

ANNUAL REVIEW

2021/22

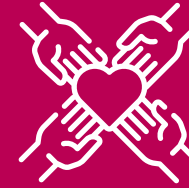


Invest in youth mental health – Invest in our future

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Changing the world for our young people

**When we invest in the mental health
of every child and young person
in their homes, places of learning,
communities and workspaces**

**when we embrace young people,
understand them, protect them,
and empower them**

**when we support their parents,
caregivers, families, educators,
employers, and service providers, and
strengthen their knowledge and capacity**

**then we are acting on our conviction
that every young life matters and that
their future holds enormous promise.**



Dr Ingrid Daniels

” Failure to ensure that every child and adolescent has access to emotional support and mental health services will be a failure of our society to prevent this generation from being resilient adults with good mental health.

The hard-hitting question remains whether South Africa has failed its children and young people by its tardy response in addressing the factors that predispose them daily to mental health conditions.

Message from the CEO

We have become increasingly concerned about the increase in mental health challenges faced by youth in South Africa today. The mental health of young people aged 18 to 35 years has been seriously affected by the socio-economic and health consequences of the COVID-19 pandemic.

The COVID-19 pandemic complicated the lives of children and young people by exposing them to many of the social determinants of mental illness which increased during the pandemic, such as poverty, unemployment, food scarcity, gender-based violence, social isolation, information technology (IT) poverty, remote learning, disruptions in education, violence, crime, and climatic disasters as recently witnessed in KwaZulu Natal.

Mathews (2022) states that “Two-thirds (63%) of children in South Africa lived in poverty, frequently in environments where the stress of material insecurity was made worse by inadequate services, discrimination and violence. Meanwhile, 39% of children lived beneath the food poverty line, where food insecurity further intensifies the pressures and conflict at home.”

Youth in South Africa continue to be disadvantaged in the labour market with an unemployment rate higher than the national average. According to the Quarterly Labour Force Survey (QLFS) for the first

quarter of 2022, the unemployment rate was 63,9% for those aged 15 to 24 and 42,1% for those aged 25 to 34, while the current official national rate stands at 34,5%.

Children and adolescents have been exposed to multiple risk factors that predispose them to mental health conditions.

The more risk factors adolescents are exposed to, the greater the potential impact on their mental health (WHO, 2020). Mathews adds that “Children and adolescents are at particular risk of poorer mental health which can perpetuate an intergenerational cycle of poverty, violence and ill health.”

It is estimated that mental health problems affect 10 to 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). Worth noting is that these prevalence studies were prior to the pandemic and thus one can safely assume that prevalence figures have increased significantly.

It is furthermore well documented that suicide is the second leading cause of death in young people

aged 18 to 29 years for both sexes with a 79% prevalence rate in low and middle-income countries. (WHO, 2019). Every suicide is a tragedy that affects families, communities and entire countries and has long-lasting and devastating effects on the people left behind.

The lack of investment in prioritising child and adolescent mental health and the lack of resources for this population, within fragile public health systems, perpetuate the crisis. 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).

The significant under-investment in children and young people's mental health in South Africa and globally remains a huge concern. Inadequate investment and lack of access to prevention interventions and mental health care have resulted in gross failure to ensure that every child and young person is prevented from having a mental illness that can progress into adulthood.



There can be no doubt that the mental health of children and young people is every nation's responsibility and that no child and young person should be left behind in our quest to address this crisis.

Investment in mental health and social safety nets need to be urgently prioritised to reduce the suffering and pave a more hopeful future for millions of young people and children in South Africa.

The national health allocation for mental health remains on average at 5% with a great percentage of this investment allocated to inpatient and infrastructure investments (Docrat et al., 2019). Unfunded mental health services remain apparent with decentralised provincial governance being largely responsible for the alarming disparities and increase in the treatment gap.

Hunt et al. (2018) argue that there should be an increased focus on and investment in child and adolescent mental health and well-being. This investment should start long before the diagnosis becomes evident. This includes the obligation to promote the wellbeing and optimal development of children and adolescents. A substantial proportion of adult mental health conditions have their origins in childhood, and early interventions are therefore critical to reduce the chances of children developing mental disorders later in their lives.

Despite the health-economic benefits and calls by international agencies to invest in mental health, little redress is apparent.

Hunt et al. add that the advantage and benefit of this investment are that it has the potential to break the intergenerational cycle and reduce the burden of mental health problems in future generations.

Intergenerational trauma and its impact on children and young people should be discussed with honesty to find meaningful solutions. Protective measures to address multiple risks require serious consideration and investment of resources. The ever-growing maze of predisposing factors continue to haunt our children and youth. Sadly, we ignore or underplay the extent and depth of the problems that prevail, at the expense of safeguarding the future of our children and young people.

Cape Mental Health has seen that children and young people are resilient despite their circumstances and, given the opportunity and access to mental health and targeted evidence-based interventions, they can benefit from the creation of 'enabling communities' that can reduce the prevalence of mental disorders.



Staff Snapshot

31 March 2022

Our Honorary Psychiatrists

Dr Sean Baumann
Dr René Nassen
Emeritus Professor Tuviah Zabow

Our Board

President

Dr Amelia Jones

Vice-Presidents

Prof. Johannes John-Langba • Ken Sturgeon

Chairperson

Kim Cooper

Deputy Chairperson

Tracy van der Heyden

Treasurer

Alan Crisp

Legal Advisor

David Lotz

Committee Members

Stewart Musekiwa • Gary Pond
Shona Sturgeon

Consumer Representatives

Lusanda Rhoxo for consumers with
intellectual disability
Lucy-Ann Namukoko for consumers with
psychosocial disability

SENIOR MANAGEMENT

Dr Ingrid Daniels (Chief Executive Officer)
Santie Terreblanche (Deputy Executive Officer)
Carol Bosch (Deputy Executive Officer)
Brigitte van der Berg (Management Secretary)

ADMINISTRATION, DONOR DEVELOPMENT, FINANCE, INNOVATION & TRAINING (ITD), ACCESS TO JUSTICE, SOCIAL WORK SERVICES, CORPORATE SOCIAL WORK, GARDEN COTTAGE, MINDMATTERS SA, PR & COMMUNICATIONS

Managers

Tamaryn Angel (Social Work)
Jennifer Bester (Social Work)
Willemien Buys (Administration)
Taryn du Toit (ITD)
Sandra Ellis (Donor Development)
Wasima Fisher (Social Work)
Karabo Letsapa (Finance)

Staff

Raéesah Arendse • Wayne Cloete • Feroza de Leeuw
Ntombentle Dlokovu • Ferial Edwards • Amanda Frost
Karen Hans • Gaynor Heneke • Esté Hugo
Jeanine Hundermark • Lauren Howell
Farenaaz Jacobs • Amy King • Elnéri Koegelenberg
Grant Koopman • Anastasia Lakey • Doohan Lekay
Gabriel Lekeur • Claudette Louw
Limakatso Maema • Thobeka Mafilika-Mapuko
Cindy Manho • Susan Manson • Pumza Mbanzi
Barbara Meyer • Simtandile Mgudlwa

Jodi-Leigh Moolman • Corné Mouton
Deslynn Nel • Sandisiwe Petela • Kulthum Roopen
Mastura Salasa-Schaffers • Nokuthula Shabalala
Kim Simpson • Esmé Sullivan • Khusela Veleko
Chesna Zietsman

PSYCHOSOCIAL REHABILITATION (PSR)

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

Manager

René Minnies

Staff

Claudia Cogill • Tasneema Davids • Faldelah Fillander
Nolubalalu Makhuni • Nondibane Mdyidwa
Talita Mqhayi • Nocawe Mxobo
Bukelwa Mbaphantsi • Clement Petersen
Dylan Rademeyer • Lael Samuels • Tasneem Toyer
Danielle Wassung • Kim Windell

SPECIAL EDUCATION & CARE (SECCs)

including Erika, Heideveld & Imizamo-Yethu SECC

Manager

Mpilo Khumalo

Staff

Mishe America • Lesley Appel • Nandipha Dani
Nomthandazo Dlisani • Nomawethu Dotwana
Danielle Johnson • Sherlane Labans
René Maarman • Thami Majodina • Boniswa Makana
Lulama Mambinja • Ruwayda Meyer
Margaret Molefe • Nazley Morta
Nombongo Mpateni • Belinda Ndamane
Fezeka Ndzuzo • Pumza Ngubo • Pakam Nyangaza
Zintle Royi • Jamie-Lee Scholtz • Jamie-Lee Shears
Andiswa Skiti • Kutala Soqaga • Zingisa Venfolo
Ingrid Williams • Khuluwa Zazayokwe • Nobahle Zono

TRAINING WORKSHOPS UNLIMITED (TWU)

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

General Manager

Thomas Bezuidenhout

Staff

Rezaana Abrahams • Zulfa Allie
 Germaine Baartman • Faisal Bawa
 Alvin Cloete • Brumilda Collins
 Gwendoline Daniels • Faith de Klerk
 Namhla Finini • Charlize Fisher • Aubrey Fortune
 Keith Ganga • Pauline Groepes • Angeline Hansen
 Samantha Hendricks • Kayla Henkeman
 Chantell Hess • Carolo Hulbert • Russell Jones
 Tebatso Khotloko • Onwaba Kula • Evelyn Lakay
 Doreena Mabongo • Nontyatyambo Makendlana
 Thembakazi Manono • Simon Mngomeni
 Monica Moleleki • Mpontsheng Msila
 Sandra Nicolaai • Sandisile Nkukwana
 Mpumela Nonjongo • Sonia Peters
 Zanolhanyo Qengwa • Sihle Rani • Lloyd Rhoda
 Nonthuthuzelo Sintsili • Elanza Skippers
 Nonkululeko Sophazi • Chantal Stemmet
 Nobesuthu Titise • Charné Town
 Farren van Rhyn • Vanessa Vorster

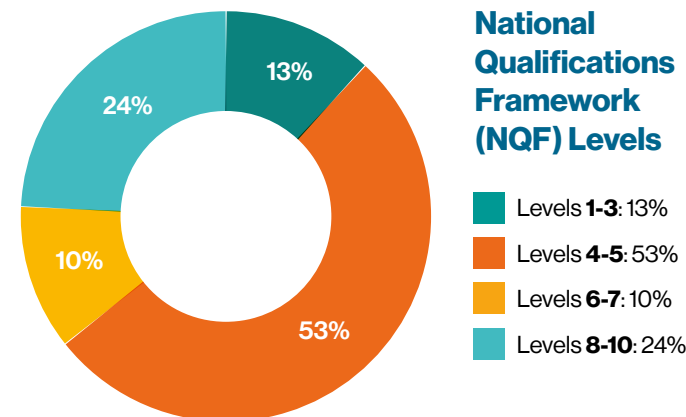
TWU INTERNS

HWSETA: Zimasa Mthwa • Busiswa Ndabakayise
 AMSOL: Fahiem Bredekamp • Taswell Jackson
 Babalwa Magadla • Lusanda Rhoxo

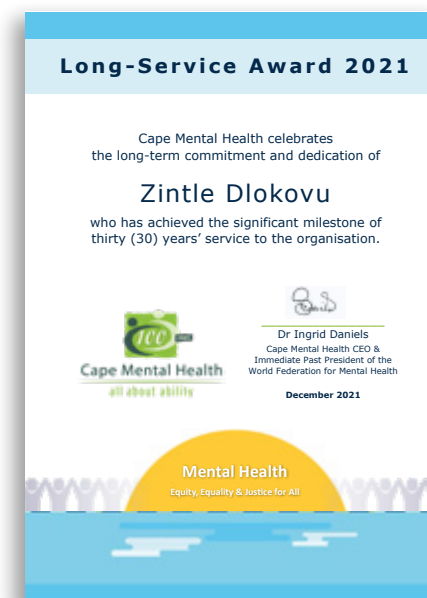
CMH Staff Profile vs. Western Cape & National Labour Force

Number of Employees	150	100%	Western Cape EAP (QLFS Q3 2020)*	National EAP (QLFS Q3 2020)*
Population Group				
African	53	35,3%	39,5%	79%
Coloured	86	57,3%	42,1%	8,9%
Indian	1	0,7%	0,8%	2,8%
White	10	6,7%	10,0%	9,0%
Foreign Nationals	0	0,0%	NA	NA
Gender				
Male	26	17,3%	54,0%	55,4%
Female	124	82,7%	46,0%	44,6%
Disability	14	9,3%		

* As per 21st CEE Report (2020-2021)
 QFLS = Quarterly Labour Force Survey (STATS SA)



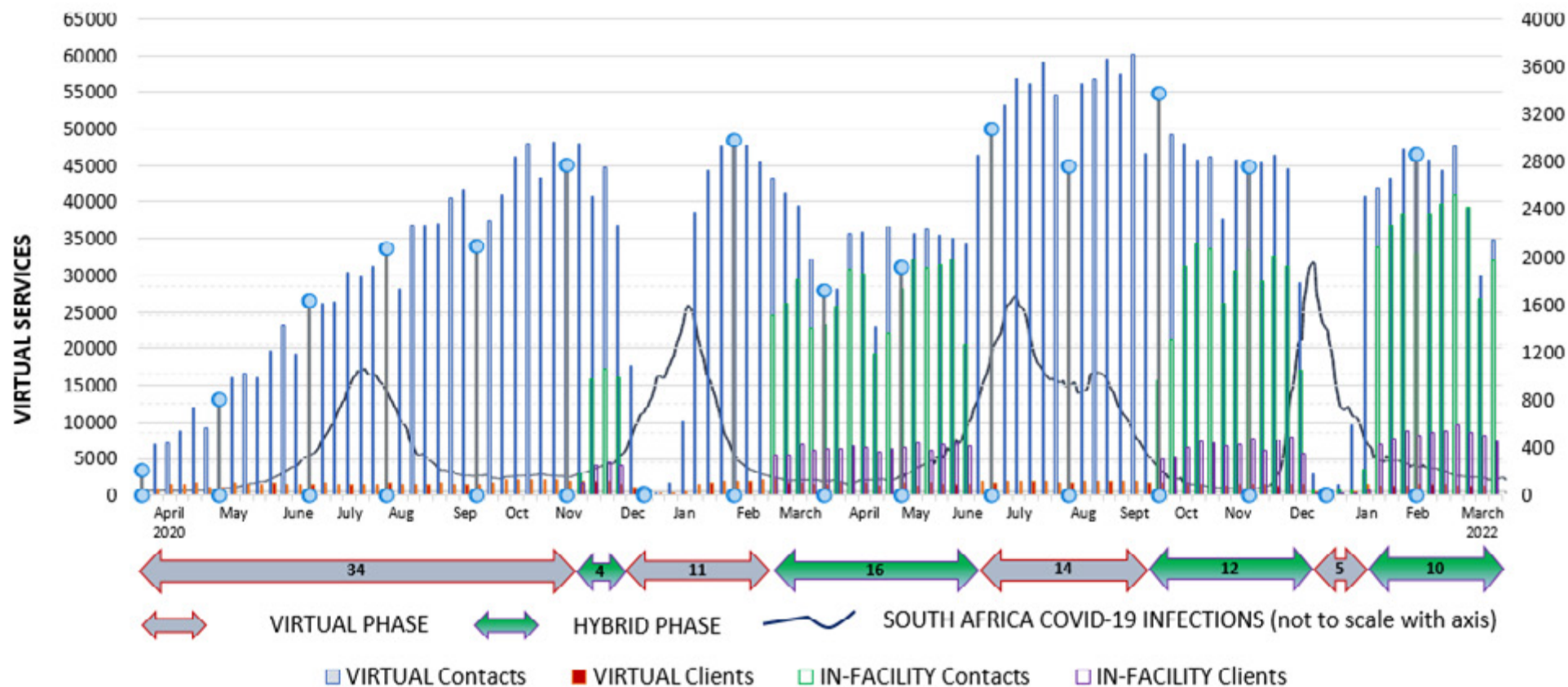
30.6% > EMPLOYEES BETWEEN THE AGES OF 18 AND 34



Zintle Dlokovo, Administration Clerk, is the longest serving staff member at Cape Mental Health

CMH Hybrid Model Service Delivery

CMH Consolidated Virtual and In-Facility Statistics 24 March 2020 - 1 April 2022



This graph was produced by Santie Terreblanche, CMH Deputy Executive Officer. Statistics were recorded daily and presented weekly to the CMH Management Forum and monthly to the Executive Committee of the CMH board.

Understanding the graph

The graph covers the period 24 March 2020 (when CMH first went into lockdown) to 1 April 2022.

There are two different vertical scales that are not proportionate to each other: on the left are the number of virtual contacts and mental health beneficiaries, and on the right the number of in-facility contacts /activations and mental health beneficiaries.

The dotted line in the background reflects the COVID-19 infection trajectory for South Africa but is not to scale in terms of the numbers of infections with the vertical axes of the graph. Its purpose is to show the peak periods of infections when only virtual services were provided, and phases of low infection rates when a hybrid model offered carefully managed in-facility services and virtual services to those at home on any given day.

Public holidays and shorter work weeks account for some of the fluctuations in contacts recorded. The organisation closed for the holidays on 21 December 2021 and reopened on 03 January 2022.

2 137 260

NUMBER OF
VIRTUAL
CONTACTS

61 826

NUMBER OF
IN-FACILITY
CONTACTS

52 weeks

of service provision:
5 April 2021—
1 April 2022



COVID-19 pandemic: Year 2

CMH staff lived up to the mantra of 'Where there's a will, there's a way!' During our hybrid model of service provision they showed remarkable resilience and creativity, providing parallel in-facility services on a rotation basis to smaller groups at a time and a virtual programme for all.

Our staff adapted programme resources and created topical material for distribution to our service users via text messages, voice calls, TikTok videos and infographics. A rich menu of digital activations captured the interest of service users and provided

ongoing support, knowledge and skills development.

We ensured that our community-based facilities had the necessary safety measures and Personal Protective Equipment (PPE) in place to prevent the spread of the COVID-19 virus whilst maintaining the quality of our day programmes. We also supported our staff and board members to go for their vaccine booster shots.

**Santie Terreblanche
CMH Deputy Executive Officer**

"Innovation is the ability to see change as an opportunity — not a threat." Steve Jobs

The new CMH Innovation and Training Department

Short courses and workshops

Training workshops to empower persons with mental disability

Educational materials for adults with intellectual disability

The launch of the Innovation and Training Department at CMH

Cape Mental Health has built on all the achievements of our Learning for Life programme, and launched our new Innovation and Training Department in order to further our objectives of developing innovative services to meet the needs of a changing world and provide training that is relevant, accessible and affordable.

Short courses and workshops

The Innovation and Training Department is proud to share with you our menu of short courses and workshops to enable you to capacitate and EMPOWER your employees, board members and volunteers to function effectively and with confidence. We specialise in the disability sector and offer customised training to meet your organisation's particular needs. We offer flexibility over a variety of settings and over a period of time to suit a select group of individuals or a particular organisation or learning centre.

Training workshops to empower persons with mental disability

In response to demand we continue to offer 7 training workshops to empower children and adults with mental disability:

- * Implementing Effective Services for Persons with Mental Disability;
- * Development of a Training Career Pathway to empower adults with mild and moderate intellectual disability;
- * Understanding disability, social inclusion and mental disability;
- * Understanding intellectual disability and appropriate education for children with intellectual disability;
- * Strategies for educating children with intellectual disability;
- * Understanding children with severe and profound intellectual disability;
- * Psychosocial rehabilitation and community support groups for persons with psychosocial disability.

Educational materials for adults with intellectual disability

We offer specialised training materials for persons within a wide range of mental abilities. All the materials were designed and implemented within CMH's Training Workshops Unlimited (TWU) programme of Cape Mental Health through working with persons with intellectual disability.

Cape Mental Health | Innovation & Training Department
221 Lower Main Road, Observatory, 7925
Tel +27 21 447 2416 | Email: innovation1@cmh.org.za

Access to Quality Education

With appropriate and accessible training, support, and opportunities for lifelong learning, youth with intellectual disability can reach their potential, enjoy productive employment, and participate in activities of their choice.

The Innovation and Training Department (ITD) offers education and training programmes and materials to schools, protective workshops and other service providers to develop the skills of youth with intellectual disability. We also develop and facilitate interactive training workshops for programme implementers to have the skills needed to provide quality care, stimulation, information, assessment and education.

ITD has also been promoting basic skills assessment kits called the WUBSA (Workshops Unlimited Basic Skills Assessment) to schools and protective workshops. The WUBSA Kit and training workshop for staff members on the administration of this assessment determines the ability of persons with intellectual disability to perform a series of basic work-related tasks given by the assessor.

Youth with intellectual disability have few development options after they leave school as they do not have the skills or job coach support to assist them in finding and maintaining employment and there is no post-school education course or qualification that they can access.

It is critical, therefore, that educators and staff in protective workshops are trained and educated on appropriate and quality skills development programmes that will help prepare youth with intellectual disability for future employment. It is also important that we advocate for appropriate post-school qualifications to be created and endorsed nationally to include youth with intellectual disability in post-school institutions.

ITD is very proud that two youth with psychosocial conditions secured employment as Peer Supporters within our psychosocial rehabilitation (PSR) programmes after completing the CMH Peer Support training. ITD continues to identify best practice service models at CMH that enable young persons with mental disability to access quality education.

234
direct beneficiaries
of ITD online training
& webinars on mental
health, mental
disability, & virtual
interventions



Youth with intellectual disability shouldn't have to change to fit a system and to be included. The system should change to ensure that everyone can participate and be included, and the education and training sector has to be a space where all youth can learn and grow and reach their full potential.

Taryn du Toit, Innovation & Training Manager

The ICT 4 Inclusion Challenge

On 3 December 2021, CMH was placed as the 2nd-prize winner in the Information Communications (ICT) 4 Inclusion Challenge: Africa Edition 2021 organised by Atos and GIZ. The challenge was set to search for affordable digital and technical innovations that provide or improve access to education for children, youths and or adults with disabilities in Africa.

The top three winners out of 202 applications from 37 countries received monetary awards, as well as a three-month mentorship programme and the chance to pitch to be part of Atos Scaler, the Group's accelerator programme.

The CMH winning team consisted of Santie Terreblanche (Deputy Executive Officer), Thomas Bezuidenhout (General Manager of Training Workshops Unlimited), Mpilo Khumalo (Manager of our Special Education and Care Centres), and Taryn du Toit (Manager of the Innovation and Training Department).

The solution that our team applied for was an "affordable and accessible education and training app for persons with intellectual disability" which includes appropriate programmes in Easy-to-Read, access to online content to download when Wi-Fi or Data is available, off-line access to a resource library, and an interactive platform for support and networking.

With the necessary investment to develop the app, this initiative holds enormous potential for improving access to education for children and adults with disability in Africa.



Easy-to-Read

Easy-to-Read (ETR) is a way of making information accessible and easily understood for persons with intellectual disability and requires specific text adaptations and supporting images.

ITD embarked on a national programme on the Inclusion Europe Easy-to-Read methodology to equip staff and educators to create appropriate and comprehensive resources for persons with intellectual disability.

We have trained 49 service providers to date from across South Africa to write documents in an Easy-to-Read format for their service users: 19 of these document writers graduated from our training course in the past year.


Our expertise was recognised when GIZ (The German Agency for International Cooperation) in Germany contracted ITD to convert the IGAD "Djibouti Declaration on Refugee Education" into Easy-to-Read to make it accessible to persons with cognitive impairments, young persons, and those who do not speak English as a first language.

All documents written in an Easy-to-Read format have to be proofread, understood and approved by persons with intellectual disability before they are made available to others. To further empower proofreaders, we have created a development pathway for CMH programme-level proofreaders to become organisation-level proofreaders and receive a stipend payment for their time and expertise.

The ETR initiative aims to become self-sustaining by providing access to the Easy-to-Read Dictionary of Images to annual subscribers for them to implement ETR in their organisations once they have completed the necessary training.

We have short-term ETR document-writing contracts in place and, with a pending service level agreement with the Department of Health, the project could achieve both scale and sustainability in the medium term.

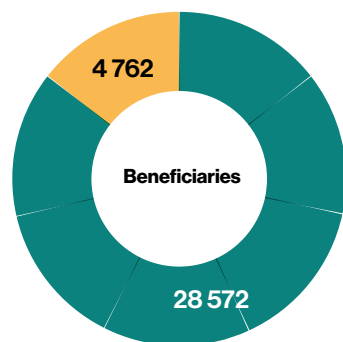
We continue to campaign for persons with intellectual disability to be able to access key information in all contexts in Easy-to-Read versions. An Easy-to-Read Advocacy Network Group has therefore been established with national role-players who are invested in creating more awareness about Easy-to-Read.

Word – English	Word – Afrikaans	Word – isiXhosa	Image	Category
Networking and liaison	Netwerk en skakeling	Ukunxulumana nothetha-thethwano		Meeting agendas and minutes

Example of dictionary entry

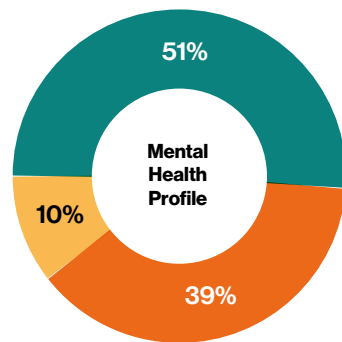
Our Image Dictionary is a valuable resource for our ETR document writers providing 896 images that have all been approved by our ETR proofreaders.

A Bird's-eye View of our Beneficiaries

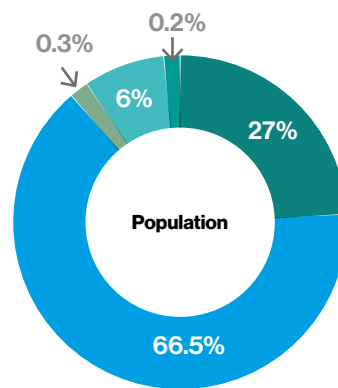


- Index-service users who benefit directly from our services **4 762**
- People reached through our holistic family-focused interventions **28 572**

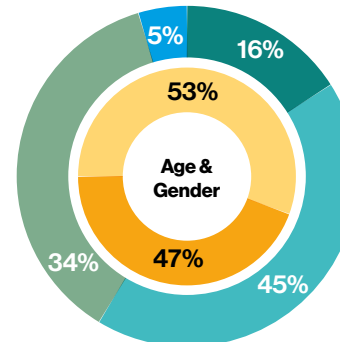
** The number of index service users recorded is lower than last year as a substantial number of client files were closed and a number of clients were not contactable or moved to other areas.*



- Intellectual disability **2 413**
- Psychosocial disability **1 880**
- Emotional adjustment problems **469**



- Population**
- African **1 272**
- Coloured **3 165**
- Indian **17**
- White **295**
- Other **13**



- Age**
- Children 0-17 **767**
- Youth 18-34 **2 137**
- Adults 35-59 **1 632**
- 60-60+ **226**
- Gender**
- Male **2 225**
- Female **2 537**



“Collecting and reflecting on our service users' statistics annually allow us to better understand their needs as well as develop services that are appropriate and meet the expressed needs of people with mental disability in the Western Cape.

Carol Bosch, CMH Deputy Executive Officer

Intervention levels & beneficiary numbers

Mental Health Prevention & Promotion

Life skills training: 1 294

(Garden Cottage, Psychosocial Rehabilitation, Training Workshops Unlimited)

Information dissemination: 6 811 493

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

Alternative Care

Group Homes: 19

(Garden Cottage & Kimber House)

Early Intervention

Counselling: 4 497

(Social Work Services, Sexual Abuse Victim Empowerment, Psychosocial Rehabilitation, Training Workshops Unlimited)

Special Education & Care (ECD): 265

(Special Education & Care Centres)

Support Groups: 289

(Social Work Services, Rainbow PSR groups)

Service user empowerment: 1 926

(2 group homes, Psychosocial Rehabilitation, Training Workshops Unlimited)

Income generation: 691

Training Workshops Unlimited

Awareness-Raising Campaigns

Cape Mental Health's awareness-raising campaigns this past year challenged the stigma associated with mental health conditions and mental disability.

We helped people from all walks of life to share their experiences in living with mental health challenges and reach out for mental health support, particularly during the COVID-19 pandemic that presented an unprecedented challenge to public health and mental health.

Equal Mental Health Care in an Unequal World
Together we can make a difference

Help Cape Mental Health get better mental health care for all by calling for:

- More community support groups
- Better mental health services in rural areas
- Better mental health care for women and teens
- More government spend on community-based mental health services
- More job opportunities for people with mental illness
- More public education to tackle the stigma of psychosocial disability

1 in 4 people will need mental health care at some point in their lives - but only 1 in 10 will get the help they deserve.

It's OK not to be OK. **HELP**

Contact us on 021 447 9040 or info@CMH.org.za

CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

The July 2021 Psychosocial Disability Awareness Month

invited mental health care users to advocate for their inclusion and representation under the theme "See me, hear me, include me".

76 283

contacts reached through social media & online publications

1 634 000

reached through broadcast media

The Mental Health Awareness campaign 2021 focused on issues that perpetuate mental health inequality and the role that civil society can play in tackling inequality to ensure that people can enjoy good mental health and access to mental health care.

177 264

social media & online publications

1 900 483

reached through print & broadcast media

The Intellectual Disability Awareness Campaign

in March 2022 promoted the inclusion of persons with intellectual disability in the areas of education, access to resources and information, socio-economic inclusion and employment.

338 149

contacts reached through social media & online publications

1 812 704

reached through print & broadcast media

Intellectual Disability Awareness Month — March 2022

Ensuring Inclusion for People with Intellectual Disability

“People with intellectual disability want the same things as everybody else. They want a sense of belonging and purpose, and a chance to make friends and enjoy life.”

INCLUSION IN EDUCATION
Many children don't have a place to go to learn because there are insufficient special education schools for children with intellectual disability. Cape Mental Health calls for more education for all children, irrespective of their abilities.

ACCESS TO RESOURCES
Transport impacts every part of a person's life. A more accommodating public transport system would ensure that persons with intellectual disability can travel to the shops, go to school or work, and lead full and productive lives.

ACCESS TO INFORMATION
Access to information is an important tool for people who struggle to read and facilitates the right to understand information that is important to them.

INCLUSION IN EMPLOYMENT
People with intellectual disability have the right to work but struggle to find jobs because of stigma and discrimination. Training Workshops delivered to a specialist training programme that trains people with different abilities in the skills and work skills.

“People with intellectual disability deserve fair treatment and a chance to live happy and purposeful lives. Cape Mental Health calls for the inclusion of persons with intellectual disability and a fundamental civil right so that they can enjoy equitable access to community life and resources, education, employment, and mental health services.”

Once you remove the 'dis' in disability, 'ability' becomes the focus.

Cape Mental Health
all about ability

Source: CMH at 021 447 9040 or info@cmh.org.za. For more information visit www.cape Mental Health.org.za

The artwork for the March campaign was created by Barbara Meyer, CMH PR & Communications Officer.



Wasima Fisher
Social Work Manager

Whereas the COVID-19 infection level and mortality rate for children were relatively low, the impact of the pandemic on young lives was most evident in the unprecedented isolation they had to deal with, along with disruption to their routine and loss of learning during the extended lockdowns and compulsory school closures.

Some were particularly affected by poverty, food insecurity, violence in the home, loss of a parent or loved one, and being cut off from healthcare and other support systems.

The consequences of the pandemic will be seen in the long-term impact on children's mental and physical health, development and resilience. Our common future relies on the urgent mental health resources and support made available to this 'overlooked' generation.

Social Work Services

Face-to-face & remote individual and family-focused mental health services

Mental health conditions & emotional adjustment issues

Conditions varying in severity and duration

579 221
virtual contacts

303
in-facility contacts

Integrated services included assessments and intake of new referrals of persons with intellectual & psychosocial disabilities; mental health tele-counselling and in-depth counselling; case management of service-users; managing mental health crises, and assisting with involuntary admission of mental health care users

IMPACT

- **2 172** clients with mental health conditions or emotional problems assessed & counselled
- **193** clients & carers educated and supported in cases of mental illness & substance-induced psychosis
- **2 429** contacts received targeted information via telephone, talks, infographics, videos, & life skills groups
- **165** clients & carers assisted with hospital admissions in terms of the Mental Health Care Act 17 of 2002
- **738** service providers upskilled remotely to support clients with mental health needs
- **49** clients assisted in the administration of their disability grants

151 children aged 0—17

981
young
persons

830 youth aged 18—34

Increased knowledge, improved coping skills & enhanced quality of life

Connecting with young people

Socialisation is vital for youth to develop their social and emotional skills, define their identity, challenge the norms, and become more independent.

Being deprived of social opportunities during the COVID-19 lockdowns meant youth became more reliant on social media to help them connect with their peers and family.

Though digital connection and online resources were not necessarily possible for youth from underprivileged backgrounds, our social workers responded to individual needs and shared information and resources about COVID-19 and mental health on all available virtual platforms to address their concerns and combat disinformation. Our youth benefited from early interventions, inclusion in decision-making, and referrals to other agencies where needed.

Parents and carers were strengthened through counselling and life skills development, psycho-education, and a WhatsApp support group that focused on building resilience and coping skills.

Young people are assisted to exit our services when the therapeutic goals have been achieved and the necessary coping skills and support systems are in place

MindMatters schools' programme

A school-based Mental Health Promotion & Awareness Programme at Zeekoevlei & Ocean View secondary schools

Mental health conditions & emotional adjustment issues

Conditions varying in severity and duration →

Educators identify and refer learners experiencing life challenges to the MindMatters programme as the stigma associated with mental health conditions contributes in some instances to learners being reluctant to approach the CMH social worker for formal mental health interventions.

Counselling interventions are typically short-term and crisis-driven. Learners with active psychosocial symptoms are referred to community-based health facilities for assessment and interventions.

1206 children aged 0—17

1375 learners

169 youth aged 18—34

IMPACT

- **11 video activations** focused on issues relating to bullying, self-esteem, suicide awareness and prevention, gender-based and domestic violence, self-harming, stress management, examination preparation for matriculations, holiday risk factors, mental health and intellectual disability — the largest learner group reached per topic was 1 375
- Counseling of **67 learners** with emotional problems and or family relationship problems
- **2 video activations** on suicide awareness and prevention for **30 educators**, and self-harm behaviour for **665 parents & 77 educators**.
- Educational progress, & long-term mental health



Improved behaviour, educational progress, & long-term mental health

Learners' challenges

Learners showed signs of depression, demotivation, anxiety, poor concentration, and frustration. The following challenges were reported:

- Greater absenteeism and increased drop-out levels
- More teenage pregnancies in the initial return-to-school phase
- An increase in self-harming behaviour, including experimentation and abuse of substances
- Escalated experience of trauma and grief — in particular, loss of life through suicide and gang violence
- Adjustment difficulties in returning to the school routine when schools opened fully
- Emotional instability and conflict on the school premises

A MindMatters survey conducted with 1 329 learners on their experiences during the first phases of the COVID-19 pandemic confirmed that parents were their constant support system. This was supported by feedback from educators that parents were more involved in their children's progress at school than before.



Jenny Bester,
Social Work Manager

The earlier the intervention, the better the prognosis for young people to make a successful social and psychological transition from adolescence to adulthood.

To meet a growing need, the MindMatters programme will expand its service to three additional school communities in the year ahead. A multi-sectoral approach will include collaboration with various youth-focused service providers and experts within the field of adolescent and youth mental health. The pilot programme with five secondary schools will make the vital shift from reactive service provision to a proactive and more sustained programme that will include trained and supervised peer group supporters providing the initial safety net for learners.



Mpilo Khumalo
SECC Manager

Learners with severe to profound intellectual disability faced challenges during the COVID-19 pandemic that placed them at risk of being left behind in every possible way, increasing their vulnerability, isolation and exclusion.

The successful implementation of the CMH hybrid model of service provision provided our learners with support throughout the pandemic, whilst enabling them to access our in-facility programme on a rotational basis during phases of low infection rates.

Daily WhatsApp activations, created by our SECC staff for implementation in the home, helped parents and caregivers gain further understanding and skills in supporting their children's individual, physical and intellectual needs.

Special Education and Care

Special Education & Care (SECC) programme - 3 centres
Heideveld, Khayelitsha & Mitchells Plain

Profound to severe intellectual disability

Level of intellectual disability →

Children are referred to our SECCs by CMH social workers or other professionals such as doctors from the Red Cross Children's Hospital.

During COVID-19 all our children benefited from remote services when attending the centres was not an option

231
children up
to 18 years

34
youth older
than 18

265
learners

8 998
in-facility
contacts

89 170
virtual
contacts

Many of the children have multiple disabilities, including autism, cerebral palsy, epilepsy, sensory impairments, and behavioural disorders. About one-third of our children are in buggies or wheelchairs.

Our learners are assessed constantly. When ready, some are referred to WCED Special Schools for learners experiencing barriers to their development. Learners in Athlone and Mitchells Plain who attend the day programme until 18 years of age are referred to our TWU Eagles programme.



A fleet of converted school buses enables door-to-door transport for learners to promote regular school attendance.



Where required, referrals are made to the CMH Social Work Services for family support and casework.

SECC Programme Description

The learners at our SECCs develop through a structured 5-hour daily programme, assessments by a multidisciplinary CSPID team from the Department of Basic Education, and the implementation of Individual Support Plans (ISPs).

The ISPs are shared with parents and caregivers who, in turn, implement activities at home enabling the children to enjoy continued support and avoid regression or secondary disabilities.

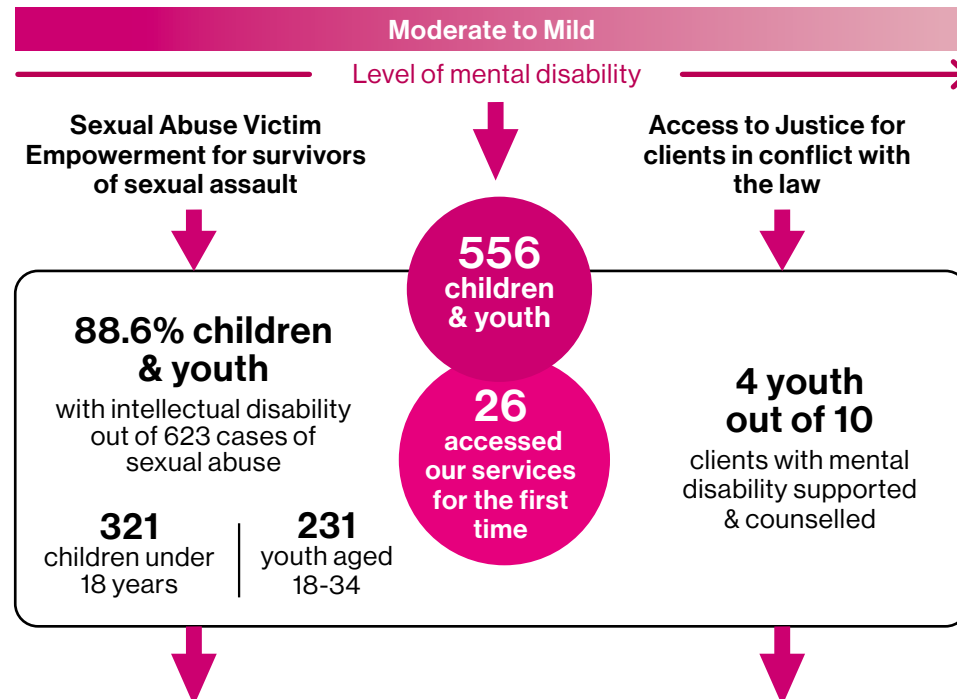
Learners are grouped according to their level of interaction and functioning: viz. the Awareness, Transitional Group and Interactive Groups.

The programme develops the children's cognitive ability to process information and respond to sensory stimulation. Targeted activities develop their fine and gross motor skills for improved mobility, better body control and positioning, and self-care skills.

Activities are designed to promote verbal and non-verbal communication (in some cases with the assistance of alternative augmentative communication methods) so that the children can develop and make their needs known and understood.

Access to Justice

A counselling & psycholegal service ensuring access to justice for persons with mental disability



BENEFIT FROM

- In-facility psycholegal assessment in cases where a charge has been laid with the FCS unit of the SA Police Services
- Psychologist's expert witness testimony in Cape Town and rural courts
- Overnight accommodation and dignity packs for rural service users
- Court preparation and family-focused mental health support
- Remote and in-facility psychosocial assessment and support
- Liaison with the Department of Justice, National Prosecuting Authority and Correctional Services to ensure equal representation before the law
- Where possible, Legal Aid SA representation in consultation with CMH social workers

Resource Development

This past year we developed three series of four targeted training videos focusing on intellectual disability, interviewing persons with intellectual disability, and using the psychologist's report in court. The videos were shared with 183 Family Violence, Child Protection and Sexual Offences (FCS) officers, 84 control prosecutors, and 5 forensic social workers.

We developed an Easy-to-Read manual on 'Everything you need to know about being a witness in court'. A comprehensive manual for social workers and a mini-manual for complainants offer critical information on the rights and responsibilities of all participants in the justice process.

A virtual training webinar on SAVE reached 215 social workers from mental health societies across South Africa. The programme also offered sensitisation training for the Department of Justice through seven virtual workshops for 75 courts nationally.

We will continue to distribute our resources and offer technical support to improve the provision of effective, rights-based and dignified services to persons with mental disability.

Sexual Abuse Victim Empowerment (SAVE)

Youth with intellectual disability are at significantly greater risk of violence and abuse than the general population, especially in South Africa that reportedly has the highest statistics in the world of gender-based violence.

Sexual abuse is hugely under-reported, especially in poorly resourced communities. Ignorance, stigma and prejudice present ongoing challenges for persons with mental disability in exercising their right to equitable mental health services and access to the criminal justice system.

Our Access to Justice programme plays a vital role in upholding the provisions of the Convention on the Rights of Persons with Disabilities and removing barriers to justice through networking and training of stakeholders and duty bearers. We offer research-based knowledge and methodology and have a national footprint.

We contribute to a conviction rate of 23% in SAVE cases proceeding to court.

Most importantly, we empower complainants and families as they deal with the trauma of abuse and embark on a process of healing and recovery.



Thomas Bezuidenhout
TWU General Manager

Since its inception, Training Workshops Unlimited (TWU) has served as an incubator for innovations that have far-reaching implications for youth with intellectual disability in South Africa.

Initiatives such as Easy-to-Read, the TWU Training and Career pathway, job coaching, the Peer Support Project, and various self-advocacy opportunities, have led the way in empowering service users with intellectual disability.

The implementation of the 5S methodology (Sort, Set in Order, Shine, Standardise, Sustain) creates a workplace that operates efficiently and sustainably. This prepares trainees for employment in a competitive open labour market environment.

Training Workshops Unlimited

A life skills & work skills programme at Athlone, Khayelitsha, Mitchells Plain & Retreat

Profound > Severe > Moderate > Mild

Level of intellectual disability

Youth with a diagnosis of intellectual disability or a learning/physical disability are referred to TWU by CMH social workers or other professionals such as occupational therapists from special schools, mainstream schools, and hospitals. In some cases, families contact our admission officers directly.

70.5% (485)
of 691 TWU beneficiaries
are youth aged 18-34

458
youth

2 245 241
virtual
contacts

45 321
in-facility
contacts

405
youth benefited
from life skills
and work skills
training

80
youth employed
and supported in
the open labour
market



**Trainees progress
along the Training and
Career pathway at their
own pace and level of
development.**



Where required, referrals are made to our Social Work Services for family support and casework. These services are also available to trainees who have exited the programme into open labour market employment.



TWU provides bus transport for participants with severe to profound intellectual disability to attend the day programme, but trainees in the work-simulated environment must travel independently.

TWU COVID-19

During the COVID-19 lockdowns, our service users were faced with the 'new normal' in which they could not attend the day programme, were cut off from their peers, and were without stimulation or a familiar routine.

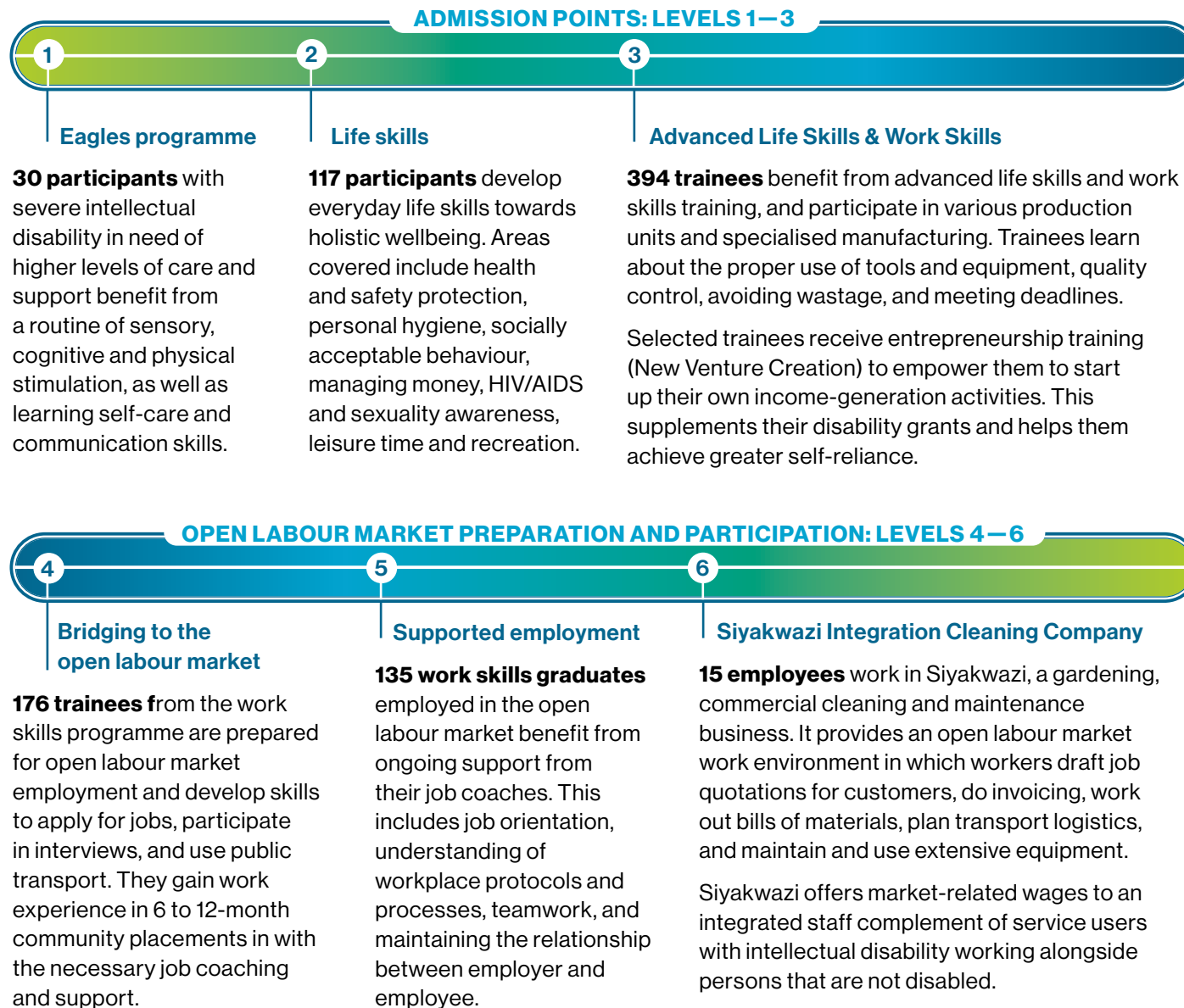
TWU met this challenge by creating a five-day per week virtual programme that ensured that service users could participate in daily scheduled activities at home, using online platforms such as Inshot and WhatsApp. A condensed hard-copy training manual was created for service users without smartphones.

TWU training instructors, job coaches and seniors maintained regular contact with service users, parents, and guardians to provide support for and feedback on their participation.

During low infection rates, a hybrid model of service provision was adopted, providing virtual and partial in-facility services at the same time.

Through skills development and employment preparedness training, TWU is preparing its trainees for a future beyond COVID-19.

The 6-level TWU Training & Career Pathway



Youth Unemployment

Close to 2 out of every 3 youth in South Africa are unemployed. The unemployment rate for youth with disability, in particular youth with intellectual disability from disadvantaged communities, is even more staggering.

With the opportunities provided by TWU, youth with intellectual disability can overcome some of the barriers that prevent their socio-economic inclusion.

TWU provides our trainees with a set of skills, an employment history, digital access, and job coaching support in applying for, adjusting to and retaining employment. We offer job coaching as a measure of reasonable accommodation in the work environment to level the playing field.

TWU changes the mindset of employers to set aside their preconceptions about the ability of youth with intellectual disability. By sensitising employers and co-workers, we prepare workplaces to accommodate the needs of our trainees.

Most importantly, we nurture the confidence of trainees and develop their self-advocacy skills for them to thrive in the workplace and be treated as equal and valuable employees.



Self-advocacy

A key objective for Cape Mental Health is to empower young people to be actively involved in decisions and actions relating to their mental health care and treatment.

Society's urge to protect young people with intellectual disability from harm often robs them of their voice and relegates them to being 'perpetual' children that remain reliant on others for decision-making and approval.

The emerging sexuality of children and youth can be particularly challenging for parents, guardians, and educators. Our Innovation & Training Department offers a Sexuality Awareness Education Programme and kit that provides learners and youth with accurate and relevant information on sex, sexuality, and HIV/AIDs to help them understand

their rights concerning sexual and productive health.

The self-advocacy agenda across our services helps participants to understand their rights, make informed choices and communicate their needs.

Training Workshops Unlimited (TWU) leads the way in the sector in empowering youth with intellectual disability. Trainees in the advanced life skills and work skills programmes participate in the Trainee Committee at each of the four workshops. The issues they raise are addressed at the highest level of the programme, contributing to the transformation of our workshops into stimulating and conducive learning environments.

In addition to the Trainee Committee, other TWU advocacy platforms include the Women's Advocacy Group, the Trainee Council, the Advocacy Pressure Group, and Peer Supporters.

They use Easy-to-Read to ensure that agendas and reports are accessible to all trainees.

Service users in our Psychosocial Rehabilitation programme join the Cape Consumer Advocacy Body (CCAB) that is run by and for its members and focuses on all advocacy-related issues. The virtual nature of operations during COVID-19 allowed members to engage on local, national, and international platforms, and participate in campaigns by the United for Global Mental Health (UGMH), Clubhouse International (CI) and World Mental Health Day activations.

The Advocacy Pressure Group consists of 12 Mental Health Advocates (an equal

representation of service users with intellectual disability and psychosocial disability, 2 staff supporters per group, and 2 programme managers. Members met quarterly to address issues such as disclosure, social security grants, discrimination, violations of human rights, safety, awareness raising and training.

They have developed well and function independently, recording their minutes, and drawing up and conducting surveys with minimal support from staff supporters. They discuss relevant issues and solutions to challenges, host destigmatisation events where they talk about their lived experience of mental disability, and inspire others through sharing their life stories.

Trainee advocates made a valuable contribution during lockdown by participating in daily activations to educate service users on important issues and boost their morale through making and sharing motivational videos.

Policy-makers must be held accountable for youth with mental disability who are not benefiting from education, employment, mental health care and community services. We need to focus on the needs, challenges and potential of youth with mental disability as they remain amongst the most marginalised of youth across the world.

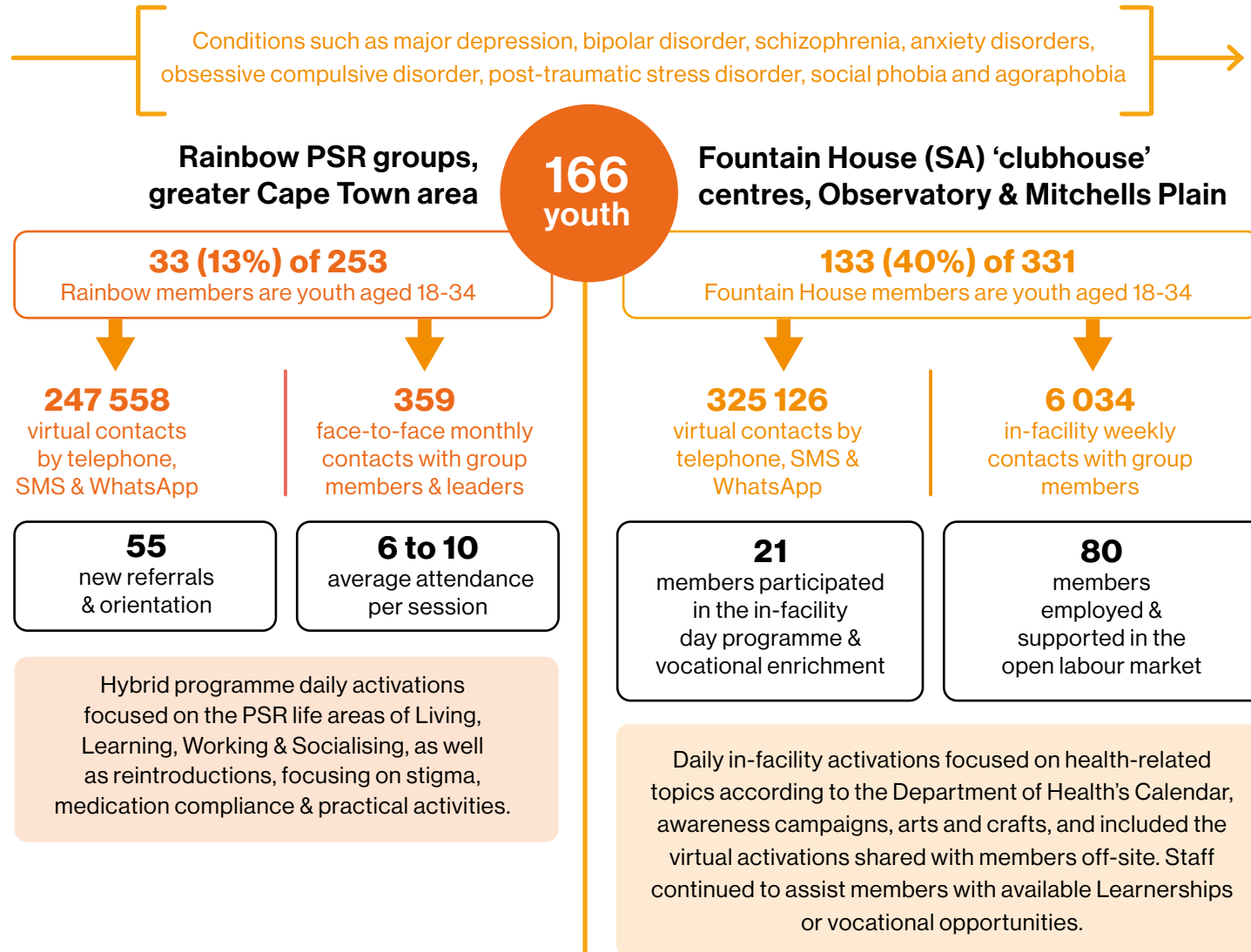


Dylan Rademeyer, a CMH Advocacy Officer, CCAB Chairperson (since April 2022), and champion of people with a lived experience of mental health conditions, has been elected to the Ministerial Advisory Committee on Mental Health.

This committee was established in terms of Section 71 of the Mental Health Care Act, 2002 (Act No 17 of 2002) to facilitate the achievement of mental health policies and inform best practice in mental health care.

Psychosocial Rehabilitation (PSR)

A rehabilitation, recovery and reintegration programme addressing the psychological & social consequences of mental illness on people's rights and access to resources



René Minnies
PSR Manager

We empower our youth to function as independently as possible within the community and with the level of support they need.

The PSR programme offers the following benefits:

- Strengthening of interpersonal skills and support networks
- Psychoeducation for overall health and wellbeing
- Monitoring of mental health and medication adherence to reduce relapses and rehospitalisation
- Crisis Care Plans to resolve a current crisis and prevent future crises
- Self-advocacy training and representation opportunities
- One-to-one support offered by two peer supporters
- Access to CMH Social Work Services on request

Community-based group homes

Most young people live with their families while for others independent living is regarded as a rite of passage marking the transition from youth to adulthood. Poverty and disability, however, present significant barriers to youth achieving independence and autonomy.

Community-based group homes such as Cape Mental Health's Kimber House and Garden Cottage offer a structured programme that helps mental health care users to achieve greater independence but with the necessary support.

Overseen by the PSR programme manager René Minnies, Kimber House in Observatory provides supported independent living for eleven men

and women with psychosocial disorders. Garden Cottage in Heideveld, supervised by social work manager Tamaryn Angel, follows a different model, ensuring supervised residential care for eight women with intellectual disability.

Though the actual number of people accommodated is modest, the homes make a profound difference to the lives of the residents. A life-skills-based approach empowers residents to take care of themselves, find constructive ways in which to advocate for themselves, and participate in work skills opportunities at Fountain House and Training Workshops Unlimited respectively.



Living in the community affords mental health care users with the best of both worlds — community integration and participation, as well as holistic, professional mental health services as needed.

Tamaryn Angel

Social Work Manager &
Garden Cottage Manager

Mental Health Investors

The 2021/2022 financial year has been a definitive year in the world's struggle with the COVID-19 pandemic. The aftermath of this struggle can now be clearly seen in the reduced global economy, burdened and unequal health care systems, and vulnerable groups such as young persons and those with mental health conditions, being at even greater risk than before.

Cape Mental Health thanks the Western Cape Government for its significant investment and all our funders, large and small, who have helped us navigate the tides of change.

Through good fiscal discipline and a total commitment from staff and management, we have remained resilient, accessible and available to all mental health service users and their families. We have responded to their real-time needs whilst making a significant investment in mental health that generates positive returns for our collective future.

Bequests, Membership & Monetary Donations

C M Abramowitz • B Alberts
V M Allison Far • N Allsopp
T Apollis • J Boese
Cape Town in Concert 2 (R Brown)
Crankhandle Club • M Crayford
I Daniels • S Ellis
Estate Late Marie Adele Elliott
Evang. Christus-Kirchengemeinde
Dortmund • R Felix • J R Greene
G Hastie • M Hewitt • Hexagon j5 ZA
Ipic to Care • B Jobling • R Jobling
T Killian • H Kittmann • D Lotz
R H McCready • C Meyer
MGI Bass Gordon • Midas Spartan AC
T Monaghan • S Musekiwa • A Paige
A Phaswana • N Philips
Philwest Motors • G Pond • P Prosser
G Starkey • P Stevens • C & E Steyn
Strand Care Network • K B Sturgeon
S Sturgeon • B J Turner
Two Oceans Marathon NPC
University of Stellenbosch
B van der Berg • G Vianello
M Willenberg



Grants, Trusts, Foundations & CSI

African Marine Solutions (AMSOL) • Ann Kreitzer Will Trust • CTP Ltd
Card Connect • Carl & Emily Fuchs Foundation • City of Cape Town
Clifford Harris Trust • Community Chest of the Western Cape
David Graff Foundation • Donaldson Trust • E B Grove Helping Hand Trust
E G Woods Trust • E J Lombardi Family Charitable Trust • E R Tonnesen Will Trust
F G Connock Charitable Trust • Five Seasons Investments SA
Frank Robb Charitable Trust • Grandslots • HWSETA • Ian Dickie & Co.
J E T Lee Will Trust • Kurt & Joey Strauss Foundation
Lewis Stores • Mary Oppenheimer & Daughters Foundation
Multikulturverein Völkverständnis e.V. • MySchool Card
Polyoak Packaging • Rawbone Trust • SAB & T Foundation • Solidarity Fund
St Ola's Trust • Suzan Stehlik Charitable Trust • Syringa Trust
The Carter Family Charitable Trust • The Charles Harding Charitable Trust
The Dandelion Trust • The David Graaff Foundation
The Din Din Trust • The Douglas Jooste Trust
The Philip Schock Charitable & Educational Foundation
The Rolf-Stephan Nussbaum Foundation • The TK Foundation
Vaccine Challenge Fund • Webber Wentzel • W R D Lewis Memorial Trust

In-kind Donations, Pro Bono Services, and Sponsorships

Coca-Cola Peninsula Beverages • Community Chest of the Western Cape
Department of Health Klipfontein Mitchell's Plain Sub-structure
Department of Public Works (WCG) • Dolphin Beach Hotel • Dr Lloyd
Dr Qaasim • Ecomed Medical • Element Gardens • Herold Gie Attorneys
Lewis Stores • S Mbwana • Mica Hardware • Millenaar Architects • NutroChem
Parksafe • PEAR Africa — Media Monitoring • Pioneer Foods
Prime Cleaning Suppliers • Radio Zibonele & Debonairs
The Cape Town Clothing Guild • YMS Medical Supplies



#EveryoneDeservesToFly

The 27th Cape Town Kite Festival in October 2021 coincided with Mental Health Awareness Month. The theme was “Everyone Deserves to Fly” and the hybrid event included online content, pop-up fly’s at Dolphin Beach and Zandvlei Lookout Point, and a kite-making workshop in the Wes bank Community Church.

The awareness-raising campaign enjoyed the support of well-known social media ‘influencers’. They included Jarrad Ricketts and Councillor Mark Kleinschmidt, both CMH Mental Health Ambassadors, as well as Amalia Uys, Sean van Noordwyk, Scarra Ntubeni, Richard Juries, Majoji, Claire Phillips, and Aziza Richards.

Media coverage included interviews on Kwela, Cape Town TV, Expresso, Die Groot Ontbyt, Hectic on 3, and Morning Live.

The City of Cape Town invested in both the October Mental Health Awareness Campaign and the Kite Festival, ensuring that we could take our awareness raising of mental health to new heights.

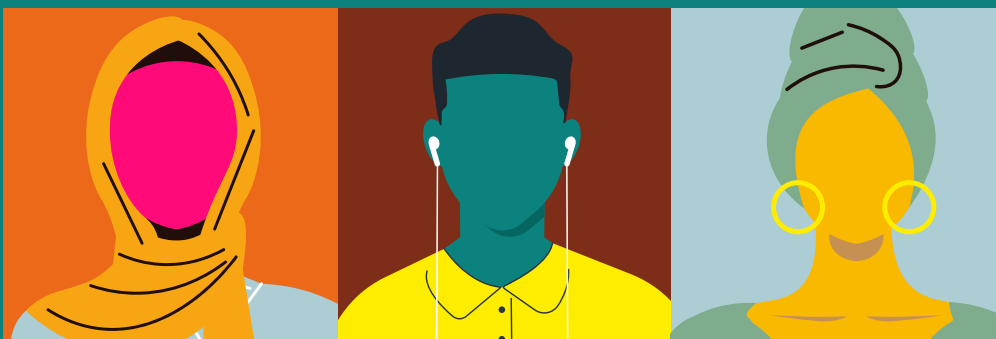
R5 485 816 (AVE)

equivalent of unpaid exposure in print, online & broadcast media

216 298

social media followers reached





Contact us

Cape Mental Health

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Twitter: [@CMH_NGO](https://twitter.com/CMH_NGO)

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Credits

Dr Ingrid Daniels
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Santie Terreblanche
Deputy Executive Office

Carol Bosch
Deputy Executive Officer

Members of the
CMH Management Forum

Sandra Ellis
Donor Development Manager

Barbara Meyer
PR & Communications Officer

**The 2021/22 Annual Report
and Audited Financial Statements
are available on request.**

Graphic Design
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