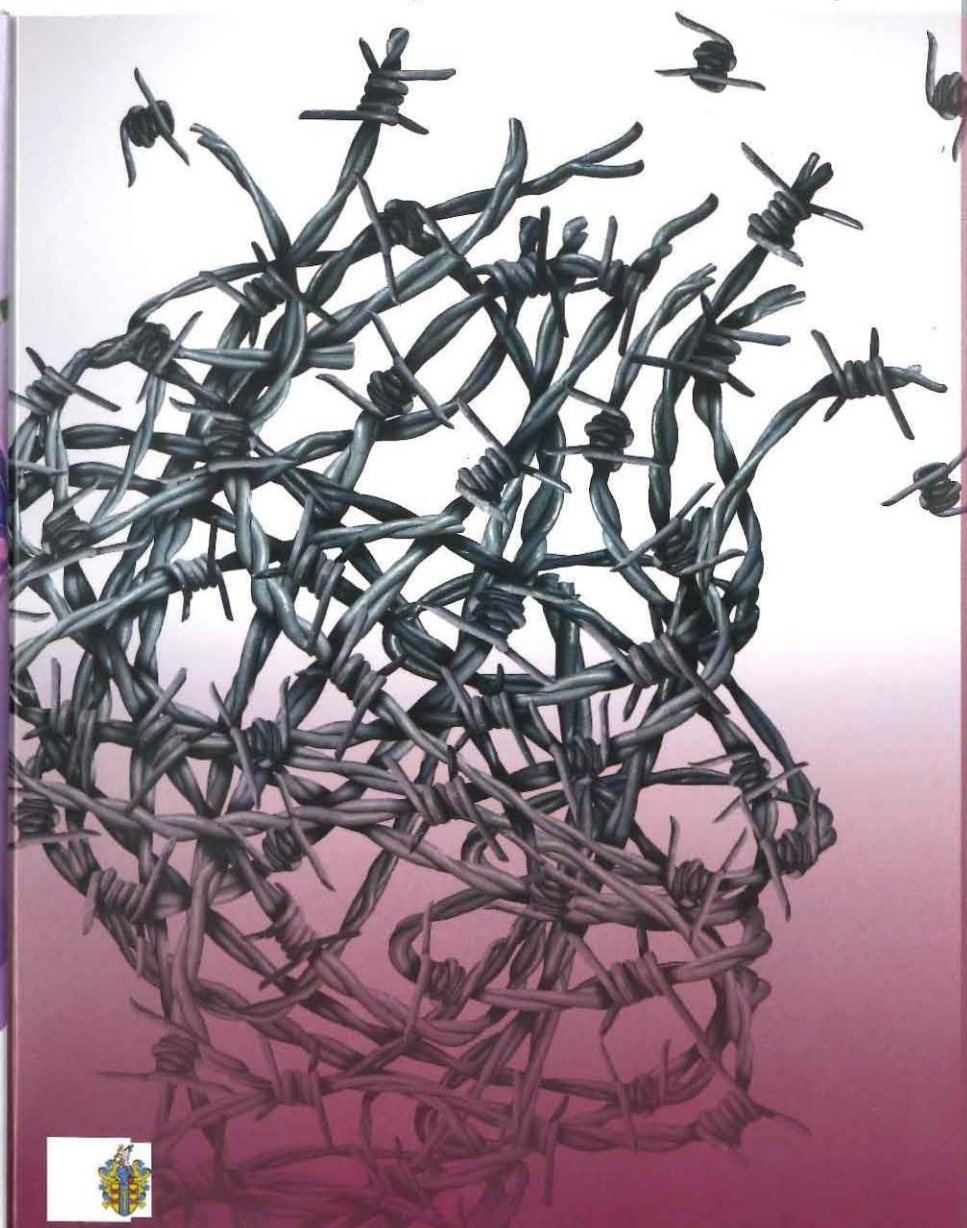
ISSN 2409-5699

SOUTH AFRICAN PSYCHIATRY

ABOUT the discipline FOR the discipline

issue 10 • february 2017



A BRIEF HISTORY OF DIGNITY IN MENTAL HEALTH

MORBID ANXIETY

PSYCHOTHERAPY IN A PRIMARY HEALTH CARE SETTING

SASOP

PRESIDENTIAL TERM 2016 - 2018

PUBLISHED IN ASSOCIATION WITH THE SOUTH AFRICAN SOCIETY OF PSYCHIATRISTS

WPA INTERNATIONAL CONGRESS

CAPE TOWN, 18-22 NOVEMBER 2016

www.southafricanpsychiatry.co.za

PSYCHOTHERAPY IN A PRIMARY HEALTH CARE SETTING

LESSONS FROM ENGLAND AND REFLECTIONS ON SOUTH AFRICA

Julian Stern

It was with much excitement and some trepidation that I arrived at the venue for the beginning of the Psychotherapy workshop at 09h00 on Wednesday the 27th July 2016.

I was grateful not only to Christopher Szabo, who as academic Head of the Department of Psychiatry at Wits had invited me over a year previously to teach there, but also to Ugash Subramaney and Cora Smith who had helped me put together a programme that would both describe aspects of our work in the Tavistock and Portman NHS Trust in London, and also make it as relevant and appropriate as possible for a South African audience. But it was also 30 years since I had graduated from Medical school in South Africa (UCT), and almost 30 years since beginning my Psychiatry training at the Maudsley hospital in early 1988.

Julian Stern

WHAT WOULD THE ISSUES BE OF RELEVANCE TO SOUTH AFRICAN PSYCHIATRIC AND PSYCHOLOGY PRACTICE? WHAT PROFESSIONAL AND PHILOSOPHICAL LANGUAGE(S) WOULD BE SPOKEN, AND HOW WOULD CURRENT SOUTH AFRICAN MENTAL HEALTH CARE PROFESSIONALS RESPOND TO PSYCHOTHERAPEUTIC AND PSYCHIATRIC APPROACHES LEARNED AND REFINED IN RELATIVELY SPEAKING "AFFLUENT" ENGLAND, ALBEIT IN SOME DEPRIVED PARTS OF LONDON ?

The workshop was organised over a 3 day period, with 5 talks, as well as 3 presentations (one each day) by current staff members.

The talks followed a clear theme, describing the origins, implementation, developments and auditing of the Tavistock Primary care model, originally based in Hackney-the PCPCS (Primary Care Psychotherapy and Consultation service).

THE PRESENTATIONS WERE ENTITLED:

1. **History of Psychotherapy in the NHS in the UK : Changing models, priorities, and practice**
2. **A new Primary Care Psychotherapy and Consultation Service (PCPCS): Philosophy, challenges, and practice.**
3. **The PCPCS in action-some case material consultations to GPs and clinical work with patients**
4. **The PCPCS in action-outcome monitoring and Health Economics research.**

The fifth talk, reflecting my work for 17 years at a specialist Gastroenterology hospital (St Mark's Hospital in Harrow, greater London) was entitled:

5. **On working psychotherapeutically with medically symptomatic patients in a specialist gastroenterology setting**

Each presentation was illustrated by clinical material, both case material of patients or families seen in the clinical setting and also video clips of patients, and general practitioners, describing what it was like receiving treatment, or the utility of the service to them as fellow professionals.

The presentations seemed to generate much interest. The South African context is obviously fundamentally different from that in the United Kingdom in almost every respect- to name but a few, the relative paucity of resources (in South Africa) both financial and professional, the receptivity or otherwise towards psychological treatments amongst the different populations (and sections of each population), the centrality of the general practitioner in the United Kingdom's National Health Service compared with South Africa.

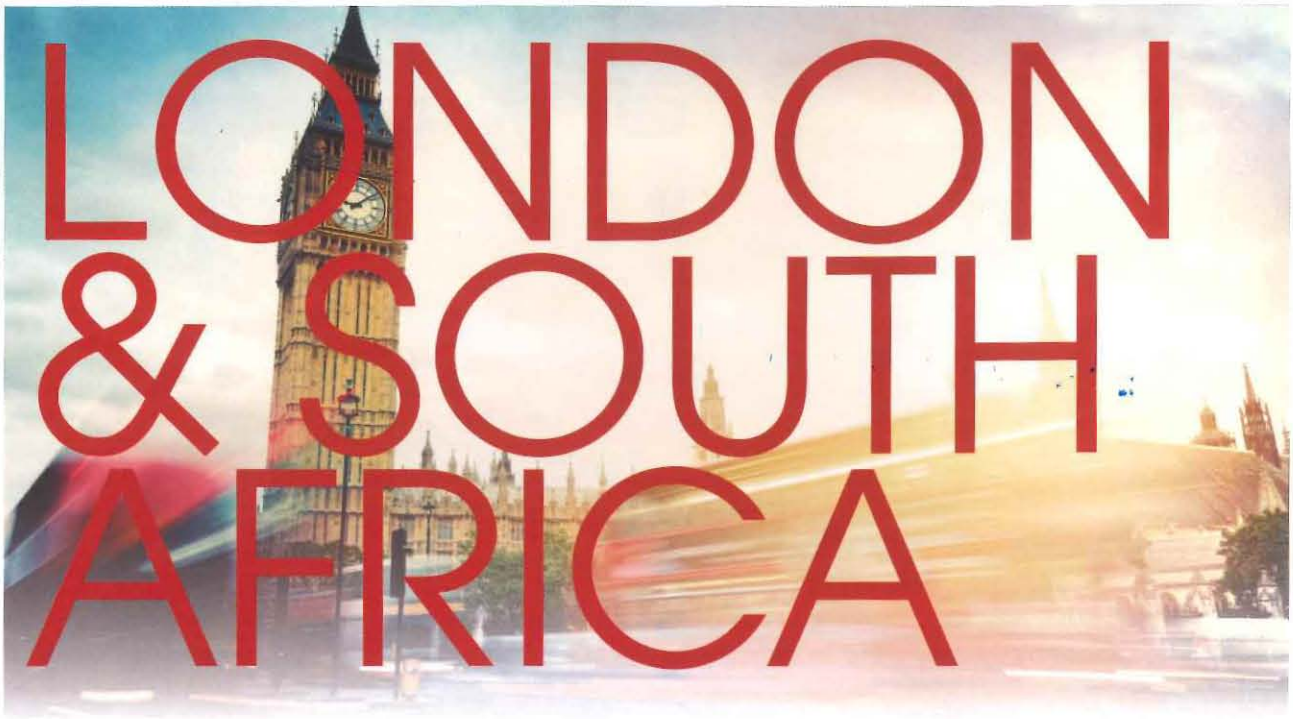
NONETHELESS IT SEEMED TO ME AS THOUGH SOME OF THE PSYCHOLOGICAL THINKING UNDERPINNING THE WORK FROM THE TAVISTOCK, SOME OF THE WAYS OF THINKING ABOUT INDIVIDUAL PATIENTS, THEIR FAMILIES AND THEIR DEVELOPMENTAL TRAJECTORIES, AND THE IMPORTANCE OF ATTENDING TO THE NEEDS OF GENERAL PRACTITIONERS AND OTHER HEALTH CARE PROFESSIONALS ARE ALL ISSUES WHERE THERE ARE SUBSTANTIAL SIMILARITIES AND AREAS OF SYNERGY BETWEEN OUR WORK IN THE UNITED KINGDOM AND WHAT OUR SOUTH AFRICAN COLLEAGUES ARE GRAPPLING WITH.

This was highlighted for me by the 3 case presentations. The standard of clinical work, of case presentation and of thoughtfulness was exceptional, and I was delighted to be able to witness such excellence. It reinforced my belief in the quality of professional training and teaching in South Africa-at least amongst those who presented, and the many colleagues with whom I interacted during the 3 days. The first case was presented by Lauren Bock (a psychologist in the Department) She described her ongoing work with a complex woman, and amongst many issues raised were those to do with links between the body and mind, femininity and sexuality, and developmental challenges.

Rhodie Sapinoso (a registrar in the Department) then presented a fascinating case "A person divided", about a patient where RS was not only the psychotherapist but also the ward registrar, and some of the dilemmas in this work and in maintaining boundaries, and a place to think.

Finally a group of 5 mental health care professionals from Tara Hospital, working with Craig Bracken (consultant psychiatrist) presented a complicated, potentially tragic case of a young woman, emotionally unstable, prone to enactments, and her trajectory. All team members came across as extremely dedicated, intuitively in tune with the patient and appropriately professional. But I thought that part of the reason for presenting this case was something that the team was grappling with–how to work with this very demanding patient and be firm with her, without feeling excessively guilty about such firmness; how to create a therapeutic holding environment which combined both understanding, care and a sense of caring, with a firmness that could help her see the extent of her aggression and her propensity towards destructiveness.

The audience remained thoughtful and involved throughout the 3 days, and it was gratifying that by the 3rd day more and more of the trainees were contributing, rather than relying on the more senior staff in the front to ask and discuss. This is a worldwide phenomenon, I think –the initial reluctance of more junior staff to be prepared to speak, and question.



LONDON & SOUTH AFRICA

MEDICAL PSYCHOTHERAPY IS A RECOGNIZED SUB-SPECIALITY WITHIN UK PSYCHIATRY (UNLIKE IN SOUTH AFRICA)

One of the subtexts of the visit, and one which I was able to discuss with Christopher Szabo towards the end of the workshop was the fact that Medical Psychotherapy is a recognized sub-speciality within UK psychiatry (unlike in South Africa).

Within the RCPsych, there is a Faculty of Medical Psychotherapy with its own 3 year training, equivalent to Forensic or Child, Old Age or Neuro-psychiatry; and the possibility of this being initiated in the South African College of Psychiatrists, with help from myself and other UK colleagues was discussed.

In addition, further links between our organizations and hospitals- for example research, educational opportunities, and other collaborations were tentatively explored.

But the main aim of the visit was to provide South African colleagues with some input from what I have learned in the United Kingdom, and to think about similarities, as well as differences.

SOUTH AFRICA IS A VERY DIFFERENT PLACE FROM WHEN I STUDIED MEDICINE IN THE 1980'S, MOST OBVIOUSLY EVIDENCED BY THE RACIAL MIX OF THE COLLEAGUES PRESENTING, AND ATTENDING THE WORKSHOP.

As I have stated above, I was delighted with the caliber of the clinical work, and the thoughtfulness of all the colleagues I had the pleasure of speaking with. I reiterate my heartfelt thanks to Christopher Szabo, to Ugash Subramaney and Cora Smith as well as Craig Bracken (and not forgetting Chantal Lambert for assistance with logistical matters), and to all who presented and attended the workshop. It was a real privilege to come and speak, listen and learn so much in my homeland.

SUGGESTED READING:

- Carrington A , Rock B and Stern J (2012) Psychoanalytic thinking in primary care: The Tavistock Psychotherapy Consultation model. Psychoanalytic Psychotherapy, 26:102-120
- Stern JM (2013) 'No entry', an invitation to intrude, or both? Reflections on a group of anorexic patients. Int J Psychoanal. 2013 Aug;94(4):689-713
- Stern J, Hard E and Rock B (2015) Paradigms, Politics and Pragmatics: Psychotherapy in Primary Care in City and Hackney - a new model for the NHS. Part 1 . Psychoanalytic Psychotherapy 29, 2 : 117-138
- Hard E, Rock B and Stern J (2015) Paradigms, Politics and Pragmatics: Psychotherapy in Primary Care in City and Hackney - a new model for the NHS. Part 2 . Psychoanalytic Psychotherapy 29, 2 : 139-159

Julian Stern (FRCPsych) is a psychiatrist and currently Director of Adult and Forensic Services; and Consultant Psychiatrist in Psychotherapy Tavistock Centre , LONDON, UK. **Correspondence: julianstern@hotmail.com**