

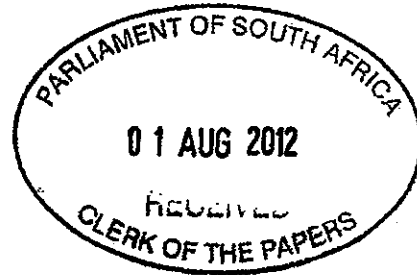


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**MINISTRY
JUSTICE AND CONSTITUTIONAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA**

Enq: Lungisile Pakati (Mr)
Tel: 021 467 1725
Mobile: 082 905 2651
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Speaker of the National Assembly
Honorable Max V Sisulu
Parliament of the RSA
Cape Town
8001



Dear Honourable Sisulu

**SUBJECT: SUSPENSION FROM OFFICE OF MAGISTRATE MS L MYLES AN
ADDITIONAL MAGISTRATE AT UPINGTON**

Mr J T Radebe, Minister for Justice and Constitutional Development wishes to inform Parliament of the suspension from office of Ms L Myles an additional Magistrate at Upington pending consideration by Parliament of a recommendation by the Magistrates Commission for her removal from office as a Magistrate in terms of section 13 (4) (a) (ii) of the Magistrates Act, 1993 (Act No. 90 of 1993).

Kind regards

**MR L PAKATI
MINISTRY FOR JUSTICE AND
CONSTITUTIONAL DEVELOPMENT**

DATE: 01/08/12.



REPORT

SUSPENSION OF A MAGISTRATE: MS L MYLES, ADDITIONAL MAGISTRATE AT UPINGTON

1. PURPOSE

The purpose of this report is to inform Parliament on the suspension from office of Ms Myles, an additional magistrate at Pretoria pending consideration by Parliament of a recommendation by the Magistrates Commission for her removal from office as a Magistrate in terms of section 13(4) (a) (ii) of the Magistrates Act, 1993 (Act no 90 of 1993).

2. BACKGROUND

2.1 On 17 March 2010 the Commission's Ethics Committee considered a report regarding the continued ill-health of Ms Myles and ordered that an investigation in terms of regulation 29 of the Regulations for Judicial Officers in the Lower Courts, 1994 be held regarding her removal from office on account of continued ill-health. Ms Myles was informed accordingly and was requested to submit a medical report from a medical practitioner of her choice to the Commission. The medical reports submitted by Ms Myles together with the reports compiled by herself were submitted via the Department of Justice and Constitutional Development to Pro-Active Health Solutions (PHS), the service provider appointed by Government to evaluate and advise on ill-health retirement and medical reports, for an expert opinion. PHS provided the Department

with a feedback report.

- 2.2. On 1 December 2011 the Ethics Committee considered the medical reports submitted together with other relevant information. It was noted that the medical reports indicate that her mental state has been severely compromised as a result of a major depressive episode since April 2009. Her working environment has contributed significantly to her condition (depression), as well as other social stressors. However, she is fit enough to continue with her work, but because of her previous medical history, PHS recommended that she should, where possible, be accommodated in terms of possible reduced workload and less stressful cases and that the employer be empathetic and supportive towards Ms Myles. It has furthermore been recommended that she should continue with regular psychotherapy from a Clinical Psychologist and regular consultations with a Psychiatrist.
- 2.3 Her attendance record shows that she has been absent from duty for long periods. Since 1 November 2004 she was absent from office on sick leave with full pay for 460 days and 141 days on sick leave with half pay. After considering the medical reports, together with other relevant information, the Ethics Committee formed the opinion that she does not have the capacity to carry out her duties of office in an efficient manner due to continued ill-health.
- 2.4 In accordance with regulation 29(6) (a) (ii) of the Regulations Ms Myles was informed accordingly and the medical reports and other relevant documents considered by the Ethics Committee were forwarded to her. She was informed that regulation 29(6)(b) provides that she may, within 10 working days after the date on which the opinion of the Commission has come to her

notice, submit to the Chairperson of the Commission written comments regarding the opinion.

- 2.5 On 9 January 2012 the Commission received written comments dated 26 December 2011 from Ms Myles regarding the opinion. Ms Myles contends that her sick leave is not unreasonable as it was covered by medical certificates for every period. She submits that she never requested to be accommodated with a reduced workload and that her history of work performance shows that she is capable of producing longer court hours and that she can dispose of more matters than her colleagues. In her view she has the capacity to deal with a normal workload. She feels that other magistrates who are charged with crimes received better treatment than she did and submits that the enquiry into her capacity to carry out her duties of office in an efficient manner due to continued ill-health is not substantively and procedurally fair.

3. DISCUSSION

- 3.1 The Ethics Committee at its meeting held on 16 February 2012 considered her comments and held the view that there was a fair review of Ms Myles' capacity to carry out her duties of office in an efficient manner. She was given the opportunity to submit to the Chairperson of the Commission written comment regarding the opinion. She is still on sick leave and it is not clear when she will return to work. The matter was referred to the Commission's Executive Committee for consideration.
- 3.2 The Executive Committee was of the view that the expert opinion presented to the Commission by PHS does not support Ms Myles' removal from office. The experts are suggesting that

she should continue with her occupation, however with some accommodation where possible such as reducing her workload and exposing her to less stressful cases whilst she continues with her regular consultations with a Psychiatrist. The question to be answered is whether it would be possible to accommodate her in this manner in view of her sick leave history and the extent to which she has already been accommodated by means of sick and vacation leave.

- 3.3 The Committee resolved to approach the relevant Cluster Head for him to report to the Commission regarding the nature of judicial work which Ms Myles is required to perform when she is at the office, his opinion regarding the quality of her judicial work when she has been at the office, the impact which her long periods of sick leave has had on service delivery at the office and within the sub-cluster and any other information which he can give to enable the Commission to take an informed decision. He should also indicate whether it would be possible to for a period allocate judicial work to Ms Myles which would be less stressful whilst she continues with regular psychotherapy from a Clinical Psychologist and regular consultations with a Psychiatrist.
- 3.4 The Cluster Head responded after consultation with the Acting Senior Magistrate, Upington to the matters raised by the Commission. He indicated that the heavy workload at Upington court requires dedicated, versatile and hardworking magistrates who are able to assist across all divisions (criminal-, civil-, family- and quasi-judicial court work) on a daily basis. Therefore, there is no less stressful court and or environment at the Upington court to accommodate Ms Myles. In his view the continued absence of Ms Myles is compromising quality, effective and efficient service delivery. He supports a recommendation to Parliament that Ms Myles be removed from

office due to continued ill-health.

- 3.5 The Acting Senior Magistrate, Upington indicated that Ms Myles will be allocated to Court C which is the channelization court at Upington if she would return to the office. She will be required to deal mainly with the postponement of cases to other courts and to deal with bail applications which may vary between four to five applications per day. The number of outstanding cases on the court rolls at Upington is high. At the end of February 2012 there were 1,211 outstanding cases on the 5 criminal court rolls. Due to the high court rolls and her history of absence it cannot be afforded to risk cases not being finalized due to her absence. He also indicated that in the past Ms Myles was assigned to every criminal court in the office, including C court, but was unable to cope with the workload. She was also allocated to the civil court, but also did not cope. With regards to the quality of her work the Acting Senior Magistrate indicated that she performed her duties similar to that of other magistrates, but it cannot be argued that her work is of poor quality.
- 3.6 Her continued absence has severely impacted on the morale of the colleagues because invariably her workload is shared by all the other colleagues, resulting in them not being able to attend to their own courts optimally. This creates a situation where the public and other stakeholders are losing trust in the magistrates' ability to manage the courts.
- 3.7 As on 18 July 2012, Ms Myles has still not returned to work and since 31 December 2011 she has failed to submit medical certificates to cover her absence from the office despite various requests to file same.
- 3.8 At its meeting held on 20 and 21 July 2012, the Commission considered the content of all the documents as required by

regulation 29(7) (a) of the Regulations for Judicial Officers in the Lower Courts, 1994. The Commission is of the opinion that Ms Myles should be removed from office due to continued ill-health. She is still absent and fails to submit any medical certificates to support her absenteeism. The detrimental impact this has on service delivery and the administration of justice cannot longer be justified. She is not fit to hold the office of magistrate any longer.

4. LEGISLATIVE REQUIREMENTS

- 4.1 In terms of section 13(4) of the Magistrates Act, No 90 of 1993, if the Magistrates Commission recommends that a Magistrate be removed from office, *inter alia* on account of continued ill-health, the Minister for Justice and Constitutional Development must suspend that Magistrate from office, or if the Magistrate is at that stage provisionally suspended in terms of the Act, confirm the suspension.
- 4.2 A report in which such suspension and the reason therefore are made known, must be tabled in Parliament by the Minister within 14 days of such suspension, if Parliament is then in session, or, if Parliament is not then in session, within 14 days after the commencement of its next ensuing session.
- 4.3 Parliament must then, as soon as it is reasonably possible, pass a resolution as to whether or not the restoration of his/her office of the Magistrate so suspended is recommended.
- 4.4 After a resolution has been passed by Parliament as contemplated in paragraph 4.3, the Minister shall restore the Magistrate concerned to his/her office or remove him/her from office, as the case may be.

4.5 As indicated above, if the Magistrates Commission has recommended that a Magistrate be removed from office on account of continued ill-health, the Minister must suspend that Magistrate from office. Furthermore, the Minister must table a report in Parliament making known the suspension and reasons therefor.

4.6 On this basis I have now suspended Ms Myles from office.

5. **CONCLUSION**

This report as required by section 13(4)(b) of the Magistrates Act, 1993 is submitted for Parliament's consideration.

Given under my hand at PRETORIA on this 30th day of JULY 2012

J. Raedebe
.....
MR J T RADEBE, MP
MINISTER FOR JUSTICE AND CONSTITUTIONAL DEVELOPMENT



**MAGISTRATES
COMMISSION**

**LANDDROSTE-
KOMMISSIE**

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┌
The Honourable Mr J T Radebe, MP
The Minister of Justice and
Constitutional Development
Private Bag X276
PRETORIA
0001

┐ Reference : 6/5/5/2: 91/2010
Verwysing

Enquiries : Mr J Meijer
Navrae

Date : 23 July 2012
Datum

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Dear Minister

**REMOVAL FROM OFFICE ON ACCOUNT OF CONTINUED ILL-HEALTH: MS L
MYLES, ADDITIONAL MAGISTRATE AT UPINGTON**

1. The purpose of this letter is to appraise you of the circumstances which moved the Magistrates Commission to resolve to recommend that Ms Myles be removed from office on account of continued ill-health in terms of section 13(4)(a)(ii) of the Magistrates Act, No.90 of 1993 (hereinafter the Act).
2. On 17 March 2010 the Commission's Ethics Committee considered a report regarding the continued ill-health of Ms Myles and ordered that an investigation in terms of regulation 29 of the Regulations for Judicial Officers in the Lower Courts, 1994 be held regarding her removal from office on account of continued ill-health. Ms Myles was informed accordingly and was requested to submit a medical report from a medical practitioner of her choice to the Commission. The medical reports submitted by Ms Myles together with the reports compiled by herself were submitted via the Department of Justice and Constitutional Development to Pro-Active Health Solutions (PHS), the service provider appointed by Government to evaluate and advise on ill-health retirement and medical reports, for an expert opinion. PHS provided the Department with a feedback report.

(Annexure A)

3. On 1 December 2011 the Ethics Committee considered the medical reports submitted together with other relevant information. It was noted that the medical reports indicate that her mental state has been severely compromised as a result of a major depressive episode since April 2009. Her working environment has contributed significantly to her condition (depression), as well as other social stressors. However, she is fit enough to continue with her work, but because of her previous medical history, PHS recommended that she should, where possible, be accommodated in terms of possible reduced workload and less stressful cases and that the employer be empathetic and supportive towards Ms Myles. It has furthermore been recommended that she should continue with regular psychotherapy from a Clinical Psychologist and regular consultations with a Psychiatrist.
4. Her attendance record shows that she has been absent from duty for long periods. Since 1 November 2004 she was absent from office on sick leave with full pay for 460 days and 141 days on sick leave with half pay. After considering the medical reports, together with other relevant information, the Ethics Committee formed the opinion that she does not have the capacity to carry out her duties of office in an efficient manner due to continued ill-health.
5. In accordance with regulation 29(6) (a) (ii) of the Regulations Ms Myles was informed accordingly and the medical reports and other relevant documents considered by the Ethics Committee were forwarded to her. She was informed that regulation 29(6)(b) provides that she may, within 10 working days after the date on which the opinion of the Commission has come to her notice, submit to the Chairperson of the Commission written comments regarding the opinion.
(Annexure B)
6. On 9 January 2012 the Commission received written comments dated 26 December 2011 from Ms Myles regarding the opinion. Ms Myles contends that her sick leave is not unreasonable as it was covered by medical certificates for every period. She submits that she never requested to be accommodated with a reduced workload and that her history of work performance shows that she is capable of producing longer court hours and that she can dispose of more matters than her colleagues. In her view she has the capacity to deal with a normal workload. She feels that other magistrates who are charged with crimes received better treatment than she did and submits that the enquiry into her capacity to carry out her duties of office in an efficient manner due to continued ill-health is not substantively and procedurally fair.

(Annexure C)

7. The Ethics Committee at its meeting held on 16 February 2012 considered her comments and held the view that there was a fair review of Ms Myles' capacity to carry out her duties of office in an efficient manner. She was given the opportunity to submit to the Chairperson of the Commission written comment regarding the opinion. She is still on sick leave and it is not clear when she will return to work. The matter was referred to the Commission's Executive Committee for consideration.
8. The Executive Committee was of the view that the expert opinion presented to the Commission by PHS does not support Ms Myles' removal from office. The experts are suggesting that she should continue with her occupation, however with some accommodation where possible such as reducing her workload and exposing her to less stressful cases whilst she continues with her regular consultations with a Psychiatrist. The question to be answered is whether it would be possible to accommodate her in this manner in view of her sick leave history and the extent to which she has already been accommodated by means of sick and vacation leave.
9. The Committee resolved to approach the relevant Cluster Head for him to report to the Commission regarding the nature of judicial work which Ms Myles is required to perform when she is at the office, his opinion regarding the quality of her judicial work when she has been at the office, the impact which her long periods of sick leave has had on service delivery at the office and within the sub-cluster and any other information which he can give to enable the Commission to take an informed decision. He should also indicate whether it would be possible to for a period allocate judicial work to Ms Myles which would be less stressful whilst she continues with regular psychotherapy from a Clinical Psychologist and regular consultations with a Psychiatrist.
10. The Cluster Head responded after consultation with the Acting Senior Magistrate, Upington to the matters raised by the Commission. He indicated that the heavy workload at Upington court requires dedicated, versatile and hardworking magistrates who are able to assist across all divisions (criminal-, civil-, family- and quasi-judicial court work) on a daily basis. Therefore, there is no less stressful court and or environment at the Upington court to accommodate Ms Myles. In his view the continued absence of Ms Myles is compromising quality, effective and efficient service delivery. He supports a recommendation to Parliament that Ms Myles be removed from office due to continued ill-health.
11. The Acting Senior Magistrate, Upington indicated that Ms Myles will be allocated to Court C which is the channelization court at Upington if she would return to the

office. She will be required to deal mainly with the postponement of cases to other courts and to deal with bail applications which may vary between four to five applications per day. The number of outstanding cases on the court rolls at Uppington is high. At the end of February 2012 there were 1,211 outstanding cases on the 5 criminal court rolls. Due to the high court rolls and her history of absence it cannot be afforded to risk cases not being finalized due to her absence. He also indicated that in the past Ms Myles was assigned to every criminal court in the office, including C court, but was unable to cope with the workload. She was also allocated to the civil court, but also did not cope. With regards to the quality of her work the Acting Senior Magistrate indicated that she performed her duties similar to that of other magistrates, but it cannot be argued that her work is of poor quality.

12. Her continued absence has severely impacted on the morale of the colleagues because invariably her workload is shared by all the other colleagues, resulting in them not being able to attend to their own courts optimally. This creates a situation where the public and other stakeholders are losing trust in the magistrates' ability to manage the courts.
13. As on 18 July 2012, Ms Myles has still not returned to work and since 31 December 2011 she has failed to submit medical certificates to cover her absence from the office despite various requests to file same.
14. At its meeting held on 20 and 21 July 2012, the Commission considered the content of all the documents as required by regulation 29(7) (a) of the Regulations for Judicial Officers in the Lower Courts, 1994. The Commission is of the opinion that Ms Myles should be removed from office due to continued ill-health. She is still absent and fails to submit any medical certificates to support her absenteeism. The detrimental impact this has on service delivery and the administration of justice cannot longer be justified. She is not fit to hold the office of magistrate any longer.
15. In terms of section 13(4) of the Magistrates Act, No 90 of 1993, if the Magistrates Commission recommends that a Magistrate be removed from office, *inter alia* on account of continued ill-health, the Minister for Justice and Constitutional Development must suspend that Magistrate from office, or if the Magistrate is at that stage provisionally suspended in terms of the Act, confirm the suspension. Ms Myles has not been provisionally suspended from office.
16. A report in which such suspension and the reason therefore are made known, must be tabled in Parliament by the Minister within 14 days of such suspension, if

Parliament is then in session, or, if Parliament is not then in session, within 14 days after the commencement of its next ensuing session.

17. In the circumstances, it is recommended that you:
- suspend Ms Myles from office in terms of section 13(4)(a)(ii) of the Magistrates Act, and
 - table a report in Parliament within fourteen (14) days of such suspension in terms of section 13(4) (b) of the Act.
18. A process will be set in motion for the Commission to consider the possible withholding of Ms Myles' remuneration in terms of section 13(4A) (a) of the Act, once you have suspended her from office.
19. A draft report for Parliament is attached for your convenience.

(Annexure D)

Yours faithfully


M F LEGODI
CHAIRPERSON OF THE MAGISTRATES COMMISSION

**MAGISTRATES
COMMISSION**

**LANDDROSTE-
KOMMISSIE**

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Ms L Van Biljon
Postnet Suite 64
UPINGTON
8800

Reference: 6/5/5/2-1/2010

Enquiries: Mr J Meijer

Date: 17 March 2010

Dear Ms Van Biljon

**INVESTIGATION INTO REMOVAL FROM OFFICE ON ACCOUNT OF CONTINUED
ILL-HEALTH**

According to available records you were absent from office for 505 days since your re-appointment as magistrate with effect from 1 November 2004 on sick leave and 178 days on vacation leave. Your vacation leave has already exceeded your leave credits.

During 2009 you were absent from office for 323 days on sick leave. Due to the fact that you are no longer able to fulfill your obligations as judicial officer through your continued absenteeism from office, the resultant financial burden, the negative impact on court and case flow management, the effect on the morale of your colleagues and the administration of justice in general, the Magistrates Commission (Commission) ordered on 17 March 2010 in terms of regulation 29(1) of the Regulations for Judicial Officers in Lower Courts, 1994 (the Regulations) that an investigation be conducted regarding your possible removal from office on account of continued ill-health.

Your attention in this regard is directed to regulation 29 of the Regulations and section 13 of the Magistrates Act, No. 90 of 1993.

You are therefore in terms of regulation 29(3) of the Regulations kindly requested to submit a medical report from a registered medical practitioner of your choice to this Office on or before 30 April 2010.

The medical report should *inter alia* address the following:

- The nature and severity of illness.
- Whether the illness is temporary or permanent in nature.
- The extent and seriousness of illness.

Address letters to: The Secretary/Rig briewe aan: Die Sekretaris

2.

- The prognosis and prospect of recovery.
- Whether the illness will exceed the statutory entitled sick leave.

Your attention is furthermore directed to the provisions of regulation 29(4) of the Regulations which determine that, in addition to the medical report referred to above, the Commission may order that you subject yourself to a medical examination by a medical practitioner designated by the Commission. Regulation 29(5) of the Regulations determines that the costs of the medical examinations contemplated in subregulations (3) and (4) shall be paid by the State.

You are furthermore afforded the opportunity in terms of the rules of administrative justice to comment on the matter and to state a case in response with specific reference to whether your illness is not so serious as to justify your removal from office or to suggest alternatives thereto. Your comments, if any, should reach this office on or before 30 April 2010. You have the opportunity to be assisted by council in the process.

Your assistance in this regard is appreciated. Kindly acknowledge receipt hereof.

Yours faithfully



SECRETARY: MAGISTRATES COMMISSION

Specialist Psychiatrist
Dr Safiyyah Ibrahim
MBChB (Wits); DMH (SA); FC Psych (SA)
Pr no. 0220000 236896

Phone: 054 3325328
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Address: Postnet suite 80,
Private bag X5879,
Uppington, 6800

Ref: Myles3
12/08/09

To whom it may concern

Sir/Madam

Re: Mrs Liana Myles-Van Biljon


I initially saw Mrs Liana Myles-Van Biljon on the 21/4/09. She was severely ill at the time.

She has a diagnosis of bipolar depression and over the last few months numerous attempts have been made to optimize her treatment and stabilize her. She is currently on Venlafaxine and lamotrigine.


At her last visit on the 30 July 2009 she was not well enough to review her in a month's time.

Please be so kind as to allow her incapacity leave as per her sick letters.

Thank you


Dr S Ibrahim

Dr Ibrahim's report


Specialist Psychiatrist
Dr Safiyyah Ibrahim
MBBCh (Wits); DMH (SA); FC Psych (SA)
Pr no. 0220000 238896



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Report on Mrs Liana Myles- Van Biljon
Identity Number: 6112040033083

I, Dr Safiyyah Ibrahim, am a Specialist psychiatrist. I hold an MBBCh degree, a diploma in mental health and I am a Fellow of the South African College of Psychiatrists.

Mrs Myles-Van Biljon has been under my care since the 21 April 2009. Information obtained was from the patient on the 21/4/09, 19/05/09 and 27/05/09. Information was also obtained from her daughter Jessica and her lawyer Mr A Van Zyl.

Mrs Myles-Van Biljon's mental state has been severely compromised as a result of a Major depressive episode. She had impaired reasoning and judgment. She was severely cognitively impaired (impaired ability to process information). She was amotivated and apathetic and she lacked the ability to effectively make decisions.

This depressive illness has caused her mental state to deteriorate to such an extent that she during initial assessments, she mimicked someone suffering from a dementia (such a state is medically called a pseudo-dementia). When she initially saw me, she needed a hospital admission due to her low level of functioning. This was only averted due to her family responsibilities. I immediately ensured that she be booked off work until this condition improved.

This patient was a highly functional lady prior to the depressive episode. She is at baseline an extremely bright and motivated lady. Mrs Myles-Van Biljon went through university receiving merit bursaries. She graduated top of her class at university and at age 24 she was promoted to being a magistrate on the basis of her excellent work as a public prosecutor. She is currently a magistrate in Upington.

She is at baseline very responsible and reliable. She cares for her ill mum and her 14 year old daughter and has taken financial responsibility of her family for many years.

Over the last few months Mrs Myles-Van Biljon's depression has been worsening. Her symptoms started late last year. This progressed to her losing control of her emotions at work. She began sleeping excessively and remained exhausted when awake. Subsequently, she began to neglect herself and lose her sense of reasoning and judgment. She subsequently began experiencing suicidal thoughts.

She saw her General practitioner in late February 2009. He diagnosed her with Major depression and when he noticed her cognitive decline, he booked her off work and referred her to me.

Her management has been difficult and despite our efforts and medication, she had not progressed as anticipated.

This patient has had severe life stressors that have precipitated her depression and continue to perpetuate it. These include her troubled marital relationship and eventual divorce in February 2008. Her mother is in remission following from cancer. Her sister was diagnosed with end stage cancer in March 2009. She has lost her brother and her father over the last 2 years.

She has had a previous depressive episode 13 years ago. This was triggered by the burning down of her house (gang vengeance related to her work as a magistrate), and the miscarriage of a twin pregnancy.

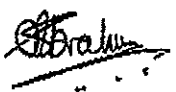
The current depression seems to have been triggered by multiple factors as discussed above. The most prominent of these seems to have been work related. Mrs Myles-von Biljon reported a "breakdown" in late February 2009 which initiated the current depressive episode. This "breakdown" appears to be as a result of victimization by a senior colleague. This stressor which may have acted as the precipitant also serves a perpetuating factor that would hinder complete recovery.

Mrs Myles-Van Biljon clearly had a compromised mental state and needed to be allowed time to recover from her illness. Her medication has taken much longer than anticipated to become adequately effective.

It is my recommendation that she be allowed an opportunity to be mentally functional enough to respond appropriately to situations and be ready to meet the high demands of her work situation. It is my recommendation that the highly functional lady cloaked in depression be allowed a chance to recover completely before being exposed to the severe and additional work stressors to hinder her recovery from this serious major depression.

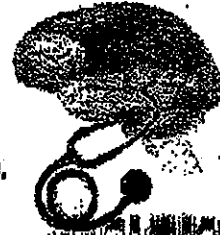
If any further information is required I am contactable as per the details listed above.

Dr Safiyyah Ibrahim
19 August 2009
Ref: myles4





Specialist Psychiatrist
Dr Safiyyah Ibrahim
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Progress Report on Mrs Liana Myles- Van Biljon
Identity Number: 6112040033083

On follow-up assessment Mrs Myles van Biljon appears to be improving. Her motivation has improved. Her illness appears to be stabilizing. She is not completely recovered from this illness at this stage but appears to have made enough progress to return to work provided she can be placed in a low stress, and light work environment.

It is my recommendation that she returns to work by mid September to validate her professionally and hopefully facilitate further progress in her recovery. This can only happen if a low stress, light work environment can be provided. Stressful situations can potentially cause her to regress.

The cooperation of her superiors and colleagues is vital in her recovery.

Dr Safiyyah Ibrahim
01 September 2009
Ref: myles5



D.W. Hanekom

Counselling-Psychologist

MAHE.D.(Stell.)

PR NR: 8614342

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AAN: Me. R. Terblanche

1 Februarie 2010

RE: Me. Landros L. Myles

Postnet Suite 64

UPINGTON

8800

Geagte Me. Terblanche

VERTROULIK

Dankie dat u hierdie skrywe ontvang. Ek bevestig graag aan u dat die dame vanaf Maart 2005 as pasiënt aan my bekend is. Sy het my deur die jare dikwels oor bestaanproblematiek en die gepaardgaande emosionele simptomatologie gespreek. Weens die chroniese, en soms akute impak wat hierdie veranderlikes deur die jare op haar algemene, sowel as beroepsfunksionering gehad het, moes sy by tye met siekteverlof gereël word, alhoewel dit slegs op korttermyn oplossings gebied het.

Sy het in 2009 'n besonder traumatiese jaar beleef, en is sy op gereelde basis ook deur 'n psigiater, Dr. S. Ibrahim gekonsulteer, en van die werksituasie onttrek. Haar simptomatologie het ook 'n fisieke komponent bygekry, waarskynlik as gevolg van die chroniese impak van die stressore op haar liggaam en gesondheid.

Sy is verlede maand vir twee weke weens fisieke gesondheidskomplikasies met siekteverlof gereël, waarna sy ook 'n major terugslag in haar lewe beleef het, 'n terugslag waarvan sy waarskynlik nog nie herstel het nie. Die behandelende psigiater het eger intussen die dorp verlaat, en het die pasiënt my telefonies gekontak, asook vandag fisies kom spreek.

Dit is waarskynlik aangedui dat sy weens die presenterende simptome vir 'n verdere mediese opinie en behandeling verwys moet word, en spreek sy more vir Dr. J. Meyer. *Diergaardt*

Dit sal waardeur word indien haar huidige afwesigheid van die werk vanaf middel Januarie 2010 tot vandag, geakkommodeer kan word.

Skakel gerus my kantoor indien ek haar saak verder kan toelig.

Die uwe

**D.W. HANEKOM
SIELKUNDIGE**

*M. Hanekom
oor sy na haar
oplossing en
en Mr.
Myles
sub-intek.*

*faar
Ma sech*



D.W. Hanekom

M.A.H.E.D.(Stell.)

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FAX: 054 332 3746
E-MAIL: dwh@intekom.co.za

AAN: Me. R. Terblanche

5 Februarie 2010

RE: Me. Landros L. Myles
Postnet Suite 64
UPINGTON
8800

Geagte Me. Terblanche

VERTROULIK

Dankie dat u ook hierdie skrywe ontvang. Ek bevestig graag aan u dat genoemde pasiënt my gedurende hierdie week op 'n daaglikse basis gekontak het, en het sy ook vir Dr. J. Meyer gespreek.

Teen die agtergrond van die afgelope paar maande (jare) se emosionele labiliteit het Me. Myles besluit om eerskomende Maandag na haar werk terug te keer. Dit dien egter gemeld te word dat haar emosionele ongesteldheid nie in remissie is nie, en dat sy hierdie besluit op grond van ekonomies/finansiële redes geneem het. Sy vertrou tans nie haar kognitiewe funksies nie, en sukkel sy met konsentrasie- en geheue-uitvalle.

Dit sal waardeer word indien haar terugkeer werk toe met die nodige empatie hanteer sal word, en dat u van genoemde uitvalle kennis neem.

Voortgesette psigo- en mediese behandeling is nog steeds aangedui.

Ek dank u vir u tyd.

Die uwe

**D.W. HANEKOM
SIELKUNDIGE**

D.W. Hanekom

MA.H.E.D.(Stell.)

P.O. Box 957

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AAN: Me. R. Terblanche

16 Februarie 2010

RE: Me. Landros L. Myles

Geagte Mevrou

VERTROULIK

Ek bevestig vir u rekords dat ek op 11 Februarie 2010 'n konsultasie met me. L. Myles gehad het, en dat sy tekens van erge emosionele labiliteit getoon het, waarskynlik toe te skryf aan 'n traumatiese belewing van 'n personeelvergadering vroeër in die week.

Dit wil voorkom of haar selfvertroue en juridiese selfbeeld tydens hierdie vergadering uitgedaag is, en het sy die gebeure tydens die vergadering as persoonlik vernederend beleef. Sy het op daardie stadium getwyfel of sy na haar werksituasie kon terugkeer.

Ek het haar vandag telefonies opgevolg, en blyk dit dat sy na Donderdag nie teruggekeer het werk toe nie. Sy het egter te kenne gegee dat sy die gebeure by wyse van 'n reaktiewe skrywe aan die onderskeie rolspelers sou aanspreek, en dat sy, gegewe haar gemoedstoestand, móre na haar hofverpligtinge sou terugkeer.

Indien sy terugkeer werk toe, vertrou ek haar situasie sal deur die kantoorhoof met die nodige begrip hanteer word.

Nogmaals dankie dat ek u by wyse van hierdie skrywe kan kontak.

Die uwe

**D.W. HANEKOM
SIELKUNDIGE**

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TO WHOM IT MAY CONCERN

I,DR I.J.W.MAASDORP,am a general medical practitioner in Upington and hold an M.B.Ch.B degree,a B.Sc(Med) Hons degree,M.Sc degree and a diploma in Psychology.

I had been asked by Mrs LIANA MYLES to write this report with regard to her current medical/psychiatric state.Mrs Myles was seen in consultation for the first time at this practice on 01/06/2010.Follow-up consultations were arranged and the last consultation was on 02/07/2010.

As I was informed by her, she was seen before by another general practitioner,a psychologist (Mr Hanekom) and a psychiatrist (Dr Ebrahim).She recently relocated to KwaZulu-Natal.

After lengthy consultations with her, I obtained a long psychiatric and medical history and tried to make a thorough assessment of her current medical/psychiatric status.

Judging from her history and the reports I read written by her psychologist and psychiatrist,it is clear to me that she had a very severe compromised mental state before with an eventual diagnosis of bipolar mood disorder.

She will include the reports of the psychologist and psychiatrist.

She had many severe life stressors that predated on her mental well-being that led to major depression and bipolar mood disorder.This causes her to be off work for a prolonged period(undergoing psycho-and pharmacotherapy).

The precipitating stressors in her pathogenesis of bipolar mood disorder especially of the major depression are numerous:

These include:

- Dysfunctional marital relationships caused by her husbands infidelity that eventually led to a divorce;
- Burning down of her house in Cape Town by vandals;
- Family disharmony,including an abusive father;
- Stress related to the care of her elderly mother and other members of the family;

The list of problems that she encountered is endless and these stressors played a significant role in the onset of major depressive disorder.

She completed a report of all her major life stressors. Her depression was therefore reactive (in reaction to many negative triggers) and not endogenous where you have a genetic (hereditary) predisposition. Patients with reactive depression has a better prognosis for recovery than those with endogenous depression.

With major life event triggers (like hers), there is usually an alteration or upset in the balance of neurochemicals (neuropeptides) in the brain which gives rise to the clinical syndrome of major depression or bipolar mood disorder.

As I was informed by her and reading reports from her psychiatrist, she suffered with severe clinical depression and presented with the following features:

- Severe sadness;
- Loss of interests in all daily activities;
- Withdrawal from everyone;
- Hopelessness;
- Poor concentration;
- Poor memory and impaired judgement;
- Suicidal ideas;
- Other vegetative symptoms which she had included decreased energy;
- Sleep disturbance and psychomotor retardation.

Current medical/psychiatric state

My clinical assessment is that she is definitely not anymore the person with the symptoms described above or that was written in the psychiatric reports.

I can therefore say that her clinical symptoms has improved significantly that she is now in remission and returned to work. I was informed that she returned to work in June 2010 and is coping well.

The mental status examination also revealed that:

- She has a normal mood (affective) state;
- She has regained her self-esteem and is full of energy and look forward to challenges at work;
- No impairment in social and occupational functioning.

It comes down to the fact that her psycho- and pharmacotherapy has therefore been successful and now she copes well without any medication (which was stopped in January 2010).

As I have mentioned: The nature and the severity of her illness was so severe that it significantly impacted on her social and occupational functioning (causing prolonged periods oof work). She even had persistent suicidal thoughts.

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With a diagnosis of bipolar mood disorder, although in remission, it can happen to any person diagnosed with this disorder, that he/she can relapse in future, especially when a major crisis triggers, BUT:

Mrs Miles has recovered extremely well and is not taking any medication for this condition now (she does not need it anymore).

Her strong personality and good character also aided well in her recovery. She has successfully managed her hostile family environment that also contributed before to her psychiatric morbidity. Therefore the chances for a relapse of the condition in the future is rather remote.

Her illness and time of recovery took long and it exceeded her statutory entitled sick-leave and she had to take sick-leave without pay.

BACK AT WORK:

She was put in busiest court(C) and copes well and accepts the challenges. Positive feedback by one of the local attorneys saying: "She is an excellent judge."

CONCLUSION

During my consultations with her, we have establish a trusting therapeutic doctor-patient relationship and she cooperates well. !

Follow-up consultations will be arranged in future if the needs arise (medical/psychological).

My final opinion is therefore that she has an excellent personality and is very intelligent and she will make a meaningful contribution to the criminal justice system in Upington.

My best wishes accompany her.

Regards

Date

05/07/2010

Dr. LIA Magedorp
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Orangeburg, 3807
13 Vyge Str.
Progress, UPINGTON
PR: 1541001
MP 0431419

12A

Geachte Dr. Maandorp

L. Myles

Dit verslag werd een 30. Juni benodigd. Dit meet in Engels wees.

I noted the triggers of this depression for you:
Personal

- 1) Parents lived with me and father was very abusive towards Mom and I had to have him removed from the property for her safety - mid 2005
- 2) This split the family in two - 3 children shunned my mom (I am the eldest of 6 children)
- 3) Mom got cancer in 2005 - now in remission
- 4) Father died in 2007
- 5) Ex-husband Mr. Myles had a 6 months affair with town slut - openly, very humiliating - end 2007
- 6) When he was finished with her he moved back, but realized I resented him and my love was dying (15 year marriage) and terrible fights ensued, with him getting very aggressive towards myself and our daughter - 2007. I divorced him in February 2008
- 7) My youngest brother died age 38 - had heart attack in restaurant and died immediately - April 2008
- 8) Youngest sister got ovarian cancer - end 2008 / 2009
- 9) Other sister stayed with me for from 2006 - 2009, she is a drug addict who caused a lot of problems and heavy burden on me - emotional and financial.

(12B)

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- 10) I married ^{Trevor} Mr. Van Biljan on the rebound in a very vulnerable state in May 2008. I soon discovered lies about sexual preferences and drug abuse - dagga and tik which makes him aggressive. Lots of bad fights were there. He almost died in a bike accident on 30/6/2008 and was in ICU and incapacitated for months totally dependent on me.
- 11) Beloved animals died off as if "cursed" - a great Dane, an Arab horse, my daughter's little Doberman Pinscher that grew up with her, 2 Border collie dogs and a Siamese cat - between 2007 and this year. → Caused a lot of grief.
- 12) Mr. Myles started rejecting his daughter, breaking her heart; hardly contacts her anymore.
- 13) Financial problems - debts left by Mr. Myles - e.g. over £15,000 electricity account of £12,000; car £15,000; vet bills; doctor's bills. I would just finish one account; then another pops up. He never paid a cent on the bond or ordered by the Divorce Court, ~~causing~~ causing the house to go on auction three times - 2x in 2009 when I was very sick and once this year. Every time he failed his promises and I have to loan money to keep the house that I've paid £10,000 p.m. for 6 years. This worsened my depression.
- 14) Trevor could not handle my illness and the fights got worse when I needed him most; he often moved out. I divorced him in Feb 2010. We are still friends she needs me.
- 15) My daughter developed depression over her

12E

rejection and she thought I was going to die, and drank sleeping tablets of Morn end of 2009, when Dr. Ibrahim found me to have improved a lot - this set me back seriously.

16) My progress was hindered by constant pressure / tragedies - personal and from work especially. I was contacted over judgments or part heard cases I had to finish; my job was threatened which caused enormous strain; I was refused half-pay or extra 5 years' leave accrual because my service was "broken" whilst I had been relying ^{all over} since I resigned in 1997 after my house was burnt down. I got slapped with a R200,000+ claim i.e.o. salary.

17) When I got my nerve back to return to work in February, I was put in C-Court, now the busiest court which nobody wants to do, instead of slowly being introduced in a normal court. An ugly meeting (illegal) followed after I complained. So I was flung back into fear and depression. In March when I went in to give two complicated ^{judgments} (cases against Minister of Safety & Security), I was almost assaulted by a male colleague which was very traumatic. In May I went in to give another judgment - most of which I prepared at home.

Work

Since 2004 I did A-Court - then the busiest court that did all defended and difficult cases. The senior magistrate Mr. Kigonyago moved me around - to family

12 D

in 2007
 Came back to A-Court; then to Civil Court. Whilst doing civil work, I had to do all inquests; warrants call kinds, helped to train contract walkers; a lot of other extra work - mostly to help out slow and inexperienced magistrates. I am the only ~~white~~ female magistrate and white; there is one other white male. Some days I do 2-3 people's courts. I complained of Mr. Ganyagsi's victimization until the Magistrates' Commission sent 2 commissioners to talk to us ^{and matter improved greatly}. I do not have a problem with him; I am professional and experienced; have been a magistrate for since 1987. In August 2008, I had an abnormal seizure and was hospitalized - the cause was physical/mental exhaustion.

Dr, u kan al hierdie goed neem-din belangrik, want daar is in miskonsepsie oor stress. Dis nie wat ek gehad het nie, maar B.P. - depressie. Wat ek gelever het, is ^{van} BP depressie:

"It is a neurochemical disorder. The condition should be properly assessed and diagnosed, as the treatment is very specific and life-saving. Left untreated, it is an incredibly dangerous and harmful condition. It may be genetic, not in my case - no history of it) or an underlying trigger leads to natural brain chemicals becoming unregulated leading to massive depression or mood swings." I was very suicidal - you must mention it) and on a "good" day gave it to ~~me~~ ^{my} Mom to hide as I knew Mr. Myler ~~with~~ will

(12 E)

destroy his daughter (Jessica): she and my mother
is all I live for now and am I their breadwinner.

Negative factors I removed from my life since
this illness, are:

- (a) I got my drug addicted sister to go back to
her own family.
- (b) I divorced Trevor Van Blijen & I did C-Court
on 10/2/2010; went to the Divorce Court, and
returned to finish C-Court - nobody knew.
- (c) I mended my relationship with Mr. Kgaryago,
which makes walk a pleasure again. It is
after all, the only security I have and I
enjoy it immensely.

Please contact me if you want to have more
info.

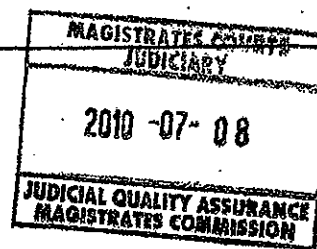
Thank you.

Chiana Myles

E-mail address: vanmyl@talkcom.net

Nieman Jeannie

From: Schoeman Danie
Sent: 07 July 2010 07:40 AM
To: Barnard Chris; Meijer Johannes; Nieman Jeannie
Cc: vanmyl@telkomsa.net
Subject: FW: 6/5/5/2 - 1/2010 J Meijer (L.Myles - Investigation ill-health)
Importance: High



Dear Mr Barnard

Trailing e-mail message from Ms Myles for attention of your Division, please.

A D SCHOEMAN**Secretary: Magistrates Commission**

Tel: 012- 325 3951

Fax: 012-325 3957

Fax2Email: 086 507 0144

Cell: 083 305 9830

E-mail: dschoeman@justice.gov.za

From: Liana Myles [mailto:vanmyl@telkomsa.net]**Sent:** 07 July 2010 12:53 AM**To:** Schoeman Danie**Subject:** 6/5/5/2 - 1/2010 J Meijer (L.Myles - Investigation ill-health)**Importance:** High

1. It was difficult to submit a medical report, as dr Ibrahim the psychiatrist who treated me from March 2009 to January 2010, suddenly left for Durban. In spite of my pleas she refused to compile a report as she had given over her practice to dr Nieuwoudt, who was supposed to start in Upington in February, then the beginning of and lastly mid-May. I had to ask for two extensions of the time period to submit the report. I had one consultation with dr Nieuwoudt who was extremely rude and very annoyed that he would not have the (financial) benefit like dr Ibrahim of seeing me for a year as I told him the Commission needed the report end of May. I did phone his practice in Bloemfontein in April to ask that he should read dr Ibrahim's extensive file on me as I needed a report for my work very soon. During my appointment he made it clear, after I had to pay R1500 cash, that he would need more appointments as he "wanted to be sure of his facts". It was clear that he was not interested in assisting in the circumstances and I went to dr Maasdorp whom I knew has experience in psychiatry. This will explain the reports from dr Ibrahim, Dawie Hanekom, a psychologist and dr Maasdorp. Reports from dr Ibrahim dated 12/8/09, 19/8/09 and 1/9/09, letters of D Hanekom dated 1/2/10, 5/2/10 and 16/2/10, and a report from dr Maasdorp dated 5/7/10 will be faxed today due to the time factor.

2. Kindly note that the calculations of 505 and 323 days leave include weekends and holidays. Regarding the financial burden, department claims R205 662 from me, as appears from an e-mail from C Cader. Upington has always been two or three magistrates short and contract magistrates has ALWAYS come and go regardless.

3. I went in to work from 8-11/2/2010 to finish civil matters (2 judgments and 2 part heard complicated matters) In the absence of Mr Kganyago, the snr magistrate, Mr White who has many criminal matters against him and is the most dubious candidate for the post, forced me to do C Court, the busiest court - it was made clear by medical reports that I was not ready for such a court. I coped however, but complained of my civil matters which were already queried by the Chief Magistrate of Kimberley. On 11/2/2010 Mr White chaired an irregular meeting - see my complaint to Mrs Terblanche dated 16/2/2010. On 31/3/2010 I went in to work to deliver 2 civil judgments and the ugly incident with Mr White ensued - I refer to my complaint against him which is being investigated.

4. I started working permanently on 7 June and was placed in C Court again. I have been there to date and received compliments from clerks, prosecutors and attorneys - the roll is clearly improving, bail hearings are done within a week, and the roll is organized again. It now seems that Mr White is the only colleague with a morale problem. He is constantly off again and his work in the civil court (where he replaced me) is so far behind that I volunteered to help work off his backlog in my free time. All my other colleagues know more about me as I am more open about my sickness and we are on good footing, as always in the past.

5. My problem has always been with Mr Kganyago, as records will show. His victimization caused me the most heartache and stress, as I have never been at odds with ANY person at any office, especially with my seniors. In 2007 the clerks gave me an "award" for Magistrate of the Year. My biggest breakthrough, apart from beating this debilitating sickness, is having made my peace with Mr Kganyago. I took him into my confidence for the first time, which I was scared to do before. I asked his forgiveness for anything I might have done unwittingly to raise his ire. He won my respect back with his response, that he does

2010/07/08

the same and that we start on a clean slate. He even offered that I could do another quieter court, which I declined, having had to prove to myself and others that I could jump right in and make a success of the worst court in Uppington - and I did.

6. I did not have much time after dr Maasdorp's assessment on 5 July to make these representations. So if I left out anything relevant, I will gladly provide it. I am totally confident and proud that I survived this incredibly dangerous and harmful condition which I knew very little about, not just for my own and my family's sake, but also because it gave me insight and wisdom and made me a better person and better equipped to deal with massive work- and personal stressors.

Liana Myles



Zinhle Kubeka
Incapacity Consultant: PHS
Whitby Manor Office Park,
Block B 1st Floor,
14th Road, Noordwyk,
MIDRAND.

24.05.2011

Dear Zinhle,

CONFIDENTIAL

PT: Lfana Myles

DATE OF BIRTH: 04.12.1961

REF NO: W03554

PERSAL NO: PO100834

Thank you for the referral. The above-mentioned was assessed by me this morning.

1. DSM IV diagnosis

Axis I: Major depressive disorder, currently in remission. (Previous diagnosis of Bipolar Mood Disorder).
Axis II: None.
Axis III: Hypertension.
Axis IV: Her work situation, finances, caring for her mother, being a single parent, death of brother.
Axis V: GAF - 51-50 at present.

2. About psychiatric condition:

Dr Ian Westmore
Psychiatrist Psigiatr

MB ChB M Med Psych (UFS/UVS)
DR. IAN WESTMORE Reg No 2002/1000365/21 Pr No 2205234 NP 0371056

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- **History of psychiatric condition:**

- Pt has been working for Dept of Justice for 24 years now and rapidly progressed to Magistrate post. She does "excellent work". Initial work was very stressful due to area that she worked in. In 1996 their family home was burnt down by gangsters and they lost everything. She was pregnant – expecting twins at the time. She did not receive much support from the superiors at the time. She lost the twins after two weeks (as they insisted that she return to work). This caused "tremendous strain" on the marriage. She eventually resigned her job and the family moved in with her parents. She feels that she was grieving for all her losses, not sure whether she was clinically depressed at the time.
- Following this she felt that she could not stay at home and started working locally (Vredendaal). Her husband started his affairs at that time. For six years she did work "where needed". In the time she developed a good reputation for her work and efficiency. This led to her being offered a post in Uppington in 2004 where she was permanently employed. In 2005 a senior magistrate was appointed above her – they differed greatly and she felt victimised by him (overloaded her). In 2008 her hair started falling out, she developed hypertension and experienced frequent headaches – this led to a seizure too (she was hospitalized, scan done which was normal and diagnosed with hypokalemia). She also divorced her husband in this year.
- In 2009 she found that she was becoming overly emotional whilst working, and she was affected by the cases that she was seeing. She was also overly fatigued. In addition, she was experiencing problems in that her daughter was victimized at school. *She makes it clear that "Uppington was never good for them"*. She found it difficult to get up in the morning, did not do self-care, was often late for work, and wanted to sleep excessively. At the same time she was also looking after her mother, her father passed away and brother died at a young age (his sudden death as well as her sister's death have caused her to become overly fearful about her family's predisposition to "sudden death").
- She saw her GP at that time who diagnosed BPMD – referred to Dr Ibrahim (psychiatrist). She diagnosed major depression initially (Rx: Clift 20 mg pd po for two months without any response) – diagnosis was changed to "manic depression" – but she never seems to have had any manic episodes. Treatment was changed to Venlafaxine 150 mg pd po without any response (took this for 3-4 months). At this stage Lithium was added gradually, but pt feels that this did not help (it is not clear whether this was an augmentation strategy or due to suspected bipolarity).

- In January 2010 pt stopped meds of her own accord. She must have taken the medication for constantly for 4-5 months. Her daughter was worried about her, and she experienced guilt feelings re her suicide ideas etc – thus stopped meds. Dr Ibrahim left town at this stage and she continued to see her GP. She did not receive an antidepressant, he only prescribed a hypnotic at night as she was sleeping abnormally.
- Psychotherapy with Dr Hanekom (a counselling psychologist) started in January 2010 when Dr Ibrahim left town. She only had one or two sessions – this psychologist had originally been treating her mother. She never took any medication thereafter. Not taking any medication currently.
- Off sick certificates: March 2009 until Feb 2010 (GP and Psychiatrist). She returned to work for one day (was "catastrophic", "victimized") – thereafter she was booked off by GP again on a month-to-month basis. In March 2010 she returned to work to attend to civil cases (3-4 days, completed the work at home) – then booked off again until June 2010 – returned to work for a week (victimized again, was sent to work in "the most difficult court") – at this time her husband contacted her again, she was overly emotional, was able to sort out issue with her superior who "confessed that he had mistreated her". She continued working in the court; December was particularly busy. She is currently still employed in that court. She has been off on sick leave again for the past month (had nose bleeds, hypertensive, urethritis, and in April 2011 her eldest brother died of a heart attack). In the meantime she has been back to work on one or two occasions to arrange things.
- She did see Dr Niewoudt (psychiatrist) in Upington for one contact – she did not find this a favourable contact. She did not return.
 - Current condition:
 - Mood: feels "ok" most days, admits that she experiences normal sadness about her brother that passed away. Pleasure experience seems normal.
 - Energy is normal; drive is normal.
 - Sleep: good, easily. Feels refreshed.
 - Appetite: normal. Weight has increased over the years (20 kg).
 - No suicidal thoughts.
 - No hypomanic/manic episodes.

- She describes herself as being very active. By this she means that she likes to do things for herself and is particularly involved with her daughter's extramural activities and caring for the animals on the farm.
- Concentration is normal. She reads "very quickly" and can do her work. Memory is normal. She did suffer from short term memory impairment when she was on treatment/medication and this is one reason why she prefers to not be on medication. She feels that she is very attentive in her work (? superior assessment).
- Does not see herself as an anxious person. She does worry sometimes about money etc.
- No flashbacks, no avoidance behaviour. This is despite the severe trauma that she has experienced in her life.
- **Family history:** Pt was the eldest of six children ~ two brothers have passed away. One sister is very dependent on her and abuses medication. Pt describes father as an erratic person. No suicides ever in the family.
- **Clinical presentation:**
 - **Voorkoms/Appearance:** well groomed. Good eye contact. Pt was eager to tell me her whole story and would sometimes derail during the interview. Even though she gave excessive information there was not an impression of pressure of speech. No signs of intoxication or withdrawal noted.
 - **Psigomotories/Psychomotor:** normal.
 - **Bewussyn/Consciousness:** clear.
 - **Orientasie/Orientation:** normal for time, place and person.
 - **Aandag/Attention:** readily obtained and held.
 - **Konsentrasie/Concentration:** subj and obj normal.
 - **Gehoue/Memory:** LT; ST; UST grossly normal.
 - **Insig en oordeel/Insight and Judgement:** Normal at present.
 - **Intelligensie/Intelligence:** Impressed as being of at least average intelligence.
 - **Gemoed/Mood:** Currently euthymic.
 - **Gedagteprosesse/Thought processes:** normal for form, content and tempo.
 - **Persepsies/Perceptions:** no hallucinations/illusions.

- **Hypothalamies/Hypothalamic functions:** see above..

- **Investigation results:**
 - Blood tests were done in 2009 – no abnormalities detected.
 - No recent neurological investigations. In 2008 scan and EEG were normal.
 - No recent tests done.

- **Perpetuating/Contributing factors:** her working environment has contributed significantly to her condition (depression), as well as other factors such as multiple losses, single parenthood, caring for her mother.

- **Social history:** Pt lives on a property with her mother and daughter (16). Pt has little social contact otherwise (feels that she is an "outsider" in Upington). She normally socializes with older people and some colleagues.

- **Drug history:** No substances ever taken. She does not use alcohol at present.

- **Rx at present:** Adco Dol for headaches –possibly three times a week.

- **Treatment:** see above. No ECT was ever administered.
 - In my opinion, the patient is currently well enough to continue her work. In the light of her previous history, she should, where possible be accommodated in less stressful circumstances.
 - I would recommend that she receive individual psychotherapy from a clinical psychologist to work through previous losses and to cope better in her current environment. This should probably be ongoing.

- **Prognosis:** this should be fair if she is accommodated at work and her social support is increased. Ongoing individual psychotherapy could greatly enhance her stress coping ability.

Yours sincerely,



DR I WESTMORE

Anneke George
Occupational Therapist
PR NO 066 000 0150401

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Fichardt Park
9317

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FUNCTIONAL CAPACITY EVALUATION

Liana Myles

PROACTIVE HEALTH SOLUTIONS

**DEPARTMENT OF JUSTICE AND CONSTITUTIONAL
DEVELOPMENT**

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PURPOSE OF REPORT

Magistrate L Myles was referred by PHS for a functional capacity evaluation to ascertain functional abilities and limitations to perform own and occupational duties and other activities, whether or not any adjustments should be made to own occupation, whether the alternative placement necessary or whether any other occupation could be performed in the open labour market.

BIOGRAPHICAL INFORMATION

Name: Liana Myles
ID no: 611204 0033 08 3
Date of birth: 4 December 1961
Age: 48 years
Gender: Female
Employer: Department of Justice and Constitutional Development
Occupation: Magistrate
PO number: PO100211
Language used in interview: Afrikaans
Diagnosis: Major Depressive episode
Date of referral: 1 October 2010
Date of assessment: 16 November 2010
Date of Report: 23 November 2010
Source of referral: PHS
Contact Person: Zinhle Kubeka

SUMMARY and RECOMMENDATIONS

Mrs. L Myles is a 48 year old lady who has been working as a magistrate for the past ten years. The claimant suffers from hypertension, migraines and had suffered from depression for a period of time from approximately end of 2008 to the beginning of 2010. She describes it as the result of circumstances and stressors (see Annexure A) that culminated in her not being able to handle the pressure anymore. From the interview it is gathered that the claimant is still in the process of recovery.

The claimant decided in January 2010 to stop her medication for depression as it impeded her short-term memory. She mentioned that she also started feeling better and that her sense of humour returned and she had more energy and motivation to perform tasks. According to her she has not yet regretted the decision to stop her medication. She describes the ability to perform her work tasks and that she is coping with the work load. She also was able to eliminate of her biggest stressors, which assisted in the healing process.

During this evaluation the claimant did not display any physical impairment. She also did not display any psychological impairment. She was very adamant that she is not suffering from any depression or anxiety. She may have over stressed this point, but the therapist could not notice any covert signs of anxiety or depression.

In vocational assessments she did well and was able to complete all tasks well and faster than the speeds required. Her reasoning abilities seemed good. She has also been working since March 2010 and would like to continue working. Her work requires her to use executive functioning in the hearing and adjudicating of cases. She has been able to perform all her duties it appears under pressure in the court where she is currently working.

The claimant displayed motivation to remain working and it is the therapist's opinion that she meets the physical and psychological demands of her work. It is therefore

the therapist's opinion that the claimant is able to remain working in her own occupation. She is thus correctly placed currently.

She also displayed the ability to be trained and the adaptable skills to handle unknown situations.

It is the therapist's opinion that the claimant may benefit from the assistance of a clinical psychologist as she underwent a lot of traumatic events (Dr. Stemmet 054-332 1818).

1. DOCUMENTS RECEIVED

| | | |
|---------------------|-----------------|-------------------|
| Letter of referral | Ms. Z. Kubeka | 01 October 2010 |
| Psychiatrist report | Dr. S Ibrahim | |
| Medical report | Dr. U. Maasdorp | 05 July 2010 |
| Psychologist report | Mr. D. Hanekom | 16 February 2010 |
| Psychiatrist report | Dr. S. Ibrahim | 01 September 2009 |
| Psychiatrist report | Dr. S. Ibrahim | 19 August 2009 |

2. MEDICAL HISTORY (according to the claimant)

The claimant started the explanation of how she became depressed and did so in detail. When asked whether she would like all the personal detail to be in her report she indicated that it is necessary to clear up the reasons why she experienced the major depressive episode. She gave a list of her stressors and explained them. These stressors are listed in Annexure A.

2.1 Depression

She felt that she started suffering from depression towards the end of 2008 as she has been strong for her family, but could not cope with everything that happened to her. She described this period of her life as that she "only existed". The claimant stated that initially she felt very sad and would go off alone to cry at places where no one could find her, but her daughter always found her. She gained weight in 2009. Her hair fell out during 2009.

She went to Dr. Diergaardt in February 2009. She displayed symptoms such as being tearful, not wanting to get up in the mornings with her sleeping pattern being erratic at the time. She started sleeping any time of the day. She excluded herself from other people. She had suicidal thoughts. The doctor referred her to a Counselling Psychologist. She felt that this person could not help her at all and she was then referred to a psychiatrist, Dr. Ibrahim, in March 2009.

The medication she was put on included Lithium and she used this combination for a five to six months period. However, it caused her to have short-term memory loss. By

January 2010 she stopped the medication on her own and prepared for cases that she had to adjudicate.

She described it that her condition affected her daughter negatively and her daughter also started becoming depressed. She deliberately started eliminating of her stressors in order to gain control of her life e.g. she divorced her husband who abused drugs, she send her sister (who also abused drugs) away, she had a discussion with her supervisor at work, which changed their relationship for the better.

She was unable to work for more than four days in February as they gave her the most difficult court to take over and she felt she was not ready for this court. *She mentioned that she is currently working in the same court (Court C) where she is handling difficult cases.*

In March she returned again back to work where they placed her in Court C despite the requested from the psychiatrist that she should slowly start to do court duties.

Currently there are no further plans with regard rehabilitation.

2.2 Other conditions

During September she contracted the H1N1 virus after she returned to work. Her daughter also had the virus and she was thus booked off sick for a period of time. In addition to this she mentioned that she may be starting with her menopause as she started excessive bleeding. She was also booked off for this purpose.

Dr. Maasdorp told her that she was not exposed to any viruses and that her immune system was negatively affected by the depression. When she returned to work she was suddenly exposed and was susceptible to illnesses.

2.3 Migraines

She suffered from migraines since she was a teenager. A few weeks after arriving in Upington she was diagnosed with hypertension and was started on treatment. She

mentioned that she tries to distinguish between hypertension headaches and migraine. She has to take the migraine medication early in order to prevent the migraine from becoming severe. (Adco-Dol, Voltaren injection and Migril). She always takes medication for the hypertension as it may go over in to migraine. She gets headaches ± twice times a week.

3. MEDICATION

Migril- as needed for migraines

Adco-Dol as needed for headaches

Voltaren injection – only for migraine

Tenchor – hypertension

4. CURRENT COMPLAINTS (according to the claimant)

When asked about her current complaints she denied having any complaints regarding the depression she suffered from. She made it clear that she did all she could to eliminate the stressors from her life in order to get better.

- All symptoms of depression disappeared
- She has sorted out her life by removing problems from her life inducting the medication that caused her to be sleepy and have short term memory loss

5. GENERAL HISTORY

5.1 Family

She was the eldest of 6 children. She regards herself as being matured at a very early age, but yet she was compassionate. She picks up animals to heal them.

She witnessed her father as being verbally abusive towards her mother and her mother had to work hard to satisfy him. Her mother was not allowed any equipment that could make the household chores easier, e.g. washing machine or a vacuum cleaner and had to do all tasks by hand.

The claimant indicated that she promised her mother she would look after her when she was able to do so. Currently her mother lives with her and she takes care of her also financially.

Her father passed away and she was unable to make peace with him or attend his funeral due to her court role being booked full.

She was married twice. They divorced after 18 years of marriage. One daughter was born from this marriage (15years). She is crazy about daughter and they have a very close relationship.

She remarried in 2008 and divorced her second husband in 2010 as he was also a stressor in her life.

5.2 Work history

She completed her degree in law at the University of Free State and immediately started working a prosecutor. She worked her way up in the ranks quickly and

She got a state funded bursary.

Her work history is as follow:

| EMPLOYER | POSITION | PERIOD | REASON FOR LEAVING |
|----------------------|------------------|----------|-----------------------------------|
| Henderson'srus | State Prosecutor | 3 years | Transferred |
| Wineberg (Cape Town) | Magistrate | 10 years | House was burned down; lost twins |

She got excellent results in her cases and was promoted out of turn leading to her being in a senior position at a very young age (27 years).

After her home was burned down and she lost her twin babies she moved away from Cape Town to Garies. She was unable to remain at home and when they heard she was an experienced magistrate she was approached by the law commission in the Northern Cape to render relieve duties as was needed. Since she started with relieve duties she was never without work again.

She started doing relieving magistrate work and was busy in this way for the next six years in the following places:

| |
|------------------------|
| Vredendal - on and off |
| Fraserburg - 9 months |
| Fraserburg - 6 months |
| Bellville - 2 years |

| |
|-----------------------|
| Springbok- on and off |
|-----------------------|

| |
|---------------------|
| Hartswater - 1 year |
|---------------------|

6. WORK

After being off sick until February 2010, the claimant returned to work as a magistrate. She was placed in C-Court, which she describes as the most difficult court due to the nature of the cases that have to be handled.

6.1 Job analysis

6.1.1 Physical demands

- Speech Clarity
- Auditory Attention
- Oral Expression
- Near Vision
- Endurance for sitting for long periods
- Manual dexterity for writing quick notes

6.1.2 Psychological demands

- Reading Comprehension
- Active Listening
- Critical Thinking
- Judgment and Decision Making
- Speaking
- Reorganization of information
- Communication- verbal, written and computer literacy
- Problem Identification
- Idea Evaluation
- Negotiation
- Time Management
- Social Perceptiveness

6.1.3 Work Context

- Indoors
- Seated
- Importance of ensuring all aspects of case is covered
- Deal with external clients/ public
- Very important to be accurate
- Deal with unpleasant and angry people

- Take position opposed to others

6.2 Difficulties at work (according to the claimant)

At work her boss has animosity towards her, although he denied it when she asked him about it.

She mentioned that she worked very hard doing at least two magistrates work. Her boss would lay charges against her such as that she is away from duty too much. At the time there were other magistrates who were off duty more than she was.

She and her supervisor boss, Mr. Kganyago, had a discussion and they cleaned the slate. Her supervisor offered that she changed from court, but she indicated that she is able to continue there.

7. ABILITY TO PERFORM OWN OCCUPATION

The claimant's work can be described as sedentary in nature. She does not have to carry any heavy objects beyond 5 kg. Her work is mostly done in a seated position.

Based on the findings in this evaluation it is the therapist's opinion that the claimant displayed the physical and psychological abilities to perform her work. It appears that she currently do not suffer from any symptoms that she described as being part of the episode of major depression. She has been working since March 2010 and although she was booked off sick during 2010 it appeared to have been for physical causes such as H1N1 virus and excessive bleeding (which she ascribes to her menopause).

It appears that she does not have difficulties in the execution of her duties and that she is currently performing her work at production speed as the extensive court roll is improving and she manages her case load without the assistance of other magistrates. She is able to help other magistrates out despite her high workload.

It is thus the therapist's opinion that the claimant is suitably placed in her own occupation.

8. ABILITY TO PERFORM AN ALTERNATIVE OCCUPATION

The claimant displayed the ability to be trained for alternative work. However, she is currently able to perform her own occupation. She has been working as magistrate

since 1987 and it would be inappropriate to place her in an alternative position outside her current scope.

9. VOCATIONAL

9.1 Thurstone

The claimant was given subtest 3 and 5 to complete. Both these tasks are three dimensional tasks in that it requires the use of more than one skill simultaneously. It also tests for the ability to work with an array of information and to be able to complete the task successfully.

The claimant's lowest score during vocational testing in tasks requiring three dimensional such as sequencing with analysis and planning was 93%. She was able to read instructions and follow them without being externally motivated. The claimant displayed the ability to learn new information and be trained.

Her concentration abilities were measured at 100% with no difficulties.

9.2 Reading and writing

Her reading and writing abilities are within normal limits of the tasks given to her. She performed all tasks in times quicker than the norm.

PERFORMANCE COMPONENTS

10. PHYSICAL

The claimant currently does not display any physical problems.

10.1 Range of movement and muscle strength

She displayed range of movement and muscle strength within normal limits.

10.2 Endurance

She was noted to be able to sit for long periods and when asked about the low back pain's influence on her sitting during her work she indicated that it does not bother her at all in this position.

General endurance

The claimant mentioned that she enjoys working with the horses every day after work. This makes her tired and provides her with a good night's rest. She seems to be enjoying the physical involvement after a day of sitting at work. Her endurance is regarded to be within normal limits.

10.3 Mobility

The claimant does not display any difficulties in this regard.

11. PAIN

She indicated that she fractured her coccyx when she was a student at university. It infrequently causes her to have low back pain, but she does not require any pain medication for the pain.

12. PSYCHOLOGICAL

12.1 Cognitive

The claimant displayed good attention and concentration abilities. She was orientated for time, place and person. Her memory was good for long term, medium term and

short term. She gave a good account of her history and could interrupt herself to adjust the events in sequence.

She displayed good judgement during the evaluation.

Her decision making skills are good and she is currently able to give verdicts in court cases and also make decisions for herself and her daughter which proofs to be good.

12.2 Affective

The claimant's mood was euthymic. Her expression of emotions was appropriate for stimulus, intensity and duration. She displayed a good sense of humour, which was appropriate. The claimant's range of emotions appeared to be wide and covering negative and positive aspects, but appeared within normal limits. She could also see her sense of humour as an indicator that her condition improved. She finds that she is able to relax with her daughter and do work on their small holding that causes her to be tired at night. She mentioned that she enjoys the normal small things in life which was not the case in 2009.

Her self-esteem appears to be healthy as she believes in herself and her abilities and does not doubt it despite the fact that negative remarks are made about her at her workplace.

She completed the Hospital Anxiety and Depression scale where she indicated that she does not have any depression or anxieties. These results should be confirmed by a psychologist as this is not a diagnostic tool.

12.3 Motivation

The claimant has been on duty since July. She is very motivated to work and to continue to work. She is positive that her condition was as a result of her circumstances and that these conditions have changed for the better.

The claimant displayed motivation throughout the evaluation. She was able to start and complete tasks on her own. She displayed initiative and purpose in all that the activities given to her. She was able to discuss issues with purpose.

She was able to initiate tasks and successfully complete them within the norm time set for each task. The quality of her tasks was also good and within the average. She displays an interest in people and although she mentioned that she does not have close relationships in Uppington, she has good friends that have been coming on for years. She maintains good relations even with her husband that failed in his duties towards her.

She displays responsibility in that she was able to work out a plan to get back to work. She keeps on working even though money is being deducted for the unpaid leave days when she was depressed.

13. ACTIVITIES FOR DAILY LIVING

13.1 Domestic profile

The claimant lives on a small holding outside town with her daughter and mother. Her mother requires assistance with walking, self-care and tasks such as shopping. She and her daughter help her mother in all these tasks.

13.2 Self-care

She is independent in all self-care tasks. She explained that whilst she was depressed she did not feel like washing, but naturally cannot stand being untidy and therefore had regular baths and changed her pyjamas. She did not wear other clothes besides her pyjamas at the time. This was unnatural for her as she likes to dress up and put make-up on. Currently she feels that she dresses like she always has and goes to a lot of trouble with her appearance.

13.3 Home management

The claimant does some cleaning activities with her daughter over weekends and is responsible for most tasks happening in and around her house. She has a gardener, whom she trusts and that is able to take responsibility when she is not around. Whilst she was depressed he helped her daughter with running all errands for the home.

13.4 Interests

The claimant and her daughter have a few horses, which they keep in stalls on their small holding. They take care of them and her daughter belongs to a riding school. It appears this takes up a lot of their time.

Generally the claimant loves animals and has nursed several injured animals back to health. She has several dogs and cats and they seem to take up a lot of her free time. She also loves reading.

13.5 Social

The claimant is a sociable person, but feels that since she lives in Uppington she could not make friends due to her husband's activities. Due to her work she was known and was thus very embarrassed. This caused their social life to become limited to her daughters activities and having a few good friends in other places.

Thank you for this referral. This report was compiled with the provided documents at hand. Should any further information come to light the therapist reserves the right to change her opinion.

Do not hesitate to contact at 051-436 4755 or 083 624 1905 should you wish to discuss this report.

Anneke George
Occupational Therapist

ANNEXURE A

LIST OF STRESSORS (as described by the claimant)

Trauma in Cape Town

She was married for 18 years. While they stayed in Cape Town her husband had an affair when she got a job in Cape Town. Despite her husband's infidelity she forgave him and renewed their vows. They purchased a house. She remains the main breadwinner in the house. At the time her husband was manager at OK Bazaars.

She found the work at Wineberg Courts challenging and she was promoted out of turn. She handled many difficult cases and got excellent results. She always did strong cases

In 1996 criminals burnt down her house in 1996 in Wineberg, but this could not be proven. They lost their pets in the fire and all their valuable possessions. This was a traumatic time for her. At the time she was pregnant with twins and when she requested extra time off work after the fire it was not granted to her. She returned to work, but then lost the babies within a week.

The insurance repudiated the claim and they were left with nothing. She mentioned that she did not fight the claim as she was too traumatised by the loss of her twins. She describes this as a very difficult time for her. It took them a further five years to rebuild what they have lost. She had a long period of bereavement of her children and her cats.

She went to live with her parents outside Garies. Her husband started doing commercial representative work. She started doing relieving magistrate work while her husband worked in several places. Her husband followed her and got jobs all over where she was placed. She describes this as a successful period in his working life.

Move to Upington

She found a permanent magistrate's position in Upington and she was given the worst court. All difficult cases were assigned to her. The situation was very tense and

she could feel an animosity. She describes herself as remaining professional in her work and not to focus on negative aspects. The move to Uppington was also a shock for them as a family as they always got along with people. Her daughter was choked at school and became very unhappy at the school. The claimant resolved the matter by putting her daughter in a home-school programme, which proves to be successful. The claimant was unhappy at work.

Her parents moved in with them and there was tension between her and her father, which started in her childhood. E.g. the claimant's mother struggled all the years without washing machine and vacuum machine. Her father did not buy any clothes for her mother.

She describes her relationship with her father as a love-hate one. She also described details of why she disagreed with him e.g. he would mistreat her horses by not giving them water to drink on hot days. They argued about it since he taught her to love animals. Her father left them and went to her brother in Pretoria, where he was ill-treated. Subsequently her father died in 2007 due to gangrene. She could not make peace with her father as she could not take off from work due to her large case load in her court.

Marital difficulties

During 2007 she went for a training course to Pretoria for a month and whilst she was there her husband moved into the town to live with another woman. At the time he was successful in his work, but did not share any of this money with her and her daughter.

Later he moved back, but she shared a room with her daughter.

The claimant asked her husband to move out at the end of 2007. They divorced in February 2008.

Her husband does not maintain contact with their daughter.

She met someone new and after he had a motor-cycle accident she remarried on 19 July 2008 while he recovered from his injuries. They were happily married for one

year. When she started getting depressed he was unable to support him and started abusing drugs. She divorced him in 2010 whilst she was back at work.

Other family stressors

Her one sister is addicted to barbiturates. She stayed with her on and off. When the claimant's father moved away her sister came to live with her. Her sister started stealing things in the house to sell.....

Also in 2008, her youngest brother died. He had a relationship with the same person that the claimant's husband had a relationship with. Her brother knew about the relationship and she felt betrayed by him. The claimant's husband was with her brother when he died of a heart attack.

In 2009 the house was up for auction three times. Her husband did not pay his share of the bond.

Her eldest brother caused her father's death by locking him up in a room. Her brother then did not attend her father's funeral, nor was he heard from again since 2007.

Financially this period was also difficult as her husband left her with large debts and she had to pay cash for consultations with the psychiatrist.



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09/09/2011

FEEDBACK ON CASE MANAGEMENT

Employee : Magistrate L. Myles
Employer : Department of Justice and Constitutional Development (DOJ)
Age : 49 years
Occupation : Magistrate

Background medical history:

Ms Myles started suffering from symptoms of Depression towards the end of 2008 due to alleged social and family stressors. In February 2009, she consulted Dr. Diergaardt, a General Practitioner. At the time she displayed symptoms of tearfulness, decreased energy levels, sleep disturbances, suicidal thought and social withdrawal. She was referred for counseling with a psychologist and a Psychiatrist, Dr. Ibrahim in March 2009 for further management. She was prescribed psychotropic medication for six months which she reported caused her to have short term memory loss. In January 2010, she discontinued taking treatment without informing her psychiatrist. Her treating psychiatrist also left Upington at that time. She continued to see her general practitioner and the psychologist. She was not prescribed antidepressants, but hypnotic therapy at night as she was sleeping abnormally. During this period, she was booked off from work on month to month by her general practitioner.

In March 2010, she returned to work to attend civil cases. She was unable to work for more than four days and was booked off again until June 2010. She returned to work at the beginning of July 2010 and was placed at Court C, where she reported that she was handling difficult cases.

In September 2010, Ms. Myles contracted the H1N1 virus and was booked off sick for a period of time.



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Ms. Myles also suffers from Migraines since she was teenager, Hypertension and takes medication for these conditions.

Ms. Myles is currently not taking any psychiatric medication since January 2010 and she has not had any contact with a psychiatrist.

Ms. Myles was referred to PHS by the Department of Justice and Constitutional Development (DOJ) for investigation into removal from office on account of continued ill health.

On the 16-11-2010, PHS referred Ms. Myles to Ms. Anneke George, an Occupational Therapist for a functional capacity evaluation. According to the findings from the occupational therapy assessment, Ms. Myles did not display any physical impairments, psychological impairments or vocational impairments. She was adamant that she did not suffer from any Depression and was motivated to remain working. According to Ms. Anneke George, Ms. Myles was able to remain in her own occupation as she met the physical and psychological demands of her occupation.

Ms. Anneke George recommended that Ms. Myles continues with psychotherapy.

On the 24-05-2011, Ms. Myles was referred to Dr. Westmore, a Psychiatrist for an independent psychiatric evaluation. According to Dr. Westmore, Ms. Myles did not present with any abnormal cognitive functions. Her conative and cognitive skills were normal. She did not display any signs of intoxication or withdrawal and her mood was euthymic. Her DSM IV diagnosis was as follows:

Axis I: Major Depressive disorder, currently in remission. (Previous diagnosis of Bipolar Mood Disorder)

Axis II: None

Axis III: Hypertension

Axis IV: Her work situation, finances, caring for her mother, being a single parent and death of brothers

Axis V: GAF 51-60 at present.



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Dr. Westmore was of the opinion that Ms. Myles' working environment has contributed significantly to her condition (Depression), as well as other social stressors. However having said that Dr. Westmore was also of the opinion that Ms. Myles was fit enough to continue with her work, however because of her previous medical history, she should where possible be accommodated in less stressful circumstances.

Dr. Westmore recommended that Ms. Myles receives psychotherapy from a Clinical Psychologist.

Work history:

Ms. Myles is employed by the Department of Justice and Constitutional Development (DOJ) as a Magistrate in Upington. Her job is physically and mentally demanding.

Recommendation/Conclusion:

- PHS is of the opinion that Ms. Myles suffers from a genuine psychiatric medical condition.
- Ms. Myles's condition has been said to be in remission despite her not taking treatment since January 2010.
- According to both the Psychiatrist and Occupational Therapist, Ms. Myles presented well enough in terms of physical and cognitive skills to continue with the duties of her occupation.
- PHS recommends that Ms. Myles continues with her own occupation, however with some accommodation where possible in terms of possibly reduced work load and less stressful cases.
- PHS recommends that the employer be empathetic and supportive towards Ms. Myles by providing continuous EAP support or counseling.
- PHS recommends that Ms. Myles continues with regular psychotherapy from a Clinical Psychologist and regular consultations with a Psychiatrist.



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Please do not hesitate to contact Zinhle Kubeka should there be any queries on 011- 697 1700.

Zinhle Kubeka

B. Occupational Therapy (UKZN)

Case Manager

Proactive Health Solutions

**MAGISTRATES
COMMISSION****LANDDROSTE-
KOMMISSIE**

P O BOX 9096, PRETORIA, 0001

☎ (012) 325 3951

FAX (012) 326 0094

Ms L Myles
Postnet Suite 64
UPINGTON
8800

Reference: 6/5/5/2-01/2010

Enquiries: A P Louw

Date: 5 December 2011

Dear Ms Myles

**INVESTIGATION INTO REMOVAL FROM OFFICE ON ACCOUNT OF CONTINUED
ILL-HEALTH**

On 1 December 2011 the Ethics Committee of the Magistrates Commission considered the medical reports submitted in terms of regulation 29 of the Regulations for Judicial Officers in the Lower Courts, 1994 together with other relevant information.

It was noted that, although you are suffering from genuine medical conditions, these medical conditions are not severe to render you totally and permanently disabled to discontinue working. However, your attendance record shows that you have been absent from duty for long periods. After considering the medical reports, together with other relevant information, the Ethics Committee is of the opinion that you do not have the capacity to carry out your duties of office in an efficient manner due to continued ill-health.

In accordance with regulation 29(6)(a)(ii) the following medical reports and other relevant documents considered by the Ethics Committee are attached for your information:

- Report In Terms of Regulation 29(6) of The Regulations for Judicial Officers in the Lower Courts, 1994: Magistrate L Myles; Upington: Persal Number 11353659;
- Dr Safiyyah Ibrahim (Specialist Psychiatrist) dated (12.08.2009);
- Dr Safiyyah Ibrahim (Specialist Psychiatrist) dated (19.08.2009);
- Dr Safiyyah Ibrahim (Specialist Psychiatrist) dated (01.09.2009);
- Dr D W Hanekom (Counseling-Psychologist) dated (01.02.2010);
- Dr D W Hanekom (Counseling-Psychologist) dated (05.02.2010);
- Dr D W Hanekom (Counseling-Psychologist) dated (16.02.2010);
- Dr I J W Maasdorp (General Practitioner, Upington) dated (05.07.2010);
- Feedback Report from PHS dated 9 September 2011;
- PERSAL-Report 4.5.11(04) – Enquiry Leave by Leave Date;

Address letters to: The Secretary/Rig briewe aan: Die Sekretaris

2.

- PERSAL-Report 4.5.11(02) – Enquiry Leave Credits;
- Reconstructed Leave Record;
- Letter from Magistrate, Kimberley with reference 18/1/ & 2/1/5 dated 17 February 2010; and
- Comments/ Directions from the Chairperson of the Commission/Ethics Committee dated 17 March 2010.

Kindly note that regulation 29(6)(b) provides that you may, within 10 working days after the date on which the opinion of the Commission has come to your notice, submit to the chairperson of the Commission written comments regarding the opinion.

It will be appreciated if you could acknowledge receipt of this letter and the annexures hereto.

Yours faithfully

SECRETARY: MAGISTRATES COMMISSION

Received: _____

Date: _____



**MAGISTRATES' COURTS JUDICIARY
REPUBLIC OF SOUTH AFRICA**

OFFICE OF THE CLUSTER HEAD: JUDICIARY; ADMINISTRATIVE REGION 10 (NORTHERN CAPE)

CHIEF MAGISTRATE O M KRIELING

Private Bag X5014, KIMBERLEY, 8300 Tel: (053) 8324652 Fax (053) 8327404

Ref/Verw : 2/1/5/1 (L. Myles)
Eng/Navrae: OM Krieling
E-mail/ okrieling@justice.gov.za
Date/Datum: 8 December 2011

The Secretary
Magistrates Commission
P. O. Box 9096
PRETORIA
0001

For attention: AP Louw
Per urgent fax: 012 3260094

**INVESTIGATION INTO REMOVAL FROM OFFICE ON ACCOUNT OF CONTINUED ILL-
HEALTH.**

1. Your 6/5/5/2 – 01/2010 dated 05/12/2011 refer.
2. Attached herewith find the acknowledgement of receipt of Magistrate Myles earlier today.


**OM KRIELING
CHIEF MAGISTRATE: KIMBERLEY
JUDICIAL HEAD: ADMINISTRATIVE REGION 10 (NORTHERN CAPE)**

**MAGISTRATES
COMMISSION****LANDDROSTE-
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Ms L Myles
Postnet Suite 64
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8600

References: 8/5/8/2-01/2010

Enquiries: A P Louw

Date: 5 December 2011

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- Report in Terms of Regulation 29(6) of The Regulations for Judicial Officers in the Lower Courts, 1994: Magistrate L Myles, Upington: PERSAL Number 11353659;
- Dr Safiyyah Ibrahim (Specialist Psychiatrist) dated (12.08.2009);
- Dr Safiyyah Ibrahim (Specialist Psychiatrist) dated (19.08.2009);
- Dr Safiyyah Ibrahim (Specialist Psychiatrist) dated (01.09.2009);
- Dr D W Hanekom (Counseling-Psychologist) dated (01.02.2010);
- Dr D W Hanekom (Counseling-Psychologist) dated (05.02.2010);
- Dr D W Hanekom (Counseling-Psychologist) dated (16.02.2010);
- Dr I J W Maasdorp (General Practitioner, Upington) dated (05.07.2010);
- Feedback Report from PHS dated 9 September 2011;
- PERSAL-Report 4.5.11(04) – Enquiry Leave by Leave Date;

Address letters to: The Secretary/Rig briewe aan: Die Sekretaris

2.


- PERSAL-Report 4.5.11(02) - Enquiry Leave Credits;
- Reconstructed Leave Record;
- Letter from Magistrate, Kimberley with reference 18/1/ & 2/1/5 dated 17 February 2010; and
- Comments/ Directions from the Chairperson of the Commission/Ethics Committee dated 17 March 2010.

Kindly note that regulation 29(6)(b) provides that you may, within 10 working days after the date on which the opinion of the Commission has come to your notice, submit to the chairperson of the Commission written comments regarding the opinion.

It will be appreciated if you could acknowledge receipt of this letter and the annexures hereto.

Yours faithfully


 SECRETARY: MAGISTRATES COMMISSION

Received:  _____

Date: 7/12/11

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Annexure C

| |
|------------------------------------------------------|
| MAGISTRATES COURTS JUDICIARY |
| 2012 -01- 09 |
| JUDICIAL QUALITY ASSURANCE MAGISTRATES COMMISSION |

Order: D. Schaeman

order
for
eye
at
the
court
house
9/11/12

Faks: 012- 325 3951

Van : 054- 3380811 - L. Myles

ILS GA: 29- Ouderwetse - Kommentaar

Centraal Gadsye : 11 chierdie en
ingesluit).

Datum: 27/11/2011

A

| |
|------------------------------------------------------|
| MAGISTRATES COURTS JUDICIARY |
| 2012 -01- 16 |
| JUDICIAL QUALITY ASSURANCE MAGISTRATES COMMISSION |

Attention Mr. Scherman. (2)

Postnet, Suite 64
Private Bag X5879
Uppington
8800

26 December 2011

Cell: 0744198335

E-mail: vanmyl@telkomsa.net

Secretary: Magistrates Commission
Pretoria, 0001

Investigation into removal from office on account of ill-health – Comment in terms of Regulation 29(6)(b)-L.Myles
Your 6/5/5/2-01/2010 A.P.Louw

The report in terms of Regulation 29(6) is ill-motivated, superficial, fraught with misleading/incorrect facts, omissions, bias and lacks substantive fairness: -

My explanatory letter submitted with my medical report is attached as Annexure A. It contains the reasons why I could not hand in a medical report by a specialist, as I had to submit one within a very short period, whilst the Commission took 14 months to have medical reports completed (until 9 September 2011). The same could be said for the fact that I had to submit my comment on your some 50 page document within 10 working days.

I was never informed of a complaint from the Law Society regarding my absence. I know now which firm of attorneys complained (the same firm who is taking 3 years to hand in written arguments in a civil case) urged to do so by the magistrate whose wish was to remain in the civil court is widely known. The latter was doing a non-busy criminal court with low sitting hours who could easily have assisted with the odd case that needed to be heard on a specific day and which could not be postponed to another date and arrangements made, as happens daily at big court houses. It was after all, expected of me, since 2004, to help out in all sections, especially with inexperienced or slow magistrates; I even mentored aspirant-magistrates in between all my work. This was the gist of the ill-feelings between the senior magistrate Mr Kganyago and myself, i.e. that I overworked myself unlike most of my colleagues, to the extent that my health was adversely affected, as can be seen from my sick leave records – it got worse with time until I was finally diagnosed with severe and manic depression on 23 February 2009. My sick leave record as summarized by the chairperson (my copy of the summary in the report is not eligible) shows a reasonable, normal picture, except for 30/1/2006 -24/2/2006 when I had tick fever, not uncommon for Uppington. I was booked off for depression, as appears from the medical reports, mostly because of my unpleasant work circumstances (I even developed hypertension at the end of 2004) and worsened by a series of serious personal tragedies as appears from the medical reports. Your Mr

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Louw and a colleague visited Mr Kganyago and myself during 2007/2008 as a result of his complaint and clearly did not find disciplinary steps necessary and merely asked us to make peace. I reiterate that Mr Kganyago is no longer an issue for me, as in June 2010, at my instance, we had an intimate discussion about our problems (which was part of the problem; that I never took him into my confidence out of fear of his animosity) – see par.5 of Annexure A. I was the only female (and white) magistrate and I would have resumed work in February 2010 and then April 2010, but was set back badly by two very ugly incidents caused by the acting senior magistrate and rascialistic Mr White who is no longer in the employ due to a long list of crimes and misdemeanours. It needs to be mentioned that he got away with assaulting prosecutors, sexual harrasment, two stints of absenteeism due to “stress” for six months and again after I had returned to work in June 2010 (and I had to assist with his work) He resigned but enquiries against him were not conducted.

Your report covers the period February 2009 until 17 March 2010. I resumed work on 7 June 2010 in the busiest Court C. I have been off work again this year for an extended period and I believe this is the real reason for your recommendation. The Magistrate of Kimberley Mr Krieling, e-mailed me after August 2011 and said that according to the Commission the doctors say I am healthy. I asked to have insight in the reports, but he did not have it. Obviously I was discussed with the Commission, who seems to be influenced by this irrelevant fact of my beloved mother's 10 week sickbed in ICU after being hurt by a nurse and her consequent death and the negligence suit against the hospital. If this is held against me, I suggest a second enquiry for this period, and I will show proof of my mother's heart attack, sickness after getting hurt in a Bloemfontein hospital and her death, and also of the attack by three ex-prisoners on my 16 year old daughter and myself on my property where I had to use my fire arm in self protection shortly after my mother's death, etc.

It is incorrect that I retired in 1997 due to ill-health. My house was burnt down by gangsters as a direct result of my work in the so-called gangster court 3 in Wynberg. I lost all my worldly possessions and aborted twins due to shock. I asked to be medically boarded but the psychiatrist for the State Dr Gardiner found that I was merely suffering from post traumatic stress. I then wanted to resign but the Director-General (compassionately?) offered me early retirement. This comment was obviously sneaked in to show a tendency for ill-health. As stated in the reports, I started working within 3 months on a contract basis for 6 years and was much sought after.

Regarding par 4.5 and 4.6 of your report it needs to be said that Upington has has about 20 contract workers since 2004, the main reason being that 2 magistrates positions are not filled. At the moment there are 2, sometimes 3, contract workers in employ. I have to ask why a contract worker was not employed in 2009 since the acting magistrate Mrs Terblanche was in regular contact with me and knew I would be off for a considerable period. I already paid R52 000 of the debt and in January 2010 I made representations to the Minister to pay the debt off over approximately 3 years.

Three professionals found me fit to keep working as a magistrate. Dr Westmore and he PHS recommended that I be accomodated with a reduced work load /less stressful cases. However that has never been my wish. I am used to stress (not depression) I have been on the bench for 24 years, after all. I just want a normal workload, like other experienced magistrates. I have been doing the most stressful and dreaded court in Upington since June 2010 until March 2011 with much success. That clearly shows I am still able to deal with a massive workload in a very stressful court – refer to par.5.4 and 5.5 of your report.

I was upset and angry when Mr Louw (now the reference person) and a colleague paid an unannounced visit at my house after my mother's heart attack in May/June 2011, maybe thinking I was out of town and finding me in bed and looking haggard – I was most embarrassed and reported this to Mr Schoeman. I hope my behaviour does not count against me as it was justified.

My application that my 6 years of almost unbroken contract work be taken into account for leave purposes which would less severely impact on me financially, was refused by Mrs Terblanche. My representations to the Commission are unanswered to date. The chairperson commented that I am repeatedly on sick leave for unreasonable long periods? I had a valid doctor's certificate for every period, even if for a day, and if the certificate was for a long period, the doctor obviously had good reason recommending it! According to my leave records which I did not check due to time constraints, during 2005 I took 10 days sick leave – definitely most reasonable; during 2006 38 days – of which 26 days were due to tick fever (not uncommon in Upington); during 2007 38 days; during 2008 39 days – leading up to depressive period! it took me 4 years to reach the stage when I realized I needed professional help; 2009 depressive stage and cause of enquiry. The calculations show that I took 125 days sick leave over a period of 4 years until end 2008. To add the sick leave for 2009 and part of 2010 brings the chairperson to a period of 33,13% calendar days (weekends and public holidays included which makes it look much worse and is unconstitutional). Refer par.3.2.8 of the report: I was not repeatedly absent for long periods since 2009 – it was an unbroken period (one serious illness since end February 2009). Annexure C is attached.

See also par. 5.4 of the report : It WAS determined that I can fairly be expected to continue in the office of judicial officer as I proved from June 2010. In December 2010 I was often the only magistrate at the office, sitting until almost 17h00 on 24 December and on 31 December.

Par.5.7 is baffling - "Despite the finding in terms of which she should be medically fit to perform her duties, her leave record shows that the absence from duty on sick leave continues" This enquiry was instituted in March 2010 because of my absence during 2009 until 17 March 2010. As explained I tried resuming work in February 2010 but was set back by the two ugly incidents. However I completed 2 civil matters which were postponed at the instance of the attorneys – in March and April 2010. However I proved myself since beginning June 2010.

Regarding principles emerged from S A Case Law involving dismissals for incapacity from illness – see p37 of the comments: The employer did not ascertain whether I am capable of performing the work for which I was employed – clearly I am and the employer concentrates on absenteeism, ignores my good and hard work and the length of my employment, also sacrifices I had to endure as a result of my work e.g. the burning of my house and mostly the fact that I developed this illness as a result of victimization coupled with personal tragedies. It is clear the enquiry thus far is not substantively or procedurally fair. Colleagues are charged with crimes and they are treated better than me. My only "misdemeanour" was developing depression which built up over 4 years in circumstances which would cause many to resign; I did not even lodge a grievance against anyone, hoping to solve the problem myself, which I did eventually.

Attached please find a report on my work performance since July -November 2010 which was sent to the Commission in November, of which no mention is made – Annexure B. Statistics will show that my hours are longer with more matters disposed than all my colleagues.

I ask that the Commission's recommendations not be followed.

L.Myles

Liana Myles

From: "Liana Myles" <vanmyl@telkomsa.net>
To: <dschoeman@justice.gov.za>
Sent: 07 July 2010 12:53 AM
Subject: 6/5/5/2 - 1/2010 J Meijer (L.Myles - Investigation ill-health)

1. It was difficult to submit a medical report, as dr Ibrahim the psychiatrist who treated me from March 2009 to January 2010, suddenly left for Durban. In spite of my pleas she refused to compile a report as she had given over her practice to dr Nieuwoudt, who was supposed to start in Upington in February, then the beginning of and lastly mid-May. I had to ask for two extensions of the time period to submit the report. I had one consultation with dr Nieuwoudt who was extremely rude and very annoyed that he would not have the (financial) benefit like dr Ibrahim of seeing me for a year as I told him the Commission needed the report end of May. I did phone his practice in Bloemfontein in April to ask that he should read dr Ibrahim's extensive file on me as I needed a report for my work very soon. During my appointment he made it clear, after I had to pay R1500 cash, that he would need more appointments as he "wanted to be sure of his facts". It was clear that he was not interested in assisting in the circumstances and I went to dr Maasdorp whom I knew has experience in psychiatry. This will explain the reports from dr Ibrahim, Dawie Hanekom, a psychologist and dr Maasdorp. Reports from dr Ibrahim dated 12/8/09, 19/8/09 and 1/9/09, letters of D Hanekom dated 1/2/10, 5/2/10 and 16/2/10, and a report from dr Maasdorp dated 5/7/10 will be faxed today due to the time factor.
2. Kindly note that the calculations of 505 and 323 days leave include weekends and holidays. Regarding the financial burden, the Department claims R205 662 from me, as appears from an e-mail from C Cader. Upington has always been two or three magistrates short and contract magistrates has ALWAYS come and go regardless.
3. I went in to work from 8-11/2/2010 to finish civil matters (2 judgments and 2 part heard complicated matters) In the absence of Mr Kganyago, the snr magistrate, Mr White who has many criminal matters against him and is the most dubious candidate for the post, forced me to do C Court, the busiest court - it was made clear by medical reports that I was not ready for such a court. I coped however, but complained of my civil matters which were already queried by the Chief Magistrate of Kimberley. On 11/2/2010 Mr White chaired an irregular meeting - see my complaint to Mrs Terblanche dated 16/2/2010. On 31/3/2010 I went in to work to deliver 2 civil judgments and the ugly incident with Mr White ensued - I refer to my complaint against him which is being investigated.
4. I started working permanently on 7 June and was placed in C Court again. I have been there to date and received compliments from clerks, prosecutors and attorneys - the roll is clearly improving, bail hearings are done within a week, and the roll is organized again. It now seems that Mr White is the only colleague with a morale problem. He is constantly off again and his work in the civil court (where he replaced me) is so far behind that I volunteered to help work off his backlog in my free time. All my other colleagues know more about me as I am more open about my sickness and we are on good footing, as always in the past.
5. My problem has always been with Mr Kganyago, as records will show. His victimization caused me the most heartache and stress, as I have never been at odds with ANY person at any office, especially with my seniors. In 2007 the clerks gave me an "award" for Magistrate of the Year. My biggest breakthrough, apart from beating this debilitating sickness, is having made my peace with Mr Kganyago. I took him into my confidence for the first time, which I was scared to do before. I asked his forgiveness for anything I might have done unwittingly to raise his ire. He won my respect back with his response, that he does the same and that we start on a clean slate. He even offered that I could do another quieter court, which I declined, having had to prove to myself and others that I could jump right in and make a success of the worst court in Upington - and I did.
6. I did not have much time after dr Maasdorp's assessment on 5 July to make these representations. So if I left out anything relevant, I will gladly provide it. I am totally confident and proud that I survived this incredibly dangerous and harmful condition which I knew very little about, not just for my own and my family's sake, but also because it gave me insight and wisdom and made me a better person and better equipped to deal with massive work- and personal stressors.

Liana Myles

2011/12/23

Annexure

B

6

Report on work performance since June 2010

1. After finishing part heard civil matters in February, March and May, I resumed full time duties on 7 June 2010 . I was placed in the busiest court, Court C . This is Upington's channelization court that requires organisational skills and a fast work pace, it also does all bail applications . The court roll was behind and out of control when I took over .
2. My statistics from July - November 2010 are as follows . (I did not keep June's Statistics.)

Court hours 2010

July

- 1 July - 4-05
- 2 July - 3-40
- 5 July - 4-40
- 7 July - 5-20
- 8 July - 5-20
- 9 July - 4-45
- 12 July - 4-20
- 13 July - 5-20
- 14 July - 5-15
- 15 July - 5-30
- 16 July - 3-25
- 23 July - 5-05
- 26 July - 5-30
- 27 July - 4-50

112 Cases finalized

August

- 12 August - 5-05
- 13 August - 2-05
- 16 August - 3-35
- 17 August - 5-30
- 18 August - 4-20
- 19 August - 4-55
- 20 August - 5-05
- 23 August - 3-30
- 27 August - 3-30
- 30 August - 3-45
- 31 August - 5-00

72 Cases finalized

September

- 1 September - 4-15
- 2 September - 3-50
- 3 September - 2-20
- 6 September - 3-00
- 7 September - 2-00

7

- 8 September - 4-40
- 9 September - 4-30
- 10 September - 4-45
- 13 September - 4-40
- 14 September - 2-05
- 15 September - 4-25
- 16 September - 2-55

80 Cases finalized

October

- 12 October - 4-30
- 13 October - 4-05
- 14 October - 5-05
- 15 October - 5-00
- 18 October - 3-05
- 19 October - 4-00
- 20 October - 4-45
- 21 October - 3-25
- 22 October - 4-40
- 25 October - 3-45
- 26 October - 4-05
- 27 October - 4-15
- 28 October - 5-05
- 29 October - 5-05

81 Cases finalized

November

- 1 November - 5-25
- 2 November - 3-20
- 3 November - 5-25
- 4 November - 4-30
- 5 November - 4-10
- 11 November - 5-05
- 12 November - 5-55
- 15 November - 2-45
- 18 November - 4-45
- 19 November - 4-40
- 22 November - 5-15
- 23 November - 4-30
- 24 November - 5-30
- 25 November - 5-10
- 26 November - 4-30
- 29 November - 5-40
- 30 November - 4-55

93 Cases finalized

81

3. At the magistrate's meeting on 29/11/2010 it was placed on record that C Court is under control ; that at the end of November C Court's cases were reduced from approx. 530 to approx 320 ; and that it is the first time in years that at this time of the year cases are being postponed for consultation and bail applications to December and not to January/ February , as previously. I can say with confidence that I have been managing a very difficult and busy court that requires exceptional organisational skills and a knowledge of CFM , very well and still am.

L.Myles

Annexure

Magistrates Office
Upington, 8800
8 September 2010

Tel. 054 – 337 5300
Cell. 074 419 8335

The Secretary
Magistrates Commission
Pretoria, 0001

Sir

Representations re unpaid sick leave – L.Myles

My representations to the acting Chief Magistrate were refused and some R200 000+ is being claimed from me, hence the request made to you for your kind consideration.

I was medically booked off with severe depression which turned into manic depression until it entered a phase of bi-polarity, from March 2009 until 7 June 2010. I was diagnosed by my house doctor who referred me to a clinical psychologist, who in turn referred me to a specialist psychiatrist.

I want to apply that I am granted the 120 days full paid leave and thereafter half-paid sick leave for 120 days. I make this request even though I was permanently appointed from 1 August 2004 only, therefore not qualifying for these days due to not having 10 years unbroken service prior to this request. The reasons for my request are as follows:

- 1) I started my employment with the Department on 1/1/1983 until I retired on 30 September 1997 after my house in Wynberg Cape Town was burnt down which was unbroken – a period of almost 15 years. Almost immediately I was approached my Magistrates to relief at several places, eg. In Vredendal; Springbok, 18 months in Fraserburg; 2 years at Bellville; a year at Hartswater, etc. My relief work at Fraserburg; Bellville and Hartswater accounts for unbroken relief work of almost 5 years. The rest of the period I did service at Vredendal for 3 months and at Springbok for 3 months – this was not unbroken. The first year I did arbitration work and disciplinary hearings for Department Labour. I neglected to tell Mrs Terblanche that during the time I did years of relief work for the Department, unlike nowadays, I was not compensated for accomodation, travelling, nothing. So I had to support my permanent home in Cape Town AND rent a house for myself, my small daughter and husband or mother. My relief work came at enormous cost for me, but I was willing and desirous to return to the work I love.
- 2) I am of the opinion that other exceptional circumstances exist which justify my request:
 - (a) The severity of my illness: Depression (not stress) is a serious, often fatal illness, especially when manic or bi-polar. I had it in the worst degree. Several medications were tried until I reacted positively to a very strong anti-depressant Valor and lithium. Dr Ebrahim wanted to admit me to Bergrand, Bloemfontein due to suicidal thoughts, but I am a single parent and caretaker of my 74 year old mother who lives with me and my concerns for them would have aggravated my condition. My medical aid fund consisted of a hospital plan only, so I had to pay all my treatment costs cash: R800- R1200 per session monthly, fortnightly and sometimes weekly plus medication of at least R800 per month. My family was severely affected, especially my 14 year old daughter who is a serious cause for concern after seeing me in this condition for so long.

(10)

(b) The reasons for my illness: I am 47 years old and after 3 years as a prosecutor I have been a magistrate from the age of 24, to date - i.e. 23 years. I am very experienced and known as a hard worker and good magistrate. Due to my experience in every possible sphere in a magistrates court, I usually get to do the more difficult and also more work than most magistrates. Monthly statistics from 2004 will confirm this at Upington. I have always been able to handle workstress with ease, but I had hopelessly too much of that in Upington. In addition unusual personal stresses were also, and persistently, added. My father died in 2007 at the age of 68; my youngest brother died in 2008 at the age of 38 very suddenly of a heart attack; my mother was diagnosed with cancer in 2005 which is now in remission and my youngest sister has terminal cervical cancer. I divorced Mr Myles after some 18 years, in February 2008 after he had an affair with the town slut whilst I was attending a course in Pretoria in 2007. He left me with enormous debts, so much that my house (which I paid alone, through a stop order on my salary) but which was also registered on his name thanks to an oversight of a local attorney, was almost sold in execution twice in 2009 and once in February this year. I had to incur further debts to rescue the property. Mr Myles did not adhere to the divorce order that he should pay half of the bond repayments for 4 years and thereafter half of the monthly repayment. This worsened my condition - I had to loan R213 000 to rescue the house which I have to repay on top of the bond repayment. He only started paying maintenance toward the end of last year, and hopelessly inadequate. Since the divorce I paid combined debt of R 188 000, also an inexplicable tax demand of almost R60 000 which was deducted from my salary @ R5000 per month after I paid my savings of R25 000 in cash. Any salary deductions will put me back enormously. Regarding workstress I am the only lady magistrate, and with Mr Van Zyl, the only white magistrate. The senior magistrate Mr Kganyago, victimized me since he started working here in 2005. My file tells much of differences initiated by him. I placed on record that he discriminated against me on grounds of race and sex. I am the only magistrate who was being rotated in ALL the sections. Two years ago he placed me in the civil court where I was overburdened with extra work in spite of the fact that civil work more than doubled since I took over; I did all the inquests, which also increased tremendously (before it was divided between 2/3 magistrates); almost all confessions; all estate work lime meetings and interrogations, sign the J50- and other warrants; sec 205 subpoenas, search warrants and also assisted with children's court. Because so many inexperienced contract magistrates were employed, I had to assist with their training and writing mentor reports on short notice; criminal courts; family court and channelization court when the particular magistrate was absent or sent to a branch court which happens often. Often I had to, in one day, apart from my own work, sit in ALL the courts to help out. So I often took the brunt for poor organization by others. I am probably the most experienced magistrate at Upington apart from Mr Van Zyl who has not had as much as me, having worked at different and bigger offices, especially relieving. Often I had to do tasks dealt by "deputies", sometimes very inexperienced, even contract workers, in Mr Kganyago's absence - I will never be considered for this job in spite of my experience and organization skills. Before I finally broke, doing other people's work was at the order of the day. I had 3 difficult civil judgments which required lots of research at work and I pleaded to be left to do my work only for a while, but I could not be spared and the attorneys were rightfully pressurizing. I had trained a new civil clerk so well that she can be any inexperienced magistrate's right hand and could handle a lot of queries herself. Due to the low experience level of most contract workers, the maintenance- and family violence clerks would very often approach me for advice and help - at the end of 2008 they named me as magistrate of the year. I normally worked through tea- and lunch breaks. I am very professional and still respected Mr Kganyago's authority and the problem does not lie with me. I have worked at many offices and is this the very first time that I had problems with a senior. I blamed him a lot for my illness and even considered a grievance or investigation or claim money that I lose, from him. I already carry all the medical costs and my family and I suffered enough. He was well aware of my personal tragedies, but it was not taken into account, much different to colleagues and even contract workers. I could handle normal workstress and most personal problems from 2004 at Upington Office, but not continued extra stress due to victimization and the extent of the work- and personal stress.

(11)

(c) The treatment of other workers: This should be read with par (b). I relieved in Hartswater because the magistrate Mr Cupido had been absent for a year due to illness. When he started working again, he was promoted to the Regional Court at Springbok and after that as the head of a bigger Western Cape office. Locally Mr White was absent in 2007 for 6+ months due to stress (not serious depression) and Mr Kganyago battled to get hold of him and even more to get sick certificates. Apart from other serious irregularities he was posted to De Aar for a couple of months, only to be appointed by Mr Kganyago upon his return, as acting senior magistrate at the end of 2008. Only now an enquiry against him is pending after further irregularities more recently. Me Manyehe, Mr Kganyago's secretary, was booked off with depression for many months, blessed with much sympathy from him. Even after she started working again, she could come in and leave as she pleased until her resignation in 2008 for another job. I have medical certificates for every period I was booked off after a session with a specialist which I attended in person - no telephonic sessions.

I hope and trust that you will consider these representations in a favourable light.

This letter was forwarded to Mrs Terblanche in November 2009. Much has changed since then. I resumed work on 7 June 2010 after giving the said civil judgments in March and May. I have been doing the busiest Court C since then with much success. I organized the roll so that it is up to date, even bail applications. The police and control prosecutors are very happy with the way Court C is run. It took long court hours, sometimes overtime, to get the roll up to date. I have been off sick since June, but for no longer than 2-4 days at a time as my health and ability to handle a very difficult court's stresses, stabilized. I am doing very well currently, am on good footing with my colleagues and get sick less all the time. Most importantly, in June when I resumed my work, Mr Kganyago and I made our peace and decided to start on a clean slate. It was clear to me that he did not know how ill I was and how much I had suffered and in fairness to him, I did not confide in him after I got sick. He has been most supportive since and I will go the extra mile for him again, without resentment.

L. Myles