

Annual Review

2023/24



Cape Mental Health

all about ability



Bridging
the gap



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Cape Mental Health
all about ability

**Cape Mental Health
has been closing
the divide in mental
health care since 1913
by providing services
that are free from
political, social,
cultural, religious
or ability biases.**

Vision

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.

To achieve this we work in consultation and in partnership with individuals, the community and various stakeholders.


Mission

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.

Objectives

- 
- #1 To promote the highest degree of mental health** in the community, regardless of race, colour, or creed; this includes the alleviation of emotional conflicts and tensions within the individual, as well as between individuals and between groups
 - #2 To improve the quality of life** of people with intellectual disability or psychosocial disability and that of their families
 - #3 To create an enabling environment** for service users that offers options
 - #4 To recognise change and learning potential** in everyone
 - #5 To adopt a caring, humanitarian and moral approach** to our work, our staff and our service users
 - #6 To initiate and develop appropriate services and facilities** for people with mental disability in consultation with them and the community
 - #7 To reduce the incidence of mental disability** in the community by disseminating information
 - #8 To provide information and raise awareness** about intellectual disability, psychosocial disability and the promotion of mental health in the broader community
 - #9 To engage greater service-user involvement** in service delivery
 - #10 To embark on a more vigorous, visible and inclusive advocacy programme** mobilising the community, service users, staff and other organisations
 - #11 To foster collaborative relationships** with internal, external and collegial partners for service delivery and research
 - #12 To initiate research** into the causes of mental disability and social attitudes; determine conditions that are conducive to mental health and take steps necessary for the elimination (or improvement) of such conditions that negatively impact on mental wellbeing; to work for public participation by **disseminating information** relating to the incidence and prevention of mental disorders
 - #13 To strive for cooperation and coordination between non-profit organisations and State Departments** to bring about an inter-disciplinary team approach to all matters pertaining to mental health including the rehabilitation and care of persons living with mental disability
 - #14 To promote the mental health of all people in the Western Cape**, and collaborate and liaise with other organisations with similar aims at local, regional, provincial, national and international levels
 - #15 To cooperate with training institutions** that teach social work, psychology, psychiatry, nursing, occupational therapy, remedial teaching and other disciplines that may contribute to the realisation of the objectives set out above
 - #16 To promote and advocate human rights** relating to mental health issues in partnership with service users and the community

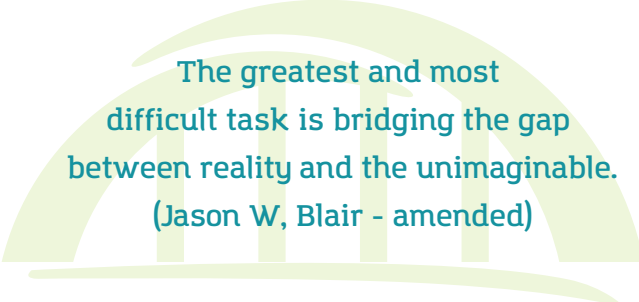
Message from our CEO

Dr Ingrid Daniels

Our story, “Bridging the Gap,” spans 111 years since our inception as the first community-based mental health organisation in South Africa. Over the years, we have changed countless lives through our dedication to offering mental health services and bridging the service delivery gap.

Our legacy and history are journeys that attest to the development and implementation of community-based mental health interventions when such services were scarce or non-existent in 1913 or the years that followed. By designing and implementing mental health services, we ensured that the most vulnerable individuals received the care and dignity they deserved.

Historically, we have built bridges to cross the divide, rifts, and dearth in mental health services. These included across-the-lifespan intervention programmes that protected abandoned and abused women with intellectual disability, establishing Special Education and Care Centres in the heart of dire communities when no education facilities were provided for children with severe and profound intellectual disability, starting schools for learners with special educational needs, developing skills training workshops for youth and adults with intellectual disability, and providing a home in a community for residents to live with dignity.



The greatest and most difficult task is bridging the gap between reality and the unimaginable.
(Jason W, Blair - amended)

Our tailor-made services also included creating psychosocial rehabilitation community-based programmes and recovery-orientated interventions, mobilising social work teams to provide direct services in communities, designing and implementing Easy-to-Read programmes, ensuring access to justice for victims with intellectual and psychosocial disabilities when no justice prevailed for them more than 30 years ago, and passionately advocating for a world in which people with mental health conditions would be accepted, respected and included.

The organisation has played a vital role in the establishment of community-based mental health services when communities were ill prepared and under-resourced to cope with deinstitutionalisation and the growing prevalence of mental health conditions due to intensifying social determinants of mental health conditions.

Thara and Patel (2010) states that “NGOs increasingly filled gaps in healthcare provision, focusing on under-served populations. Some of these NGOs have now become large institutions in their own right, providing primary care services and strengthening community action for change.” We bridged the gap where the State failed to provide essential mental health services.

Our approach has been strengths-based, person and recovery-centred. Daniels (2018) proposed an Integrated Community-based Mental Health Care Model that emphasised increased access to mental health services within communities and villages in rural areas. These services are provided by mental health service users, non-specialists, mental health workers and professionals. These interventions are individualised, readily accessible and cost-effective.

The model proposed by Daniels (2018) aims to provide mental health service users with greater access to a wider range of mental health care to achieve far better treatment outcomes. Additionally, the model seeks to safeguard the human rights of persons with mental disability by increasing access to care.



Sorsdahl et al. (2023) highlights that “These services are essential to ensure the successful integration of mental healthcare service users discharged from inpatient facilities into the community. Substantial evidence has accumulated over the years regarding the effectiveness of community mental health services compared to long-stay, chronic institutional care (Dalton-Locke et al., 2020; Killaspy et al., 2022; McPherson et al., 2018).

This model extends the treatment approach from solely clinical recovery, often seen as the focus of specialised psychiatric services, to personal recovery. Clinical approaches to recovery tend to focus on symptom remission as the main indicator of (clinical) recovery. In contrast, personal recovery approaches emphasise functional improvement, social inclusion, community integration, and access to employment and family support as crucial markers of recovery alongside symptom remission (Bila, 2019; Gamielidien et al., 2021, 2022).”

Cape Mental Health has bridged this divide and enabled a shift from an over-medicalised approach to a bio-psychosocial model that focuses on self-advocacy and integrates peer-led interventions.



“ Our purpose is to integrate people with mental health conditions and respect their right to be fully included in their homes and communities - not as patients but as people who have the right to be included without the disempowering labels.

Dr Ingrid Daniels, CEO



Our philosophy underpins our commitment to working collaboratively and in partnership with the mental health care users and their families to determine an intervention and care plan that allows for their full participation and decision-making.

Our vision is that all people can be empowered to achieve the highest level of mental health and quality of life possible. We bridge the gap when mental health services are lacking, when anti-stigma and mental health prevention, intervention, promotion and awareness are required, when the voice of mental health users need to be heard.

We have the advantage of forming partnerships, collaborating across sectors and multidisciplinary teams, engaging in research, forming networks in the interest of persons with mental health conditions, advocating for greater investment in mental health, transparency, accountability, participation, and self-advocacy of persons with intellectual and psychosocial disabilities in governance structures. These are key factors required in our agility to respond and bridge the gap in mental health services.

In bridging the gap, we offer affordable, effective, and feasible strategies and programmes to promote, protect and restore mental health.

CMH Board

President

Dr Amelia Jones

Vice-Presidents

Prof. Johannes John-Langba

Ken Sturgeon

Chairperson

Tracy Fortune

Deputy Chairperson

Gary Pond

Treasurer

Stewart Musekiwa

Legal Advisor

David Lotz

Committee Members

Alan Crisp

Nina Septoe

Shona Sturgeon

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



“Doing more
with less”

“

Cape Mental Health’s Strategic Plan for the future provides the opportunity for us to work together as a team to keep Cape Mental Health strong, resilient and sustainable amidst ongoing change and uncertainty - doing more with less but maintaining a high level of professional services aligned with our mission.

Dr Amelia Jones, CMH President

”

‘Back to Basics’ Sustainability Strategy



Cape Mental Health is implementing a strategy that allows us to act and respond with urgency and agility on mental health matters and bridge the gap between bleak reality and a better life for our service users.

Dr Ingrid Daniels, CEO



Identity

Strengthening our vision, mission and purpose as the oldest mental health NGO in South Africa

Renewing our dedication to excellence and quality

Refreshing our branding materials, marketing collateral, and corporate wear

Performing renovations and upgrades of our community facilities

Cohesion

Fostering team unity by involving employees in various activities, including orientation sessions and induction training for new staff, refresher training for current staff, and participation in annual events such as the Strategic Planning Day, Annual General Meeting, and Staff Wellness Day

Creating and sharing a motivating and informative internal newsletter

Promoting access to the Employee Assistance Programme for all staff when needed

Sustainability

Expanding our income-generating initiatives such as TWU's mobile carwash, Garden Pot Centre cement products, Nonceba laundry, Mitchell's Plain sewing and woodwork projects, TWU assembly-line sub-contract work, the Fountain House catering service, and our specialised training initiatives & materials

Exploring new clients and untapped markets for our services and products via social media and diverse online platforms

Attracting additional donors, investors, and sponsors to assist in closing the financial and service delivery gaps

Expansion

Implementing ongoing community outreach, open days and public education initiatives to raise awareness and challenge stigma and discrimination

Driving early intervention, prevention and reintegration services impacting a greater number of mental health care users

Broadening our corporate social work services to improve workplace well-being

Empowering service users through self-advocacy initiatives and peer-to-peer support services

Training & Development

Enhancing service delivery to mental health care users through our virtual and face-to-face training of service providers

Empowering rural service providers to support persons with mental health needs and disabilities

Training document writers and proofreaders to promote access to Easy-to-Read documents for service users with limited reading skills

All about Sustainability

Cape Mental Health is a legal, non-profit, non-government organisation established for the greater good of society. We have a history of legal compliance, good governance and innovative service delivery.

Our balance sheet shows that we operate as a sustainable business applying sound business principles. We distribute income and property to benefit the public, covering the costs of the services we render and ensuring that any profits from income-generating activities are reinvested to advance our mission and objectives.

We are strategically placed to bridge the gap in mental health service provision but have to ensure sustainability and growth for the future if we are to remain relevant, effective and competitive.

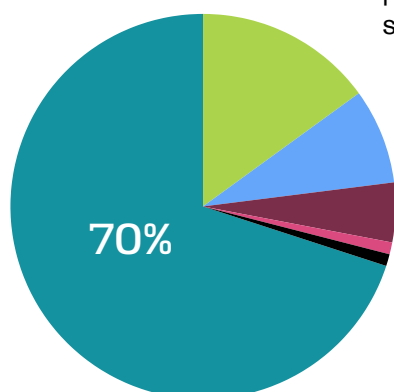
South Africa is experiencing great political uncertainty after the ANC lost its majority status held for 30 years since the transition to democracy. While Cape Mental Health remains nonpartisan, changes in government policies by the Government of National Unity could affect our future operations.

Despite a 7% improvement in income compared to the previous year and operational costs coming in 7% under budget, we closed 2023/24 with an operational deficit. Consequently, we are focused on expanding and diversifying our revenue streams while maintaining strict expense management.

Amidst increased competition for resources and reduced government funding, our primary goal is to establish long-term sustainability.

Income Distribution

- **Government Funding: 70% of income (but covering only 60% of actual expenses)**



- **Donations & Fundraising - R15%**
- **Investment Income - 8%**
- **Fee Income - 5%**
- **Other Income - 1%**
- **Trading income - 1%**

Key Financial Indicators as at 31 March 2024

Net Reserves: R70 million (est.)

After all expenses have been deducted from our gross income, we hold substantial reserves to enable prompt financial decision making.

Liquidity ratio: 5.2

This reflects our ability to pay off our short-term liabilities quickly, converting assets as needed. TARGET: 3.0 to 4.0

Solvency ratio: 7.6%

This shows the extent to which our assets cover our commitments for future payments. TARGET: 8%

Defensive ratio of 7.3

We can survive for 7.3 months on our cash reserves only without using non-current assets or outside financial resources. TARGET: 7 to 9 months

Government Reliance Ratio: 70%

During the COVID-19 pandemic, there was a higher dependence on government funding due to a slow recovery of other revenue streams, leading to an artificial increase in this ratio. In real terms, government funding is decreasing.

Personnel Expense Ratio: 57%

Given the service-oriented nature of our work and the necessity for a substantial staff presence, a considerable portion of our revenue is dedicated to salaries, wages, and benefits.

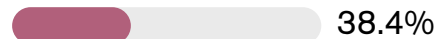


Economically Active Workforce

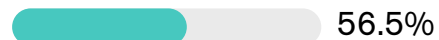


CMH Workforce

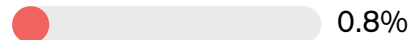
138 Employees
as at 31 March 2024



AFRICAN: 53



COLOURED: 78



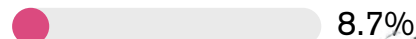
INDIAN: 01



WHITE: 06



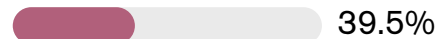
FEMALE: 117



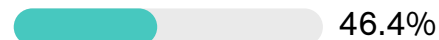
STAFF WITH
DISABILITIES: 12

Western Cape EAP

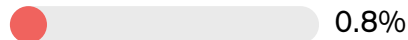
Economically Active Population
(persons aged 15-64 who are employed
OR unemployed and seeking employment)*



AFRICAN



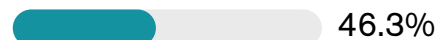
COLOURED



INDIAN



WHITE



FEMALE

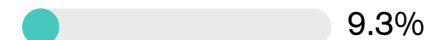
*As per 23rd Commission for Employment Equity Report (CEE) Annual Report (2022-2023) - QLFS Q3 2022

National EAP

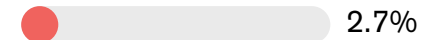
Economically Active Population
(persons aged 15-64 who are employed
OR unemployed and seeking employment)*



AFRICAN



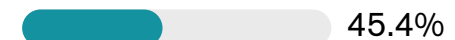
COLOURED



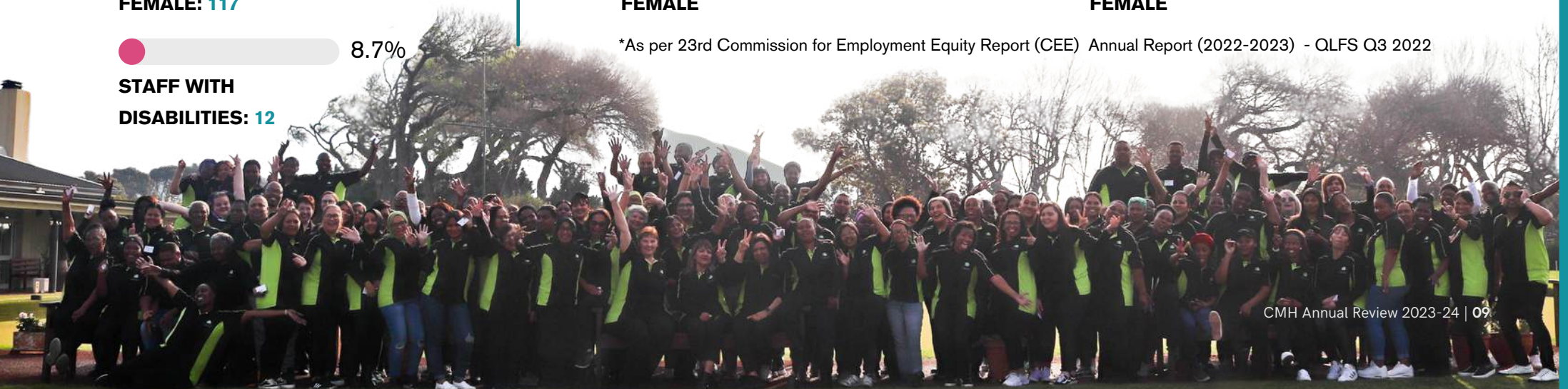
INDIAN



WHITE



FEMALE



Staff Snapshot

as at 31 March 2024

85%

of Cape Mental Health's workforce are **women**.

100%

of our staff in each of the employment categories (Top Management, Senior Management, Professionally Qualified & Middle Management, and Skilled Technical) are from the **designated groups** under the Employment Equity Act, viz. women, black (broad definition), and persons with disabilities.

8.7%

of Cape Mental Health's employees are **persons with disabilities**, exceeding the national target set for the employment of persons with disabilities of 2% of the total number of persons employed.

SENIOR MANAGEMENT

- **Dr Ingrid Daniels - Chief Executive Officer**
- **Santie Terreblanche - Deputy Executive Officer**
- **Carol Bosch - Deputy Executive Officer**
- **Anastasia Lakey - Management Secretary**

ADMINISTRATION DEPARTMENT

- **Willemien Buys - Manager**
- Zaakirah Brown ▪ Zintle Dlokovu
- Grant Koopman ▪ Gabriel Lekeur ▪ Pumza Mbanzi

DONOR DEVELOPMENT DEPARTMENT (DDD)

- **Sandra Ellis - Manager**
- Kim Cooper

FINANCE DEPARTMENT

- **Warrick Williams - Manager**
- Ferial Edwards ▪ Claudette Louw ▪ Logan September

INNOVATION & TRAINING DEPARTMENT (ITD)

- **Razaan Galiel - Manager**
- Nicola Hartzler

ACCESS TO JUSTICE (ATJ)

- **Keamogetse Mokgadi - Manager**
- Natalia Berghoff ▪ Susan Manson
- Nokuthula Shabalala ▪ Nina Steenkamp

PR & COMMUNICATIONS

Barbara Meyer

SOCIAL WORK SERVICES (SWS):

- Community-based Social Work Services
- Corporate Social Work (CSW)
- Garden Cottage (GC) ▪ YouthMatters

- **Tamaryn Angel - SW, CSW & GC Manager**
- **Jennifer Bester - SW & YouthMatters Manager**
- **Wasima Fisher - SW & Care Internal Manager**
- Charnell Andrews ▪ Wayne Cloete ▪ Claudia Cogill
- Feroza de Leeuw ▪ Karen Hans ▪ Gaynor Heneke
- Farenaaz Jacobs ▪ Amy King ▪ Luzaan Lambert
- Limakatso Maema ▪ Cindy Manho ▪ Nonelelo Mgoqi
- Simtandile Mgudlwa ▪ Deslynn Nel
- Sandisiwe Petela ▪ Kulthum Roopen
- Mastura Salasa-Schaffers ▪ Fahmeeda Simons
- Leonora Solomons-Jantjies ▪ Khusela Veleko
- Cisrelda Williams ▪ Chesna Zietsman

PSYCHOSOCIAL REHABILITATION (PSR):

- Fountain House SA (Observatory & Mitchell's Plain)
- Kimber House

René Minnies - PSR Manager

- Taasneema Davids ▪ Faldelah Fillander
- Nolubabalo Makhuni ▪ Nondibane Mdyidwa
- Irma Mitchell ▪ Nocawe Mxobo ▪ Bukelwa Nkopane
- Clement Petersen ▪ Dylan Rademeyer ▪ Lael Samuels
- Tasneem Toyer ▪ Kim Windell

SPECIAL EDUCATION & CARE CENTRES

- Erika SECC (Mitchell's Plain) ▪ Heideveld SECC
- Imizamo-Yethu SECC (Khayelitsha)

▪ **Mpilo Khumalo - Manager**

- Mishe America ▪ Nandipha Dani
- Nomthandazo Dlisani ▪ Sibongiseni Ggcani
- Zana Jacobs ▪ Janine Johnson
- Sherlane Labans ▪ Anelisile Lande
- Aaqilah Latief (Intern) ▪ Unathi Mbalo
- Thami Majodina ▪ Boniswa Makana
- Zubeida Marthinus ▪ Ruwayda Meyer
- Ashley Minords ▪ Margaret Molefe
- Nazley Morta ▪ Nombongo Mpateni
- Luleka Mtosala ▪ Anathi Mtshemela
- Belinda Ndamane ▪ Fezeka Nduzozo
- Pumza Ngubo ▪ Pakama Nyangaza
- Bulelwa Rasimeni ▪ Zintle Royi
- Jamie-Lee Scholtz ▪ Andiswa Skiti
- Sharon Snyders ▪ Kutala Soqaga
- Zingisa Venfolo ▪ Khululwa Zazayokwe
- Mayenzeke Zenze ▪ Nobahle Zono



We work in communities where 85 to 95% of people who are poor have no access to mental health.



TRAINING WORKSHOPS UNLIMITED (TWU)

- Athlone Workshop - including Eagles, Garden Pot Centre, Siyakwazi Cleaning Company, Eco-Carwash Solutions ▪ Mitchell's Plain Workshop - including Eagles, the sewing & carpentry units ▪ Retreat Workshop ▪ Nonceba Workshop (Khayelitsha)

▪ **Santie Terreblanche - Deputy Executive Officer & TWU Acting General Manager**

- Rezaana Abrahams ▪ Zulfa Allie-Julies
- Faisal Bawa ▪ Thozama Boni ▪ Patrick Cloete
- Brumilda Collins ▪ Gwendoline Daniels
- Desiree de Boer ▪ Faith de Klerk
- Jerome Engelbrecht ▪ Namhla Finini
- Charlize Fisher ▪ Aubrey Fortune
- Nonkululeko Gakrishe ▪ Keith Ganga
- Angeline Hansen ▪ Samantha Hendricks
- Chantell Hess ▪ Russell Jones
- Doreena Mabongo ▪ Siyanda Makhanya
- Thembakazi Manono ▪ Simon Mngomeni
- Monica Moleleki ▪ Esther Msila ▪ Falen Muller
- Nonjongo Mpumela ▪ Lunga Msebenzi
- Nicolene Nel ▪ Letitia Ngcazu ▪ Sandra Nicolaai
- Pamela Nyakaza ▪ Sonia Peters
- Zanolkhanyo Qengwa ▪ Sihle Rani
- Nonthuthuzelo Sintsili ▪ Elanza Skippers
- Chantal Stemmet ▪ Nobesuthu Titise
- Charné Town ▪ Joan van der Horst ▪ Vanessa Vorster

AMSOL Trainees

- Sipelele Fana ▪ Zikhona Gxogwa
- Joyce Melane ▪ Yolanda Poswa

2024 CMH Awards

Fezeka Nduzozo

received the **Employee of the 1st Quarter of 2024 Award** for her outstanding service in educating and caring for children with severe and profound intellectual disabilities.

Wayne Cloete

from the Social Work Department was recognised as the **Employee of the 1st Quarter of 2024** for his exceptional work as a seasoned social worker.

Social Work Services

was selected as **CMH Project of the 1st Quarter of 2024** for their commitment to supporting our mental health care users.

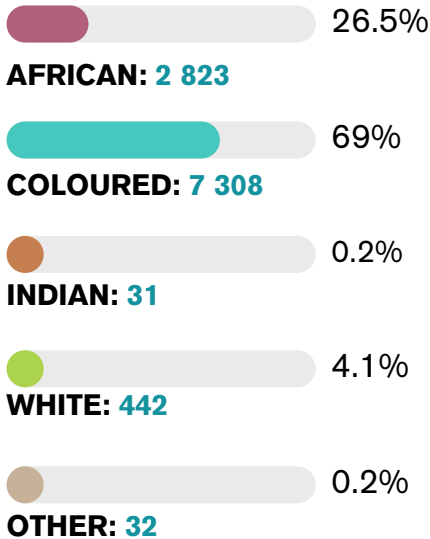
Beneficiary Profile



Gender



Population Groups



DIRECT BENEFICIARIES

10 636

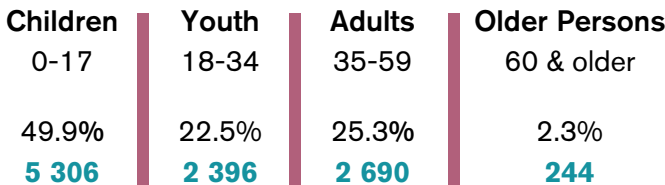
INDIRECT BENEFICIARIES

63 816

Mental Health Profile



Age Groups



Intervention Levels

Mental Health Prevention & Promotion

Life skills training: 1 193

Garden Cottage, Psychosocial Rehabilitation, Training Workshops Unlimited

Information dissemination: 19 874 886

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

Alternative Care

Group Homes: 19

Garden Cottage & Kimber House

Early Intervention

Counselling: 5 110

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

Special Education & Care: 242

Special Education & Care Centres

Support Groups: 253

Social Work Services, Rainbow PSR groups

Service User Empowerment: 1 182

Group homes, Psychosocial Rehabilitation, Training Workshops Unlimited

Income Generation

Training Workshops Unlimited: 609



Awareness-raising Campaigns



Psychosocial Disability Awareness Campaign - July 2023

“Shattering Stigma: Sparking Conversations and Shifting Attitudes about Mental Health in the Workplace.”

The awareness campaign highlighted the importance of having persons with lived experience share their stories to inspire compassion, trust and understanding. We delved deeper into the impact of stigma on individuals in the workplace and promoted open and informed discussions about mental health in the work environment.

359 555 | **914 848**

contacts reached
through social media
& online publications

reached through
print & broadcast
media

The World Health Organization (WHO, 1922) says that an estimated 15% of the world's workforce have mental health disorders. This means that one out of six people or about 2.6 million South Africans are battling with their mental health in the workplace.

Mental Health Awareness Campaign - October 2023

“Mental Health is a Universal Human Right - Dignity and Equality, the cornerstone of all human rights, begins at home.”

Cape Mental Health urged the government, businesses, communities, and families to support the rights of individuals with mental health diagnoses, regardless of their abilities, race, or background. This aligns with the World Dignity Project's message to show care, empathy, and compassion.

7 477 | **773 770**

contacts reached
through social media
& online publications

reached through
print & broadcast
media

The South African Human Rights Commission (2018) released a report on trends in human rights violations in South Africa. It stated that after race, discrimination based on disability and ethnic origin accounts for the largest number of equality-related complaints received by the Commission.

Intellectual Disability Awareness Campaign - March 2024

“I am not my disability, see my ability!”

We showcased our community-based Special Education & Care Centres and Training Workshops Unlimited facilities, as well as the abilities and achievements of our service users. We also launched our renovated residential home in Heideveld for women with intellectual disability.

154 216 | **8 352 466**

contacts reached
through social media
& online publications

reached through
print & broadcast
media

In South Africa, around four out of every 100 persons experience varying levels and types of intellectual disabilities (Western Cape Forum for Persons with Intellectual Disability, 2020), and yet they are frequently marginalised in terms of education, employment, and social inclusion.



Social Work Services (SWS)



IDENTIFYING THE GAP

In South Africa, one in four people will need mental health support at some point in their lives. However, fewer than one in ten people living with a mental health condition will receive the care they need, mainly due to the unequal distribution of resources and the shortage of mental health professionals (Sorsdahl et al., 2023).

In Cape Mental Health's experience, people from low-income backgrounds encounter greater challenges in accessing mental health services. They also face extended waiting periods for services, limited free or affordable treatment options, financial constraints, and transportation difficulties that hinder their ability to attend appointments. The stigma associated with mental health disorders and lack of awareness of available community-based services are also barriers to accessing mental health treatment.



Mental health is a right, not a privilege. Closing the gap in access creates a more just society where everyone can thrive.

Wasima Fisher, Social Work Manager



BRIDGING THE GAP

Cape Mental Health closes the mental health care divide by providing free, easily accessible, and impactful services.

Social workers at our Head Office in Observatory offer an intake service for persons with intellectual disability, psychosocial disability, and emotional adjustment issues.

Our family-focused counselling service extends to home visits for clients in the Cape Town Metropole. In cases where in-person visits are not feasible due to issues like community violence or unrest, our social workers offer virtual services.

A comprehensive service includes psycho-education to promote treatment compliance and enhance coping skills for service users. This helps in improving interpersonal skills, preventing relapses, and reducing hospitalisations. We also assist and educate service users experiencing substance-induced psychosis and their families and connect them with resources to aid in the rehabilitation process.

Service users who rely on disability grants may face challenges managing their finances. Our services cater to them by offering personalised disability grant administration.

Our carer support services aim to strengthen family bonds and facilitate the client's integration within the community.

To raise awareness about mental well-being and encourage help-seeking behaviour, we organise information sessions and Open Days in different communities and share information through printed materials and social media.

Our corporate social work portfolio includes an Employee Assistance Programme (EAP) offering confidential support like individual counseling, information sessions, and wellness events to help employees facing personal or work-related challenges. The service aims to reduce stigma and improve morale and productivity.

We train service providers and social workers in rural communities to assist service users effectively and provide tele-psychiatry services. Recent outreach efforts included mental health training for social workers on the West Coast to improve their mental health knowledge, intervention services, and referral procedures.



BENEFICIARIES REACHED

5 448

Residential Programmes



IDENTIFYING THE GAP

Housing in our urban areas has become increasingly unaffordable. In a 2014 fact sheet on equality, non-discrimination and the human right to adequate housing, the Office of the United Nations High Commissioner for Human Rights (OHCHR) reported that vulnerable groups such as women, persons with disabilities, people of colour, and refugees still face discrimination with housing opportunities or live in the most appalling conditions.

Many people with mental disabilities lack the capacity to manage independently in a home of their own, and living with their families is not always possible.



One of the biggest challenges currently is the lack of appropriate placements for people with mental disability, as some facilities have closed. The increased cost of accommodation makes it impossible for people with mental disability, whose only income may be disability grants, to afford these placements.

Carol Bosch,
Deputy Executive Officer



Our Social Work Department responds almost daily to requests for residential care for persons in need of mental health support. Unfortunately, the demand far exceeds the capacity of our residential programmes.

Cape Mental Health runs two group homes for persons with mental disabilities, many of whom previously experienced homelessness, lived in shelters or challenging environments. Kimber House in Observatory offers supported independent accommodation for 11 residents with psychosocial disabilities (men and women living in separate units), while Garden Cottage, a model home in Heideveld, provides fully supervised housing for eight women with intellectual disability.

Our group homes ensure residents are provided with safe, supportive, and secure living environments. The residents are supported to maintain contact with their families, integrate into the community, and benefit from CMH day programmes offering life skills and work skills training.



BENEFICIARIES REACHED

19



A NEW GARDEN COTTAGE

The Villager Aid Trust helped bring our vision of a new Garden Cottage to life by providing generous funding that has matched Cape Mental Health's investment in this project.

Previously Garden Cottage was cramped, with four residents sharing a room and an alternating care worker in limited space, which was a situation that was especially challenging during the COVID-19 lockdown.

In 2023 we completed the renovation and expansion project. The new extension houses two more bedrooms (taking the number of bedrooms to five), a lounge, a dining area, and a hobby room. Existing areas have been restructured and designed to be more aesthetically pleasing, providing a disability-friendly environment that meets the needs of the residents.

The increased living space and improved environment not only enhance the residents' dignity but also promote communal living.



Psychosocial Rehabilitation (PSR)



IDENTIFYING THE GAP

As a signatory to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), South Africa is obligated to safeguard the rights of individuals with mental disabilities.

Unfortunately, persons with psychosocial disabilities are likely to be excluded at multiple levels of service delivery, and denied opportunities for independence, community integration and inclusion in society. Without the necessary support, many persons living with psychosocial disabilities will continue to face housing insecurity, ill-health, joblessness, and 'revolving door' patterns of hospital readmissions.

Deinstitutionalisation is crucial for mental health care users to regain control and independence, and rebuild lives. Community living and support can only succeed, however, if adequate government support and community-based structures are in place.

Cape Mental Health traditionally offered a basket of PSR services to address the gap in services to persons with psychosocial disabilities, namely Fountain House (SA) life skills and work skills rehabilitation centres in Observatory and Mitchell's Plain, Kimber House group home in Observatory, and Rainbow Foundation community-based rehabilitation groups that met across the greater Cape Town area.

The unexpected decision by the Department of Health & Wellness (DOHW) to discontinue funding the Rainbow Foundation beyond 30 September 2023 has been a setback that has impacted our service users, their families and communities.



The stigma surrounding mental disability persists, leaving emotional scars that affect individuals and families. Our community-based PSR programme acts as a safety net, supporting persons with psychosocial disability in achieving their personal recovery goals and attaining maximum independence. We demystify mental health conditions and reduce their impact on individuals and their families. Members often describe PSR as providing a secure space where they feel they belong and are valued.

René Minnies, PSR Manager



Since the launch of the Rainbow Foundation in 1993, the programme expanded its community reach to 26 rehabilitation groups, hosting weekly meetings, and equipping about 240 members annually through skills development, psychoeducation, income-generation activities, building support networks, and providing early intervention to prevent hospitalisation.

CMH has worked to transition Rainbow Foundation members for potential inclusion in DOHW-run PSR/integrated groups within their various sub-structures, as part of their Community-Oriented Primary Care (COPC) restructuring. Our concern remains with persons who lack access to reliable, timeous and targeted PSR services.

BRIDGING THE GAP

Living in a community, supported by a comprehensive bio-psychosocial service, boosts the resilience of service users and equips individuals with the tools and opportunities for meaningful living.

Fountain House (SA) offers a work-ordered day programme at its two centres, where members participate in psychoeducation, recreational activities, and vocational support. The Crisis Care Plan (CCP) and empowerment initiatives promote medication adherence and mental health community support.

Fifty-five Fountain House service users were supported with either learnerships, permanent employment, or further education and training opportunities during this year.

Advocacy and self-advocacy programmes offer consumer-driven and peer-led activities focusing on the rights and responsibilities of service users. The chairperson of the Cape Consumer Advocacy Body (CCAB) serves on the CMH Board, the South African Federation for Mental Health board, and is a member of the National Ministerial Advisory Committee on Mental Health.



BENEFICIARIES REACHED

448



YouthMatters (YM)



IDENTIFYING THE GAP

Raising awareness and providing education on mental health to adolescents and youth is crucial, as one in seven adolescents is impacted by mental health conditions. Furthermore, half of all mental health lifetime cases emerge before the age of 14 years. By dispelling myths surrounding mental health and reducing stigma, we encourage adolescents and youth to seek help and benefit from interventions that could be lifesaving.

The World Health Organization (WHO) continues to endorse schools as effective and accessible environments to address health issues in adolescents.



Secondary school learners with poor or unattended mental health conditions may struggle academically, leading to potential dropout or unpreparedness for self-sufficient adult life. They will rely on State assistance as adults instead of actively engaging in our economy. Investing in youth mental health initiatives like YouthMatters is therefore crucial for our nation's development.

Jenny Bester, YouthMatters & Social Work Manager



BRIDGING THE GAP

YouthMatters is a comprehensive and targeted schools-based youth mental health programme focusing on whole-school mental health prevention and promotion to equip educators, parents and other service providers with the skills needed for early detection and support for learners.

Learners at five secondary schools on the Cape Flats gain a better understanding of mental health issues and learn to reject stigma and normalise communication about mental health.

We encourage them to seek help from the YouthMatters programme. They are also referred to vital community resources and, in cases where ongoing counselling services are needed, they are referred to Cape Mental Health field social workers for personalised support for both individuals and families.



BENEFICIARIES REACHED

4 311 learners
98 educators
885 parents

In the past year, the programme offered classroom-based workshops and activities aligned to the Western Cape Education Department's life orientation curriculum. The focus was on handling peer pressure and bullying, showing respect for others, managing examination stress and anxiety, and accessing mental health and available resources and services.

A handful of learners were identified to be living in circumstances that put them at risk in terms of the Children's Act 38/2005. They were then referred to child protection organisations for further investigation and intervention services. In one case, a learner exhibiting serious self-harming behaviour was admitted to a health facility to ensure their mental well-being and resilience.

Educators engaged in professional development workshops, Zoom training, webinars, and video sessions focusing on self-care to help them maintain a healthy work-life balance while supporting their learners.

Social workers connected with various stakeholders to build relationships and create opportunities for learning about adolescent mental health to strengthen the YouthMatters programme.

Innovation & Training Department (ITD)

IDENTIFYING THE GAP

Lack of knowledge about the abilities and rights of persons with mental disabilities is a key reason why South Africa has not met the mandatory 2% employment quota for people with disabilities stipulated by the Employment Equity Act.



Employers' limited comprehension of mental disabilities, the stigma associated with 'invisible disabilities', and misconceptions about the costs of providing reasonable accommodation all play a role in excluding individuals with disabilities from job opportunities.

Razaan Galiel, ITD Manager



BRIDGING THE GAP

The Innovation & Training Department offers a range of customised courses, workshops, programmes, informal discussions, and training sessions to shift perspectives and aid organisations and employers throughout South Africa to support employees, clients, and service users with mental and physical disabilities.

Accessibility

Our services are tailored to meet specific needs, and offer flexibility in duration, cost, and service platforms (face-to-face or online via Zoom or Teams). We also cater to specific focus areas and outcomes based on an assessment of training needs.

Target Group

Training beneficiaries this past year have included nursing staff and managers, hospital supervisors, Emergency Medical Services personnel, Metro District Health Services personnel, Department of Economic Development & Tourism managers and staff, the Strategic People Management Department of the Western Cape Education Department, as well as occupational therapists, speech therapists, social workers, educators and special education professionals.

Measuring impact

The impact and client satisfaction of ITD's training are assessed through post-training evaluations and feedback from managers and supervisors. This feedback focuses on the professionalism, content, and coordination of the training sessions.



BENEFICIARIES REACHED

1 453



I would like to thank you again for the wonderful session you had with us regarding persons living with a mental disability. If we had to give you a rating where 1 is the worst and 5 the highest, we would rate you a 5".

South African Revenue Services





Easy-to-Read (ETR)



IDENTIFYING THE GAP

The 2023 Background Report for the 2030 Reading Panel (Spaull) reveals a decline in basic literacy among South African children.

Most students finish grade 1 without knowing the alphabet and 82% of grade 4 students cannot read for meaning (Stent, 2023; Spaull, 2023).

The South African literacy statistics reveal that 10% of South Africans aged 15 and older are illiterate (South Africa - Literacy Rate, n.d.).

It is a democratic right that all people, including persons with disabilities, have access to culture, literature and information – and in a comprehensible form (White Paper on the Rights of Persons with Disabilities, 2016).



For citizens to exercise their democratic rights and control their own lives, they must be well-informed and capable of making choices. All citizens, irrespective of their abilities, need to access information that is easy to read.

Nicola Hartzler, ETR Coordinator



BRIDGING THE GAP

The Innovation & Training Department offers an Easy-to-Read (ETR) writing service to develop materials that are accessible to people with limited or no reading skills. We write and convert documents into ETR format for various clients including the South African Federation for Mental Health.

These materials include items such as posters, manuals, signage, notices, timetables, schedules, visual aids, brochures, contracts, and job descriptions. We ensure that all ETR materials comply with the guidelines and principles of Inclusion Europe and are officially approved by specially trained proofreaders with various levels of intellectual and/or neuropsychiatric disabilities.

To promote the ETR methodology nationally we coordinate the ETR Advocacy Movement (ETRAM), which met quarterly with 15 representatives from different service providers.

The ETR Coordinator, Nicola Hartzler, and the ETR Ambassador and Proofreader, Gabriel Lekeur, participated in a webinar organised by the University of Cape Town Department of Psychiatry and Mental Health. The webinar raised awareness about ETR during Intellectual Disability Awareness Month in March and was attended by 44 individuals.

The investment by AMSOL (African Marine Solutions) in 2018 enabled CMH to commission the first roll-out of the ETR programme within South Africa and the development of the first ETR dictionary that now has close to 1 000 entries of words in English, Afrikaans and isiXhosa with accompanying images.

Included in the AMSOL funding is the provision of subsidised virtual training workshops for staff of non-government organisations, special education professionals, occupational therapists, parents and professionals as document writers.

We equip training participants with the knowledge and skills to write documents in ETR to further our objective of having ETR materials available in all contexts.



**ETR DOCUMENT-WRITERS
TRAINED SINCE 2019**

86



Special Education & Care Centres (SECCs)



IDENTIFYING THE GAP

Children with severe to profound intellectual disabilities, who cannot attend schools specialising in special educational needs or mainstream schools, require tailored education and services that their families might not be able to afford or access.

Every child has the right to access development opportunities in a secure environment. However, factors such as poverty in the home, lack of suitable public transport, disability stigma, and exclusion from basic education can sentence children with severe to profound intellectual disability to lifelong isolation, lack of stimulation, and limited prospects for greater independence.

The National Government and Department of Basic Education have made slow progress in responding to the 2010 High Court order for equal access to education for children with severe and profound intellectual disability and their inclusion within the education system.

There has also been limited movement in transitioning learners from our Special Education and Care Centres to schools catering for learners with special educational needs. In some cases, parents have requested that their children return to our centres because their children's needs were not being met.



Please permit me to express my appreciation to all teachers, drivers, and caregivers for their enthusiasm in welcoming my son on the school bus and also communicating with parents from time to time as the bus approaches home and arrives at the centre. My son was a learner at the school but was referred to a government school but the services there are worrying so we decided to bring him back to your centre. Thank you for your services. [Abridged version]

Parent of a child at our SECC



BRIDGING THE GAP

Our Special Education and Care Centres in Khayelitsha, Heideveld and Mitchell's Plain offer special education and holistic care to learners with severe to profound intellectual disability.

The learners participate in a five-hour daily programme within a secure learning environment - except for when external factors like impassable roads, taxi strikes and gang violence in their communities force them to stay at home.

The day routine is filled with activities such as the morning ring, fine and gross motor skills exercises, social interactions, sensory play, outdoor activities, language development, musical sessions, and numeracy tasks.

Each student has a personalised support plan tailored to help them achieve developmental milestones and enhance self-care abilities like eating, toileting, grooming, dressing, and socialising, promoting their independence both at the centres and at home.

For immobile learners, specialised equipment like standing frames, rollers, side layers, wedges and massage techniques are used to improve their mobility and posture.

Regular parent meetings are held every term to ensure parental engagement and support.

The school transport fleet comprises five modified buses, and we plan to replace two of the oldest vehicles with new buses allocated by the Department of Social Development as part of the Right-to-Education Transport programme.

Excursions to outdoor locations like the Blaauwberg Nature Reserve, Giraffe House and Green Point Park are organised for the students to explore the natural environment.

The staff benefit from diverse internal and external training programmes, while the drivers undergo advanced defensive driving training through Driven Minds to ensure professional service provision.

No Achievement Too Small

BRIDGE TO GREATER INDEPENDENCE

Every achievement in the life of a child with intellectual disability deserves to be celebrated.

The staff at our Special Education and Care Centres diligently observe the learners, documenting the milestones they achieve throughout the year. Every bit of progress is a cause for celebration, particularly when a child gains greater independence and interacts more with their surroundings.

Jamie-Lee Scholtz, a programme implementer at Erika Special Education and Care Centre in Mitchell's Plain, recently highlighted the children's accomplishments, noting improvements in their gross motor skills and cognitive development.

She mentioned that some children had started walking with support and were more independent in the classroom. These children had also reached a higher level of self-care, being able to wash their hands and tidy up after activities independently.

Another achievement was that some children were becoming more self-reliant and could communicate when they needed to use the toilet, eliminating the need for daytime nappies.

Carers observed enhanced cognitive development in the children, who showed progress in language and communication skills. "One of our learners who was previously non-verbal is now socialising with classmates, responding with a smile and gesturing for attention."

Some learners were voluntarily assisting the assistant programme implementers in various tasks, such as sanitising the desks, sweeping floors, and cleaning up the schoolyard.

Furthermore, some children displayed greater confidence on the bus ride home, directing the driver along their route and indicating their preferred drop-off points when they recognised their homes.

“

We are extremely proud of the remarkable progress our children have made. Fourteen of our learners have moved to schools for learners with special needs in the last year to further their educational growth and development.

Mpilo Khumalo, SECC Manager

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BENEFICIARIES REACHED

242



Training Workshops Unlimited (TWU)



IDENTIFYING THE GAP

Without access to adult education and training programmes, persons with intellectual disability face a lifetime of marginalisation and isolation.

They risk abuse and exploitation, are not afforded the dignity and respect granted to other adults, and are denied opportunities to exercise their rights and speak for themselves.

They lack adequate stimulation and social engagement, have limited opportunity to acquire new skills, and struggle to find employment. The majority are destined to remain dependent on others in most aspects of their lives.



When people ask about TWU's key products, they expect to hear about our cement pots, wooden furniture, or sewing products. But my response is that our main products are adults with intellectual disability who have received quality training and are living as independently as possible in their communities as equal citizens. The other products are simply part of their development plan.

Santie Terreblanche,
Deputy Executive Officer



BRIDGING THE GAP

Training Workshops Unlimited (TWU) provides a structured and purposeful daily programme that ensures individuals with intellectual disability are engaged in a safe environment rather than being on the streets.

We treat trainees with respect, recognising that they are adults and not 'perpetual children', to support their growth as responsible and contributing members of society. We acknowledge our trainees' capacity to learn and work and develop holistically.

We tailor our training to suit their specific needs and level of involvement, whether they have severe, moderate, or mild intellectual disability. Our programme caters to their individual functional levels, including literacy, numeracy, attention span, special learning needs, and specialised training methods.

Trainees can progress, at their own pace, along a six-level training and career pathway. They access life skills and work skills training and experiential opportunities to bridge the gap to greater independence and possible employment in the open labour market.

TWU offers trainees various choices and opportunities to express their preferences. The staff provide assisted decision-making support to trainees with lower functionality when necessary.

The TWU training modules incorporate self-advocacy training, and TWU provides staff as supporters to aid the Trainee Committees and the TWU Training Council in functioning effectively as self-advocacy structures.

The chairperson of the TWU Trainee Council represents individuals with intellectual disability on the CMH Board and conveys the perspectives of service users. For instance, the Dignity Project was initiated after the chairperson highlighted that female trainees often face challenges attending the programme due to the unaffordability of feminine hygiene products. This project now secures donations of sanitary products for distribution to women in need, ensuring their regular attendance of the programme.



BENEFICIARIES REACHED

609

Unlimited Potential

Twenty-one-year-old Liam Trelawney is a life skills trainee at Training Workshops Unlimited in Mitchell's Plain and a champion swimmer.

He lives with intellectual disability, autism, and a speech disorder, and continues to stay with his parents Craig and Ulanda.

To reach his current status as a champion swimmer, Liam faced numerous obstacles. He mastered various swimming strokes, such as freestyle, backstroke, and breaststroke, learned to dive into the pool, and honed his focus on the whistle signaling the start of his races.

Ulanda describes how Liam's passion for swimming allowed him to keep pace with other able-bodied swimmers despite not being the fastest. His journey in swimming began at the age of eleven when his swimming coach noticed his exceptional talent and introduced his parents to Special Olympics South Africa.

Liam's progress was astonishing and, in 2018, he proudly represented the Western Cape Province at the Special Olympics in Johannesburg, clinching two gold medals.

In 2019, he participated in the South African Schools National Swimming Championships in Johannesburg, securing two silver medals.

Craig and Ulanda instilled in Liam the value of enjoying what you do and finding joy in the process, emphasising that success is not just about winning.

In 2022, Liam excelled at the South African Special Olympics National Summer Games in Limpopo, securing three gold medals and setting a record for boys aged 16 to 21.

In 2023, Liam took part in the Western Province Winter Championships, clinching a gold medal. This victory earned him a spot to represent the Western Province Biathlon team in the Special Needs athlete category at the Interprovincial Biathlon Championships in Oudtshoorn. Liam emerged victorious in his category, earning another gold medal.

Qualifying to represent the Western Province at the SA Biathlon Nationals in Stellenbosch, Liam competed in the 400m running event, finishing third overall and first in his disability category. He also participated in the 50m freestyle swimming event, securing second place overall and first in his category.

Liam's two first-place finishes contributed significantly to his province's total points, leading Western Province to victory at the SA Biathlon National Championships 2023, and crowning Liam as a gold medalist and South African National Biathlon Champion.



Liam completed his schooling at a school for learners with special educational needs (LSEN) due to a lack of inclusive education in mainstream schools.

According to the Western Cape Department of Education (WCED), there are 75 special schools (and 173 mainstream schools) that can cater to certain learners with specific disabilities.

Section 29(1) of the Constitution clearly states that "everyone" has the right to basic education, including adult basic education.

Unfortunately, opportunities for youth with intellectual disability are scarce once they 'age out' of LSEN schools. While Liam found a path with Training Workshops Unlimited after leaving Beacon School for LSEN, many others do not have access to post-school skills development.

While not everyone may achieve the success that Liam has, everyone deserves the opportunity to realise their full potential.



Access to Justice (ATJ)



IDENTIFYING THE GAP

Persons with intellectual disability face an increased risk of experiencing sexual abuse, which can be further complicated by the multiple challenges they encounter in seeking justice.

Their disability may lead to doubts about their reliability as witnesses, as they may struggle to recall or sequence events accurately, raising concerns about the accuracy of their testimony.

Challenges such as language barriers, illiteracy, limited education and higher levels of poverty significantly affect our service users' understanding of their human rights and how to assert them. Those who are economically disadvantaged or live in rural areas struggle to access professional psycholegal services and psychosocial support.

The system may overlook providing persons with mental disabilities with the necessary accommodations and support for testifying in court, such as using intermediaries for assistance, adopting a more informal approach to court proceedings, and using closed-circuit television or screens.

In Cape Mental Health's experience, there is a low rate of prosecution and conviction of sexual offenders in cases involving individuals with intellectual disability. Many abuse cases are withdrawn, and when perpetrators receive reduced sentences or are acquitted on technical grounds, the inadequate prosecution and conviction rates fail to deliver justice and do not deter repeat offenses.

In cases where persons with mental disabilities are in conflict with the law – commonly by violating a court order, committing attempted assault with a dangerous weapon, or facing charges of assault causing grievous bodily harm – they may be treated punitively by a justice system that overlooks their vulnerabilities and fails to provide accessible information and support for them to participate effectively in legal proceedings and the correctional services system.

Overlooking barriers in the justice system would prevent us from proposing improvements that would make access to justice a reality for the marginalised individuals we support.

“

Our Access to Justice programme is a best practice project that upholds Section 9 of the Constitution which states that 'everyone is equal before the law and has the right to equal protection and benefit of the law.'

ATJ promotes inclusivity and societal change for persons with mental disabilities, breaking systemic barriers and discrimination, and enhancing prevention and response efforts.

Keamogetse Mokgadi, ATJ Manager

”

BRIDGING THE GAP

Cape Mental Health's Access to Justice programme was initiated in the 1980s when no access to justice was available for persons with intellectual disability who were sexually abused.

Today, the programme has two main components, namely the Sexual Abuse Victim Empowerment (SAVE) programme designed for survivors of sexual abuse, and our services for Persons with Mental Disabilities in Conflict with the Law.

Sexual Abuse Victim Empowerment (SAVE)

To overcome barriers to justice arising from poverty, location, and language, we offer our SAVE services at no cost, conducting assessments in English, Afrikaans, or isiXhosa, and providing meals and overnight stays for clients from rural communities in the Western Cape.

In the past year, four SAVE psychologists completed 85 clinical assessments of persons with mental disabilities who had survived sexual abuse.

The psychologists received 70 subpoenas from regional courts and provided expert testimony in 15 cases, resulting in three convictions. Their testimonies highlighted that though some persons with intellectual disability may be able to consent to sexual intercourse, there are those who are not able to give their consent.

Social workers offered psychosocial support, counselling, and court preparation for SAVE clients and their families, including an Easy-to-Read Court Preparation Manual for improved engagement in legal processes.

Our social workers offer regular comprehensive court preparation and support services to all courts in the Cape Town area.

Persons with mental disabilities in conflict with the law

When persons with mental disabilities are in conflict with the law and cannot afford private legal services, our ATJ programme supports their access to legal advice and representation through Legal Aid South Africa (LASA) in terms of Act 39 of 2014.

Our social workers collaborate with the Department of Correctional Services to plead for leniency and necessary accommodations like hospitalisation and medication adherence.

Of the 17 service users held at Pollsmoor Prison (Department of Correctional Services) this past year, 11 were sentenced, 2 await trial, 3 are out on bail, and one case was withdrawn. Due to our social workers' efforts, the magistrate recommended placing two of the clients in the hospital section and ensuring their compliance with medication.

We advocate for diversion programmes like our Training Workshops Unlimited programme to steer convicted clients away from the criminal justice system towards life skills rehabilitation and successful reintegration into community life and ensure that they understand the conditions of their release.



BENEFICIARIES REACHED

1 050

Advocacy

We strive to strengthen our collective efforts with key role players, including the Family Violence, Child Protection and Sexual Offences (FCS) units, and the National Prosecuting Authority (NPA), to create a society free from violence and discrimination.

We engaged with 147 stakeholders including government departments, disability rights organisations, and civil society groups through various events like Child Protection Week, 16 Days of Activism against Gender-based Violence, and the Western Cape Gender Justice Forums and Victim Empowerment (VEP).

ATJ facilitated dialogue among 57 stakeholders, including the government, in rural outreach initiatives in Cape Agulhas / Bredasdorp and West Coast / Piketberg. The focus was on mental disability as an equality issue, removing geographical barriers, and enhancing referral pathways to increase access to justice for SAVE clients in rural areas.

The Sky is Your Canvas

Cape Mental Health hosted its 29th Cape Town Kite Festival in October 2023. The theme was “The Sky is Your Canvas”, which encouraged young and old alike to fly kites as an expression of freedom, creativity and joy.

Three festival activations celebrated Mental Health Awareness Month and provided opportunities for us to include children and adults with special needs and disabilities.

The Heideveld Community Fly on World Mental Health Day (10 October) engaged 220 children from five ECD centres and our Special Education and Care Centres. The activation was supported by 50 volunteers from KPMG and BDO, and the Heideveld Community Forum.

The Edukite Competition and Fun Fly in Muizenberg featured 15 school teams who each had an opportunity to display their decorated kites and share their mental health message. The winners were Silverlea, Ferndale, Muizenberg and Caravelle in the primary school category, and Dorothea, Blouvillei and St Joseph's winning in the category for schools for learners with special educational needs.

The Pop-Up Fly at Melkbosstrand enjoyed the support of hundreds of enthusiasts who came to enjoy the kites and inflatables flown by champion kiter and kite-maker Mari Ware-Lane, and other loyal kilters.

The activations provided a colourful backdrop for a month-long media campaign aimed at promoting mental health awareness and reducing the stigma associated with mental health conditions.

The campaign once again featured a line-up of prominent South African personalities, including comedian Marc Lottering, TV personality and entrepreneur Amy Kleinhans, musician Majozi, artist and musician Bouwer Bosch, motivational speaker Ivor Schwartz, and actress Melanie du Bois.

The City of Cape Town provided vital event support, joining forces with us to advocate for mental health and encourage our youth to unleash their full potential and pursue their dreams without limitations.



**UNPAID EXPOSURE IN PRINT,
ONLINE & BROADCAST MEDIA**

R3 890 034

SOCIAL MEDIA FOLLOWERS

250 574



Stakeholders - Bridging the Gap



Our stakeholders provide the scaffolding that enables Cape Mental Health to bridge the gaps in mental health services. Through your wonderful pro bono services, voluntary work, financial contributions, and in-kind donations, we reach out to families and communities, uniting individuals across socio-economic divides.

Dr Ingrid Daniels, CEO



Subsidies, Grants, Trusts, Foundations & CSI

- AMSOL ▪ Ann Kreitzer Will Trust
- CTP Ltd ▪ Carl and Emily Fuchs Foundation
- Carter Family Charitable Trust ▪ City of Cape Town
- Clifford Harris Trust ▪ David Graaff Foundation
- E J Lombardi Family Charitable Trust
- E R Tonnesen Will Trust ▪ Frank Robb Charitable Trust
- Grandslots Corporate Social Investment
- HWSETA ▪ Ian Dickie & Co. ▪ J E T Lee Will Trust
- Kurt & Joey Strauss Foundation ▪ Lewis Stores
- Main Street 1723 ▪ MySchool Card
- Mary Oppenheimer & Daughters Foundation
- Polyoak Packaging ▪ Rawbone Trust
- SAB & T Foundation ▪ Sanlam Foundation Trust
- St Ola's Trust ▪ Suzan Stehlik Charitable Trust
- Syringa 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 ▪ The Villager Aid Trust
- Webber Wentzel ▪ Western Cape Government
- Department of Social Development & Department of Health and Wellness

Bequests, Membership Fees & Donations

- Abrahams Kiewitz Inc. ▪ C Abramowitz
- Z Adam ▪ Z Africa ▪ B Alberts ▪ V Allison Far
- BDO Cape CSR ▪ I Chananie Will Trust
- P Cockburn ▪ Concargo ▪ Crankhandle Club
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- D Eversen ▪ Estate Late L Pappadopoulos
- Five Seasons Investments ▪ J Greene
- E Harmer ▪ Hewat Athletic Club ▪ M Hewitt
- Inner Wheel Club of Claremont ▪ E Kench
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- S Musekiwa ▪ A Paige ▪ A Phaswana ▪ N Phillips
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- H Septoe ▪ N Septoe ▪ C Steyn ▪ E Steyn
- Strawberry Milkshake Media ▪ K Sturgeon
- S Sturgeon ▪ M Willenberg ▪ Woolworths

In-kind Donations, Pro Bono Services, & Sponsorships

- 1708 (Pty) Ltd ▪ Cape Town Clothing Guild
- CMH Staff ▪ City of Cape Town
- Coca-Cola Peninsula Beverages
- Dept of Health Klipfontein Mitchell's Plain Sub-structure
- Ferndale Nurseries ▪ Frank Millenaar Architects
- Golden Arrow Bus Services ▪ Herschel Girls School
- Little Orchard Nursery ▪ Miltons Matsemela
- PEAR Africa ▪ Personal Trust ▪ Pioneer Foods
- Primedia ▪ Rawson Properties ▪ SmileFM Radio
- Spur Corporation ▪ The Pink Geranium



WEBBER WENTZEL

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Connect

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Registration

Reg. No. 003-264 NPO | PBO 130004456
B-BBEE Certified | EEA Compliant | POPIA Registered

Credits

Dr Ingrid Daniels, Chief Executive Officer
Santie Terreblanche, Deputy Executive Officer
Carol Bosch, Deputy Executive Officer
Sandra Ellis, Materials Developer / Fundraiser
Barbara Meyer, PR & Communications Officer
Sulize Terreblanche, Volunteer Photographer
CMH staff and service users
Cover page image downloaded from www.canva.com

The CMH Annual Report and Audited Financial Statements for 2023/24 are available upon request.