to success would also be to ensure that, once trained, our new African specialists and subspecialists are supported and mentored on return to their countries to set up and develop appropriate specialist and sub-specialists services.

7. DRAFT IMPROVEMENT PLAN FOR THIS FUNCTION

1. Over the next decade we will need to investigate and explore barriers to attracting diverse candidates into Psychiatry and Mental Health as specialists and subspecialists. We hope that initiatives such as a Psychiatry Society and Special Study Modules will give medical and other students early opportunities to experience and be inspired by mental health work as a career.

2. Careful planning will be needed, in order to ensure that the registrar research requirements are met in a timely fashion. We have been able to increase the number of MMed graduates, and so have made important steps in this direction.

3. We have unique and exciting opportunities to increase our outreach to other African Universities to help develop their specialist and subspecialist skills in Psychiatry and Mental Health. We will develop those opportunities further.
8. TRANSFORMATION

1. DEPARTMENTAL DEFINITION OF TRANSFORMATION

It had become clear that transformation can mean many different things to different people and that a clearer collective understanding of what transformation in the Department really means, needed to be developed. It was thus felt that, before the Department took any further decisions on the issues, we should try to develop a better collective understanding of what transformation means, how we set out to achieve this, and how we ensure that we do transform at a satisfactory pace in the manner we have agreed upon.

A key first step in achieving these goals involved discussing these issues at every level in the department. With this in mind, three questions have been asked:

- What does transformation mean to you?
- How can we make it happen? (Please give concrete suggestions)
- Who is, or should be, responsible for transformation?

Many in the Department have engaged very positively with these questions, sharing a wide range of thoughts. It was clear that most members of the Department had thought about the subject extensively and that there was a general willingness think about the subject even more. Some of the key points made in response to each question are set out in the box on ‘Transformation in the Department of Psychiatry and Mental Health’.
TRANSFORMATION IN THE DEPARTMENT OF PSYCHIATRY AND MENTAL HEALTH

WHAT DOES TRANSFORMATION MEAN TO YOU?

• A change in the dynamics and culture of the department
• Generally refers to concerns that were fixed in the past but should be given a more dynamic approach
• A concrete starting point would be to correct a relative excess of able-bodied white males in all positions, and in positions of power in particular.
• A need to be representative, also, of youth, of those with different perspectives, of allied professionals and of multidisciplinary approaches and equal promotion in the department of all three imperatives of teaching, training and research, as well as of the transformation of mental health services.
• For demographic approaches to work, the context must be well-understood.
• This context is primarily the institutional culture of the Department, the faculty, the university and perhaps of larger society too.
• This is a culture that is embedded in practices of the past.
• This will be a developmental process which we need to be continuously mindful of in order to make sure that ongoing change is sustainable.
• Critical elements of the desired culture include a sense that everyone has a voice and equally, is clear about the role they need to play in the Department, that there is a strong sense of collaboration in the department, that diversity is honoured as source of richness and strength, and that we are driven by the needs of the communities we serve.
• The issue of identities is another key area of focus, being clear about who we are as a Department (that has many elements), who we are individually and how we serve the multiple roles we are expected to play in working for various organizations (eg the joint appointments).

HOW CAN WE MAKE IT HAPPEN?

• Targets are often assumed rather than made clear, so need to be made explicit.
• Using demographics, to define the problem and set targets, is recognized as being problematic but perhaps inescapable.
• The nature of the problematic institutional culture needs to be identified so that we can move from there as a starting point.
• A part of developing the new culture will be in creating a positive vision of this culture towards which we wish to move.
• Targets, policy and strategy to make sure this evolution is happening are required but must be kept alive with regular reviews of where we are in regard to these.
• Alternative ways of thinking and acting need to be identified to counter what is embedded.

WHO IS, OR SHOULD BE RESPONSIBLE FOR TRANSFORMATION?

• From these targets we can then decide on responsibilities but we must be clear that these responsibilities are for oversight only. The responsibility for action lies with everybody.
2. DEPARTMENTAL RESPONSE TO TRANSFORMATION

To address our departmental response and initial slowness about transformation, EXCO felt that particular traps that needed to be avoided involved the delegation of this responsibility (solely) onto an individual or a committee, in that this can give rise to a tendency to avoid an active engagement with transformation at every level and in all processes in the Department.

In 2014, two members of EXCO, Sharon Kleintjes and John Parker, were nominated to help lead on transformation issues. It became clear, however, that, unless issues related to transformation were prioritized as a clear part of the work of all members of the Department, it was going to be difficult to obtain the required levels of commitment and involvement that would be necessary to make this work a success. Early in 2015, this process was then rapidly overtaken by the events associated with the “Rhodes Must Fall” campaign which gave a new sense of urgency and vigour to discussions on transformation.

Following further discussions throughout the Department and at EXCO, a decision was taken to revert to a more inclusive and comprehensive process. The transformation officers proposed that this process could be understood to operate at three different levels:

1. At the level of the broader Faculty, there are broad socio-political discussions, where “sub-themes of transformation” are being set out in bold contrast, in an effort to kick-start conversations under the lead theme of “Intersections for Healing Work”.

2. A second critical effort involves the establishment of clear and transparent policies, rules and processes of governance at every level. This is essential so that every aspect of how the University works can be openly interrogated to ensure complete fairness for every member.

3. The third level at which transformation must take place, is at the more subtle interpersonal and group level, for it is at this level that we can truly come to understand how we experience the problematic nature of the underlying institutional culture, and explore what we would want to do to address these issues within our Department.

With regard to the first level, members of the Department have been active in participating in the Faculty-level discussions and are committed to further involvement in these.

With regard to the second level, a team of senior members of the Department, under the leadership of Dr Robin Allen, has embarked on a process to establish clear and transparent systems of governance, where these may be lacking, within the Department. This will, of course, require the support of the broader Faculty and University leadership in order to ensure that these systems are congruent with broader University systems and structures.

This process however, if it is to be entirely successful in reflecting a transformed vision of how the Department works, must take account of what transpires in the transformation discussions (set out below) as it is expected that a range of perceptions will emerge about how governance is perceived to function in the Department.

At the third level, within the Department, a process has been established whereby every member of the Department has been invited to participate in facilitated group discussions, involving 10-15 members at a time. In these discussions we will be able to more fully explore how, at the social and interpersonal level, we can understand and transform experiences of social injustice related to difference, with an improvement in each person’s sense of satisfaction and belonging in the Department.

Themes that emerge from these conversations will then be reflected back to the department as a whole with a view to developing, not only a better understanding but also where necessary, concrete proposals to ensure an ongoing process of improvement.
3. DEPARTMENTAL STATISTICS RELATING TO TRANSFORMATION

### Figure 1: Demographics of Staff: Gender (UCT COE)

- Male
- Female

### Figure 2: Demographics of Staff: Ethnicity (UCT COE)

### Figure 3: Demographics of Staff: Gender (Joint Staff)

- Male
- Female

### Figure 4: Demographics of Staff: Ethnicity (Joint Staff)

### Figure 5: Registrar Demographics 2015
4. **SWOT ANALYSIS OF TRANSFORMATION**

**STRENGTHS**
- A willingness to engage with transformation processes is clearly evident among the majority of departmental members.
- Members share an understanding that transformation processes need to operate at multiple levels, from the personal to the social and political.
- There is a broad understanding that transformation is multidimensional and an ongoing process.
- An engagement with transformation was already in place prior to the “Rhodes Must Fall” campaign. It is thus something that members engage with actively, without any sense of obligation or coercion.

**WEAKNESSES**
- The energy of the Department in this sphere seemed small in comparison to that unleashed by the “Rhodes Must Fall” campaign.
- Time pressures as a result of large academic and service demands on members make it difficult to dedicate that time and energy to transformation that it deserves.
- Members of the department are widely dispersed in their workplaces, making any collective process difficult to organize.

**OPPORTUNITIES**
- Most members see the transformation process as an opportunity to create a more unified department and a happier working environment.
- As professionals in the field of mental health most members of the department have shown a willingness to explore and better understand the implications of the transformation imperative at the personal and interpersonal levels and there is the potential for pioneering work at this level.

**THREATS**
- Unless there is strong governance support within the Department and at broader levels of the Faculty and University, true transformation will be a difficult and time-consuming task.
- Ensuring that transformation is everybody’s business, and not just driven by a few strong voices which may ironically drown out the quieter voices. Some aspects of transformation, such as inclusion of more voices are hard to measure.
- There is a danger that this work will again be placed on the backburner as the unrelenting pressures of academic and service demands are felt.
5. **KEY EVALUATION QUESTIONS SET BY DEPARTMENT FOR SELF-REVIEW**

1. The Departmental process of transformation started in 2012 and is still at a relatively early stage. What strategies could be used to strengthen transformation in our department?

2. How do we achieve transformation in training and research across divisions and across professional groups?

6. **FINDINGS IN RELATION TO QUESTIONS**

As outlined in the sections above, the Department has an active engagement with the need for transformation. To date we have made good progress in ‘thinking about’ transformation, but it is not clear if this will have specific positive outcomes.

7. **DRAFT IMPROVEMENT PLAN FOR THIS FUNCTION**

1. The key challenge over the next decade is to identify all possible strategies to work towards a transformed Department. We are encouraged by the positive approach by members of the Department, but also need to develop better indicators of transformation and to see whether they change.
9. SOCIAL RESPONSIVENESS

1. DEFINITION

The UCT Faculty of Health Sciences Performance Guidelines (2014) provide the following definition: “Social responsiveness refers to all forms of engaged scholarship with external, non-academic constituencies. Engaged scholarship refers to the application or use of academic scholarship or professional expertise with an intentional public purpose or benefit which demonstrates engagement with external (non-academic) constituencies. This category encompasses a wide spectrum of activities that would be considered “Engaged Scholarship” including Clinical Service; Community Outreach; Policy Input, Health Systems Development and other activities that Basic Scientists can pursue such as improving the public understanding of science and contributions to civil society and communities”.

2. EXAMPLES

The social responsiveness activities of the Department of Psychiatry and Mental Health include a number of domains. The following is not intended to be an exhaustive list, but highlights the range of social responsiveness activities in which we are currently engaged.

1. ADDICTIONS PSYCHIATRY

- Support to NGOs with direct clinical input as well as providing bi-weekly seminars to a range of people working in the field.
- Developing and modifying practical treatment programmes that can be used in primary care settings.
- Developing and training provinces on dual diagnosis guideline for the Department of Health.

2. CHILD & ADOLESCENT PSYCHIATRY

Individual staff members are actively involved in a range of governmental and non-governmental activities over and above their jobs. The various organizations are listed in the DCAP divisional report.

DCAP has also made the following contributions to Policy Development:

LOCAL:
- Provincial Care Pathways into Inpatient Units
- Care Pathways for psychiatric disorders e.g. ADHD
- Western Cape Intellectual Disability Policy

NATIONAL:
- Integrated School Health Programme
- College National Curriculum Development
- National Tuberous Sclerosis Complex guidelines

GLOBAL:
- WHO Consultation on Autism Spectrum Disorders and other developmental disorders
- TSC international diagnostic and surveillance guidelines
- World Association of Infant Mental Health Board

3. GENERAL ADULT PSYCHIATRY

- Outreach and support to a range of mental health and other NPOs.
4. INTELLECTUAL DISABILITY
MENTAL HEALTH

• Staff in the Division played a key role in partnership with the Western Cape Forum for Intellectual Disability (WCFCID) to bring a litigation initiative against the Western Cape Government in 2007 on the basis of a human rights issue regarding access to education. The court case was won by the WCFCID team and led to a nationally significant, far-reaching High Court Judgment to ensure the right to education for all children with severe and profound intellectual disability.

5. NEUROPSYCHIATRY

The Division has striven to create programs and projects that are socially responsive. Examples include:

• Developing a consortium agreement with Infectious Diseases and Paediatric Medicine at GSH, together with PEPFAR and ANOVA health institute, to establish new services at district and regional hospitals for people living with HIV (PLWH).
• Developing and consolidating interventional research projects for PLWH at primary health clinics in Cape Town among the poorest of communities. Sites include Town 2 clinic, Khayelitsha and Mzamomhle Clinic, Crossroads.
• Developing a relationship with the Tafelsig Matrix clinic and support and consolidate service and research there.
• Creating a web-based training platform in partnership with GETSMARTER to improve adherence for patients with HIV and counselors (www.adherence.co.za).
• Developing a series of 3 booklets to “spread the gospel” of HIV mental health care to providers of all types: title include “HIV and Mental Health”, “Psychotropic Prescribing in HIV” and “Life Steps for Adherence in HIV”.

6. PSYCHOPHARMACOLOGY AND BIOLOGICAL PSYCHIATRY

The 3 foci of the Brain-Behaviour Initiative (psychological trauma, neuro-HIV/AIDS, substance use disorders) were chosen with a specific eye on social responsiveness. These are areas of work that are highly relevant to South Africa, that contribute substantially to our local burden of disease, and that have frequently been highlighted in research priority setting exercises.

The MRC Unit on Anxiety & Stress Disorders includes a Mental Health Information Centre that focuses on increasing the mental health literacy of the public, and on decreasing stigmatization of mental disorders.

Prof Stein serves on the Central Drug Authority, where he is Chair of the Research Committee. He also consulted to the World Health Organization in a number of capacities, for example, he Chairs the ICD-11 committee on obsessive-compulsive and related disorders.

7. PSYCHOTHERAPY

The Division was involved with the drafting of provincial guidelines to inform the development of counselling and psychological services across all levels of care, and including all service providers.

In addition, the principal psychologists are collaborating with the HPCSA in evaluation of competencies for the local practice of foreign national trained clinical psychologists, and involved with the assessment of requirements for these individuals to practice in South Africa.

8. PUBLIC MENTAL HEALTH

The Division of Public Mental Health has produced some outstanding examples of engaged scholarship, and many of these have been outlined in the report.

• The Lentegeur Spring Project, a Flagship of the Western Cape Premier’s 110% Green campaign and it was selected as part of the Cape Town World Design Capital 2014 Program. It has been featured in numerous news articles and programs including on News24, in the Sunday Times, in City Press, the Green Times, The Plainsman, The People’s Post, Cape Talk, The Voice of the Cape, Heart 104.9 and SAFM Radio, and Special Assignment on SABC television, which have significantly improved the public image of the hospital.
• CPMH has made a number of important contributions to national and international policy in the field of mental health and has a strong commitment to partnership with the WHO and Ministries of Health in its various research programmes.
• Since the establishment of the CPMH, Prof Lund has led the drafting of a new national Mental Health Policy Framework and Strategic Plan (2013-2020) for South Africa. This was adopted by the National Health Council, in July 2013.
• There are also strong social responsiveness and policy engagement components to the international research collaborations which CPMH leads, namely PRIME, AFFIRM and EMERALD. The role of the full-time PRIME Research Uptake Officer is crucial for translation of our research findings into policy and practice. Further details are available on the project websites.
### 3. SWOT ANALYSIS OF SOCIAL RESPONSIVENESS

#### STRENGTHS
- The Department has a strong tradition of applied research, which is directly relevant for policy and service development. The Department includes excellent examples of socially responsive work, and has won 3 Alan Pifer awards in 10 years. There is a high level of commitment among Department staff to improving mental health service delivery, especially to vulnerable populations in South Africa, and other African countries.

#### WEAKNESSES
- There is a large number of soft-funded academic research staff who may not be in a position to sustain their socially responsive research, due to their vulnerable employment conditions.
- Most clinicians frame their social responsiveness work mainly in terms of their clinical work, overlooking other potential opportunities.

#### OPPORTUNITIES
- There are a number of new research funding opportunities from international research funding agencies (DFID, NIMH, Grand Challenges Canada, Wellcome Trust) to conduct research that is socially responsive and can inform policy developments on the continent.
- There are also strong partnerships with policy makers in the Department of Health in the Western Cape and nationally, which enable the translation of our clinical, teaching and research outputs into policy and practice. There are also strong partnerships with local and national Non-Profit Organizations that could generate new synergies and projects.

#### THREATS
- Many Departmental staff also carry substantial clinical and teaching loads, which limits the additional social responsiveness activities that they can engage in.
- Department members are not routinely evaluated and rewarded for social responsibility work other than clinical duties, and so this component may be overlooked.

### 4. KEY EVALUATION QUESTIONS SET BY DEPARTMENT FOR SELF-REVIEW

1. We use the faculty definition for social responsiveness in our department. There is clearly a range of socially responsive activities across research, training & learning, in engagement with governmental and non-governmental sectors locally and internationally. Should we have more formal approaches, portfolios or coordination of such work? Are there any other areas or activities we should consider?

2. How should we assess social responsiveness? What are the indicators that could measure achievements in social responsiveness?
5. Findings in Relation to Questions

Social Responsiveness and engaged scholarship has been one of the real ‘jewels in the crown’ of the Department of Psychiatry and Mental Health, and it has been exciting and inspirational to observe the passion and commitment of our staff to contribute to public welfare and well-being. It was perhaps only when we started to catalogue activities in a systematic way for this report that we realized quite how strong a domain this has become for our Department.

6. Draft Improvement Plan for This Function

1. Social Responsiveness is a real strength in the Department, and it may be worth considering whether we should have more formal portfolios or overt attention on such activities. This may help to ensure that we can communicate the passion and commitment of our staff to a broader audience, and through the use of web-based or other media tools.

2. It may be helpful for the Department to consider whether there are any specific ‘metrics’ or measurements we could use to monitor our social responsiveness work. However, we would not want to do this in a way that may feel those who do all the inspirational work, mostly over and above their day jobs, feel hampered, controlled or inhibited in any way.

3. We believe that our clinical activities should be framed in a socially responsive way, to ensure that the purpose and ultimate goal of our clinical activity remains firmly engaged.
10. GENERAL REFLECTIONS ON THE DEPARTMENT AND SELF-REVIEW

PROF DAN STEIN, HEAD OF DEPARTMENT


The data reviewed above indicate the tremendous energy and creativity that members of the Department of Psychiatry and Mental Health have devoted to their work. The Department has achieved a significant number of important and competitive research grants which tackle key areas of relevance to South Africa and Africa, and this has been accompanied by a dramatic increase in publications, including work in the most highly cited journals in science, medicine, and psychiatry. The Department has perhaps the broadest array of postgraduate sub-specialty training available in Africa, and the largest number of postgraduate and doctoral students, of any Psychiatry Department in the low-middle income world, and has trained amongst the first sub-specialists in many fields for South Africa and Africa. With relatively limited resources, the Department has provided good health care and many other impressive exemplars of social responsiveness.

We look forwards to tackling the many areas of weaknesses and challenges, with vigor. Our research success is a relative matter; there is much space for further growth in many important areas. Our sub-specialty training in some ways hangs by a thread. We do not have permanent and dedicated Heads of Division posts in key areas, and we have very few permanent and funded sub-specialty training posts. Our services are overloaded and underfunded. Transformation and innovation remain key goals; we need to agree on the measures by which we assess these, and we need to remain in ongoing communication and consultation as we move forwards to attaining these. We have been chronically and remain relatively under-resourced by both the University and the Province, and we need to continue to make our case for parity; but doing so in an evidence-based way and with an even-keeled temperament, so as to increase our chances of attaining our goals.

Thank you to our Executive Committee, to our Heads of Divisions, to our lecturers and research officers, to our Honorary and Emeriti Professors and to our indefatigable PASS staff! Thank you to our many partners, in the Province, at other Universities, and in the NGO sector (a particular thanks to Carol Dean, Bernadette Eick, Lynnette van der Berg, Bhavna Patel, Francois van der Watt, and Matodzi Mukosi). Thank you to our patients, to our clients, and to their families; your progress is the ‘bottom line’ by which we judge our efforts.
11. WHAT NEXT? TOWARDS THE NEXT DECADE

RESEARCH INTENSIVENESS

We plan to continue to place efforts into growing our research. We have a number of rising starts in the Department, and with further mentorship they should become Associate Professors. We have grown research mainly via soft-funded researchers, but increasing numbers of joint-appointed staff are doing research, and we will continue to encourage this gathering momentum. Given our reliance on soft-funding, we hope that our Department continues to be able to win internationally competitive funding; winning such resources will be key for further growth.

INTERDISCIPLINARY RESEARCH

Our Departmental vision is one of integrating research and teaching and services, and via efforts such as our UCT-accredited Research Units we have been at the forefront of transdisciplinary efforts at UCT. Psychiatry has the advantage perhaps, of all the health disciplines, of necessarily entailing an integration of work on the brain, the mind, and society. Moving forwards, programmes such as the Drakenstein Child Health Study (DCHS), the Neuropsychiatric Genetics of African Populations (NGAP), and many others, have the potential for bringing together basic neuroscience with public mental health in cutting-edge ways.

INTERNATIONALIZATION

Our Department enjoys collaboration with multiple South African, African, and international organisations. We have begun to attract increasing numbers of African supernumerary registrars and sub-specialists, as well as PhD students. We have creatively employed research grants in key areas of focus (e.g. task-shifting interventions, policy research, neuropsychiatry and neurogenetics) to help strengthen our African and international collaborations. Moving forwards, many of our programmes will further bolster internationalization. Philanthropic efforts should be made to support an African Psychiatric Fellowship, along the lines of the very successful African Paediatric Fellowship.

VISIBILITY OF IMPACT

Our Department has achieved visibility through some of its accomplishments, through its involvement in key discussions and conferences, and through the use of social and electronic media, for example, with an online Textbook of Psychiatry https://open.uct.ac.za/handle/11427/7565, and online videos from our Divisions. We will continue to pursue these avenues, attempting to further strengthen them. In particular we will continue to grow and strengthen our Divisions, to participate in local and international structures and processes (such as the Society of Psychiatrists of South Africa), and to use social media to spread our work. The Neuroscience Initiative at UCT and the Clinical Research Centre at Valkenberg Hospital are important planned efforts that may well increase our visibility. The Student Psychiatry Society may well have a role in both increasing our visibility, and inspiring the next generation of South African and African Mental Health Experts.

RESEARCH CAPACITY DEVELOPMENT

Our Department has made major efforts in this area; currently we have for example more than 30 PhD students. This has been made possible by the efforts of the Brain-Behaviour Initiative (which introduced the MMedSci (Neuroscience) degree) and the Alan J. Fisher Centre for Public Mental Health (which introduced the MPhil (Public Mental Health) degree). We have also devoted attention to building research capacity in our joint appointment staff; see for example the work of the Division of Child and Adolescent Psychiatry in this regards. A major weakness is the relative lack of UCT permanent lecturer staff and administrative staff, we have far fewer such staff than other Departments of similar research and teaching productivity, and this currently provides an important bottleneck to what we could achieve in many areas, including that of capacity building.
12. ACKNOWLEDGEMENTS

- The Vice-Chancellor and Deputy Vice-Chancellors at the University of Cape-Town
- The Dean and Deputy-Deans in the Faculty of Health Sciences
- Funders of Endowed Chairs – Mrs Sue and Dr Andreas Struengmann, Estate of Prof Vera Grover
- Head of the Department of Health and colleagues in the Department of Health
- Chief Executive Officers of our Hospitals and other key managers
- Funders of research projects over the review period
- All our collaborators at UCT, in South Africa and around the globe
- Previous Heads of the Department of Psychiatry and Mental Health
- Prof Dan Stein, current Head of Department
- Members of the Executive Committee
- Heads of Divisions
- Theme leads for the Review Report (Prof Dan Stein, Prof John Joska, Dr Pete Milligan, Dr Peter Smith, Dr Sharon Kleintjes, Dr John Parker and Prof Crick Lund)
- All members of EXCO, Heads of Divisions and the Department who participated in discussions, reflections and SWOT analyses
- All our PASS staff for keeping us going!
- All our clinical colleagues employed by the Western Cape Provincial Government, without whom we would not have been able to run our services
- Bernard Voges, from Typographica Media, for photographs
- Izak de Vries, from www.izakdevries.co.za, for photographs
- Deborah White, from Department of Shapes & Colours, for graphic design
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