

Annual Report

S A Federation for Mental Health

April 2010 - March 2011



S.A. Federation for Mental Health



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Vision

Our vision is to be a dynamic movement, which serves as an effective resource to empower people to attain optimal mental well-being and quality of life, in a just society.

Mission

We actively work with the community to achieve the highest possible level of mental health for all by:

- Enabling people to participate in identifying community mental health needs and responding appropriately;
- Developing equal, caring services for people having difficulty coping with everyday life, and those with intellectual and / or psychiatric disability;
- Creating public awareness of mental health issues; and
- Striving for the recognition and protection of the rights of individuals with intellectual and / or psychiatric disabilities.

The National Office aspires to contribute to a just and fair society through the four main programmes:

- Capacity Building;
- Social Integration;
- Human Rights; and
- Mental Health Awareness.

Message from the President



Shona Sturgeon

It is a privilege to be part of the mental health movement that has celebrated 90 years of service delivery. During these years the movement has displayed great leadership qualities in ensuring that all citizens are treated equally irrespective of colour, orientation and disability. I am therefore very proud of the role the mental health movement has played in transforming social services from one that is problem oriented to a service that has a more preventative and developmental focus.

During this past year the Federation continued to develop partnerships with government, other civil society organisations and the private sector to raise the profile of mental health through promotion and awareness to ensure that education about mental health reaches all sectors of our society so that the wellbeing of all citizens is nurtured. Only then will development and treatment take place.

The South African Federation for Mental Health will host the first sub-Saharan World Federation for Mental Health Congress in October 2011. I am very proud of the dedication of the local organising committee that is working so hard to ensure that this congress will showcase the services of the developing world and that delegates will enjoy their visit to our beautiful country. I also wish to acknowledge the mental health societies that have shown their commitment towards the Congress.

The year ahead also provides us with a unique opportunity to show to the world the advances made by our national consumer movement. The movement has already been very vocal in its advocacy for effective mental health services through its participation in mental health promotion at schools and communities. The move to develop local and regional bodies of the advocacy movement will require much needed resources and support for the service users. The need for communities, business and government to support this initiative will ensure the success of this program which will benefit society as a whole.

The poor funding of mental health services in the different provinces again highlights the lack of understanding, stigma and discrimination faced by persons with mental disability as well as the organisations that serve them. It is through the contributions made by generous individuals and donors that these organisations are able to provide basic services to improve the lives of persons with mental disability and their families.

Much more work needs to be done to convince government that increased resources towards mental health services will reduce the costs of treatment and care in the future.

Shona Sturgeon
President: SA Federation for Mental Health

About us

The S.A Federation for Mental Health is a national, not for profit, non-government organisation that aims to co-ordinate, monitor and promote services for persons with Intellectual Disability, Psychiatric Disability (Mental Illness) as well as promoting mental health and well-being.

Seventeen (17) mental health societies and numerous member organisations, actively involved in the field of intellectual disability, psychiatric disability and mental well-being, constitute the Federation.

The National Office serves as a centralised coordinating body for the mental health movement by:

- Serving as a spokesman on national and international issues about mental health;
- Negotiating with authorities on behalf of the mental health movement on policy issues;
- Providing a forum for local organisations to share information and expertise;
- Assisting local organisations to give effect to national policy decisions;
- Providing consultation on mental health administration matters;
- Maintaining a national information and resource centre on mental health matters;
- Developing and publishing educational material on the promotion of mental health related issues;
- Developing in-service training programmes for staff; and
- Facilitating the commencement of community services in areas not serviced by mental health societies.

Board of management:

i. Office Bearers

Ms S Sturgeon - President
Mr T Davies - Honorary Treasurer
Ms S Kleintjes - Immediate Past President
Prof R Crouch - Honorary Life Vice President

ii. Mental Health Society Directors

Vacant - Gauteng
Ms S Septoe - Eastern Cape
Mr J Petzer - Northern Cape
Ms I Daniels - Western Cape
Ms T du Preez - Free State
Ms E Welman - KwaZulu Natal
Ms L du Preez - North West
Ms M Louw - Mpumalanga
Mr C Mouton - Limpopo
Mr S Mokgata - National Office (Resigned 28/02/2011)

iii. Non-voting Mental Health Society Directors

Ms F Shabangu (Acting) - Gauteng
Ms K Lenehan - Gauteng
Ms Y Coertze - Gauteng
Ms A Soondka - Gauteng
Ms Z Mpurwana - Eastern Cape
Ms M van Loggenberg - Eastern Cape
Ms E van Rooyen - Free State
Ms L Harie - KwaZulu Natal
Ms G Pillay - KwaZulu Natal

iv. Provincial Representatives

Dr D Sekhukhune - Gauteng
Ms M de Goede - Western Cape
Dr JH van der Berg - Free State
Vacant - KwaZulu Natal
Ms Hanneli Steyn - North West
Mr S Wolfaardt - Mpumalanga
Mr R Teunissen - Limpopo
Vacant - Eastern Cape
Vacant - Northern Cape

v. Psychiatric Service Users

Ms C Sunkel - Gauteng
Mr O January - Western Cape
Ms M Farr - Free State
Mr W Nieuhoff - KwaZulu Natal
Ms T Bekker - North West
Mr A Mlombo - Mpumalanga
Mr G Mamitwa - Limpopo
Mr Ronald Shaw - Eastern Cape
Vacant - Northern Cape

vi. Intellectual Disability Service Users Representative

Ms Z Skosana - Gauteng
Ms G Daniels - Western Cape
Mr J Gerber - Free State
Ms JL Venter - KwaZulu Natal
Ms E Pretorius - Mpumalanga
Vacant - Limpopo
Vacant - Eastern Cape
Vacant - Northern Cape
Vacant - North West

vii. Experts

Dr L Mountany
Ms L van Wyk
Mr A Naidoo

Management committee:

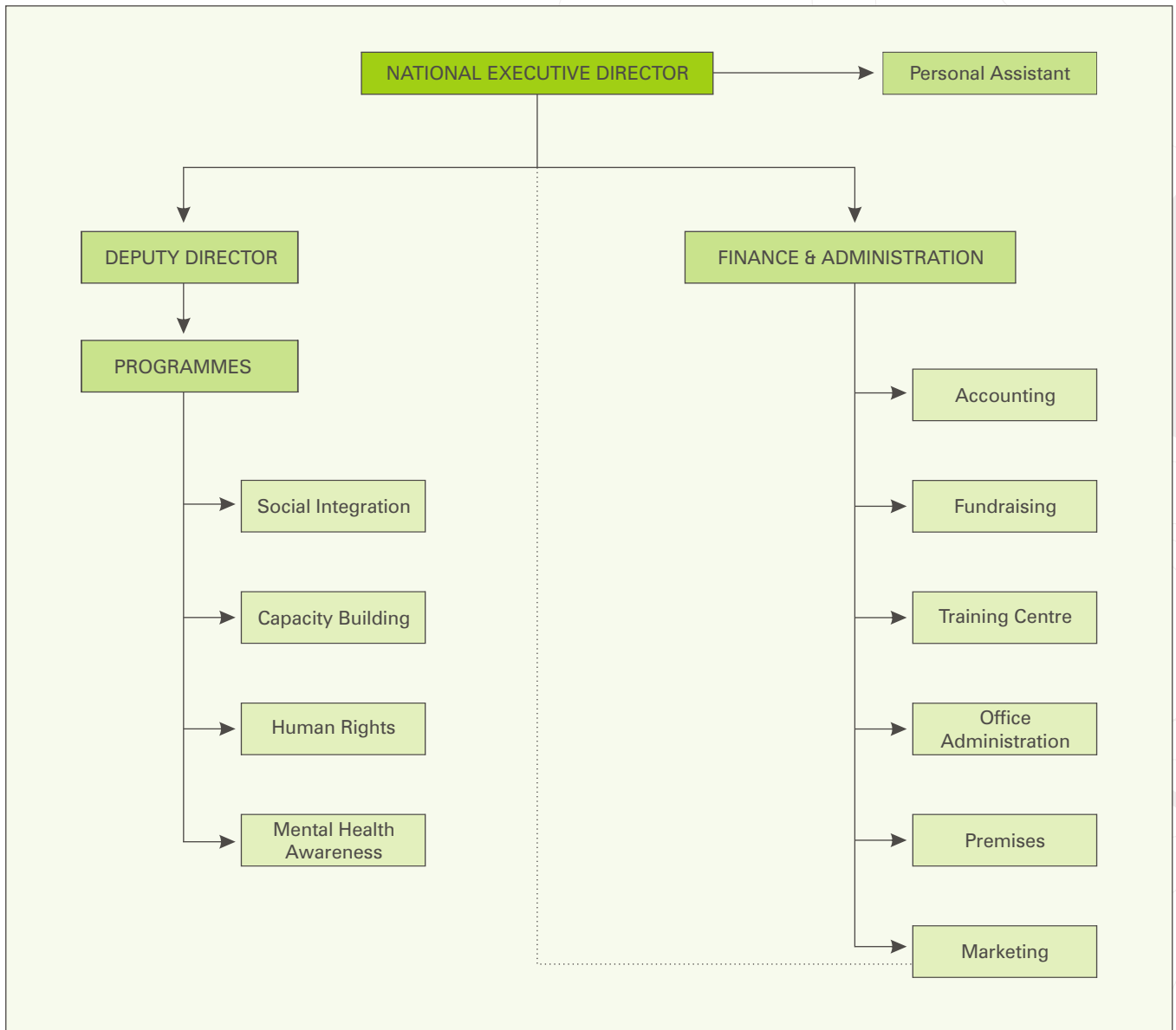
Ms S Sturgeon (President)
 Mr T Davies (Honorary Treasurer)
 Ms S Kleintjes (Immediate Past President)
 Ms G Daniels
 Ms I Daniels

Mr S Mokgata (Resigned 28/02/2011)
 Ms E Welman
 Ms S Septoe
 Mr R Shaw

SAFMH National Office Employees:

Mr S Mokgata - National Executive Director
 (Resigned 28/02/2011)
 Ms A Labuschagne - Manager: Finance & Administration
 Ms B Patel - Deputy Director (Acting NED from 01/03/2011)
 Ms A Haas - Personal Assistant
 Ms G Monare - Finance Assistant

Ms I Masilela - Programme Manager
 Ms L Shayi - Programme Manager
 Ms D Palm - Admin Officer: Fundraising
 Ms M Makhubu - Receptionist/Clerk
 Mr C Chimbanga - Groundskeeper



Message from the Acting National Executive Director

During the period under review (April 2010 - March 2011) the Mental Health Movement has celebrated a very progressive 90 years in service delivery. Looking back at the state of mental health care in the country over the year, mental health care organisations must be acknowledged for their dedication and commitment to improve the lives of Mental Health Care Users. The progress mentioned above includes the fact that Mental Health Care Users are now able to advocate for themselves through the various advocacy forums and support groups that were established.

Despite significant progress in the field, mental health continues to receive little attention and is low on the list of priorities in resource allocation - both by government as well as the private sector. Mental health organisations struggle to deliver the much needed programmes and services to communities across South Africa due to financial strain. Since mental illness and intellectual disability do not always present with physical symptoms, society at large tend to underestimate and even ignore the existence of persons with mental illness and/or intellectual disability.

Our advocacy and awareness programmes have been revised to ensure that the greater community is educated around mental health issues so as to eradicate stigma and discrimination and to build a society that is supportive of and willing to embrace and engage with Mental Health Care Users.

In the past financial year, much of our attention and energy focused on the relationship between mental health and HIV and Aids since "a point prevalence rate of 43.7% of mental disorder was found among persons living with HIV in South Africa"(Freeman et al 2007).

The Biennial Congress held in October 2010 further highlighted the relationship between mental health and HIV and Aids and the need for integrated health care. A significant outcome of this Congress is the partnerships that were forged with several other organisations and professionals which will ensure increased attention of mental health services in the treatment, education and awareness of HIV and Aids. The conference also confirmed the need for greater allocation of resources towards mental health services within the primary health care settings so as to ensure early diagnosis and treatment of mental illness and intellectual disability.

Unemployment poses another huge challenge for our sector. Mental Health Care Users compete with the broader community to secure employment. Protective workshops have been strategically developed to provide Mental Health Care Users with a supportive environment to develop and improve skills

so as to secure employment which will lead to an improved lifestyle and an opportunity to contribute towards the economy.

During the Workshop on Protective Employment held in March 2011 it was agreed to develop a division for protective workshops to draw up a strategy to improve the employment opportunities for Mental Health Care Users. Carefully selected partnerships with the private sector will ensure the sustainability of these workshops. The Federation's relationship with Disability Employment Concern since 1996 has created opportunities for Mental Health Care Users to enhance their entrepreneurial skills. A highlight of this project is the development of enterprises by Mental Health Care Users of which 50% are black women.

Norms and standards in the delivery of mental health services have always ensured improved quality and efficiency of mental health services delivered by the Federation. During a workshop held at the national office, the norms and standards were reviewed and agreed upon so that mental health services in the country are accessible and contribute to improving the lives of all persons in the community. The next step in this process is to determine the actual costing of mental health services for the allocation of adequate resources to achieve the desired outcomes.

The hosting of the World Federation for Mental Health Congress in October 2011 has created much excitement and enthusiasm for the Movement. The local organising committee must be complimented for their efforts in coordinating this world class event. The support and assistance from the Mental Health Societies will contribute greatly to the success of the Congress.

The increasing demands for mental health services have placed enormous strain on the sustainability of the organisation. We truly appreciate the support of the valuable donors over the years who continue to show their commitment and support for improving the lives of Mental Health Care Users and the community at large. Greater effort has been made to increase the database of donors to secure continued income to address the increasing demands.

The National Executive Director, Solly Mokgata, resigned in February 2010. His positive contribution and continued support to the development of the Mental Health Movement is an inspiration to us all.

The staff, Management Committee and the Board of Management of the South African Federation for Mental Health are acknowledged for their commitment and dedication towards improving the lives of persons with mental illness and/or intellectual disability.

With the continued support and assistance of all our benefactors we will persist in our efforts to make mental health a top priority in our country.

Bharti Patel
Acting National Executive Director:
SA Federation for Mental Health



Programmes

Mental health services of the South African Federation for Mental Health are addressed by four main programmes:

a) mental health awareness and promotion, b) human rights, c) social integration and d) capacity building / development.

Social integration

Employment of persons with mental illness and intellectual disability remains a challenge for the mental health sector. The cost of accommodating persons with mental illness within the work environment is a deterrent for the private sector that is already faced with losses in productivity and staff retrenchments, due to the downturn in the economy.

An opportunity exists for the corporate sector to partner with protective workshops to achieve their social responsibility obligations as well as to provide an opportunity for persons with mental illness and intellectual disability to contribute to the economy.

Our campaigns called upon all South Africans to reach out and provide support and care for persons with mental illness and intellectual disability. We continue to encourage all citizens to recognise stigma and discrimination and to become more sensitive to persons who are different from them.

Capacity building

Capacity building programmes continue to incorporate new legislation, policies and even new trends to ensure that the programmes run by the South African Federation for Mental Health address the new demands in the field of mental health. Our capacity development programmes are designed to address the needs of organisations, mental health care users and the broader community.

Building the capacity of organisations

The development of relevant norms and standards for the Social Welfare Services was the main focus of the National Department of Social Development. The Federation hosted

a workshop in March 2011 to develop and agree on norms and standards for the Mental Health sector. Seventeen Mental Health Societies participated in this workshop. This important process will ensure that adequate resources are allocated for the delivery of mental health services and that a specific budget is developed to improve services to persons with intellectual disability and mental illness. The agreed norms and standards will also provide a standard level for services delivered by the mental health sector.

According to the Employment Equity Act of 1998, 2% of employees must represent the disability sector. At present, less than 1% of the workforce represents persons with a mental illness. Protective workshops have been providing a safe and enriching environment for persons with intellectual disability and mental illness to learn new skills and become available for employment.

Some protective workshops have developed and progressed to such an extent that they are able to:

- Compete for tenders with the open labour market;
- Successfully place persons with mental illness and intellectual disability in the workplace with the necessary support structures and;
- Provide the necessary psycho-social services to those individuals who may not be able to enter the workplace but are able to utilise their acquired skills within the protective environment.

Unfortunately, the majority of protective workshops struggle to survive.

To this end a workshop was held in March 2011 to develop a strategy to ensure the future sustainability of all protective workshops. Directors and senior staff of the Mental Health Societies and protective workshops attended and it was agreed to develop a Division for Protective Workshops within the Board of Management of the Federation.

Protective workshops provide opportunities for Mental Health Societies to develop the skills of persons with intellectual disability and mental illness who are then able to contribute to the economy and improve their living standards.

Another highlight of the year past is that the constitution of the Federation was reviewed both by the mental health care users as well as the Mental Health Societies. The purpose of the review is to ensure that current legislation and policy is incorporated.

Building the capacity of mental health care users

Mental health care users involved in advocacy work within the SA Federation for Mental Health were provided with an opportunity to explore and better understand the constitution of the Federation and to participate in the amendment process. A key focus of the work of the Federation is empowerment of mental health care users to advocate for themselves both within the organisations and the community as a whole. As part of this work, self-advocacy training was conducted in June 2010, launching the development of mental health care user groups in Limpopo, Mpumalanga and Eastern Cape provinces. While still in their infancy, these groups have been extremely effective in conducting public awareness talks at clinics and within the residential facilities of the SA Federation for Mental Health thus far.



Mental health care users engaging in outdoor activities



Cape Mental Health - Siyanceda National Youth Service Programme

We congratulate Mr Ronald Shaw who was elected as Chairperson of the SA Mental Health Advocacy Movement (SAMHAM) at the biennial elections held in October 2010. We are confident that he will provide the necessary leadership to the user movement, which is committed to becoming the voice of mental health care users across the country. Our thanks go to Ms Charlene Sunkel, outgoing chairperson, for her contribution to the work of SAMHAM.

Employment:

The South African Federation for Mental Health is a member of the Disability Employment Concern (DEC). The DEC obtained special funding from the Murray and Roberts Letsema Siswe Community Trust, of which a portion was allocated to the Federation for the development of entrepreneurs.

This funding had to be used for enterprise development and benefited the following projects:

- Limpopo Mental Health - Egg and Chicken Breeding Project in the villages in the Mopani District.



Mental health care users proudly show the eggs from the chicken breeding project

- Cape Mental Health - Siyanceda National Youth Service Programme
- Talisman Foundation - Establishment of a nail repair business of a mental health care user

The Federation also received funding from the Big Five through the DEC. This funding had to be used for small business enterprises of which 50% of the members had to be black women. This funding was allocated to Pietermaritzburg Mental Health Society for the Siyasizana Sewing Project.

Building the capacity of the community

The community of Cullinan near Bronkhorstpruit was empowered to care for persons and children with intellectual disability. Monitoring and evaluation services were conducted during this period under review as a follow-up from the training completed in 2009.

The teachers, volunteers and parents that attended the basic course on the care of persons with intellectual disability were trained on Early Learning Development. The staff members of the Tshepong stimulation centre were empowered through a project management course. The children in the centre are grouped according to their abilities and assessed by a specialist. The volunteers, parents and the teachers from the Tshepong Stimulation centre are making a positive impact on at least 80 persons in the Cullinan community.

The promotion and awareness campaigns have increased the visibility of the Federation at a national level. We have noticed a marked increase in the number of requests received to address staff and management of the corporate sector as well as government departments to advise them about mental health issues and access to services.

Sensitisation of the employer on stress management within the work environment has been vital to ensure that more people seek assistance and advice on their mental well-being.

International models of community mobilisation were explored to identify good practices that can be incorporated within our communities. Communities in all nine provinces will be empowered by the training of 19 social workers and community development workers by an international trainer on the Basic Needs advocacy model. The training provided will be cascaded to 17 communities that will be empowered with the basic skills to identify needs within the community.

The training also provides advocacy skills that will enable the community to reach out to policy makers and the local municipalities to improve the services and living conditions of persons with mental illness and their families. It is envisaged that a South African model will emerge from the implementation of the training provided.



Service users participated in Conference on HIV and AIDS

Mental health awareness & promotions

Stigma and discrimination continue to be the largest hurdle in addressing and overcoming mental health issues. According to the South African Stress and Health Survey referred to in the May 2009 edition of the South African Medical Journal "there is an elevated risk of mental disorders in South Africa compared to several other high- and middle-income countries."

While a lot of focus has been placed on combating HIV and Aids, the integrated treatment of mental health issues has been gravely neglected.

The campaigns during the past financial year highlighted the significant link between mental health and HIV and Aids and cautioned that failure to provide the necessary attention to the mental well-being of persons living with HIV and Aids, will impact negatively on efforts to combat the growing infection rates.

Awareness Campaign: Mental Illness (July 2010)

Data from the Actuarial Society of South Africa's ASSA MODELLING INSTRUMENT UPDATED IN 2006 shows that "HIV infection is no longer confined to specific high risk groups of the South African population. Although one in three South Africans aged between 10 and 14 years are infected with HIV, it is estimated that more than 20% of South Africans will be infected by the time they turn 25 years old."

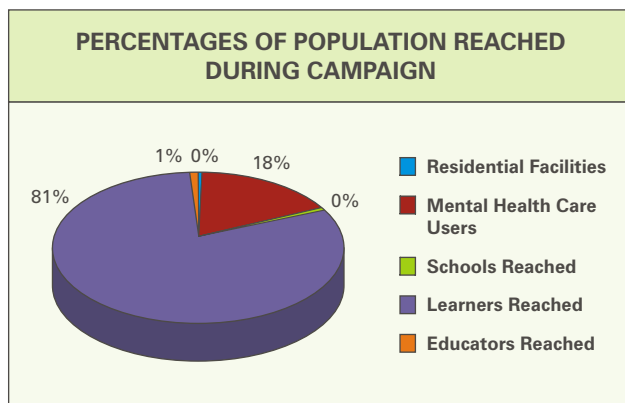
The bi-directional relationship between HIV and Aids and mental health emphasises the call for more mental health services in the country that are accessible to all individuals.

Depression and anxiety are possible results following a positive diagnosis or from experiencing stigma and discrimination due to a person's status. This campaign sought to raise the profile of mental health in South Africa in an effort to reduce the growing infection rates of HIV and Aids.

The campaign forged new national partnerships with the Wellness Department at Kopanong Hospital, National Department of Water Affairs, National Department of Trade and Industry and the National Department of Health.

The following was achieved nationally through the campaign:

- 32 residential facilities were reached through the mental health societies and
- 2 611 mental health care users were reached through educational talks and presentations at residential facilities
- 48 schools with a total of 12 118 learners and 85 educators were informed and educated about the link between mental health and HIV and Aids.



Awareness Campaign: Mental Health (October 2010)

This campaign focused on the relationship between chronic physical illness and mental health. Research shows that persons with severe or chronic physical illness often have co-existing mental health problems.

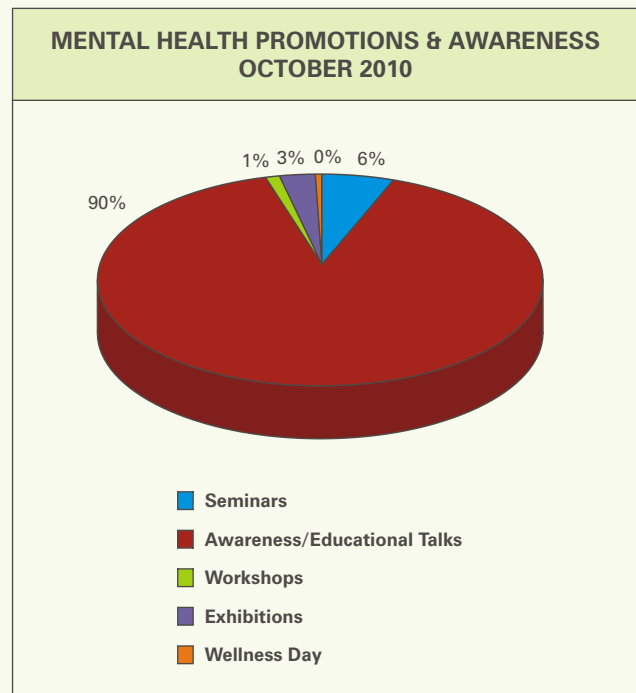
Our aim was to achieve better integration between mental health and physical care and more specifically better mental health and substance abuse screening in primary care settings.

As a result of the campaign, the Federation established strategic partnerships with organisations in the field of chronic physical illness, namely: The Heart and Stroke Foundation, SANTA, Diabetes SA, TAC, CANSA, and the National Asthma Education Programme.

The National Department of Health, Sub-directorate Substance Abuse and Non-communicable Diseases acknowledged this partnership as a vehicle to ensure that mental health care is integrated into the treatment of physical illnesses.

The campaign also coincided with the biennial conference in October 2010 which provided an environment for professionals and mental health care users to deliberate on the significant link between HIV and Aids and mental health. It provided a platform where a strategy could be developed to include and prioritise mental health in the National Strategic Plan for HIV and Aids.

See figure below for the activities carried out and the percentage of people reached through the activities conducted:



Awareness Campaign: Intellectual Disability (March 2011)

To date, the disability sector has been largely excluded from access to information, treatment, care and support on issues related to HIV and AIDS. The campaign was launched in March 2011 to educate and create an understanding of the link between HIV and Aids and intellectual disability.

The need to address the vulnerability of persons with intellectual disability to HIV infection and education of persons with intellectual disability on HIV and Aids was the key focus of the campaign. Furthermore, it also aimed to clarify the myths and facts surrounding intellectual disability and HIV and Aids. A sexuality education package was developed and distributed to the mental health societies to encourage sexuality education within residential facilities.

We were able to reach out to more than 252 104 beneficiaries through the activities that were conducted nationwide. There is a definite need within communities for the distribution of such information. Six local radio talks were conducted and more than 400 000 people were reached and seven regional newspapers published articles on the campaign.

Human Rights

Upholding the rights of Mental Health Care Users is a core program of the South African Federation for Mental Health. During the year the South African Mental Health Advocacy Movement (SAMHAM) conducted an in-depth review of the UN Convention on the Rights of Persons with Disability. Mental Health Care Users were empowered to utilise the legislation to monitor and evaluate services provided to persons with intellectual disability. This has led to a very specific advocacy strategy by SAMHAM to ensure that violations reported are adequately addressed.

The violation register is updated regularly but it is significant to note that a few violations were still reported electronically and telephonically. Poor and insufficient resources for the treatment of persons with intellectual disability and/or mental illness were exposed through the incident that was reported at the Nkhensani Hospital in Limpopo. The South African Federation for Mental Health monitored the re-admittance and settling in of the affected patients into Evuxakeni Hospital with assistance from Limpopo Mental Health Society.

This incident emphasised the need for more intense advocacy programmes by mental health care users to ensure that the basic human rights of all persons with intellectual disability and/or mental illness are upheld.

HospitaalHEL

Diegene met geestesiektes ly dikwels agter geslote deure, is aan Carla van der Spuy vertel

Jy kan netsowel hel toe gestuur word, want party staatspsigiatrisie hospitale stroop jou van jou menswaardigheid. Só het vier psigiatrisie pasiënte, wat jare lank behandeling by verskillende staatshospitale ontvang het, aan ons vertel.

As onregte in gewone hospitale gepleeg word, berig die media wyd hieroor, maar as psigiatrisie pasiënte die slagoffers is, word dit dikwels verswyg. Baie is onbewus van hul regte of hulle vrees die stigma. Boonop word hul klagtes nie ernstig opgeneem nie, want hulle is dan "van lotjie getik".

Dit is juis dié houding wat tot hul dilemma bydra, vertel psigiatrisie pasiënte en drukgroepe wat vir diegene met geestesiektes se regte veg.

Ons het onlangs oor Charlene Sunkel, 'n aktivis wat onder meer op die komitee van die SA Mental Health Advocacy Movement dien en gereeld ook as oorsese spreker optree, berig. Sy is tussen 1994 en 2006 met tussenposes in die Weskoppies-, Tara- en Sterkfontein- psigiatrisie hospitale opgeneem.

"Die omstandighede by Sterkfontein was haglik en pasiënte is fisiek en emosioneel mishandel. Tot drie van ons moes saam in 'n bad klim, dieselfde haarborsels en tandeborsels gebruik en heeldag in een groot vertrek met tralies rondom ons deurbring. Ons is met kalmeermiddels bedwelmd en moes weens die uitwerking

van die middels op 'n koue sementvloer slaap.

"Altesaam 40 vroue het twee toiletrolle per dag gekry. Ek het die vroue met sigarette omgekoop om voor in die tou te staan sodat ek darem in skoon water kon bad en vinnig genoeg by die toilet papier kon uitkom om genoeg af te rol," beweer sy. "Ons is ook nie toegelaat om gewone klere in 'n toesluisaal te dra nie en in die snerpende winterkoue was daar soms nie genoeg truië nie.

"Hoewel 'n mens veronderstel is om mishandeling by die dokter aan te meld, is die pasiënte te bang. As mense uiteindelik ontslaan word, is hulle erg getraumatiseer," sê Charlene.

Simmi Pillay, nasionale koördineerder vir menseregte en gestremdhede by die Menseregtekommissie, sê baie psigiatrisie pasiënte is nie van hul regte bewus nie en daarom word mishandeling nie aangemeld nie.

Dick Singange van Kagiso is voorsitter van die Gauteng Consumer Advocacy Movement en ly aan bipolêre gemoedsversteuring. Hy vertel dat hy in 2006 in die psigotiese saal in die Weskoppies-hospitaal opgeneem is toe hy ook tekens van skisofrenie getoon het. "Ek is verlede jaar tien dae lank in die Lerathong-hospitaal behandel waar ons veral deur nagpersoneel gevloek is," beweer hy.

Hy het ook 'n tydperk in die Sterk-

fontein- en Tara- psigiatrisie hospitale deurgebring. Hy het net lof vir Tara, maar beskryf Sterkfontein as 'n "nagmerrie".

Linda Lindeque ly ook aan bipolêre gemoedsversteuring en is aan die begin van Maart vanjaar uit die Sterkfontein-hospitaal ontslaan. "Ek is tot staatspasiënt verklaar nadat ek sewe jaar gelede 'n man aangerand het wat my van bloedsgrande met my seun beskuldig het. Iets in my het net gesnap," vertel sy. "Daar is besluit dat ek nie toerekeningsvatbaar genoeg vir 'n verhoor is nie en ek is in die hospitaal opgeneem. Pasiënte het mekaar geskop en geslaan en personeellede het ook van die pasiënte aangerand en selfs hul koppe teen die mure gekap," sê sy.

Sy beweer dat van die personeellede van die pasiënte se kos en medikasie gesteel het. "Ons is afgeknou en uitgeskel. Personeellede vertel jou dat jy haweloos en 'n oorlas is en dat jou kinders jou nie wil hê nie. Ek kon dit nie meer vat nie en het my besittings in plastieksakke gepak, 'n treinkaartjie gekoop en Kaap toe gevlug.

"Daar is ek in die Victoria-hospitaal opgeneem en toe na die Lentegoor- psigiatrisie hospitaal oorgeplaas, wat 'n psigiatrisie paradys is. Ons is kliënte genoem, het aparte slaapkamers, 'n TV-kamer en gim gehad."

Sy is later weer oorgeplaas Sterkfontein toe, eers in 'n saal vir staatspasiënte en toe na die wooneenheid wat sy onder meer

Gallo Images/Getty Images

Finance and administration

Fundraising & marketing

90th Celebration and Awards Ceremony

2010 was a defining year for the Mental Health Movement as we celebrated our 90th year of service to the people of South Africa. We considered this an opportune time to say "thank you" to individuals and companies who have, through their financial support or donations in kind over many years, made a difference in the lives of persons with intellectual disability and/or mental illness by inviting Mental Health Societies to submit their nominations.

At a very successful Awards Ceremony held at Kopanong Conference Centre in Benoni on Monday 6 September 2010, various individuals and companies were honoured for the role they play in the field of Mental Health.

The categories and nominees were:

Outstanding Individual

In the field of Mental Health:

Ms Chris Beer has a long association with the mental health movement, both as an educator in the field of intellectual disability and as a strong advocate for human

rights. She has distinguished herself in the Mental Health Movement for her guidance and support whilst serving on the Board of the SA Federation for Mental Health.

Field of Intellectual Disability:

Ms Raneë Perumal started as a care giver at the P. Pillay Home, Pietermaritzburg, in 1995. Over the years she has become a great events organiser and teacher. She has been uncovering potential and developing skills of the residents in the Home through arts and crafts projects. She gives the residents the opportunity to express their abilities through these creative activities.

Ms Gladys Nkutha is the Centre Manager of Inkazimulo Kankulunkulu Stimulation Centre & Home Based Care in Standerton. The Stimulation project was started in 1993 and provides stimulation, therapy, personal development and protection from abuse for children living with disabilities. Mrs Nkutha is a true patron for Services to Children with Disabilities in her community as she dedicates her life to enrich the lives of persons with disabilities on a daily basis.

Field of Psychiatric Disability:

Ms Peggy Mahlangu is the backbone of the Assisted Living Project in Middelburg where 14 persons with mental illness are accommodated. She has single-handedly created a network of friends within the community of Pullenshope. The impact that she has made is evident in the number of contract employment opportunities they receive within the community e.g. painting, gardening and cooking.



The proud winners with their awards

Innovative Programme

Field of Intellectual Disability:

SAVE (Sexual Abuse and Victim Empowerment Programme) - Cape Mental Health is a programme for persons with intellectual disability who have been sexually abused. It is a psycho-legal programme facilitating justice for persons with intellectual disability in cases of sexual abuse. This programme serves the Western Province area as people are referred from as far afield as George. Currently they assess over 100 cases per year, mostly from disadvantaged communities. Presently they have a conviction rate of 28.1% which is higher than for the normal population in similar cases.

Training Workshops Unlimited - Cape Mental Health

This is a unique concept in service delivery to adults with intellectual disability. It is the result of the transformation of five protective workshops into a holistic approach providing skills development and employment programmes at different levels to provide for the special needs of adults with Intellectual Disability since 2000. Service User participation and representation to evaluate and guide service development and delivery is an integral part of this concept.

"I am Special" life skills programme - North West Mental Health

This programme is used in life skills training to persons with intellectual disability in the age group 18 years and older. This programme focuses amongst other on relationships and HIV and AIDS. This programme has been presented with great success for the past 6 years.

Field of Mental Health:

The Rural Outreach Programme - Durban and Coastal Mental Health

The Community Based Rehabilitation Programme aims to build the capacity of persons with mental disability and focuses on the personal development and the reintegration of mental health care users. Through reducing vulnerability, enhancing adaptability and creating opportunities, they were able to build the resilience of their mental health care users. They work collectively with community leaders and try to develop a paradigm shift from the traditional institutionalisation and social isolation of mental health care users to personal development and re-integration.

Special Achievements by Mental Health Care Users

Field of Intellectual Disability:

Gwendoline Daniels, an outstanding woman with intellectual disability as a school-leaver, enrolled at Training Workshops Unlimited where she was trained in *Caregiving for the Aged/Disabled*.

With the support of her Job Coach, Gwendoline has served the community of Athlone during practical placements at Old Age Homes, Senior Clubs, Cheshire Home and Special Care Centres. She graduated from the Siyanceda Programme with a certificate in Home Based Care and was offered employment at Cheshire Homes. At that time, a position for an Assistant Training Instructor in the life skills Programme at the Athlone Workshop became vacant and Gwendoline was appointed. She is a permanent staff member of Cape Mental Health.

Gwendoline also serves on the Boards of Cape Mental Health Society and the SA Federation for Mental Health. She is also secretary of the South African Mental Health Advocacy Movement.

Sipho Majoka, a resident of the Sherwood Hostel in Durban, is an exceptional young man diagnosed with intellectual disability. At the age of 14 he realised his passion for swimming. Sipho participated in various local and international events and returned each time with a gold, silver or a bronze medal. In 2008 he received the Premier Sports Award - Disabled Sportsman of the Year. He is working hard towards qualifying for the Paralympics in London 2012.

Sipho has been a true ambassador for persons with disability, proving that persons with intellectual disability have inherent abilities despite the many challenges they face.

Volunteers

Pat Craig's is the story of an ordinary woman whose whim to join a group of women planning to hike along parts of the Great Wall of China to raise money for charity, became a life-changing experience. This was for the prime purpose of contributing to the Sexual Abuse and Victim Empowerment Programme of Cape Mental Health. Pat has made valuable contributions financial and otherwise - to the SAVE programme.

Special Services Award

Donations in Kind:

Sasko Bakery, Tzaneen has been supporting Limpopo Mental Health since 2003. On average the Society receives 1 500 loafs of bread per week, which totals 78 000 loafs of bread per year. If one converts this into Rands, Limpopo Mental Health annually receives R390 000 worth of bread! 720 disadvantaged people in the community benefits from this donation of bread on a weekly basis.

Lewis Stores, Cape Town: Many of the projects of Cape Mental Health require various materials and equipment to enable the programmes to fully serve the needs of their clients. Lewis stores is one of their most loyal donors that unfailingly meet every request they make. Lewis Stores' contribution makes a significant difference to the lives of their service users as the gifts they receive are used for many of their skills development projects to encourage independence and self-reliance.

We salute Lewis Stores for their insight and generosity and ongoing support of our cause.

Financial Support:

Anglo American Chairman's Fund has been a loyal and long-standing funder of the Mental Health Movement. Its consistency, reliability and support have enabled many organisations to provide ongoing services to its clients over many years. The Anglo American Chairman's Fund creates a real sense of partnership with the NPO's that they fund as they take the time and trouble to engage with their recipients and invite them to share experiences when new strategies are formulated. This approach is rare in the funding community and it is one that creates a dynamic relationship, enhanced communication and real understanding of the needs of both parties.

Financial and Support in Kind:

Sasol Shared Services: Corporate Affairs - Secunda supports Mpumalanga Mental Health not only financially, but also through their shared commitment towards enriching the lives of persons with disabilities.

Individual Donor:

Mrs Stephanie Redelinghuys is a trustee of the *Pieter Redelinghuys and Daughters Trust* and has been a valuable partner and friend to the South African Federation for Mental Health through her contributions and involvement over the years.

Special Projects

We are privileged to have welcomed Mrs Rachel Tambo on board as the Patron of the National Office. She has been a true asset to the organisation and continues to support and promote the programmes and projects undertaken by the Federation.



Rachel Tambo
Patron of the National Office

Training Centre

During 2010/2011 various functions, meetings and training sessions were conducted at the training centre, including the launch of the Gauteng Advocacy Movement as well as private training hosted by external companies and organisations.

This has secured valuable funding for the organisation. The Training Centre continues to provide a huge saving to the Movement since all its Board Meetings are hosted at the Centre. Special emphasis will be placed on marketing of the Training Centre during the ensuing year.



Training Centre in use

Companies, Funds and Trusts

We thank all the companies, funds and trusts that have continued to help sustain the Federation especially over the past year. We are grateful to all our valued donors who have pledged their support for the years to come. Many of these companies may not even realise the impact their faithful contributions have on our organisation, but they can be assured that it is recognised and greatly appreciated. Their continued support enables us to continue to render services to persons with intellectual disabilities and mental illness.

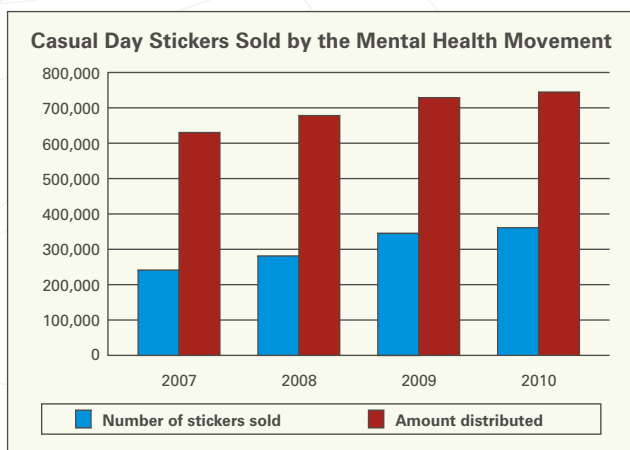
Government Funding

The National Office provides various programmes and projects consisting of mental health promotion, capacity building for both social workers in the mental health field and mental health care users, as well as social integration and the upholding of rights of persons with intellectual disabilities and mental illness.

The subsidies received from both the Department of Social Development and the National Department of Health contribute towards the successful implementation of the above programmes. Over the years these two Departments have become valued partners of the Federation. We thank them most sincerely for their ongoing support.

Casual Day

Despite the excitement of the Soccer World Cup in 2010, the change of school holidays and the industrial action by teachers during the period under review, organisations in the mental health field still sold the most Casual Day stickers. Casual Day remains the biggest fundraiser for the National Office.



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Direct Mail

Direct mail fundraising has become a bigger challenge than ever before as families are trying to make ends meet and corporate budgets are heavily restricted. Yet, with the support of our loyal and valued donors the National Office and its constituent Mental Health Societies were able to continue to render essential services.

We welcomed a small number of new donors into our circle of friends and benefactors. Our efforts to acquire new donors continue.

National Lottery Distribution Trust Fund

Many of the projects of the National Office would not have materialised without the support of the National Lotteries Distribution Trust Fund. Funding was received for marketing and branding of the Mental Health Movement. A national advertising campaign is being developed to promote mental health across South Africa. This project will be completed in the new financial year.

Administration

Premises

The projected expansion of the conference centre has not materialised due to lack of funding. Proposals were submitted to prospective donors and feedback is pending. The organisation is in dire need of a storeroom for the equipment used in the training center.

Conclusion

There is no denying that globally, we are living through tough financial times. Ironically, the external factors that are threatening the sustainable financial future of organisations such as the Federation are also the reason why mental health is even more important now than ever before!

Someone once said:

*“Yesterday
I dared to struggle.
Today
I dare to win.”*

This is very relevant to our work as well as those whom we serve, who have to be consciously brave every day of their lives.

Despite the challenges we face, the Federation chooses to be optimistic about the new financial year.

We will continue to dare: dare to care, dare to dream, dare to succeed in our quest.

Thank you for remaining a champion for Mental Health.

Financial Statements

Financial Report for the year ending 31 March 2011

SOUTH AFRICAN FEDERATION FOR MENTAL HEALTH
(Registration No. 000-238 NPO)
ANNUAL FINANCIAL STATEMENTS
At 31 March 2011

Statement of Financial Position

	Note(s)	2011 R	2010 R
ASSETS			
Non-current assets			
Equipment and vehicles	2	1,900,452	107,714
Investments	3	1,187,621	1,080,102
Special funds investments	4	6,206,325	5,074,521
		<u>9,294,398</u>	<u>6,262,337</u>
Current assets			
Receivables	5	461,374	4,509,945
Cash and cash equivalents	6	125,350	21,200
		<u>586,724</u>	<u>472,195</u>
Total assets		<u>9,881,122</u>	<u>6,734,532</u>
RESERVES, FUNDS AND LIABILITIES			
Accumulated funds		2,710,210	656,056
Revaluation reserve		680,810	573,291
		<u>3,391,020</u>	<u>1,229,347</u>
Liabilities			
Non-current liabilities			
Special funds	7	6,206,325	5,166,815
Donations and funds for specific purposes			
- National Lotteries Development Trust Fund		2,991,635	349,408
- Other special funds		3,214,690	4,817,407
Current liabilities			
Payables	8	283,777	338,370
Total liabilities		<u>6,490,102</u>	<u>5,505,185</u>
Total equity and liabilities		<u>9,881,122</u>	<u>6,734,532</u>

Financial Statements

Financial Report for the year ending 31 March 2011

SOUTH AFRICAN FEDERATION FOR MENTAL HEALTH
(Registration No. 000-238 NPO)
ANNUAL FINANCIAL STATEMENTS
At 31 March 2011

Statement of Financial Performance

	Note(s)	2011 R	2010 R
REVENUE			
Fundraising	9	1,738,683	1,104,509
- National Lotteries Fund	7	936,950	250,540
- 2008 allocation		2,693,737	-
- 2009 allocation		803,272	-
- Balance brought forward		431,576	599,948
- Funds unspent		(2,991,635)	(349,408)
- Other sources		801,733	853,969
Publications		131,407	27,956
Grants and subsidies	10	893,616	829,969
Sundry	11	131,686	165,031
		2,895,392	2,127,465
Operating expenditure	12	2,857,737	2,656,362
Operating surplus / (loss)	13	37,655	(528,897)
Income from investments			
Fair value adjustment of held for trading investments	3	107,519	171,857
Interest received		194,867	177,537
		302,386	349,394
Surplus / (Loss) for the year		340,041	(179,503)





National Office

Office hours

07:30 - 16:00 (Monday - Thursday)

07:30 - 13:00 (Friday)

Physical address

267 Long Avenue
Ferndale
Randburg
2194

E-Mail

safmh@sn.apc.org

Telephone

+27 11 781 1852

Facsimile

+27 11 326 0625

Website

www.safmh.org.za