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First professorial chair in philosophy and psychiatry outside Europe



Professor Werdie van Staden.

The editorial team of the South African Journal of Psychiatry is delighted to report that the editor of this journal, Professor Werdie van Staden, has recently been appointed as Professor of Philosophy & Psychiatry, heading the new Division of Philosophy and Ethics of Mental Health at the University of Pretoria.

This chair, which is the first such appointment outside Europe, is a significant development for the International Network for Philosophy & Psychiatry and for philosophers and mental health workers in Africa. Although representing the new discipline of philosophy and psychiatry in most parts of the world through about 40 national associations, the International Network has been drawing mainly on the philosophies of Western Europe and North America in establishing the subject's research base. Rich and productive as these philosophies have proven to be, they represent less than a third of the world, missing out on contributions to the field from a major continent such as Africa. The new chair will open up hitherto rather unexplored philosophies of Africa and create opportunities to mobilise and develop contributions from Africa to the field. Accordingly, open seminars and symposia as well as training and research opportunities towards master's and doctoral degrees in the philosophy and ethics of mental health have been set up in South Africa.

Regarding the new master's programme, the MPhil in Philosophy & Ethics of Mental Health, Van Staden says the programme is intended for people who want to advance their previous education that was in a field relevant to mental health or in philosophy. They may have already obtained a master's degree, and may e.g. be a psychiatrist, general practitioner, psychologist, social worker, occupational therapist, music therapist or philosopher.

Being a master's degree programme, it will draw on the unique, contextually and locally relevant contribution that a student brings to the programme. It also provides a learning opportunity about the two-way connections between mental health practice and philosophy. Graduates of this programme who come from mental health practice will be equipped with philosophical skills and knowledge that bring more clarity, understanding and decision-making ability in mental health practice. Those who come from philosophy will gain more insight into areas of philosophy that

are relevant to and enriched by the real life experiences of mental health care users and practitioners.

Van Staden says he is keen to hear from psychiatrists, other mental health workers and philosophers who want to participate in these developments and research. He also re-assures that, notwithstanding this new venture, he intends maintaining his continued involvement with professional and academic psychiatry in South Africa, including undergraduate and postgraduate training and research.

Professor Van Staden can be contacted at werdie.vanstaden@up.ac.za. More details of the programme are available at www.up.ac.za/pemh

HIV/AIDS and depression in Africa

Depression is the most common mental health problem for people living with HIV/AIDS in Africa, according to a new report 'HIV/AIDS and depression in Africa' from the World Federation for Mental Health (WFMH) Africa Initiative.

From multiple studies in different countries high levels of depression among people living with HIV have been found. For example, in a study in Kwalombota, Zambia, 85% of HIV-positive pregnant women had major depression and suicidal thoughts, and in a clinic run by The AIDS Support Organisation (TASO) in Mulago Hospital in Kampala, Uganda, 54.3% of attendees were judged as meeting the criteria of major depression.

In Tygerberg Hospital in Cape Town, 38.1% of black and coloured female HIV-positive outpatients met the diagnostic criteria for depression.

The report, which was released on World AIDS Day (1 Dec.) 2009, continues that only a fraction of those with HIV/AIDS receive mental health care, and it urges that in the light of the mutually reinforcing relationship between HIV/AIDS and mental illnesses, mental health should be integrated into all HIV/AIDS interventions in African countries.

Researching, costing, implementing and evaluating effective and sustainable models of integration are a priority, the report says, adding that core funding for the development and/or strengthening of mental health services should be incorporated into global funding initiatives for antiretroviral therapies, psychosocial support and other HIV/AIDS programmes.

A first step towards the integration of mental health into HIV/AIDS interventions would be the integration of mental health into the policy-making structures of all international, regional and national bodies responsible for interventions. Further, the international community is called upon to advocate for urgent closure of the resource gap, which is depriving those infected or affected by HIV/AIDS from receiving adequate mental health care and from benefiting fully from the various HIV/AIDS programmes.

Source: www.wfmhafricainitiative.org