Remembering the 94+ mental health care users who lost their lives...
We live in a country that has some of the most progressive human rights legislations and policies in the world. Our Constitution ensures the basic human rights of all our citizens, including the most impoverished and marginalised. Our Mental Health Policy Framework and Strategic Action Plan launched in 2013 spell out processes to be implemented to improve services to mental health care users by the year 2020. Why then do we find ourselves in a situation where the lives of more than 94 mental health care users have been lost, according to the Health Ombudsman’s report, “due to a rushed, unorganised attempt to deinstitutionalise mental health care users in a short period of time”?

When the policy was launched nationally, each of the nine Provincial Departments of Health were supposed to have started developing their own provincial planning and resource allocation in accordance with the National Strategic Action Plan. Despite ongoing warnings by the SA Federation for Mental Health (SAFMH) and other stakeholders, the Gauteng Department of Health (GDoH) announced in October 2015 that it would be terminating its contract with Life Healthcare Esidimeni, a private provider of institutional mental health services to around 2,000 mental health care users. GDoH rationalised this decision by referring to clauses within the Mental Health Care Act of 2002, which encourages mental health care practitioners to treat mental health care users in the least restrictive environment, in a manner that facilitates community care, human dignity and the privacy of every mental health care user. This system of care should allow every mental health care user to be integrated into their community.

Whilst it was admirable that the GDoH recognised the need for this move towards less institutionalised care and a more community-based approach, it was at the same time concerning that, up until that point, no consultation had taken place with the mental health care users, their families, or the NGOs providing community-based mental health services, despite noting in a press release that “we will also continue to work with NGOs in the mental health environment to assist us in managing these patients accordingly”. In terms of monetary savings generated through this process, the GDoH noted that “this process will also assist our efforts to employ more employees at our psychiatric wards”, which was at odds with the model of deinstitutionalisation, which involves a concerted effort to upscale community-based services and to ensure that “the money follows the mental health care user” into the community. Therefore, the savings generated by this process should ideally have been earmarked for ensuring that NGOs had been up-scaled in advance to ensure seamless service delivery for mental health care users who were to be transferred from Life Esidimeni, not towards employing more staff within psychiatric hospitals.

Going forward, SAFMH will continue to challenge the Department of Health to:

1. Develop a realistic policy and action plan for deinstitutionalisation which must be coupled with the up-scaling of community-based resources, such as the services provided largely by NGOs
2. Increase resource allocation and support to NGOs to help these organisations absorb the dramatic influx of mental health care users into already-overburdened community services
3. Move away from the medical model of long-term treatment of mental health care users in psychiatric wards, as mental health care users must be treated closer to home within their own communities
4. Ensure training of health care professionals to improve their understanding of the diverse and individualised needs of mental health care users, especially those at the more intensive end of the care spectrum (for example persons who are treatment resistant or who, because of challenging or dangerous behaviour, require a more institutionalised model of care – something NGOs do not normally provide)

The Life Esidimeni saga has cast a spotlight on mental health in South Africa, and we need to continuously put pressure on all government departments to ensure that the rights of mental health care users are upheld. The Department of Health is responsible for the medical care and treatment of mental health care users, and should ensure that primary health care is accessible and well-resourced in terms of personnel, medication and support services in the event of emergencies as well as for long-term care facilities within communities. The Department of Social Development has a vital role to play to ensure that mental health care users receive the necessary social services like psychosocial rehabilitation programmes and skills training within community care facilities. The Department of Human Settlements need to ensure that mental health care users are not left homeless and that care facilities are provided within communities. The Departments of Education and Labour also need to ensure that mental health care users are educated and skilled, and are offered the opportunity to support themselves and contribute towards the economy.

Legislation alone cannot uphold rights - it is political will, professionals and individuals who care that will ensure that we never have to see such a tragedy unfold again. We need the support of communities to challenge the quality of care and services provided, and we need to ensure that mental health care users are empowered to speak out about the care they receive.
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 psychosocial disability
- Creating public awareness of mental health issues and
- Striving for the recognition and protection of the rights of individuals with intellectual and / or psychosocial disability

Our work is categorised into the following key focus areas:

- Human Rights & Advocacy
- Empowerment
- Research & Information Management
- Awareness
2017 is a watershed year for mental health in South Africa and the world. The World Federation for Mental Health has chosen Mental Health in the Workplace as the theme for World Mental Health Day on the 10th of October 2017, and the World Health Organisation chose Depression: Let's Talk, as the theme for World Health Day which was commemorated on the 7th of April 2017. NGOs in general and, Mental Health NGOs specifically, are under tremendous pressure to supply services to the increasing numbers of persons with mental health conditions who are unable to fend for themselves. Funding pressure, as governmental subsidies are being reduced or in some cases not forthcoming, is resulting in reduced service delivery, closure of projects and staff layoffs. This is difficult to comprehend, especially since mental health should be a high priority on the political agenda after the sad loss of life sustained by mental health care users transferred from the Life Healthcare Esidimeni facilities. Better models for sustainability will need to be investigated as we enter another year of poor projected economic growth.

The poor economic outlook will see more businesses retrench workers and file for liquidation, and this will place a greater burden on the state and NGOs to provide services for families with the inability to cope with stress and depression. Despite the fact that South Africa has world class doctors and services, it will still be difficult to meet the great demand that exists for mental health care services.

Substance abuse has also reached epidemic proportions and is placing an additional burden on treatment resources in the country. Internationally organised crime syndicates with local facilitation have targeted South Africa for drug trafficking and consumption. Heroin and new psychoactive substances are becoming increasingly available, together with cocaine. The direct mental health effects and consequences of an increase in HIV and AIDS infections by people who use and inject drugs has to be addressed. Youth cannabis use is also affecting school and educational performance, which leads to reduced employability in mainstream commerce and industry.

The time is now for parents and extended families to engage with and build resilient children. In mental health and substance abuse, every $1 spent in prevention saves $10 in treatment. More services are needed for people with intellectual disabilities, and the rise in mental health care user advocacy is of paramount importance. Early 2018 will see the SA Federation for Mental Health (SAFMH) take the lead to host an international mental health summit in Johannesburg to bring together mental health care users from across the globe. Our mental health app is now ready for download and welcomes feedback to improve its usefulness for mental health care users and policymakers.

As we face this period of uncertainty and lack of resources, let me urge all our passionate, tireless and unheralded heroes to search deep into their beings for radical new ways to sustain services for their fellow man. I encourage integration, sharing of statistics and resources, and better cooperation. Now, more than ever, we need to stand together.

Dr Lochandra Naidoo
President - SA Federation for Mental Health
A landmark case that brought into disrepute the supremacy of the Constitution of South Africa, in which we as persons with psychosocial and / or intellectual disabilities entrusted our lives, failed each one of us when the Life Esidimeni tragedy resulted in gross human rights violations and lives lost. SAMHAM members are hoping to see justice being served for those who lost their lives.

It is an honour to lead the SAMHAM Executive Committee as chairperson. Being part of the movement that works towards improving the quality of life of people with psychosocial and / or intellectual disabilities in South Africa has given me purpose in life, knowing that I do make a difference in people's lives through SAMHAM.

Ms Yolanda Botha
Chairperson - SA Mental Health Advocacy Movement

THE NATIONAL EXECUTIVE DIRECTOR

Writing the message for the Annual Report has always promised a sense of accomplishment and enthusiasm at the same time.

This year I feel saddened and disheartened by the loss of more than 100 mental health care users and that the Life Esidimeni tragedy will be etched into the history of mental health in South Africa as the worst tragedy ever. We have a great team of individuals within the SA Federation for Mental Health who are champions for mental health issues in their own right and who collectively challenged the state to ensure that such a tragedy will never repeat itself. As I review the details of this report, it is apparent that despite the tragedy there are clear accomplishments which is a result of great collaboration of these champions within the NGO sector. When a team of dedicated individuals makes a commitment to act as one... the sky's the limit!

During the year under review the NGO sector experienced severe challenges which have threatened the sustainability of mental health organisations that serve communities. Community-based mental health organisations are the only entry point for communities to seek advice and relief in terms of care for the marginalised and vulnerable. These organisations have been threatened with subsidy cuts, delayed licensing and even poor administrative practices by provincial government departments which have dire consequences not only for the communities they serve but also the staff who have dedicated their lives to providing much needed mental health services. Government is extremely effective in ensuring that policies and legislation are in place, but it fails dismally in terms of allocating resources to ensure that these policies and legislation are implemented. With all eyes on the South African Government, we urgently await a well-costed multi-sectoral Deinstitutionalisation Policy that will include measures for strengthening community-based mental health services that will serve to empower mental health care users.

This report provides a glimpse of the achievements made by SAFMH in gathering data and information to assist the development of strategic mental health programmes that target the empowerment of mental health care users as well as the wellbeing of all persons. Our programmes are growing exponentially as we grow our database and work with a broader stakeholder community who are seeing the value of mental health in each of their sectors. We are energised by the interest shown by the corporate sector to engage with SAFMH to improve the wellbeing of the loyal and committed workforce. According to a study published in The Lancet Psychiatry “every US$ 1 invested in scaling up treatment for depression and anxiety leads to a return of US$ 4 in better health and ability to work”. This is only possible with the support of the dedicated donors, professional staff, experts and the committed Board.

We look forward to a year with even more possibilities to advance the cause of mental health in South Africa.

Mrs Bharti Patel
National Executive Director - SA Federation for Mental Health
WHO WE ARE

The SA Federation for Mental Health (SAFMH) is a human rights organisation that aims to create a society in which mental health and mental wellbeing receive the attention it deserves. The strategic key focus areas are:

- advocating for the **human rights** of mental health care users,
- the **empowerment** of mental health care users and mental health organisations nationwide,
- mental health **research and information management** and
- the implementation of national **awareness** campaigns on mental health issues.

SAFMH works with a network of key stakeholders in the mental health and disability sectors, such as government departments and NGOs nationally and internationally. Over the years SAFMH has received increasing recognition for the work it does in the mental health field and is affiliated to / works with the following bodies:

- World Federation for Mental Health
- Movement for Global Mental Health
- Ministerial Advisory Committee on Mental Health
- Presidential Working Group on Disability
- Rural Mental Health Campaign
- Department of Justice Task Team on Disability
- Editorial Advisory Board - Lancet Psychiatry
- Commission on Global Mental Health and Sustainable Development
- Federation Global Initiative on Psychiatry (FGIP) - Mental Health and Human Rights
- Together Against Stigma Conference - Scientific Committee
- Disability Policy Committee
- Mental Health Alliance

The SAFMH Board is constituted by representatives from the South African Mental Health Advocacy Movement (SAMHAM) as well as by representatives from the 17 South African Mental Health Societies. The Mental Health Societies are independent bodies with their own governance and finance structures. These organisations provide mental health services to communities that are often vulnerable and under-resourced. The SAFMH National Office provides support to these organisations from a strategic national perspective by streamlining mental health services in South Africa and providing guidance with regard to financial planning, processes and management.

Securing funding for the mental health sector remains a challenge as mental health and disability usually do not receive the same attention and funding compared to other disabilities. Many mental health organisations experience dwindling support from government in terms of funding. SAFMH strongly lobbies and advocates for improved funding for the mental health sector in general and where necessary steps in as a mediator between provincial government departments and organisations.

Only a small portion of the programmes of the SAFMH National Office are funded by government. As a result the National Office faces the ongoing challenge to secure additional funding and actively seeks stronger partnerships with alternative funders, individual donors and the private sector to ensure the sustainability of the organisation.
Mental health refers to a person's psychological and emotional wellbeing. The promotion of general mental wellbeing aims to improve the general psychological and emotional wellbeing of a person. Such efforts can include utilising stress management techniques, along with regular exercise and a healthy diet.

Mental health care refers to services offered by public and private health facilities, focusing on issues relating to mental health. A person who accesses mental health care services to improve their mental health or address issues linked to mental illness and / or intellectual disability is referred to as a mental health care user.

Mental health care users are often also referred to as persons with psychosocial and / or intellectual disability. Psychosocial disabilities are disabilities that are linked to mental illness, such as bipolar or schizophrenia. It refers to the environmental barriers that prevent a person who is diagnosed with a mental illness from participating fully in the community or from fulfilling key daily tasks such as working, caring for themselves or attending educational activities. Intellectual disabilities are disabilities that are linked to neurodevelopmental disorders affecting a person's intellectual and adaptive functioning, such as Down Syndrome or Foetal Alcohol Syndrome.
HUMAN RIGHTS

Human rights related issues greatly affect persons with psychosocial and/or intellectual disabilities. These individuals form part of the most marginalised groups in society and have to deal with the impact of stigma and discrimination attached to their disabilities, which frequently leads to human rights violations.

Dignity is a human right guaranteed to all South African citizens in the Bill of Rights. Unfortunately persons with psychosocial and/or intellectual disabilities are amongst the most vulnerable in society and are often exposed to abuse, exploitation and other human rights violations. At the same time, persons with psychosocial and/or intellectual disabilities are often unaware of their rights or of where and how to report such violations. SAFMH works to ensure that the policies and legislation that are in place to protect and respect the rights of persons with psychosocial and/or intellectual disabilities are implemented and provides information on how to report and deal with various types of human rights abuses.

PUPPETS FOR HUMAN RIGHTS

SAFMH, in partnership with the Foundation for Human Rights, developed a human rights toolkit consisting of a DVD, colouring-in book and crayons, aimed at providing a resource for persons with intellectual disability of various ages (on the lower levels of functioning) to teach them about their basic human rights. The script that was developed can be applied to both a live puppet show and in video format, but the reproduction of the video onto DVD is more cost-effective than conducting live puppet shows.

The toolkit developed by SAFMH is a valuable resource for mental health care workers or caregivers who engage with children and adults with intellectual disability, especially where communities do not have regular access to mental health professionals. The toolkit is a good support measure which can be distributed and used with relative ease to provide ongoing education on human rights and reinforcement of positive messages.

RIGHT TO EMPLOYMENT

During the 2016-2017 financial year, SAFMH focused on the right to employment of mental health care users, as access to employment opportunities promotes independence and can contribute towards the reduction of poverty which is linked to mental disability. This theme was identified by mental health care users as important and thus helped shape the work of SAFMH.

Prof Crick Lund, in his paper titled “Poverty and Mental Health: A Review of Practice and Policies” (2012), stated that “... people living with mental illness in circumstances of poverty are a vulnerable group, who are subject to stigma and discrimination, violence and abuse, restrictions in exercising their civil and political rights (including rights to participate fully in society), and lack access to health and social services. They frequently lack educational opportunities, are denied employment and other income-generating activities...”.

A common human rights violation that has been identified via SAFMH’s Mental Health Watch reporting system and via engagement with mental health care users on a broader scale is the failure to access equal employment opportunities.
Various factors such as stigma, employers not considering mental disorders as disability, and the false perception that employees with psychosocial and/or intellectual disabilities are unable to maintain employment, appear to play a role in this challenge, which most likely emanates from the open labour market not being adequately educated on psychosocial and intellectual disabilities and the constitutional rights involved, with specific reference to reasonable accommodation in the workplace. Further to this, mental health care users have highlighted their need for skills development towards the goal of entering the open labour market (e.g. how to draft a CV, interview skills, how and when to disclose a mental disability, and how to assert their rights in the workplace).

In response to this, SAFMH developed video training materials using animation, through which the various aspects of the Right to Employment are conveyed in a presentation format. The content is divided into two parts; one focused on the employee with a psychosocial and/or intellectual disability, and the other on the employer. The videos have been uploaded to YouTube to allow for wider access, as well as being available on DVD.
MENTAL HEALTH WATCH

Human rights advocacy is a core function of SAFMH, with its main project component being the Mental Health Watch reporting system. The Mental Health Watch captures and responds to human rights violations reported through the various reporting options which include landline telephone number, WhatsApp and sms line, email address, online email form and postal address.

SAFMH utilises the Mental Health Watch reporting system to ensure that persons with psychosocial and/or intellectual disabilities have accessible methods at their disposal to report any violations, to assist individuals in accessing equal justice, and where required, to connect them with SAFMH’s legal partners.

A total of 49 cases were reported in the 2016-2017 financial year. The most prevalent cases were related to unfair discrimination and most of these occurred either in the workplace or within the education system (mainly universities). Several cases related to employment, involving unfair dismissal, bullying and harassment in the workplace.

The reporting of human rights violations increased over the month of October, which is Mental Health Awareness Month.

Most cases concerning the workplace were referred to the Commission for Conciliation, Mediation and Arbitration (CCMA) and/or to SAFMH’s legal partners ProBono.Org for legal advice. Some of the cases involving the workplace were often reported too late and had missed the reporting deadline of the CCMA to submit a dispute. In such cases the individuals were assisted to submit an application for condonation to the CCMA, if there had been a valid reason for failing to meet the deadline for dispute conciliation and arbitration. The cases related to the workplace involved unfair dismissal, unfair labour practice, unfair discrimination and harassment. The reported cases in the workplace highlighted the need for ongoing awareness around the processes of seeking recourse to accessing justice.

Cases involving the universities were referred to the disability units for student support at the respective universities, but many of these cases reverted back to SAFMH, noting that the university disability units had in most cases been unhelpful and/or only accommodated students with physical disabilities and not psychosocial disability. SAFMH is currently conducting an information-gathering exercise on the services provided by disability units at universities across South Africa.
SAFMH is involved on various national and international platforms where issues pertaining to the improvement of mental health care and services, human rights, and national and international legal instruments are deliberated. At these levels SAFMH is able to provide high-quality input into policies and legislation to uphold the rights of persons with psychosocial and/or intellectual disabilities.

SAFMH was extensively involved in the lead up to the investigations of the Health Ombudsman on the Life Esidimeni crisis and made significant contributions towards the task team appointed to assist in the investigation and implementation of the Health Ombudsman’s recommendations. SAFMH continues to monitor the relocation and care of mental health care users in communities.

As of 1 January 2017, the Movement for Global Mental Health (MGMH) secretariat is based at SAFMH for a 3-year term. MGMH is a virtual network of individuals and organisations that aim to improve services for people with psychosocial and/or intellectual disabilities worldwide, especially in low- and middle-income countries where effective services are often scarce. Two principles are fundamental to the movement: scientific evidence and human rights.

SAFMH will be hosting the 5th Global Mental Health Summit from 8-9 February 2018 in Johannesburg. The theme of the summit is “Leaving No One Behind”, as per the aspiration of the Sustainable Development Goals (SDGs), and aligns the summit agenda with the SDGs. It also emphasises that mental health forms a vital component in achieving the SDGs. The aim is furthermore to bring to the forefront the voices of persons with psychosocial and/or intellectual disabilities and to establish their role as key partners in mental health and in achieving the goals set out in the SDGs.
EMPOWERMENT

Empowerment is a multi-dimensional social process that helps people gain control over their own lives. It is a process that fosters power in people for use in their lives, their communities and their societies by acting on issues that they define as important. Empowerment gives people with psychosocial and / or intellectual disabilities a voice and enables them to live with dignity.

One of the strategic pillars of the White Paper on the Rights of Persons with Disabilities commits to “promoting and supporting the empowerment of children, women, youth and persons with disabilities”.

SOUTH AFRICAN MENTAL HEALTH ADVOCACY MOVEMENT

The South African Mental Health Advocacy Movement (SAMHAM) functions as a project of SAFMH and aims to establish a well-coordinated, effective national advocacy movement through which mental health care users are empowered. SAMHAM completed the second year of its self-advocacy and empowerment development plan during 2016-2017, which focussed on Limpopo and Free State provinces. The districts covered in the Limpopo province were Waterberg, Capricorn, Mopani and Vhembe, and in the Free State province Fezile Dabi, Thabo Mofutsanyana and Mangaung. A total of 178 mental health care users, 25 family members, 182 mental health workers and 10 persons with other disabilities (for example persons with visual impairments) were trained on the basic understanding of mental disability and human rights through empowerment sessions held in these districts. In the 2016-2017 financial year SAFMH trained 395 people in total, compared to 246 people trained during the 2015-2016 year (an increase of 149 people).

SAFMH embarked on a new approach for SAMHAM two years ago, namely to establish a national advocacy movement through a multi-year strategy. This involves conducting empowerment sessions in selected districts within the provinces in South Africa. Through this advocacy leaders have been recruited, trained, empowered and supported to conduct advocacy activities in their districts. A total of 23 advocacy leaders have become active and involved in various activities, ranging from conducting media interviews, sharing their life stories on public platforms, conducting door-to-door campaigns, educating mental health care users on the dangers of alcohol and drug abuse, providing mental health care users with advice and sharing of information, referring mental health care users to relevant services, building stakeholder relationships (e.g. the South African Police Service and schools), participation in income generation projects (e.g. gardening), starting sports teams (e.g. soccer) and running support / advocacy groups, mainly at clinics.

In the final quarter of the 2016-2017 financial year SAFMH recruited a Project Assistant dedicated to the follow-up and support of advocacy leaders on a regular basis. This proved to be valuable in terms of building a closer relationship with the advocacy leaders, supporting them and keeping track of their activities, challenges and needs on a regular basis. This supportive role to advocacy leaders is essential for the strengthening of advocacy groups in the provinces.

Social media platforms (Facebook and Twitter) have been used as a vehicle to engage SAMHAM members in various ways, from providing information on issues related to mental health, human rights and advocacy, promoting SAMHAM’s work and achievements, to generating discussions on relevant topics. The SAMHAM Facebook group currently has 864 members, the Facebook page has 352 likes and the Twitter profile has 275 followers and this online community continues to grow. Through the establishment of a virtual chat group (WhatsApp), SAMHAM executive committee members and provincial advocacy leaders are able to communicate with each other, which has given them a means of sharing their advocacy work and supporting each other.
MENTAL HEALTH CARE USER ENGAGEMENT

SAFMH often represents the views, challenges and needs of mental health care users at a national level, and annually engages mental health care users in discussions where they are able to raise their concerns and opinions on matters that affect them. In South Africa, many mental health care users face continuous problems in accessing medication, specifically in the public health sector, which places individuals at risk of relapse and which frequently has a negative impact on their recovery journey.

SAFMH therefore conducted an engagement exercise with mental health care users on the prevalence and impact of stockouts, medications that are not available in the public health sector. A total of 109 mental health care users from five of the nine provinces within South Africa participated in this exercise. 59% indicated that they had experienced stockouts of a range of psychiatric medications prescribed for conditions including schizophrenia, bipolar mood disorder, major depressive disorder and anxiety disorder.

This raised concerns about the fact that the prevalence rates of stockouts may have been even higher considering that nursing staff, in separate consultation sessions in various provinces, indicated to SAFMH that mental health care users were sometimes not necessarily aware of medication stockouts because some nurses see to it that medications are available by borrowing medications from other clinics where possible. In some instances, other measures had to be taken by either reducing the dosages of the medications prescribed or by substituting them with other medications. Mental health care users expressed dissatisfaction with this as they felt that their mental health conditions deteriorated when they did not receive the correct prescribed medication and / or dosages.

As per the outcome of the engagement exercise, the participants noted that they experienced a noticeable negative effect on their mental wellbeing as a result of medication stockouts; where 30% experienced a complete relapse resulting in hospitalisation, 30% experienced some symptoms resurfacing (but did not require hospitalisation), 17% experienced changes in sleeping patterns (mostly a lack of sleep), and 23% experienced increased anxiety.

Participants further noted that other areas of their lives were effected; where 6% indicated that the resurfacing of their symptoms created conflict within the family, 8% experienced financial challenges when they had to purchase medication privately (despite their inability to afford the costs), 9% indicated that they had to travel back and forth to clinics several times to check whether medication was available (which also had financial implications), and 2% had to take time off from work as their level of functioning had been affected.

A concern raised by participants was that they were not adequately informed of the situation regarding medications being out of stock or when medication dosages had been reduced or substituted, despite South African policies and legislation emphasising the rights of mental health care users to fully participate in their treatment plans.

The National Mental Health Policy Framework states that all psychiatric medication must be available at all levels of healthcare.

People with mental disorders and disabilities need access to the correct psychiatric medication for recovery and the management of their conditions. Medication stockouts at clinics and hospitals can result in a deterioration in mental health functioning and possible relapses.

PSYCHIATRIC MEDICATION STOCKOUTS AND RELAPSES

Medication stockouts mean that mental health care users are unable to receive medication, or they receive a different medication than prescribed as a substitute. This prevents them from being treatment compliant and could cause them to relapse.

Medication stockouts and fear of relapse have very negative effects on the mental wellbeing of mental health care users. Relapsing undoes all the months or even years of hard work it took to reach a point where the mental health care user is stable and healthy.

Increased relapse amongst mental health care users leads to increased hospitalisation rates, and places more strain on the mental health system that is already in many cases overburdened and under-resourced.
As the largest mental health organisation in South Africa, SAFMH along with its 17 Mental Health Societies (collectively referred to as the mental health movement), provide services to thousands of mental health care users across South Africa. These services are essential in ensuring that mental health care users are able to access the correct treatment and care they require to enable them to live with dignity as part of their communities; keeping abreast of developments both within the organisations and within the world of the mental health care users and those accessing services is essential.

STATISTICS

SAFMH collects statistics from all its Mental Health Societies on an annual basis to ensure that a representative, national picture can be developed to understand, assess and track service delivery and related developments and challenges across the entire mental health movement. This data also assists SAFMH with designing its programmes and with determining key advocacy issues. Ultimately, it provides an in-depth insight into the collective, community-based footprint of the Mental Health Societies, supported by the SAFMH National Office, and helps to illustrate the reach of the mental health movement across South Africa.

There were 46 people with disabilities serving on the Boards of Management of Mental Health Societies; of these, the vast majority were black males, followed by white females and black females. Whilst the overall number had declined, the profile of the persons with disabilities serving on Boards of Management remained unchanged from 2014-2015 to 2015-2016, with the majority being black males, along with a high representation of females on the Boards of Management.

A brief comparison with 2013-2014 and 2014-2015 shows that there has been a notable increase in persons with disabilities employed within the movement over the past few years:

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In previous years Mental Health Societies mostly served persons with intellectual disability. The statistics from the 2015-2016 financial year show that the numbers of persons served with intellectual disability and mental illness / psychosocial disability were more equal. A total of 82,736 persons received services from Mental Health Societies in 2015-2016:

- **Persons with intellectual disability – 32,221**
- **Persons with mental illness / psychosocial disability – 31,781**
- **Persons with emotional & relationship problems – 18,734**

95% of beneficiaries served by the mental health movement are black people, as defined in the Broad-Based Black Economic Empowerment Codes of Good Practice.

**Challenges reported by Mental Health Societies in terms of the services they deliver:**

- Funding – specifically in terms of government subsidies
- Lack of community-based mental health resources for mental health care users
- Non-implementation of the Mental Health Policy Framework and Strategic Action Plan 2013-2020 in the provinces
- Challenges relating to upkeep of infrastructure
- Stigma and discrimination against mental health care users
- Logistical challenges such as lack of transport to facilities for mental health care users
ENQUIRIES

The information and support service of SAFMH allows mental health care users, their family members, members of the public, and other organisations to enquire about service provision and referrals related to persons with mental disabilities through various platforms including emails, telephone calls and the Mental Health Watch reporting system.

Enquiries received are analysed to keep abreast of developments and challenges in the mental health sector. Most challenges reported related to residential mental health facilities because of long waiting lists and fees charged by some facilities while a disability grant is the only source of income of some mental health care users.

A total of 459 enquiries (81 media and 378 service related) were received in the 2016–2017 financial year. Enquiries increased during the awareness months and in response to the Health Ombudsman’s report on Life Esidimeni in February 2017.

The life story below shows that families are often not aware of what options are available after completing special school education, and more awareness must be created about opportunities that do exist:

A family member enquired about possible academic opportunities for a 22 year old person diagnosed with a learning disorder. The family found international opportunities but were not aware of any opportunities in South Africa. SAFMH referred the family to Unity College.

Feedback received from the uncle:

"This is just to let you know that today was my nephew’s first day at Unity College! We met with the Principal and it certainly seems like Unity College is the right place for him to progress further. It is of course still early days, but we are all very optimistic. The great thing with Unity College is the accreditation of its curriculum which goes all the way to Grade 9 level - this will then open the doors to further study down the road.

Last but not least, thank you for your assistance and pointing us in the right direction - I can't thank you enough. SAFMH is an excellent body / association and serves a very important and extremely relevant role within our society. I will most certainly be recommending anybody I come across who has mental challenges and needs guidance / direction in terms of the way forward to SAFMH. Once again, a sincere thank you!"

The majority of people enquired about information related to residential / placement options:
INFORMATION GATHERING / ADDRESSING CHALLENGES

In order to address some of the challenges reported, SAFMH conducts investigations to gather information which provides a clearer picture of mental health related needs and challenges at a community level, and keeps the organisation updated on the most recent developments in the mental health sector. For the year under review SAFMH undertook to investigate:

1. **The role of the South African Police Service (SAPS) in mental health**

   SAFMH received enquiries relating to the roles and responsibilities of SAPS in the assisted and involuntary admission procedure with regards to challenges experienced by various mental health care service providers, mental health care users, as well as their loved ones. Challenges experienced highlight a division between policy and implementation, which continues to impact on the lives of mental health care users.

   Engagement sessions were held with various role players (SAPS, Emergency Medical Services, mental health care users and healthcare providers) so as to better understand the role of SAPS in involuntary admissions, the responsibilities of all role players, and the working relationship between the various role players so as to determine the ideal way forward in order to improve access to mental health services.

   The engagement sessions revealed that there is a need for:
   - a more collaborative working relationship between mental health care workers and SAPS members
   - training of police officers as well as healthcare workers located within hospitals on dealing with voluntary and involuntary admission cases, and for
   - police officers to engage with the Emergency Medical Services in cases of involuntary admissions.

   In the year ahead SAFMH will play a key role in organising the consultations and formulate recommendations from a policy perspective in terms of the Mental Health Care Act of 2002.

2. **The South African Social Security Agency (SASSA)**

   SAFMH engaged with SASSA officials to better understand the procedures and processes involved in approving disability grants for mental health care users, as well as to look at opportunities for a future partnership between the organisations so that challenges could be discussed and addressed.

   Findings:
   - Mental health care users who are not treatment compliant do not qualify for a disability grant
   - SASSA refers to disability as *social assistance disability*, which is defined as the inability to work
   - Anyone with a disability must qualify for social assistance disability certification in order to be eligible to receive a disability grant. A mental health care user may be declared unfit to work due to their disability, but might not qualify for a disability grant due to not meeting social assistance disability certification requirements

   SASSA admitted that the certification of disability is open to various errors. While the Social Assistance Act of 2004 stipulates that only a medical officer may perform assessments, SASSA officials acknowledge that medical officers may not be adequately trained regarding mental health. Exclusion errors occur when medical officers rely on limited clinical records to confirm the mental disability. When a mental health care user cannot present any clinical background (information about the mental health care user pertaining to onset, diagnosis, treatment history / hospital care), the medical officer is unable to perform an accurate assessment and will declare that there is no clinical basis for disability and will therefore reject the grant application. SASSA is in the process of reviewing the application form for disability grants so that in such cases the form should not say ‘rejected’, but that the medical officer will instead state that ‘after having undertaken this assessment I cannot conclude this assessment due to outstanding clinical information’.

   SAFMH and SASSA will continue to discuss the possibilities of a partnership and how this partnership could work going forward.
The term awareness is defined as knowledge or perception of a situation or fact. However, when we discuss awareness and mental health, it is important to acknowledge that simply teaching people the facts around different mental health conditions is often not enough to change negative attitudes or to prevent stigma or discrimination. It is sometimes easy to mistake being knowledgeable about a health issue with taking action to address it. If we want to change the way in which society perceives mental health, and treats those living with mental disabilities, we need to create awareness in a broader sense by sending a message, getting attention, getting people to talk about the issue at hand, and having these talks translate into action.

The Life Esidimeni tragedy placed the spotlight on South Africa’s mental health sector and made mental health a much talked about subject in the media. It highlighted the importance of taking the awareness that such events create and turning it into action; actions that see the care and welfare of mental health care users being prioritised, and stigma and discrimination being done away with. SAFMH continues to not only educate communities about mental health, but also to empower them to bring about real change in the lives and circumstances of those with mental disabilities.

AWARENESS PROGRAMMES

One way in which SAFMH raises awareness around specific topics is through three month-long awareness programmes as well as through a number of commemorative mental health days throughout the year, such as World Bipolar Day and World Mental Health Day, during which topical information materials are developed and distributed to Mental Health Societies, the media, and other stakeholders. Press releases provide media with quality and credible facts and information about the mental health issues at hand so that the correct information is spread to communities and professionals working in the mental health field. The enquiries received from media and other stakeholders allow SAFMH to engage with a broader community, to share information and to make sure that it is shared in the correct context and supports our advocacy for improved mental health services in the country.

Medication Stockouts and the Links to Relapses

Psychosocial Disability Awareness Month – July 2016

The awareness campaign informed mental health care users and members of the public about the growing problem of psychotropic medications being unavailable at public health clinics. Information on where to report stockouts and recommendations as to how the problem should be resolved were also included as part of the campaign. The campaign highlighted the importance of ensuring that mental health care users have access to the correct prescribed medication at all times.

Dignity in Mental Health: Psychological and Mental Health First Aid for All

Mental Health Awareness Month – October 2016

Mental Health Awareness Month and World Mental Health Day are the two most important dates on the mental health calendar. SAFMH hosted a corporate wellness event at the National Office to celebrate World Mental Health Day on the 10th of October 2016. Corporates and businesses were invited to the event, entitled “Dignity in Mental Health – Mental Health in the Workplace”. Awareness was created by providing a platform for three mental health care users to share their personal experiences of living and working with a mental disability. SAFMH shared with corporates the value of working with persons with mental disabilities and how reasonable accommodation can be applied in the workplace. The radio coverage received addressed concerns of mental health care users and allowed mental health care users to share their own experiences.

Right to Employment for Persons with Intellectual Disabilities

Intellectual Disability Awareness Month – March 2017

One group often excluded from the open labour market are adults with intellectual disability. In South Africa the majority of adults with intellectual disabilities are either unemployed or underemployed, despite their ability, desire, and willingness to work in their community. This campaign focused on educating the public and the open labour market around the benefits and legislation that exist for employing persons with intellectual disability. This campaign succeeded in highlighting the importance of allowing persons with intellectual disability to access equal employment opportunities.
Highlights of awareness activities by Mental Health Societies include:

- Cape Mental Health held an information session on bullying at Mfuleni Primary School
- Southern Free State Mental Health held information sessions at various local clinics on the topic of stress management
- Zululand Mental Health held educational talks on mental health with mental health care users in protective workshops
- Pietermaritzburg Mental Health presented a number of talks at high schools in their community on the rights to education and employment opportunities for children with special needs
- North Gauteng Mental Health handed out pamphlets and engaged with members of the public at Saulsville train station regarding intellectual disability
- Durban and Coastal Mental Health held an awareness programme at Khalipha Special School based on the rights of persons with intellectual disability and on how they should protect themselves during school holidays

Mental Health Societies reported the following activities as part of their annual statistics reporting for 2015-2016:

<table>
<thead>
<tr>
<th>Activities (2015-2016)</th>
<th>Number of activities</th>
<th>Number of people reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exhibitions</td>
<td>132 exhibitions</td>
<td>43,718</td>
</tr>
<tr>
<td>Workshops / seminars</td>
<td>197 workshops / seminars</td>
<td>12,252</td>
</tr>
<tr>
<td>Talks at schools, churches, etc</td>
<td>659 talks</td>
<td>67,520</td>
</tr>
<tr>
<td>Radio talks</td>
<td>70 talks</td>
<td>6,434,550</td>
</tr>
<tr>
<td>TV presentations</td>
<td>6 presentations</td>
<td>2,215,000</td>
</tr>
<tr>
<td>Newsletter / magazine / newspaper articles</td>
<td>54 articles</td>
<td>1,740,789</td>
</tr>
</tbody>
</table>
In August 2015 the SAFMH Board resolved that a terminology toolkit should be developed to aid individuals and organisations working in the field of mental health. Following this resolution, a Mental Health Terminology Toolkit was developed which includes definitions and brief descriptions of the most common mental disorders and syndromes based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), as well as words and terms that are commonly used in the mental health field. The aim of the toolkit is to guide individuals and organisations to educate themselves regarding correct terminology, and in so doing support persons with mental disorders and disabilities by talking to and about them in a way that is both respectful and empowering. The toolkit was disseminated to Mental Health Societies and other stakeholders in the mental health sector to further educate and train staff and communities.

SAFMH also recognised the need to create a tool which could educate and empower members of the media to report accurately, fairly and above all respectfully on the topic of mental health. Towards this end, SAFMH developed a Media Guide for Responsible Reporting on Mental Health. The guide focuses on topics such as acceptable terminology, using people-first language, the link between mental health and crime, and reporting responsibly on the subject of suicide. It also includes basic descriptions of various mental health disorders. The guide was disseminated to various news media organisations, as well as to tertiary institutions with journalism departments.

In the past financial year ten new infographics were developed and disseminated nationally. Infographics are an ideal method of sharing information digitally and via print, as they make mental health related information easily accessible, and help to explain sometimes complex topics in easy to understand visual format.

These infographics covered a range of topics which also formed part of various awareness activities and advocacy programmes:

- Persons with Intellectual Disability have a Right to Employment,
- Right to Employment - for Employees,
- Right to Employment – for Employers,
- Understanding Social Work,
- Stress and Health,
- Psychiatric Medication Stockouts and Relapses,
- Involuntary Admission Procedure,
- Mental Health First Aid,
- Mental Health First Aid – Suicide, and
- How to deal with Chronic Stress.

SAFMH also translates certain educational materials into other South African languages in an effort to make them more accessible.

**How to deal with chronic stress**

**What you can do**

- Prioritise tasks. Try managing your tasks if you feel overwhelmed.
- Focus on what you accomplished at the end of the day, not what you were unable to do.
- Recognise the symptoms of stress:
  - Difficulty sleeping,
  - Increased alcohol or substance use,
  - Being easily angered,
  - Feeling depressed,
  - Having low energy.
- Schedule regular times for healthy and relaxing activities, like meditation, exercise, and spending time with loved ones.
- Get enough sleep every night.
- Talk to your doctor or a mental health care professional.
- Get proper health care for existing or new health problems.
- Identify:
  - Work
  - Get help

Chronic stress is linked to health problems including obesity, diabetes, heart disease, cancer, a weakened immune system and disorders such as anxiety and depression.
LIFE STORIES

An ongoing project is the collection of life stories from mental health care users. These stories provide mental health care users with a platform to speak about their challenges and triumphs while living with a mental disability. With consent from the mental health care users SAFMH shares these stories in press releases, on the SAFMH website, as well as on our social media pages, with the goal of educating the public about the realities of living with mental disabilities in an effort to combat stigma and discrimination.

SAFMH WEBSITE, SOCIAL MEDIA AND PRESS

The website as well as the social media profiles of SAFMH provide an opportunity to share information with the public. The website is regularly updated with press releases or interesting and important developments, as well as being an informational resource with mental health fact sheets and infographics, information on policies and legislation, and contact details for the various Mental Health Societies.

Social media pages are important platforms for sharing information and engaging on various topics, and the SAFMH social media following continues to grow. At the end of the 2016-2017 financial year the SAFMH Facebook page had 1152 likes, and the SAFMH Twitter page had 311 followers.

During the 2016-2017 financial year SAFMH received a total of 81 media enquiries from various local and national news media organisations. Topics of enquiries include:

- The Life Esidimeni case
- Information on specific disorders such as bipolar disorder or depression
- Substance abuse and mental health
GOVERNANCE

The SAFMH Board mandates the National Office to adopt resolutions from its various committees and requires the National Office to report to the Board on a regular basis. The Board comprises of the President (independent expert), two Vice Presidents (independent experts), an Honorary Treasurer (independent expert), nine Directors of Mental Health Societies, nine persons with psychosocial disability (SAMHAM) and nine persons with intellectual disability (SAMHAM). The President is a non-executive expert who ensures objectivity, transparency and ethical management processes. The President, office bearers and board members are not compensated for their services rendered to SAFMH.

SAFMH governance structure

The SA Federation for Mental Health has a number of committees providing expert advice and guidance to the operational team:

- **The Board of Management** has the highest level of decision-making and is fully representative of service providers, mental health care users and experts in the field of mental health
- **The Executive Committee** ensures that Board resolutions are put into action and provides the necessary guidance and support to the National Office
- **The HR & Finance Committee** provides guidance and oversight in terms of financial, remuneration and HR issues
- **The Pension Fund Committee** ensures that the pension fund is managed in the interest of its members

The organisation ensures good governance through the following processes:

- Bi-monthly Executive Committee meetings ensure monitoring and evaluation of the activities through investigation of reports and financial statements.
- Regular submission of progress reports as well as site visits by government departments and funders ensure monitoring and evaluation of projects undertaken.
- Annual submission of Audited Financial Statements and progress reports to the NPO Directorate ensure compliance with the NPO Act.
- Annual General Meetings held in August / September ensure greater participation from the community and other stakeholders.
The Human Resources function has been outsourced to provide the management and staff of the organisation with the necessary support, advice and guidance. The National Office continues to be guided by the relevant labour legislation.

Despite the limited budget, staff training is an essential component of empowering staff members. SAFMH believes in the importance of continuous exposure to the latest developments in the field of mental health in order to implement this knowledge.

Volunteers
The experts and mental health care users volunteer their time on the Board of the National Office.

BEE scorecard
The National Office is proudly BBBEE compliant.

Employment equity
SAFMH strives to promote equal opportunity and fair treatment in employment through the elimination of unfair discrimination.

Labour practices
The Policy and Procedures manual of SAFMH is kept up-to-date and new staff receive training on the Policies and Procedures manual to ensure that they understand and comply with the labour practices of SAFMH.

SAFMH supports local businesses and sub-contracts work to a number of Small and Medium Enterprises (SMEs) in order to support enterprise development.

The SAFMH programmes team implements programmes in line with the organisation’s key focus areas to improve the state of mental health in South Africa while the business development team focuses on the sustainability and operational functions of the organisation.
SUSTAINABILITY

The Executive Committee of the organisation reviews and analyses the financial statements of the organisation on a monthly basis. This enables management to foresee challenges, to put preventative measures in place and to ultimately ensure the long-term sustainability of the organisation by addressing challenges.

The National Office appreciates the financial contributions from various partners and initiatives that allow the organisation to maintain its programmes and operations:

- The **Disability Empowerment Concerns (DEC) Trust** is the main funder of the National Office and provides much-needed funding for some of the organisation’s operational costs. The DEC Trust is an invaluable leg of support not only to SAFMH but also to many other organisations in the disability sector.

- 18% of the organisation’s programmes is commissioned and funded by government departments, namely the National Department of Health and the National Department of Social Development. The continued support from these government departments is very important for the implementation of these crucial programmes. The positive working relationship that the National Office has with both government departments ensures that mental health is prioritised in South Africa.

- The National Office received a grant from the **National Lotteries Commission (NLC)** in November 2016. The funds received cover a big portion of the operational costs and also allow for the implementation of additional programmatic activities. A portion of the funds will be carried forward to the 2017-2018 financial year. The support received from the NLC is much needed and appreciated.

- **Casual Day** remains the largest annual fundraising event of SAFMH ensuring the continuity of the organisation’s programmes and operations. In addition, Casual Day benefits a large number of mental health organisations affiliated to SAFMH for Casual Day and therefore has a remarkable impact on the mental health sector in South Africa.

- In February 2016 the National Office received a grant from the **Foundation for Human Rights (FHR)** for the implementation of a programme benefitting children and young adults with intellectual disability. The programme was implemented successfully in the 2016-2017 financial year.
The National Office receives regular and ad-hoc donations from various small to medium-sized companies, funds and trusts. The support received from these donors plays a vital role in ensuring the organisation’s sustainability.

The foundation that contributed R10,000 or more in the 2016-2017 financial year is:
- The Carl & Emily Fuchs Foundation

The companies and trusts that contributed between R5,000 and R10,000 in the 2016-2017 financial year are:
- Coronation Asset Management
- Lantrust Charitable Trust
- Proactive Hygiene
- Spartan Truck Hire
- The Cyril & Rochelle Ginsburg Trust

The Direct Mail Programme run by the SA Federation for Mental Health benefits the National Office as well as all 17 Mental Health Societies. This steady source of income is invaluable for the movement and contributes to the improvement of mental health services in South Africa.

The individual who contributed R10,000 or more in the 2016-2017 financial year is:
- EML De Wet

The individuals who contributed between R5,000 and R10,000 in the 2016-2017 financial year are:
- AMP Caenazzo
- N Friedman
- NE Goodwin

The National Office truly appreciates and values all support received from different individuals, companies and official bodies. However, the National Office faces the ongoing need of securing alternative funding, which remains a challenge for the mental health sector. The organisation actively seeks to build stronger relationships with funders, the private sector and individual supporters and to develop alternative sources of income generation to ensure the long-term sustainability of the organisation.

MESSAGE FROM THE TREASURER

A compliant audit opinion and positive trading results enabled the Board of Management to approve the Annual Financial Statements for the 2016-2017 financial year and affirm the going concern basis.

The income from Casual Day is substantially more than the previous year. The National Council of and for Persons with Disabilities (NCPD) decided to repay the income withheld from prior years together with interest. The full amount was R467,283.

An amount of R3,000,000 of the Special Funds was invested in a Balanced Equity Fund administered by Nedbank.

Tom Davies
Treasurer - SA Federation for Mental Health
### STATEMENT OF FINANCIAL POSITION

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<th></th>
<th>2017</th>
<th>2016</th>
</tr>
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<tbody>
<tr>
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<td>R</td>
<td>R</td>
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<tr>
<td><strong>ASSETS</strong></td>
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<td></td>
</tr>
<tr>
<td>Non-Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>2,012,307</td>
<td>1,947,790</td>
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<tr>
<td>Special funds investments</td>
<td>8,709,210</td>
<td>6,488,225</td>
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<tr>
<td>Total Non-Current Assets</td>
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<td>8,436,015</td>
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<tr>
<td>Current Assets</td>
<td></td>
<td></td>
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<tr>
<td>Receivables</td>
<td>63,149</td>
<td>592,963</td>
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<tr>
<td>Cash and cash equivalents</td>
<td>2,812,972</td>
<td>2,327,276</td>
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<td>Total Current Assets</td>
<td>2,876,121</td>
<td>2,920,239</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td>13,597,638</td>
<td>11,356,254</td>
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<tr>
<td><strong>RESERVES, FUNDS AND LIABILITIES</strong></td>
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<td></td>
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<tr>
<td>Reserves</td>
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<tr>
<td>Accumulated funds</td>
<td>4,036,823</td>
<td>3,882,159</td>
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<tr>
<td>Non-Current Liabilities</td>
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<td></td>
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<tr>
<td>Special funds</td>
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<td>6,488,225</td>
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<tr>
<td>Current Liabilities</td>
<td></td>
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<tr>
<td>Payables</td>
<td>851,605</td>
<td>985,870</td>
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<tr>
<td>Total Reserves and Liabilities</td>
<td>13,597,638</td>
<td>11,356,254</td>
</tr>
</tbody>
</table>

### STATEMENT OF COMPREHENSIVE INCOME

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>R</td>
<td>R</td>
</tr>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income</td>
<td>25,039</td>
<td>-</td>
</tr>
<tr>
<td>Operating costs</td>
<td>(4,483,906)</td>
<td>(4,246,940)</td>
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<tr>
<td><strong>Operating Deficit</strong></td>
<td>(382,027)</td>
<td>(336,768)</td>
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<tr>
<td>Finance income</td>
<td>536,691</td>
<td>430,837</td>
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<tr>
<td><strong>Surplus for the Year</strong></td>
<td>154,664</td>
<td>94,069</td>
</tr>
</tbody>
</table>
MENTAL HEALTH IN THE WORKPLACE

FACT IS:

- A recent study listed SA as the 2nd most stressed country in the world.
- Employee absenteeism costs the SA economy R12 – R16 billion per year (largely attributed to workplace stress, burnout and ill health).
- Lost earnings among adults with severe mental illness amounted to R28.8 billion per year - compared to R472 million spent on mental health care for adults.
- It costs South Africa more to not treat mental illness than to treat it.

The SA Federation for Mental Health offers different workshop packages to address mental health in your workplace:

1. Mental health – a general overview: Learn more about the basics of mental health, mental illness, intellectual disabilities, stigma and discrimination and about the importance of mental health in the workplace.
2. Mental health and stress: Learn more about stress, how it affects individuals and organisations, and how to better understand and manage stress within the personal and work environments.
3. Mental illness – a detailed overview: Learn more about some of the main types of mental illnesses, their symptoms and causes, and also about the link between mental illness and substance abuse.
4. Employment and mental health: Learn more about mental health in the workplace, about employing persons with mental disabilities, reasonable accommodation in the workplace, and about how this relates to ensuring healthy diversity in the workplace.
5. Disability and the workplace: Learn more about the different models and definitions of disability, challenges faced by persons with disabilities and about how this relates to ensuring healthy diversity in the workplace.
6. Mental wellbeing – a detailed overview: Learn more about how we define good mental health, challenges related to good mental wellbeing, and about ways to help you develop good mental wellbeing.
7. Substance abuse and mental health: Learn more about the warning signs and effects of substance abuse, tips for staying healthy and about the link between substance abuse and mental health problems.
8. Women and mental health: Learn more about the unique features of mental health as it relates to women, factors that affect women’s mental health and about other gender-related mental health issues.
9. Men and mental health: Learn more about the unique features of mental health as it relates to men, factors that affect men’s mental health and about other gender-related mental health issues.
10. Youth and mental health: Learn more about the factors that affect mental health in young people, symptoms of mental health problems in youth, and about how to help young people develop and maintain good mental health.

For bookings and enquiries please contact SAFMH:
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