



Resilience & Hope

In Times of Darkness



Cape Mental Health

all about ability



We share our stories of
resilience to inspire hope.

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1913-2023

Cape Mental Health's vision is that all people can be empowered to achieve the highest level of mental health and quality of life possible.

Our mission is to provide or facilitate comprehensive, proactive and enabling mental health care services in the Western Cape. We are committed to challenging socially restrictive and discriminatory practices affecting the mental health of all people. Our work is underpinned by a commitment to quality, excellence and professionalism.

Our story spans 110 years of changing people's lives through our commitment to mental health. We empower people through the dark times to create a brighter future.

We are "all about ability."

CMH Board 2022-2023

President

Dr Amelia Jones

Vice-Presidents

Prof. Johannes John-Langba
Ken Sturgeon

Chairperson

Tracy Fortune

Deputy Chairperson

Gary Pond

Treasurer

Alan Crisp

Legal Advisor

David Lotz

Committee Members

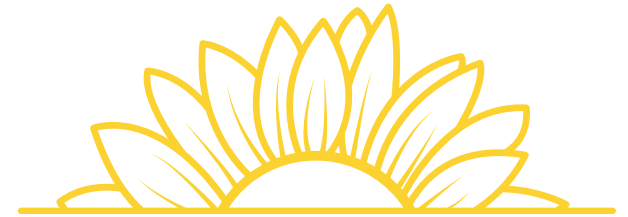
Stuart Musekiwa
Shona Sturgeon
Dr Mzolisi Toni

Consumer Representatives

Kurt Pretorius for consumers
with intellectual disability
Dylan Rademeyer for consumers
with psychosocial disability

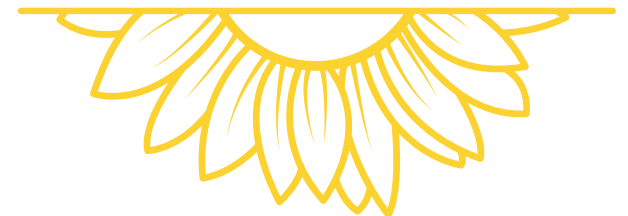
Honorary Psychiatrists

Dr Sean Baumann
Dr René Nassen
Emeritus Professor Tuviah Zabow



"Keep your face
to the sunshine
and you cannot
see the shadows.
It's what the
sunflowers do."

Helen Keller (1880-1968),
a blind and deaf author, educator
and disability rights advocate,
was the epitome of resilience,
courage and optimism.





A Tribute to Alan Crisp CMH Treasurer

Our much-loved Honorary Treasurer, Mr Alan Crisp, resigned from this position in May 2023 but continues to be a loyal and supportive member of Cape Mental Health.

Alan has served us with dedication over many years. His investment in the financial stability and governance of our organisation is immeasurable and the legacy he has left will benefit us for years to come.

While we are indeed sad at receiving Alan's resignation, we would like to wish him well in the next phase of his journey and pray that all the care, love, support and warmth that he has expressed through his hard work and incredible commitment will be returned to him in abundance.

We are confident that we will be able to retain his expertise and guidance in future.



“It has been both a privilege and a pleasure over many years to work with Alan, and we wish him only the very best for the future.”

Dr Ingrid Daniels
CEO

Resilience & Sustainability

Cape Mental Health is a resilient organisation, withstanding the many challenges that have forced so many non-government organisations to close their doors in recent years. Despite the COVID-19 pandemic and its socio-economic impact, we have continued to provide vital mental health services and retain critical mental health personnel.

A diverse income and resource mobilisation stream included State subsidies from the Department of Social Development and the Department of Health, trading income, investment income, board and lodging, contract income, professional fees, rent, special event income, grants, sponsorships, donations, and fundraising.

Our expenses were generally well-contained, but donations and fundraising income and fee income were below budget. An aging fleet of vehicles was responsible for the escalation in the cost of vehicle maintenance.

In both 2019/2020 and 2020/2021 we returned a year-end surplus, but we ended 2021/2022 and 2022/2023 with operational deficits.

The bigger picture is that our organisation's net assets have increased slowly and steadily, and we have a healthy reserve fund. We are fortunate, therefore, to reap the rewards of a history of good governance and fiscal discipline.

In the past year we made a significant investment in our infrastructure, purchasing 13 new vehicles with tracking systems installed. These measures will ensure that we can provide the necessary community-based services and provide safe and reliable bus transport for children and adults with severe to profound intellectual disability attending our day programmes.

We are upgrading some of our properties, with renovations nearing completion at our Garden Cottage group home in Heideveld for women with intellectual disability, and improvements planned for our Imizamo-Yethu Special Education and Care Centre in Khayelitsha for children with severe to profound intellectual disability.

A strategic review has paved the way for a renewed focus on income-generation to sustain our services in the long term.

Looking Ahead

Warrick Williams joined Cape Mental Health in May 2022 as our new Finance Manager, replacing Stuart Musekiwa who had moved on to the position of Global Tax and Compliance Manager at a social enterprise and for-profit company.

Stuart remained an active and valued member of our board and we are therefore delighted that in June 2023 he accepted the position of Honorary Treasurer.





Even in the
darkest days
when our souls are
weary, stand tall
like the sunflower
and raise your
head to the sun to
grow and find
your strength.

Message from our CEO Dr Ingrid Daniels

The past three years have been exceptionally challenging for millions of people across the world.

South Africans were not spared the negative consequences of the COVID-19 pandemic that had an extraordinary and widespread impact, leaving health, social and mental health scars and devastation in its track. Under-resourced and poverty-stricken communities were particularly affected, but everyone was left vulnerable in the dark shadow that fell.

The COVID-19 crisis heightened the risk factors generally associated with poor mental health, including financial insecurity, unemployment, and fear, whereas protective factors such as social connection, employment and educational engagement, access to physical exercise, daily routine, and access to health services, fell dramatically (OECD, 2021).

We have all had higher exposure to pandemic-related stressors with a significant decrease in protective factors for mental well-being. The Global Burden of Disease 2020 estimated that the COVID-19 pandemic has led to a 27.6% increase in cases of major depressive disorder and a 25.6% increase in cases of anxiety disorders worldwide in 2020 (WHO, 2022).



Sadly, while South Africans were still recovering and coming to terms with the consequences of the pandemic, a second wave of negative mental-health-impacting factors caused by national loadshedding vibrated through the country. It brought back memories of what we had already experienced, with stark parallels to the pandemic.


Again, we found ourselves in darkness with increased frustration, insecurity, uncertainty and multiple stressors. Ongoing loadshedding, without vigorous reliable contingency plans, continued to impact on the socio-economic circumstances and mental health of individuals.

In a survey conducted by the SA Anxiety and Depression Group in January 2023, they found that “Although some people are finding ways to navigate load-shedding, a lot are finding it incredibly difficult. About 42% of the participants said that they saw their depression symptoms getting worse and [six in 10 respondents struggled with] anxiety. Another big theme from the data was [that there is a] feeling of helplessness. Because the power cuts are out of our control, it leaves people feeling hopeless. The long-term projected feelings of hopelessness are having a negative impact on people’s mental health.” (Business Live, April 2023).

We know that loadshedding has had a significant impact on schooling, the economy, crime, health services, and reduced social activity, compounding mental health risk factors.

In view of the factors impacting negatively on our mental health, our focus as a community-based mental health organisation has been to impact positively on the hopelessness experienced during these dark times.

Our investment in innovative community-based mental health interventions has provided safety nets during the COVID-19



"Hope and
opportunity
are central to
our work."

pandemic and the loadshedding crisis by ensuring that accessible mental health services are available to everyone.

We work tirelessly at providing care, reducing suffering, and paving the way for a more hopeful future despite the bleak environment.

I believe that children and young people, the most vulnerable and often ignored during these times, need to be given more support and access to resilience-enhancing mental health interventions that are both targeted and evidence-based.

Even though there are often high levels of hopelessness, due to multiple factors, the objective of our interventions is to help people cope with the interrelated dimensions of stigma, discrimination, joblessness, homelessness, environmental vulnerability, loadshedding, educational inequalities, and soaring poverty, which impact intensely on their mental health.

The philosophy that underpins our cross-cutting mental health interventions has been to focus on the abilities of those with a lived experience of intellectual or psychosocial disabilities by removing the “dis” in “disability” and empowering and harnessing the strengths and skills to access the opportunities.

According to Helen Herman et al. (2011), “Fundamentally resilience is understood as referring to positive adaptation, or the ability to maintain or regain mental health, despite experiencing adversity.”

Our role over the past 3 challenging years has been to ensure that we build and strengthen mental agility and mental health resilience. It’s in building resilience and coping mechanisms that we hope to see better mental health outcomes and coping skills, while multi-sectoral initiatives and interventions are needed to address the socio-economic risk factors.

Acharya and Agius (2017) states that "the central tenet in recovery is hope - it is the catalyst for change, and the enabler of the other factors involved in recovery to take charge. Whilst problems exist in helping an individual believe in it, there exist definite routes by which it can be done..."

Staff Snapshot @ 31 March 2023

SENIOR MANAGEMENT

Dr Ingrid Daniels (Chief Executive Officer)
Santie Terreblanche (Deputy Executive Officer)
Carol Bosch (Deputy Executive Officer)
Anastasia Lakey (Management Secretary)

HEAD OFFICE

including Administration, Donor Development, Finance, Innovation & Training (ITD), Access to Justice, Social Work Services, Corporate Social Work, Garden Cottage, YouthMatters, PR & Communications

Managers

Tamaryn Angel (Social Work & Garden Cottage)
Jennifer Bester (Social Work & YouthMatters)
Willemien Buys (Administration)
Sandra Ellis (Donor Development)
Wasima Fisher (Social Work)
Razaan Galiel (Innovation & Training)
Keamogetse Mokgadi (Access to Justice)
Warrick Williams (Finance)

Staff

Zaakirah Brown • Wayne Cloete • Claudia Cogill
Kim Cooper • Feroza de Leeuw • Ntombentle Dlokovu
Angelique du Plessis • Zintle Dyalivani • Ferial Edwards
Karen Hans • Gaynor Heneke • Esté Hugo
Farenaaz Jacobs • Amy King • Elnéri Koegelenberg
John Krieger • Grant Koopman • Luzaan Lambert
Gabriel Lekeur • Nadine Lindinger • Claudette Louw
Limakatso Maema • Thobeka Mafilika-Mapuko
Cindy Manho • Susan Manson • Pumza Mbanzi
Barbara Meyer • Simtandile Mgudlwa • Mishal Mookrey
Deslynn Nel • Sandisiwe Petela • Kulthum Roopen
Mastura Salasa-Schaffers • Nokuthula Shabalala
Khusela Veleko • Chesna Zietsman

PSYCHOSOCIAL REHABILITATION (PSR)

including Fountain House SA (Observatory and Mitchell's Plain), Rainbow Foundation, and Kimber House

Manager

René Minnies

Staff

Tasneema Davids • Faldelah Fillander
Nolubabalo Makhuni • Nondibane Mdyidwa
Irma Mitchell • Nocawe Mxobo • Bukelwa Nkopane
Clement Petersen • Dylan Rademeyer • Lael Samuels
Tasneem Toyer • Melissa Viljoen • Kim Windell

SPECIAL EDUCATION & CARE (SECCs)

including Erika, Heideveld & Imizamo-Yethu SECC

Manager

Mpilo Khumalo

Staff

Mishe America • Nandipha Dani • Nomthandazo Dlisani
Danielle Johnson • Sherlane Labans • Anelisile Lande
Thami Majodina • Boniswa Makana • Lulama Mambinja
Ruwayda Meyer • Margaret Molefe • Nazley Morta
Nombongo Mpateni • Belinda Ndamane • Fezeka Ndzuza
Pumza Ngubo • Pakama Nyangaza • Zintle Royi
Jamie-Lee Scholtz • Jamie-Lee Shears-Van Staden
Andiswa Skiti • Kutala Soqaga • Zingisa Venfolo
Khuluwa Zazayokwe • Nobahle Zono

TRAINING WORKSHOPS UNLIMITED (TWU)

including Training Workshops in Athlone, Mitchell's Plain, Retreat and Khayelitsha (Nonceba), Garden Pot Centre, Siyakhwazi Integration Company, Eco-Carwash Solutions, and Eagles (Athlone and Mitchell's Plain)

General Manager

Rina Oelofse

Staff

Zoey Adams • Zulfa Allie-Julies • Faisal Bawa
Patrick Cloete • Brumilda Collins • Gwendoline Daniels
Faith de Klerk • Namhla Finini • Charlize Fisher
Aubrey Fortune • Keith Ganga • Angeline Hansen
Samantha Hendricks • Chantell Hess • Carlo Hulbert
Russell Jones • Onwaba Kula • Evelyn Lakay
Doreena Mabongo • Thebakazi Manono • Simon Mngomeni
Monica Moleleki • Mpontsheng Msila • Falen Muller
Mpumelelo Ngcefe • Sandra Nicolai • Mpumela Nonjongo
Gakrishe Nonkululeko • Pamela Nyakaza • Sonia Peters
Zanokhanyo Qengwa • Sihle Rani • Sharon Schonlo
Nonhuthuzelo Sintsili • Elanza Skippers • Chantal Stemmet
Nobesuthu Titise • Charné Town • Vanessa Vorster

TWU Interns

AMSOL: Taswell Jackson • Azola Madikane
Babalwa Magadla • Lusanda Rhoxo • Freddie Steenberg
Ashwin Swarts • Beaudine Williams

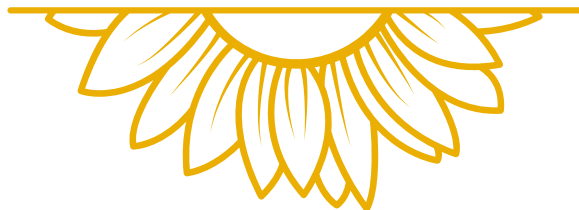


"CMH has a vibrant Care Internal staff team. Their activities include coordinating wellness articles in the monthly staff newsletter, wellness activations, the Employee Wellness Day, the Rewards & Recognition programme, virtual birthday cards, and an annual function for our retirees.

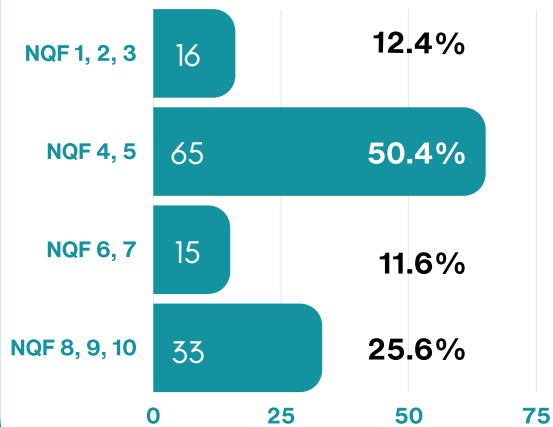
"Our Social Work Department also provides an Employee Assistance Programme (EAP) offering confidential, free counselling.

"Early intervention can help valuable employees to identify and address issues that negatively impact on their well-being and achievement of personal goals."

Wasima Fisher, Social Work & Care Internal Manager



National Qualifications Framework (NQF) levels



CMH Workforce

133 CMH Employees



Persons with disabilities

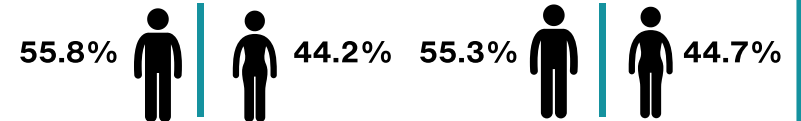


Economically Active Population (EAP)

As per 22nd CEE Report (2021-2022) - QLFS Q3 2021*

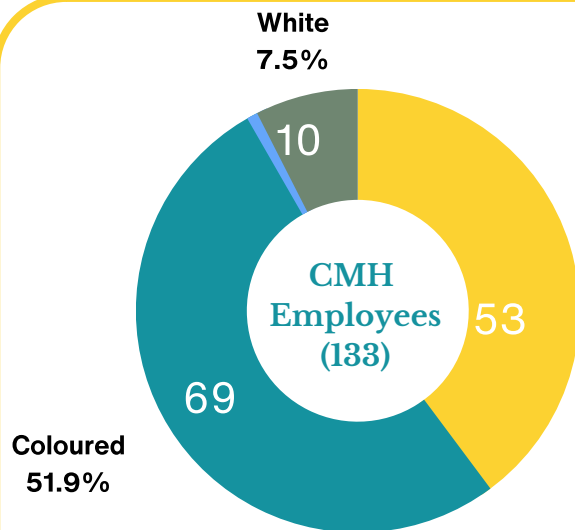
Western Cape

National

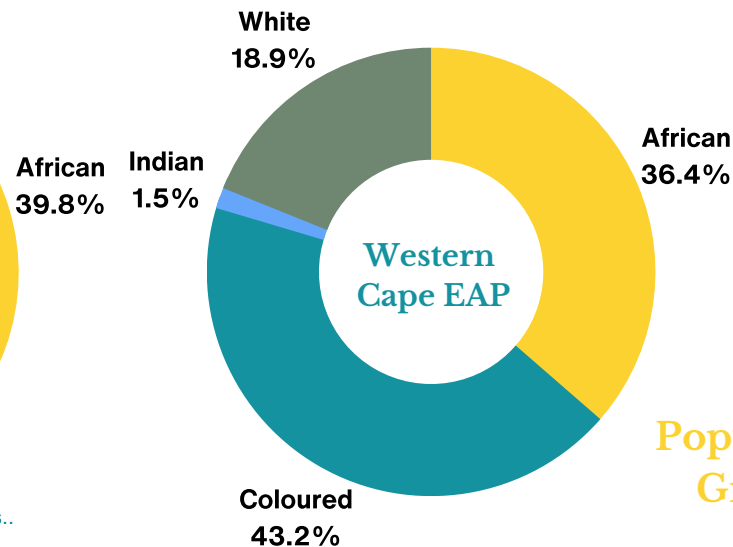


Persons with disabilities 1.2%

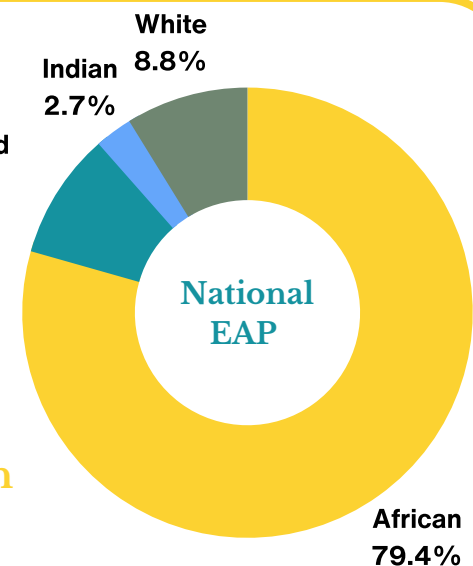
*The representation of persons with disabilities in 2021 is 1,2% despite a target of 2% in the EE Act and a target of 7% in the White Paper on the Rights of Persons with Disabilities. It decreased from 1,3% in 2020, but represents an increase of 0,1% compared to the 2019 figures.



CMH does not currently employ any foreign nationals..



Population Groups



CMH Beneficiaries

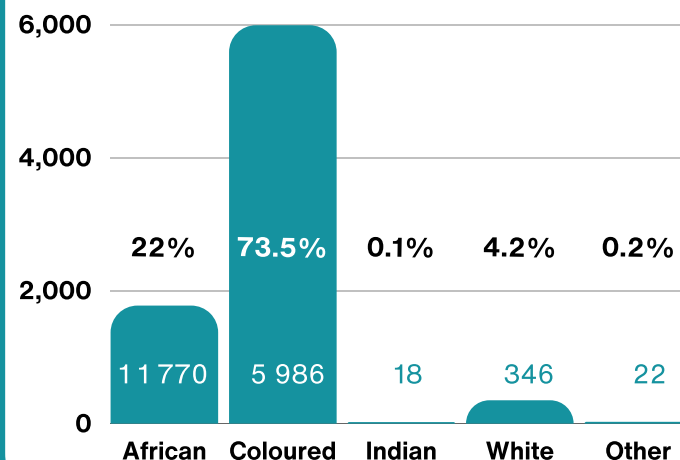
Index service users
benefiting directly

8 142

Persons reached through
our holistic family-
focused interventions

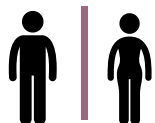
48 852

Population Groups



Gender

46%
3 737



54%
4 405

Mental Health Profile

Intellectual Disability	Psychosocial Disability	Emotional Adjustment Problems
33% 2 679	27% 2 222	40% 3 241

Age Groups

Children 0-17	Youth 18-34	Adults 35-59	Older Persons 60 & older
43% 3 526	30% 2 441	23.5% 1 917	3.5% 258

Intervention levels

Mental Health Prevention & Promotion

Life skills training: 1 386

Garden Cottage, Psychosocial Rehabilitation,
Training Workshops Unlimited

Information dissemination:

108 424 509

PR & Communications, Social Work Services,
and all our community-based projects

Alternative Care

Group Homes: 19

Garden Cottage & Kimber House

Early Intervention

Counselling: 5 175

Social Work Services, Access to Justice,
Psychosocial Rehabilitation,
Training Workshops Unlimited

Special Education & Care: 225

Special Education & Care Centres

Support Groups: 379

Social Work Services, Rainbow PSR groups

Service User Empowerment: 1 386

2 group homes, Psychosocial Rehabilitation,
Training Workshops Unlimited

Income Generation:

Training Workshops Unlimited: 650

Awareness Raising Campaigns

"Our engagement with the media throughout the year is reflected in the ongoing intake of people who contact Cape Mental Health for assistance and support."

Barbara Meyer
PR & Communications Officer

July 2022

Psychosocial Disability Awareness: "In my Own Words"

Mental health care service users advocated for quality mental health care and inclusion in all spheres of their lives to end the stigma of psychosocial disability.

886 130	2 578 478
contacts reached through social media & online publications	reached through print & broadcast media

October 2022

Mental Health Awareness: "Thinking Global - Acting Local - with Youth in Mind"

We supported the World Mental Health Day theme "Make Mental Health and Well-being for All a Global Priority." We raised awareness of the global crisis of youth and their mental health, while focusing on the challenges and needs of South African youth and their mental health.

8 307 020	31 708 184
contacts reached through social media & online publications	reached through print & broadcast media

Three month-long campaigns raised awareness of mental health and mental health disorders, Cape Mental Health's services, and how mental health care users can achieve their best mental health outcomes.



March 2023

Intellectual Disability Awareness: "Destigmatising Intellectual Disability through Shifting Attitudes"

We challenged the stigma surrounding intellectual disability by calling on society to change its mindset about people with intellectual disability and what they can achieve in life.

372 710	750 937
contacts reached through social media & online publications	reached through print & broadcast media



"Our social auxiliary workers, social workers and clinical psychologists are the bees of Cape Mental Health, working together tirelessly and selflessly, and totally focused on the survival and betterment of our communities."

Carol Bosch
Deputy Executive Officer

Serving the Community Beyond the Call of Duty

Cape Mental Health staff go beyond the call of duty to ensure that mental health service users benefit from a comprehensive, integrated, and compassionate approach to mental health service delivery - from the point of the initial intake and assessment through to field services and available placements at our community-based facilities.

News24 reported that in March 2023 social workers from the Department of Social Development were attacked in certain areas and that home visits had decreased to avoid risking their safety, with social workers doing more office work with community members.

Cape Mental Health faces the same challenges, but our number of direct community contacts increased in the past year to ensure that service users and their families receive the necessary support, education and counselling.

We remain one of the few service providers whose social workers continue to do home visits, but we have a strategy in place to limit their exposure in high-risk communities and crime hotspots.

Service users often commend our Social Work Department on the professional service they provide:

"My daughter's social worker is extremely skilled at listening attentively and allowing me and my family to communicate our feelings during the tragic loss in our lives that took place during the COVID-19 pandemic. She has been very helpful and empathetic in all our sessions. We felt comfortable opening up to her and allowing her to teach us the necessary tools that she uses to assist us to navigate through the difficult journey of grief."

The impact of Cape Mental Health's services can't be measured simply in terms of the number of clients we reach or, in the case of our Sexual Abuse Victim Empowerment programme, the number of convictions of perpetrators secured in cases that proceed to the Sexual Offences Courts.

The impact can also be seen in how we ensure the comfort and dignity of our service users before and during assessments - whether they are hungry or in need of toiletries, warm clothing and blankets.



Our Access to Justice programme provides a psycholegal service to persons with intellectual disability (mostly women and children) in cases of sexual abuse to afford them the same access to justice as the general population. Our psychologists conduct clinical assessments to establish the ability of victims to give consent to sexual intercourse and to testify during court proceedings. They also provide an expert witness service in court when subpoenaed to do so and, on occasion, are called on to complete impact reports to give an account of the adverse effect the violations have had on the victims' functioning.

Sadly, not all cases involving sexual abuse of persons with intellectual disability proceed to court; there are administrative challenges at the court, detainees fall ill, dates are recalled due to prosecutors having multiple cases to cover, and load-shedding affects court procedures.

Given the impact of delayed justice on victims, our Access to Justice programme places enormous emphasis on getting things right the first time, with lots of pressure around logistical arrangements for psycholegal assessments and often a lot of negotiations a day or so before the assessments.

We are often moved by how various role-players share our passion for ensuring access to justice for vulnerable groups. We get calls from members from the National Prosecuting Agency (NPA) requesting assistance as they don't want to give up on a case involving one of our clients, so it could be anything from an urgent assessment to prevent the case from being struck off the roll or a review of an assessment to ensure the information is still applicable.

FCS officers from the Family Violence, Child Protection and Sexual Offences unit make huge sacrifices, often leaving their homes very early in the morning to ensure that complainants, particularly those from rural communities, are on time for their assessments at our Observatory head office. We once had an officer from Hermanus who drove over 152 kms from his office to collect a complainant that was on holiday in De Doorns for her assessment.

When the above happens, I feel like we have contributed to rebuilding the personhood of the complainants who have been traumatised. Often their hesitant smiles and gratitude are reward enough and this is what motivates us to do everything in our power to meet their unspoken needs.

The following story was provided by Karen, one of our social workers:

I have a client that we worked with for more than two years. She was a victim of rape and experienced post-traumatic stress. Before we could even do the clinical assessment, we had to assist her with an admission to hospital. Her life was affected to the extent that her parents had to leave their jobs to care for her.

We linked the family to a community soup kitchen run by a church and organised for them to provide the family with food parcels and ready-made meals twice a week to tide them over. It's only through this intervention in the family's circumstances that the client stabilised and we could proceed with the assessments.

The social worker continued working with the complainant and her family, and the Access to Justice psychologist in this case provided Eye Movement Desensitisation and Reprocessing (EMDR) therapy in her private capacity to alleviate the client's distress.

Currently the client is doing much better and has recovered to the extent that her parents can go back to work and are no longer reliant on the soup kitchen.

The Access to Justice assessment was completed and the report submitted to the NPA. The client will be given emotional support by the social work team during an often stressful court appearance.

A Family-Centred Approach

Partnerships in the Home

Cape Mental Health social workers offer a range of services to clients with emotional adjustment problems, intellectual disability and psychosocial disability. Our services are family-focused, so we work with the client and with the family.

If our clients are non-compliant with medication, for example, this has an impact not only on the mental health and behaviour of the client, but also on the functioning of the family as a unit. The first focus of our interventions is to educate our clients about the benefits of their taking their medication as prescribed, and not stopping simply because they are tired of the routine or believe that they are well enough and don't need medication. We work with the family as well, as they play a vital role in supporting the client and encouraging them to be medication compliant.

In poor families where there is very limited income or resources to draw on, often the grant that our clients receive from SASSA is the only income that the family has access to. To ensure that the client benefits directly from the grant, we educate the client and the family about their rights and, where necessary, assist with the administration of the disability grants.

Our clients have to work through a lot when they learn that they have a mental health diagnosis - and sometimes they have more than one diagnosis (for example, intellectual disability and epilepsy, or psychosocial disability and a lifelong condition like HIV/AIDS). We help our clients to understand their diagnoses, but also to cope with situations where they are stigmatised because of their diagnoses. Some clients don't want to go to the day clinics, because they don't want to be seen collecting medication, so we help find solutions in these circumstances.

Whether or not a client chooses to disclose their mental health condition to their family, friends, people in the workplace or in the community, they still have to deal with those who don't understand the issues they have to deal with, judge their behaviour at times when they are ill, and humiliate them through name calling and prejudice.

Many families have to contend with conflict between family members where there is a person with a mental health diagnosis. Our social workers, sometimes working in teams, have to defuse the situation and offer mediation. We see remarkable changes in families as a result of our interventions and continued support.



"I'm Simtandile, a social worker covering the Gugulethu and Nyanga area. It's a very impoverished area, and there are a lot of substance abuse problems, a high crime rate and high unemployment. People are surviving ... somehow."

"We social workers go into areas like these to give hope. And we do see positivity at the end of the day."

"You know, when you go to these homes you are just a regular social worker, just doing your job. But when you realise the impact ... it's like I already have my PhD."

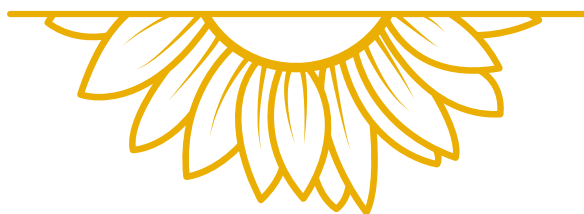
"It's so lovely to see our clients and their families putting in the work and growing. Honestly, we are just there to guide and motivate here and there. It's wonderful to be part of that experience. It makes me proud to be a social worker."



"Youth struggle to access appropriate and relevant mental health services. If they are better informed and supported, they can reduce the impact of mental health disorders on their lives and help challenge the stigma and ignorance that prevents young persons from seeking help."

"In November 2022 we proudly launched YouthMatters to respond to the urgent mental health needs of learners at five local secondary schools. The programme adopts a whole-school mental health approach to uphold the care and protection of children and enforce parental responsibilities and rights as set out in the Children's Act 38."

**Jenny Bester, Social Work
& YouthMatters Manager**



YouthMatters for Lifelong Resilience

It is estimated that mental health problems affect 10-20% of children and adolescents in low-income and middle-income countries (Kieling et al., 2011). Even though there are no current national estimates of the prevalence of child and adolescent mental health problems in South Africa, estimates for the Western Cape Province suggest that 17% of children in the province have a diagnosable mental health condition (Kleintjies et al., 2016).

The WHO (2020) states that the lack of access to mental health and untreated mental disorders in children and adolescents have consequences for adolescent mental health conditions extending to adulthood, impairing both physical and mental health and limiting opportunities for them to lead fulfilling lives as adults. Of concern is the fact that over 50% of adult mental health disorders are established by age 14 (Ronald et al., 2005).

There is therefore an urgent need for us to promote the wellness and resilience of young people, and better equip educators, parents and other service providers with the knowledge and skills needed to support them. Our investment in our youth is an investment in our collective future.



Funding from the Suzan Stehlik Charitable Trust Legacy Fund created an opportunity for us to review our schools' programme and expand it from two to five secondary schools. The participating schools are Ocean View and Zeekoevlei Secondary Schools (both from the previous Mind-Matters programme), Insebentziwano High School in Philippi, Mitchells Plain High School, and Matthew Goniwe High School in Khayelitsha.

YouthMatters reached more than 2 500 learners and educators in the past year through counselling and focused sessions on mental health, anxiety and stress, bullying and its impact, examination preparation tips and coping skills.

Through liaising and networking with relevant stakeholders, including the Western Cape Education Department, the Department of Health, school communities, and community-based organisations, we have invited their buy-in and inclusion towards a cohesive, collaborative, and effective response to youth mental health issues.

My story A 'New' Home

"Garden Cottage is a group home for eight women with intellectual disability who benefit from supervised independent living.

"The COVID-19 lockdown was a difficult time for the residents and care workers in the cramped cottage.

"We can't wait to see the women's expressions when the renovations are done and they can return home. The cottage will be spacious, with an open plan living area that will be warm and light."

**Tamaryn Angel
Garden Cottage &
Social Work Manager**



We live at Garden Cottage. There are four of us to a room, and we don't always get on.

For now we live in Grassy Park until we can move back to the cottage in Heideveld. It's fine living in Grassy Park.

Our two care workers, Feroza and Limakatso, take turns to take care of us.

Our families sometimes come to visit us in Grassy Park.

In the week, we go to Training Workshops Unlimited. Some of us are in Life Skills, and some of us do beading, tassels, and collars, in the Work Skills unit.

We hope there will be a bigger TV in the new house.

We have a dog and his name is Mustafa. If someone comes to the house, then he tells us there is someone there.

The Trustees of the Villager Aid Trust responded warmly to our appeal for funding to realise our dream of an 'extreme makeover' of Garden Cottage.

The Trust's generous funding will match that provided by Cape Mental Health to expand the cottage to more than double its size, with two additional bedrooms, an extra bathroom, and an open plan lounge, dining and recreation/hobby area.

After months of temporary accommodation, with three of the residents living with their families and the rest in a rental home in Grassy Park, the women will welcome being home again.

They adjusted to the temporary change in living arrangements with the support of our staff, but they miss their home, the other residents, and the Heideveld community. Garden Cottage is their home and offers them safety, security, and a sense of belonging.

My story Coming Home

My name is Grant. I have been employed at Cape Mental Health for four years now as a housekeeper and messenger.

I grew up in Tafelsig, Mitchell's Plain. After that we moved to Blue Downs, and from there we were scattered, moving around. I moved in with my father in Kraaifontein when I was 14. I left school because I wasn't so good at it, and I ended up working in a bakery. That is my passion today.

I was 19 when I was diagnosed with schizophrenia. It's a genetic issue. I have a cousin and two uncles with lived experience of bipolar mood disorder, and my mom has a lived experience of schizophrenia and bipolar mood disorder.

The following year I had a nervous breakdown. My trigger was that I had an addiction challenge. I was living with my grandma when I was admitted to Lenteguur Psychiatric Hospital in 1999. When I came out of hospital I relapsed because the medication was not right. My grandma then said she couldn't take care of me any more, and that is when my mother welcomed me into her home in Grassy Park to stay with her, my sister, and my stepdad.

I was suicidal at that time and tried taking my life a few times.

I was in self-incarceration for four years, which means that I did not go out of the house. During the day I was alone at home and my medication made me very sleepy. My illness then took a turn for the worse and I became paranoid.

I stayed with my family for eight years but left because of family issues. But I didn't have any friends or know anyone outside. That is how I ended up at a shelter for almost a year.

I joined the CMH BeadAbility project in 2004 as part the Rainbow Foundation Psychosocial Rehabilitation Groups. It was the reason I got out of self-incarceration. It was the first time I started taking the train again to join a psychosocial rehabilitation group and meet people.

When I moved out of the shelter and into Kimber House [group home], I only had two pairs of shoes. I still have the black pair in my cupboard.

I then joined Fountain House and four months later was placed in the Transitional Employment Programme, working as a quality controller at Foschini for the next five years.

I've come a long way. I look forward and try not to look back.



"Kimber House gave me a second chance in life. I have grown to love those five 'brothers' in our house.

"We are a happy bunch and are always respectful to one another. We sometimes argue but by the next day we are friends again. We have a special bond.

"Since working at Cape Mental Health I have been saving to start my bakery business. I couldn't do these things in the past.

"I go shopping, I buy clothes for myself, I've got accounts and I am being responsible with them. I am looking after myself."

"A year ago, I wouldn't have seen myself in this position. That is how dark the cloud was that I was in. I couldn't see a future for myself. I felt like a useless man. But now I feel like someone who can take on the world."



My story The Dark Cloud

My name is Clement. I am 36 years old and have a teenage daughter. If I look at myself and my age, I think about where I could've been. You know, you always have this question. If I didn't do this, I could've been there.

I still believe I am able to get into my own place, get my own car, and go for my learner's, get my license - things that I could've had a long time ago if my head were screwed on properly.

My story is one of drug addiction, recovery, relapses, losing jobs because of my addiction, a stint in prison for shoplifting, divorce, being clean of drugs for a year, and then falling ill and spending a month on life support at Groote Schuur Hospital. I had to rely on my parents to care for me as I recovered from a stroke, and I had to learn to walk again. I just wanted to isolate myself and lie in bed the whole day.

Then we lost my father to cancer and it was just like it hit me from all angles - I felt like I needed my life to end. It was that bad. I said out loud once to my mommy, "Well, if this is the case, then I might as well end my life. I will take all my sleeping tablets at once and just never wake up again." I never had the guts to go that far, but it was a thought that played through my head a lot.

A close friend came to visit me. I knew she was a social worker, but I didn't know that she was a Cape Mental Health social worker. And she said that I was in a state of depression.

My friend introduced me to Fountain House. She asked me if I would like to come with her one day and just sit there for a few minutes to see what it was all about. I went there and then told her I would come back because I felt very at home. It's been over a year and two months now since I started attending Fountain House.

I learnt a lot through my social worker and Fountain House. It helped me a lot, through one-to-one counselling, and the life skills that we do here. I learnt to take care of myself - to watch my health and what I eat, and also whom I hang out with. Just because I am alone, doesn't mean I am lonely. I even started attending church regularly, because that also helped me.

Fountain House helped me to apply for a learnership, Business Administration, Level Two. I started the learnership at Siyaya in April. All of us there have disabilities.

I have to be honest that it's tough at times. Because of my brain haemorrhage, I get quickly drained. Sometimes the workload is a lot, but I have been pushing through, and giving it my all. I am still in contact with a Fountain House staff member and, whenever I have time off, I pop in there. I have overcome my depression and anxiety. I no longer feel useless. Now, I feel like someone who can take on the world.

Community Integration

Cape Mental Health believes that persons with disabilities should be supported to take up their place in society as equal South African citizens. We therefore focus on preparing and supporting our mental health service users to live meaningful lives within their families, communities and the broader society.

In order to protect vulnerable service users from the realities of a harsh world, some organisations create "parallel societies". Cape Mental Health, on the other hand, provides training, education, awareness and support to assist our mental health service users to live safely in their communities and be included in society.

According to the White Paper on the Rights of Persons with Disabilities, persons with disabilities have an equal right to live in the community with choices equal to others. We strive to make this a reality for our mental health service users and their families through sensitisation, anti-stigma campaigns, community-based health services, continued advocacy, and supportive self-advocacy structures.

Our programmes are not destinations in themselves, but milestones along the journey to living an integrated life in the community.

Learners attend our Special Education and Care Centres because the Department of Education doesn't make provision for their education within the public school system. We are part of an ongoing advocacy movement for their full inclusion in and transfer to public schools following the High Court ruling in 2010 on the right to education of children with severe to profound intellectual disabilities.

Our Training Workshops Unlimited programme for adults with intellectual disability offers a six-level training and career path to enable those with the necessary potential to find and retain employment in the open labour market with the required level of support. We regard the work activities within the programme as part of their vocational training and not as "play-pretend" employment.

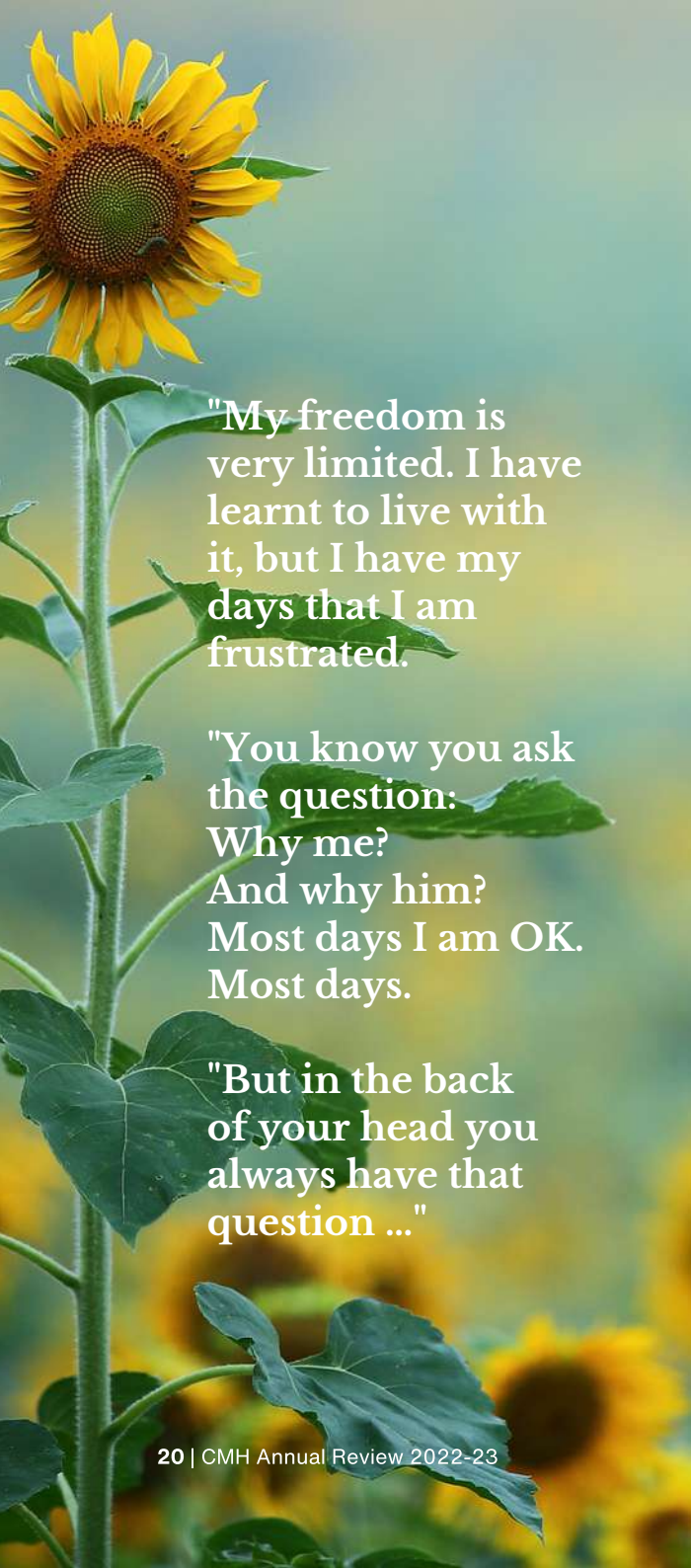
Our psychosocial rehabilitation programmes provide safe spaces for mental health service users along their journey to recovery while the focus remains successful reintegration into society. We offer psychoeducation, social activities, skills development, vocational preparation and placement, life skills training, and peer support to encourage greater independence and self-determination.



"We acknowledge that persons with mental disability are one of the most 'at risk' groups in society, but we can't allow their vulnerability to take away their right to full integration into community life.

"We have to provide the right level of protection and support that will not become a barrier of over-protection that obstructs their individual autonomy."

Santie Terreblanche
Deputy Executive Officer



"My freedom is very limited. I have learnt to live with it, but I have my days that I am frustrated.

"You know you ask the question: Why me? And why him? Most days I am OK. Most days.

"But in the back of your head you always have that question ..."

My story Loss of Freedom

My name is Carmelita, and my son is Jordan. He was diagnosed at 6 months with spastic cerebral palsy. He is 15 and attends Erika Special Education and Care Centre.

Jordan has been at a special needs school since he was four years old, but he was at home for a while because of the cost of these facilities. My neighbour saw Erika's bus and got their number and, as he was already on their waiting list, I phoned them and that is how he got to be at the facility. Jordan has been at Erika SECC since 2020, but when it was COVID-19, they shut down [and provided a virtual programme].

My son doesn't walk. We live in a maisonette, and have to carry him and his buggy up and down the stairs. But the real struggle with the mobility of the chair is when we travel. The chair can't fold and so we need to take the wheels off from the back of the buggy for it to fit into a standard vehicle.

We can go outside if we are walking, but we can't even go that far. I can't travel with him on public transport. I would like to take him for a walk on a sunny day, like on the catwalk in Muizenberg. But then I can't get him into an Uber, so I need my sister or his father with a vehicle to take him there.



We get up by half past six; then I come down and make his tea. After that, I start getting him ready for school, washing him and dressing him. He doesn't eat at home before school - he eats porridge at the centre, and then has his second cup of tea.

It is also a challenge to bath Jordan because we have a bath and not a shower. We are currently looking at structuring our bathroom according to his needs. So we are hoping to raise funds for that.

Jordan's reading and learning have also been affected by his cerebral palsy. He is probably at the level of a five-year-old in understanding. He knows his name, his surname and his address. He knows who is who and can even tell where some of his school friends live and can give directions to get there. He knows time, like day or night, and the weather. He knows what he wants to eat. He will indicate what he wants, but that is limited.

Erika SECC provides daily transport. They have a transport WhatsApp group, so I can follow the driver and see exactly where they are.

Just before they come, Jordan gets a nappy change. Then my father and I will take the chair down. A few minutes after that they are here. The staff take him out of the chair, and then whoever is on the bus will take him and strap him into his seat. He does have a wheelchair at the centre that was issued by Groote Schuur Hospital. There must be one at the facility.

They do things like water therapy. The other day, they did Funny Sock Day and they sent pics and stuff - whatever they were doing with the kids on the day.

Jordan has become much more vocal since attending the centre. He is very fond of one specific care giver. I spoke to her and I told her I noticed he is very vocal. So she said that whatever I do with him, I should talk to him. She tells him, "We are going to change your nappy now, or we are going to eat now." They are nice. I am happy with them.



When Jordan is at the centre, I watch Netflix, or I just lie down - that is what I do. I cook and see to household activities. I make lunch for Jordan, because they get home at one.

It's school holidays now, though, so I have to wait until he goes back to school to have a little more free time. But I have alternate weekends because he goes to his dad, so I have that bit of time to socialise and to hook up with a friend. That also keeps my level of sanity.

My back is killing me. My sister is a masseuse, so she takes care of me from time to time. It is very, very physical. Jordan sleeps with me. He can turn from side to side at night, but he doesn't do that. He wants me to turn him. So he is constantly breaking my sleep. My right arm is very sore already very sore from his weight.

"I tell you I've lost my freedom to move around freely. I can't even go out into the working world, because I need to be with him 24/7, so I've lost my income. Ja, it's difficult, but we soldier on."

"At least Erika SECC is not expensive. Their cost is R530 a month and transport is included. It's way more affordable than the other places."



"I enjoy working very much. They said that I will only work there till the project ends and then I have to go back to the workshop. I just want to keep on working."

My story*

Understanding Things Differently

My name is Pamela. I am living in Khayelitsha. My family is fine. It is a small family, with a nice home and a nice mother, but the father is not living with us.

School was very hard for me. It was hard for me to understand stuff. I would understand things differently than the others. I had challenges with reading and writing.

After a few years, I started looking for a place that was going to accommodate me with my challenges. Then I found out about Nonceba Training Workshop and I went there. I was 18 when I joined Training Workshops Unlimited.

It was very nice for me because I was around people who are similar to me - who have the same challenges as me. I felt free and happy to be around those people.

I understood the work that they were doing, because they were doing work that requires just our hands, so I was doing that easily.

I learnt some of the contract work that they were doing. Some of them were doing spice bottles. We used to clean them and then take the labels off - then we would send them to the companies. I also learnt a new skill about how to reach the targets set for us.

My job coach Onwaba gave me this opportunity [to work in the open labour market in the workplace experience programme] because I was one of the good workers at the workshop. They wanted people who could work outside, and so I am working because of that now.

I work at a crèche called Little Star Educare Centre. There I clean desks and rooms, the kitchen, and stuff like that, making sure everything is in its place. Little Star is in Khayelitsha; with the stipend I get, I take a taxi to work.

It's easy working at my job, because I don't need to read or write. I clean so I can do that easily. I don't have any issues with the people that I work with; we work well together.

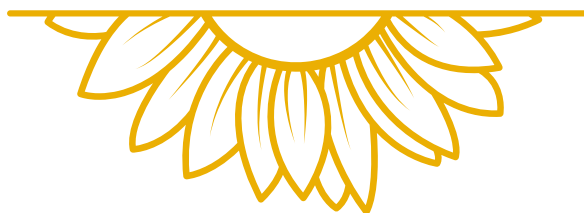
* Translation by Onwaba



"We need to consider the emotional and psychological impact of not being able to read text. Easy-to-Read should be the golden standard of communication with and for persons with intellectual disability or reading difficulties."

Razaan Galiel, ITD Manager

Razaan was appointed as manager of the Innovation and Training Department (ITD) in December 2022. In the period January to April 2023 she successfully embarked on providing training to enhance the knowledge and skills of health workers, medical personnel and NGO staff. In April 2023, her presentation on the ETR methodology received the Best Oral Abstract award at the Mental Health Conference in Gauteng.



Easy-to-Read

Easy to Understand

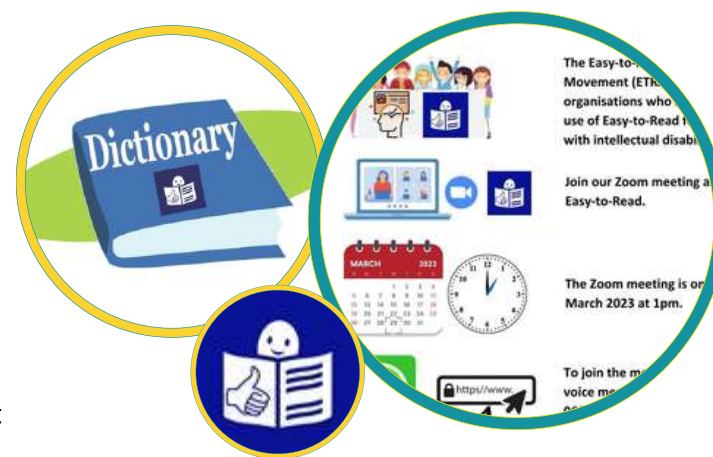
Making information accessible

The Easy-to-Read (ETR) programme ensures that persons with intellectual disability can access and understand documents written in a standardised format combining simple text and approved images.

The project is a direct outcome of a 2018 self-advocacy exchange programme with Germany for two CMH service users with intellectual disability. In 2019, CMH launched the first ETR dictionary in South Africa that now offers a compilation of more than 900 words and images.

To date we have trained 62 ETR document writers from various organisations and institutions across the country, including the South African Federation for Mental Health, the National Council for and of Persons with Disabilities, and the Western Cape Network on Disability.

CMH has identified a need for proofreading committees to be set up across the country, thus creating income-generation opportunities for persons with intellectual disability while enabling trained document writers to access proofreaders in their particular areas.



CMH offers an ETR writing service that ensures that all materials conform to the standards of Inclusion Europe and are officially approved by trained proofreaders with intellectual disability.

ETR achievements this past year

- Drafting the Kampala Declaration and Plan of Action (IGAD) Annexure in ETR for the Germany Agency for International Cooperation (GIZ)
- Drafting 3 documents in ETR for a Ph.D. candidate to ensure that research participants with intellectual disability can give informed consent and understand the context of the study
- Hosting two ETR Advocacy Movement (ETRAM) meetings with various service providers to promote the ETR methodology on all available platforms
- Hosting an ETR webinar with 56 attendees from various occupations to advocate for the national use of ETR



#FlyYourDreams

Cape Town Kite Festival

The 28th Cape Town Kite Festival was a successful event, thanks to our kites and supporters, and the loyal financial support of the City of Cape Town and Lewis Stores.

Other resources secured for the festival included a donation from Liberty Promenade Mall from the proceeds of their kite-decorating workshops, donations in kind from Pam Golding Properties and Coca-Cola Peninsula Beverages, event support from Frogfoot Networks, and the pro bono services of PEAR Media Monitoring.

Though we could not host the traditional two-day kite festival as was our custom before the COVID-19 pandemic, we had a busy line-up of activities as we celebrated Mental Health Awareness Month.

Melkbosstrand Pop-up Fly

On Sunday 9 October, we held a pop-up fly at Melkbosstrand Beach for the first time. Despite strong winds along the West Coast, kites Mari Ware-Lane, Bradley Ware-Lane, Bobby Gathoo, Brian Skinner, Wesley Beales and Frans Marais valiantly flew their kites. We enjoyed wonderful community support, with the Surf Shop allowing us to sell kites from their forecourt.

The pop-up fly provided the opportunity for our organisation to participate in media interviews, with the kites as an inspiring backdrop, to highlight the mental health needs of children and youth. We received print and television media coverage valued at R5 505 213, along with sponsored coverage by Primedia and Smile FM.

Heideveld Community Fly

We returned to Heideveld on 19 October for our community fly. Children from our Special Education and Care Centres in Heideveld, Khayelitsha and Mitchells Plain joined us, as well as local preschoolers and Grade R learners. Thanks to the Heideveld Community Safety Forum, participants enjoyed access to a sports field that is often not a safe area for them. The support of KPMG Citizenship and Five Seasons Investments for our "Kite for a Kid" drive ensured that 250 children each received a kite they could take home.

Colouring-in Competition

Our colouring-in competition for children aged 4 to 8 reached an estimated 4 000 children through ten of the busiest Spur Steak Ranches in the greater Cape Town area and online. Prizes were sponsored by Spur and Strawberry Milkshake Media.

Edukite Schools' Competition

On 29 October, the Edukite Competition Prize-Giving and Fun Fly took place at the Zandvlei Lookout in Muizenberg. This inclusive event brought children together from different communities and showcased their abilities and understanding of mental health.

Dorothea School



Silverlea Primary School

The winning schools for learners with special educational needs were Dorothea School (Stellenbosch), Blouville School (Retreat) and Beacon School (Westridge).

Winners in the mainstream primary schools category included Silverlea Primary School (Athlone), Christel House (Athlone), and Caravelle Primary School (Mitchell's Plain).

The Grade 5 winning team from Silverlea Primary was featured on SABC television. This is their message:

These are the questions we kids ask across the world: Who am I? How do I fit in? What can I do? Do I have value? Am I loved?

Most times kids are struggling, they don't say anything at all. They are mentally shouting out: help me, support me, notice me!

Everybody knows how to look after their physical health, but looking after our mental health is just as important.

We need to learn to relax, speak, breathe and, most importantly, dream.

Don't be afraid of the space between your dreams and reality. If you can dream it, you can do it.

Fly your dreams!

Capacity Development

Cape Mental Health offers cost-effective training that is customised to meet the needs and priorities of our clients with the aim of improving service provision to persons with mental health needs.

ITD training achievements

- 94 nursing managers were trained on "Creating a Conducive Workplace for Employees with Mental Disabilities." Focus areas included exploring their experience of disability, creating awareness of current statistics and legislation around the employment of persons with mental disability, identifying barriers to the full inclusion of persons with mental disability, and understanding the benefits of supported employment and reasonable accommodation.
- 33 emergency medical personnel attended sessions at Tygerberg Hospital that expanded their knowledge of the signs and symptoms of mental health conditions, existing structures within the Department of Health to assist staff with their mental health, and the rights and responsibilities associated with providing reasonable accommodation in the workplace.



City of Cape Town grant-in-aid

A six-month project funded by the City of Cape Town's Street People Programme enabled our CMH Social Work Department to share knowledge and build the capacity of NGO social workers and night shelter staff to respond to the mental health needs of people living on the street.

84 participants attended two-day and one-day training workshops and half-day webinars appropriate to their needs. Feedback from participants indicated that their knowledge about mental health, mental disability and referrals pathways had increased, and that the quality and usefulness of the workshops were good to excellent.

An ongoing tele-psychiatry service is available to service providers to strengthen their interventions.

"Our Easy-to-Read Ambassador Gabriel Lekeur joined an interview panel to appoint a new ETR coordinator. This was the first time that a person with intellectual disability has been empowered to serve our organisation in this capacity and we are proud of his contribution."

Santie Terreblanche,
Deputy Executive Officer

CMH staff development highlights

- 17 new CMH staff benefited from a two-day ITD induction workshop covering the organisation's structures, vision, mission, and programmes, as well as building their understanding of mental health, mental disability, and social inclusion.
- 10 staff members from our different community-based facilities successfully completed a Level 1 First Aid course presented at our Heideveld Special Education and Care Centre.
- Training was held across our various departments and programmes to ensure that our staff understand and implement all necessary measures to ensure our compliance with the Protection of Personal Information Act (POPIA).

Mental Health Stakeholders

A shared story

Every stakeholder who contributes to Cape Mental Health, in whatever capacity, shares our story of resilience and hope. We thank you for your monetary and in-kind donations, voluntary support and pro bono services.

Your participation in CMH initiatives such as the Kite for a Kid Campaign, our Festive Season Shoebox Drive, the Rainbow Foundation Savoury Snackbox and the IT&D Mystery Box fundraisers, the TWU Trolley Race, and various project raffles and sales, raised the spirits of our staff and service users throughout the year.

Fundraisers such as Dan's Pop-up Library initiated by Emeritus Prof. Derek Smith, the Sneaker Peak Campaign by the staff of Old Mutual, Digital Outsource's Steps Challenge, the Movember Challenge by Executive Head Chef Hennie Jansen van Vuuren of the Krystal Beach Hotel, Varsity College CT's Spoken Word poetry session, and Georgia Starkey and friends who raised funds online by participating in the Sanlam Cape Town Marathon, showed how people drew on their own life experiences and their passion for promoting mental health to support our cause.

In-kind Donations, Pro Bono Services, & Sponsorships

City of Cape Town ▪ Coca-Cola Peninsula Beverages
Golden Arrow Bus Services ▪ Herold Gie Attorneys
Lewis Stores ▪ Millenaar Architects ▪ Pam Golding
Properties ▪ PEAR Africa ▪ Peter Pan DSC ▪ PepperClub
Hotel ▪ Pioneer Foods ▪ Strawberry Milkshake Media
Spur Corporation ▪ The Cape Town Clothing Guild

Bequests, Membership Fees & Donations

C Abramowitz ▪ B Alberts ▪ All Life ▪ V Allison Far
K Ashton ▪ J Boese ▪ L Bubear-Craemer
Community Chest Bequest ▪ Crankhandle Club ▪ G Damster
V Damster ▪ I Daniels ▪ J Devlin ▪ S Ellis ▪ Digital Outsource
Empliance Solutions ▪ Five Seasons Investments ▪ J Greene
S Hadskins ▪ E Harmer ▪ J Hartzenberg ▪ G Hastie
S Hepburn ▪ M Hewitt ▪ B Jobling ▪ S Kasojee ▪ H Kittmann
KPMG Citizenship ▪ Lewis Stores ▪ Liberty Promenade
D Lotz ▪ E Meyer ▪ MGI Bass Gordon Sunflower Fund
Multikulturverein Völkverständnis e.V. ▪ S Musekiwa
T Mzolisi ▪ A D Paige ▪ A Phaswana ▪ N Philips
Philwest Motors ▪ G Pond ▪ I Sadler ▪ G Schaefer ▪ D Smith
G Starkey ▪ E Steyn ▪ C Steyn ▪ K Sturgeon ▪ S Sturgeon
M Toni ▪ B J Turner ▪ Varsity College CT ▪ M Willenberg

Grants, Trusts, Foundations & CSI

AMSOL ▪ Ann Kreitzer Will Trust ▪ CTP Ltd
Carl & Emily Fuchs Foundation ▪ Carter Family Charitable
Trust ▪ City of Cape Town ▪ Clifford Harris Trust
David Graaff Foundation ▪ E G Woods Trust
E J Lombardi Family Charitable Trust
E R Tonnesen Will Trust ▪ F Carter Charitable Trust
F G Connock Charitable Trust ▪ Five Seasons Investments SA
Frank Robb Charitable Trust ▪ Frederick Fish Trust
Grandslots Corporate Social Investment ▪ HWSETA
Ian Dickie & Co. ▪ J E T Lee Will Trust
Kurt & Joey Strauss Foundation ▪ Main Street 1723
Mary Oppenheimer & Daughters Foundation
MySchool Card ▪ Polyoak Packaging ▪ Rawbone Trust
SAB & T Foundation ▪ St Ola's Trust ▪ Strategic Fuel Fund
Suzan Stehlik Charitable Trust ▪ Syringa Trust
The Carter Family Charitable Trust ▪ The Charles Harding
Charitable Trust ▪ The Dandelion Trust ▪ The Din Din Trust
The Douglas Jooste Trust ▪ The Philip Schock Charitable &
Educational Foundation ▪ The Rolf-Stephan Nussbaum
Foundation ▪ The TK Foundation ▪ Webber Wentzel
W R D Lewis Memorial Trust





Photo by Wesley Davi: <https://www.pexels.com/photo/woman-holding-sunflower-2901913/>

The 2022/23 Annual Report & Audited Financial Statements are available on request.



Cape Mental Health
all about ability

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Credits

Dr Ingrid Daniels, CEO
Santie Terreblanche & Carol Bosch, DEOs
Sandra Ellis, Donor Development Manager
Barbara Meyer, PR & Communications Officer
CMH staff and service users

The 2022/23 Annual Review was designed
in-house to save costs.