



Cape Mental Health

all about ability

ANNUAL REVIEW 2012/  
2013

*New Horizons*

100 YEARS  
AND BEYOND



## Centenary Wishes



It is a great pleasure to be part of the centenary celebration of Cape Mental Health! The organisation is an excellent example of consistent service delivery to persons with mental illness and intellectual disability in society – despite challenging times and limited resources over the years.

Cape Mental Health has proven itself time and again as a progressive organisation – always moving forward and keeping up with current trends. That is why, for one hundred years now, the organisation has been a beacon of hope in the communities it serves. Long may it continue.

I commend the management and employees of Cape Mental Health for their commitment and dedication to ensure improved quality of life for all persons with mental disabilities.

We are proud to be associated with Cape Mental Health and wish you the very best for the next 100 years! May you go from strength to strength. We salute you.

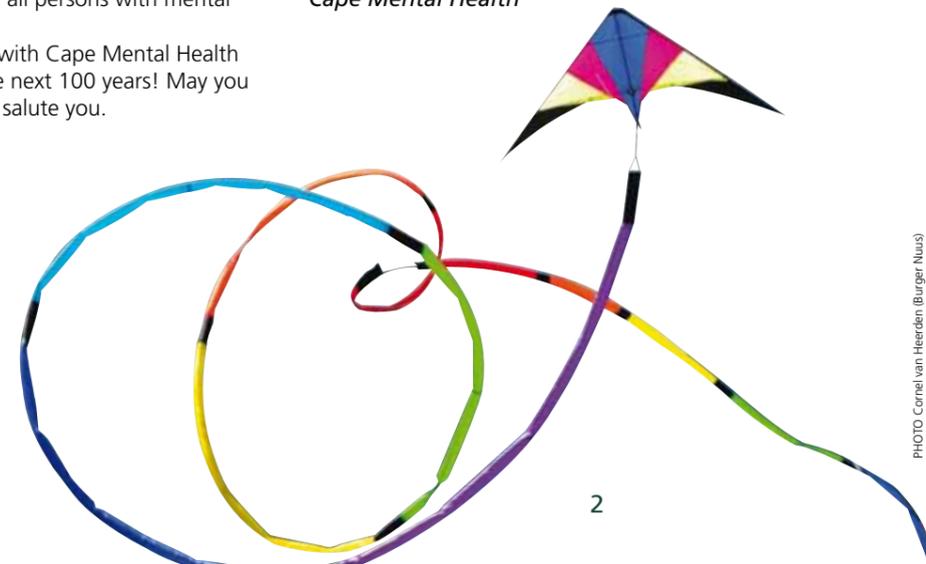
**Mrs Bharti Patel**  
National Director  
The South African Federation  
for Mental Health



It is with both immense pride and humility that I have the honour to serve as Chairperson of Cape Mental Health in its centenary year. I am incredibly privileged to be associated with an organisation that is so passionate and dedicated to its goal of being the best mental health society in the country. I hope to be associated with CMH for many years to come, but will always remember this special year.

Happy 100th birthday, CMH!

**Gary Pond**  
Chairperson  
Cape Mental Health



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PHOTO: Cornél van Heerden (Burger Nuis)

### Our Mission

is to provide or facilitate comprehensive, proactive and enabling mental health 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.

## A Century of Care

*“Our struggle has reached a decisive moment. We call on our people to seize this moment so that the process towards democracy is rapid and uninterrupted. We have waited too long for our freedom. We can no longer wait. Now is the time to intensify the struggle on all fronts. To relax our efforts now would be a mistake which generations to come will not be able to forgive. The sight of freedom looming on the horizon should encourage us to redouble our efforts...”*

**Nelson Mandela’s address to a rally in Cape Town on his release from prison, 11 February 1990**

At a time when media headlines relating to the failing health of former president Nelson Mandela predominate, Cape Mental Health fondly remembers his visit to our Imizamo Yethu Special Education and Care Centre in Khayelitsha in November 2002. He worked his “Madiba magic” with our children with severe intellectual disability and with our staff.

We also recall his historic address to the nation on 11 February 1990 that still resonates today and holds particular relevance to the struggle of another group for freedom and human rights. People with mental disability continue to face discrimination and exclusion on multiple levels. They too look forward to a future that holds the promise of full recognition of their rights, equitable and accessible services, and their total integration and acceptance into society.

As the oldest mental health non-profit organisation in South Africa, Cape Mental Health continues to enlarge the horizons of mental health care for thousands of vulnerable people in communities with poor resources. The foundation of our work has been a non-racial and non-discriminatory approach, and our practices have been governed by our unshakeable commitment to upholding the human rights of persons with mental disability.

Our centenary marks a milestone along the road of care, recovery and rehabilitation for people with mental health needs and mental disability in the Western Cape. This Review highlights the progress we have made over the years and serves as a tribute to service users, staff, volunteers and funders who have journeyed with us. With your support we look forward to new horizons in mental health care in the years ahead.

**Ingrid Daniels**  
Director of Cape Mental Health  
2000 – 2013



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**Cape Mental Health**  
all about ability

### We aim to

- improve the quality of life of people with intellectual disability or psychiatric disability and that of their families.
- create an enabling environment for service users that offers options, not solutions.
- recognise change and learning potential in everyone.
- adopt a caring, humanitarian and moral approach to our work, our staff and our service users.
- initiate and develop appropriate services and facilities for people with mental disability in consultation with them and the community.
- reduce the incidence of intellectual disability and psychiatric disability in the community through public education.
- provide information and raise awareness about intellectual disability, mental illness and the promotion of mental health in the broader communities of the Western Cape.
- encourage greater service user involvement in service delivery.

## The Early Years...

### The 19th and early 20th Centuries

In the 19th and early 20th centuries the only major consideration in the provision of mental health services in South Africa was to protect society from those who were considered 'morally defective'. Treated as social outcasts and often considered dangerous, many had been incarcerated in asylums, together with criminals and the chronically ill, where conditions were abysmal and recovery was impossible. No distinction was made at that time between people with mental illness and those with intellectual disability.

On 24 June 1913 a 'drawing room' meeting in Cape Town was called by the Child Life Protection Society to discuss vagrancy and prostitution among young women with 'mental handicap'. This proved to be a defining moment for the mental health movement in South Africa. Fifteen members were elected to the newly formed **SA Society for the Care of the Feeble-minded**, with Sir John Graham as Chairperson. The focus was to lobby for mental health legislation and motivate for more hospitals to be available so that mentally ill people would not have to be incarcerated with criminals.



### 1916 and onwards

The Mental Disorders Act (Act 38 of 1916) was promulgated in 1916 and described various classes of mental handicap including 'idiots', 'imbeciles' and 'the feeble-minded'. The Act also began to clarify mental illness into classes such as mania, dementia, melancholia and epilepsy. Treatment included frontal lobotomy procedures and shock treatment without anaesthetic, as these methods were all that were available at the time.

There was no provision for funding to provide care, let alone instruction, so a deputation was sent to Prime Minister General Smuts to plead for finance. His advice was: "Start yourselves. When private endeavour has made a beginning, Government will help." In 1917 a home for 'feeble-minded' European girls was opened at Adams Farm, Retreat, licensed under the Act and financed on a £1-for-£1 basis by the Government.

The Cape Province Committee recognised the need for a broader basis for its work and split into two: the Cape Town Committee for the Care of Mental Defectives (today known as Adam's Farm) and the **Cape Province Society for Mental Hygiene** in December 1918 (Cape Mental Health's predecessor).

### The 1920s

The Cape Province Society attended a meeting in Bloemfontein in 1920 to form the **National Committee for Mental Hygiene and the Care of the Feeble-minded**, which subsequently became the National Council for Mental Health, now known as the

**SA Federation for Mental Health.** (Cape Mental Health is therefore a founding member of our national federation.)

In May 1921 the Society took over responsibility from the Child Life Protection Society for conducting mental health clinics. The Society then turned its attention to the need for special classes for 'backward children' and for the licensing and inspection of premises housing the 'mentally disordered and defective'.

### The 1930s

From 1933 onwards, the Society started actively lobbying successive Governments for institutions for non-white people, in addition to those provided for whites, and for the extension of all provisions for the 'mentally disordered' and 'mentally defective'. In 1938 the Cape Education Department undertook the training of teachers to provide special classes.

### World War II: 1939 – 1945

Hitler decreed that patients with incurable medical illnesses be killed because they were 'biologically unfit'. It is reported that about 270 000 patients with mental illness were killed by physicians and medical personnel complying with the Nazi doctrine of racial purity. Back home, the war years focused public interest on nervous disorders, and pressure on the Society's clinics increased. The discovery of psychotropic medication, at the close of the war, led to an international wave of mental health care and a turning point in the treatment of mental illness.

## ...from Incarceration to Community Care

### The 1940s

In the early days the Society worked from a small cottage in Harrington Street, Cape Town, with only four members of staff. In 1946 the Society changed its name to **Cape Mental Health Society.**

In 1948 the Special Schools Act made provision for the compulsory education of people with 'mild handicap' (though often schools were not provided for black and coloured learners), but the 'severely handicapped' were considered 'ineducable' and remained in institutions and privately run homes where the care was custodial in nature and mainly restricted to the white communities.

On 26 May 1948 the National Party came to power and imposed Apartheid. This heralded an era of entrenched inequality, even in the mental health system. Undaunted, the Society founded the first **Child Guidance Clinic** for coloured children in June 1948, staffed entirely by volunteers from the Department of Psychology of the University of Cape Town.

### The 1950s

The 1950s brought dramatic changes in the treatment of people with a mental illness. With the discovery of psychotropic medication, it was possible to reduce uncontrollable behaviour. For the first time treatment which did not involve physical intervention was available and enabled some patients to return to the community. The average period of hospitalisation dropped dramatically, posing other challenges in that there were no community facilities available.

In October 1952, the Society opened the first home for coloured 'mentally defective' children at **Garden Home** in Maitland, accommodating 24 boys and girls up to the age of 10. The need for a facility for older children was soon apparent and in 1956 **Torrance Home** in Steenberg was opened, housing 48 'retarded' boys, all 'non-whites' and aged 6 to 18 years.

### The 1960s

Milestones achieved in the 1960s included the formation of the National Council of the Division for Mental Handicap, chaired by Professor Vera Grover, and the recommendation by the Van Wyk Committee advocating the compulsory education of those mentally handicapped children previously deemed 'ineducable'.

There was a growing realisation at this time that mentally handicapped persons could be trained to achieve greater independence.

During the 1960s there was a shift from the purely medical approach in service provision. The development of therapeutic teams of professionals (social workers and occupational therapists) saw an increased understanding of the impact of environmental factors on mental illness.

The first non-racial **Day Centre** was opened in 1962 in the Society's offices in Fletcher & Cartwright Building in Adderley Street, Cape Town. **Clinics** were run for both mentally ill and mentally handicapped people with retired district surgeons providing medical care. This period also saw the Society leading the way in developing special care centres for children with profound intellectual disability, special schools, protective workshops and community-based rehabilitation programmes to help patients adjust to community life.

The Society moved to Namaqua House in the mid-60s

and in June 1969 the Society purchased '**Observatory House**' to cope with the increasing case load. The staff complement numbered 14 at that time.

### The 1970s

The new **Garden Home** opened in June 1970, on the corner of Klipfontein and Johnson Roads in Athlone, accommodating 50 coloured 'mentally retarded' girls aged 6 to 18 years. In 1972 the Society erected a pre-fabricated wooden building on the grounds of the new Garden Home and provided a training programme for 24 boys and girls aged 6 to 18 years.

The Society's first black social worker was appointed in 1977. In 1978 the Society supported a parent group, the Nompumelelo Association, to start a small day-care centre, and in 1979 the **Mary Harding Centre** was built in Athlone for children with intellectual disability.

**Protective Workshops** for adults with intellectual disability were launched in 1980. The first workshop was opened in Retreat, followed by workshops in Athlone and Mitchells Plain in 1983 and 1987 respectively.

By 1985 our services had grown to encompass psychosocial rehabilitation for persons discharged from psychiatric hospitals. The doors of **Fountain House (SA)** opened in July 1985.

As part of the development phase two staff members had attended a three-week training course on the clubhouse model at Fountain House in New York.

**Cape Mental Health Head Office in Observatory, Cape Town**



*31 May 1910*

The Union of South Africa is established under British dominion.

*19 June 1913*

A South African Land Act reserves 87% of the country's land for the white minority. Our organisation is founded against this backdrop.

*1920*

The SA National Council is established, following the efforts in Cape Town and Johannesburg to copy the American Mental Health Movement fathered by Clifford W Beers.

*21 August 1948*

Cape Mental Health is a founding member of the World Federation for Mental Health (London).

*26 May 1948*

The National Party comes to power in South Africa and imposes Apartheid.

*27 April 1950*

South Africa passes the Group Areas Act, formally segregating races.

*31 May 1961*

Having withdrawn from the Commonwealth, South Africa becomes a Republic.

*1963*

The Society celebrates its Golden Jubilee in 1963, and hosts the first SA National Conference on Mental Health in October 1963.

## Transformation...

### 75th Anniversary and beyond

By 1988, our **75th Anniversary**, our projects had expanded to include a branch office in Mitchells Plain, Mental Health Promotion, Garden and Torrance Cottages, Mitchells Plain Special Care Centre (1987) and Guguletu Special Care Centre (1988), a Toy Library, Fountain House, the Mental Health Workers Project, Gateway Clubs, and Protective Workshops in Athlone, Mitchells Plain and Retreat. At this time there were 13 organisations affiliated to Cape Mental Health.

In 1989 our Guguletu Special Care Centre (**Ethembeni**) settled into prefabricated buildings in Loyoville, Guguletu, and in 1991 **Imizamo Yethu Special Care Centre** occupied custom-built classrooms funded by Christian Aid via the Presbyterian Church.

In 1990 Andrew Louw donated his garden pot business to the Society, which then became **Garden Pot Centre**, our fourth protective workshop.

In 1991 a community-based rehabilitation pilot project was run in Khayelitsha, funded by the W K Kellogg Foundation, which became known as the **Nonceba** project.

**Kimber House** opened its doors to twelve residents with mental illness and **Fountain House** celebrated the formal opening of its expanded day programme, in the former Bloomsbury Restaurant, and the new premises was known as the Philip Schock Education Centre, in honour of the donor.

In the same year our **Sexual Abuse Victim Empowerment (SAVE)** programme was established to provide access to justice for victims with intellectual disability.

The first **Cape Town Kite Festival** was held in 1992 on Sunset Beach, leading up to our first International Kite Festival in Hermanus in 1996, which was attended by the cream of the crop in international kiting, including Peter Lynn and Anne Harris.

Our **Rainbow Foundation** community-based psychosocial groups for 'psychiatric consumers' were formalised in 1995, leading the way for the formation of **CCAB** (Cape Consumer Advocacy Body) in December 1999, the first such group for persons with psychiatric disability.

In 1996 the Society opened **Sinako Ukuzenzela** in shipping containers in Harare settlement in Khayelitsha, to provide day care and education to children with intellectual disability.

In 1997, in response to frequent requests for training from rural communities, we initiated **Learning for Life** in consultation with UCT's Department of Psychiatry. We offered a distance learning course in developmental disabilities and worked extensively in the Western Cape and Eastern Cape in the early years, typically handling a load of about 130 students a year.

In 1998 Dr Werner Muller of Germany visited Cape Mental Health. This budding relationship led to the formation of **SAGENet**, a multi-sectorial SA-German Network, which continues to organise professional exchanges between the two countries and volunteer placements.

The supervisors of our four special care centres were sponsored by a German organisation on a **vocational exchange programme** to Germany in 1999. They visited St. Martin's Institute and brought back fresh ideas on childhood development and stimulation techniques to benefit children at our special care centres. St. Martin's hosted another exchange programme in 2002 for a care worker and a workshop supervisor. This time the focus was on the inclusion and empowerment of adults with disabilities.

### The new millennium

Though many across the world feared the New Millennium and the consequences of Y2K, the dawn of the 21st century

saw Cape Mental Health benefit from new leadership and innovation. Toni Tickton, CMH Director from 1984 to 2000, stepped down, having transformed our organisation into a modern service provider, and Ingrid Daniels was appointed to the post.

In September 2000 the London Business School conducted a **Communication Audit**, which recommended the development of a single vision for the Society through an inclusive process. We then commissioned the CDRA to engage in a year-long strategic process and in September 2001 were able to launch our draft **Mission Statement and Core Strategic Plans**.

The following core areas of change were identified: Care Internal, Care External, Advocacy, Public Education and Awareness, Training and Development, and Work. We began implementation of this plan in January 2002.

The organisation redefined its **corporate image** and developed a new logo that was adopted in 2003 by the SA Federation for Mental Health and our sister mental health societies.

Further developments included work on a strategy for HIV/AIDS in the workplace, recruiting staff in line with the Employment Equity Act, provisional accreditation as a training organisation with the HWSETA, and the transformation of our materials in accordance with the National Qualifications Framework.

Years of lobbying the Western Cape Education Department to provide for children with mild or moderate intellectual disability in Khayelitsha resulted in the opening of the **K1 School** for learners with special needs in 2002. We also supported the **Right to Education marches** facilitated by the Western Cape Forum for Intellectual Disability in 2001, 2004 and 2006, and continued lobbying for the Right to Education for children with severe or profound intellectual disability.

## ...and Innovation

In 2002 Training Workshops Unlimited launched the **Siyanceda Community Youth Service Project**, a pioneering training and employment programme for youths with intellectual disability. In 2003 the project accessed funding from the Umsobomvu Youth Fund to provide 40 youths with intellectual disability with life skills and job skills in Garden Maintenance, Cleaning, Care-giving, and Laundry Assistance, as well as short-term placements in the community.

In the same year the Society won a **Citizen Base Initiative (Ashoka) Award** for our 'creative resourcing strategy for civil society'.

We launched our first website in 2003, as part of our 90th birthday celebrations, and in 2012 the website was redesigned to raise the Society's profile in our centenary year.

In February 2003 the **Impumelelo Innovations Award Trust** awarded a Certificate of Excellence to our Beaufort West Safety Net Project for its contribution to poverty reduction and community development in South Africa through skills training of women in childcare and food gardening.

In 2003 we merged Sinako Ukuzenzela, our day-care centre in Harare settlement, with the more established Imizamo Yethu Centre, in order to offer a more comprehensive service for children with severe intellectual disability in Khayelitsha. Significant restructuring had also taken place at Workshops Unlimited (now known as **Training Workshops Unlimited**) and at Fountain House, so that we could better equip people with mental disability for employment in the open labour market.

The Society hosted a visit by eight mental health professionals from Berlin in November 2004. The **Siwelile** ('We have crossed the Ocean') exchange programme focused on early childhood intervention and employment

opportunities for adults with disability. This north-south exchange was a continuation of a co-learning programme in August 2003 when five CMH staff members visited Berlin. Mental health practitioners from both countries were able to compare practice and service delivery models in terms of Germany's wealth of resources, and South Africa's innovation and creativity in service design and delivery.

**Learning for Life** initiated a prevention programme in April 2004 in De Aar, in collaboration with the Foundation for Alcohol Related Research (FARR), focusing on 45 women at risk of giving birth to babies with Fetal Alcohol Syndrome (FAS).

In March 2007 the **Siyanceda Youth Programme** concluded its second phase, with 38 out of 40 TWU trainees completing the 18-month programme and receiving accredited training in Commercial Cleaning, complemented by training in life skills and HIV/AIDS and open labour market preparedness.

Ongoing exchanges with our partners in Germany in 2005 and 2006 culminated in the development of a **Contract Cleaning Integration Company** (Siyakwazi) for people with intellectual disability. The launch of the first integration company in South Africa took place in June 2007.



1992

SA becomes part of the international mental health movement and the National Council for Mental Health becomes the SA Federation for Mental Health.

April 1994

SA holds its first democratic election, with the victory going to the ANC.

2002

The Mental Health Care Act, Act No. 17 of 2002, regulates mental health care to ensure that the best possible treatment and rehabilitation services are available.

30 November 2007

SA ratifies the UN Convention on the Rights of Persons with Disabilities and its optional protocols, committing to the promotion and protection of human rights for persons with disabilities and their full equality under the law.

October 2008

Cape Mental Health hosts the 'Exploring Service Excellence' Conference, which makes an urgent call for the upscaling of mental health services.

October 2011

Cape Mental Health plays a leading role in hosting the 'African Footprint in Global Mental Health 2011' World Congress of the World Federation for Mental Health.

10 November 2012

The Right to Education Campaign, initiated by CMH, culminates in a ruling by the Western Cape High Court that every child with severe/profound intellectual disability has affordable access to basic education.

## 2008-2013

2008 heralded the planning and implementation of Cape Mental Health's second five-year strategic plan, focusing on five units, viz. **Care Internal, External Integrated Development Unit, Strategic Business Unit, Training and Development Unit, and Advocacy, Marketing and Publicity.**

**We developed a range of specialised services that continue to lead the way in service delivery:**

- The provincial roll-out in January 2008 of Phase 3 of the Siyanceda Youth Services Programme in partnership with the Association for the Physically Disabled, for 100 Western Cape trainees with intellectual disability, an achievement subsequently awarded with a Hamlet Foundation Merit Award.
- The first democratic election held for trainees with intellectual disability in 2008, part of the TWU Self-Advocacy programme which was initiated in 2006, resulting in the nomination of Gwendoline Daniels as their Consumer Representative on the Society's Board.
- The start of MindMatters SA at Ocean View Secondary School in 2008, a programme modelled on the Australian MindMatters, to address a range of socio-emotional issues impacting the well-being of learners.
- The launch of the Eagles Project day programme (Mitchells Plain Workshop) for adults with severe intellectual disability in need of high levels of care, the product of our participation in the ASA North-South Exchange Programme in 2010.
- CMH Social Development Services, recognised as the 2010 Project of the Year for the way in which district teams had shifted the model of service delivery to one of integrated and holistic social development.
- The opening of the new Heideveld Special Education and Care Centre, a customised 'model centre' for children with severe/profound intellectual disability in November 2011, merging our Bonteheuvel and Guguletu centres.
- The implementation in 2013 of a 12-month Learnership Programme for 100 persons with intellectual and psychiatric disability, funded by the Health and Welfare SETA (HWSETA).

## The Road Less Travelled - An Interview with Ingrid Daniels

*Ingrid Daniels, Director of Cape Mental Health, speaks about her journey as someone who grew up during the political dispensation prior to 1994, where the odds were stacked against her as a black South African woman. Against the backdrop of a life that restricted her education, where she lived, whom she socialised with and which beaches she visited, she was able to look beyond the barriers and choose the road less travelled by.*

### A loving home

"I grew up in a working class family in a sub-economic community on the Cape Flats. My parents were factory workers who took great pride in what they did and took care of me and my brother in the best way possible. They were products of being forcefully removed from the leafy suburbs where they had grown up and nostalgically told us many stories of their youth.

"Despite their low income they were able to provide for us in the most creative way. My mother had the ability to turn a rand into a dollar and make it stretch. My love for cooking came from her ability to bake and prepare the most divine cakes and wholesome, homely dishes."

Ingrid explains that her faith and being part of an active Presbyterian youth group were, to a large degree, her saving grace. It was growing up in this community that served to sharpen her desire and passion to become a social worker.

"The decision was a difficult one, considering that my parent's expectation was that I would find a job to support the family. There was no money for my studies and in those days bursaries were hard to access."

Ingrid's father eventually took a loan from the printing company where he worked in order to pay for her fees, placing an additional financial burden on the family.

In her first year at the University of the Western Cape she had no money to buy any books, so many long hours were spent in the library rewriting chapters or borrowing books from fellow students.

### Education, the only ticket

"The University of the Western Cape in the 1980s was politically aware and an active place to be. As a first-generation undergraduate I was not the only student breaking out of the mould. This was a university where our modest backgrounds made no difference.

"We were there to learn and change the political system which so cruelly discriminated against our communities. There was an understanding that education was the only ticket out of poverty and that we were setting a generational stage which would make a difference in the lives of our children."

Her first encounter with mental health practice was when she worked at Avalon Treatment Centre as a social worker, specialising in family, group and individual therapies.

The causes and intervention of mental health practice interested her and led to both her Honours and Master's dissertations on this subject matter.

### Thirty years of passionate advocacy

Employed as a social worker at CMH in 1985, Ingrid soon headed up the Intake department, a position she held until 1993 when she was appointed as Director at Epilepsy SA. During this time she obtained her Master's degree in Social Science (Clinical Social Work) from the University of Cape Town in 1991, managing a team of social workers in the mental health sector by day and studying by night.



Ingrid Daniels

In 1980 she was awarded a prestigious Rotary Ladies' Leadership Award while studying at the University of the Western Cape. She was also awarded the British Council, Helen Suzman Chevening Award in 1996 and completed a four-month scholarship at the Institute of Epileptology at Maudsley & Kings College Hospitals in the United Kingdom.

Ingrid completed a Human Resource Management course at Varsity College Business School in 1998 and has subsequently completed several courses, including Financial Management, Labour Law, and NPO Laws & Requirements.

She continues to present papers at various disability-related conferences in South Africa and abroad, and draws on her extensive experience in organisational development, strategic planning, policy formulation, project design and management, and senior management.

On her choice of career, Ingrid comments:

*"My calling is in the mental health field where I believe my experience, knowledge, specialisation as a clinical social worker and years of organisational leadership can make a difference."*

After seven years as Director of Epilepsy South Africa, Ingrid was appointed as Cape Mental Health Director in 2000, and was then, in her own words, "better equipped, not only as a practitioner, but also as a leader."

A founding member of the Western Cape Network on Disability and the Western Cape Directors' Forum, she has also served as Chairperson of the Western Cape Directors' Forum in the past.

She currently serves on the Board of the SA Federation for Mental Health Management Committee and Action Committee. She is the Vice Chairperson of the Alexandra Hospital Health Facilities Board for persons with intellectual disability and Chairperson of the South African German Network.

One of the awards that Ingrid feels most honoured to have received is the prestigious SA Federation for Mental Health's National Award in 2012 for Outstanding Individual in Mental Health. This was in recognition of her leadership as Chairperson of the SA Federation for Mental Health Secretariat LOC that successfully hosted, for the first time in sub-Saharan Africa, the World Congress of the World Federation for Mental Health in Cape Town in October 2011.

### Freedom for some is freedom for none

Ingrid brings a unique blend of vision, passion and tireless work to her role as Director of Cape Mental Health.

"I continue to advocate for the empowerment and rights of persons with disability, and for the creation of an enabling legislation and policy framework for the NPO sector. I remain committed to influencing and guiding the quality, standard and implementation of innovative mental health interventions."

She quotes from a song sung by Hugh Masekela: 'Freedom for some is freedom for none', and explains that unless people with mental disability are free to live without the shackles of discrimination, her role as activist will remain.

## A personal perspective

**One day I want to** grow tall! (Is that possible?)

**In my spare time** I enjoy long walks along the ocean, cooking, listening to good, soulful music, the odd Zumba class, travelling and spending time with my daughter who is a food stylist and my son who is a helicopter pilot, and then those special moments with my husband.

**Currently I am reading** several articles, journals and papers on mental health deficits in lower/middle income countries (LMICs) and South Africa in a search for cost-effective mental health care intervention options. My social reading, though, is light – usually Garden and Home, Woman and Home, and food magazines.

**My greatest role models are** ordinary people who against great odds make a difference in the lives of others – people who have little, but have achieved much. The leaders who have served as role models for me are Desmond Tutu, Aung San Suu Kyi, Nelson Mandela and Mahatma Gandhi.

**Five years from now** I hope to see the expansion of our mental health services to the majority who still have no access to care. Hopefully I would have completed my doctoral studies which will enable me to contribute to a vision of mental health for all in the Western Cape.

**Words to live by:** Every day is a new one, fresh with opportunities and experience – a blessing.



# STATISTICS 2012-2013

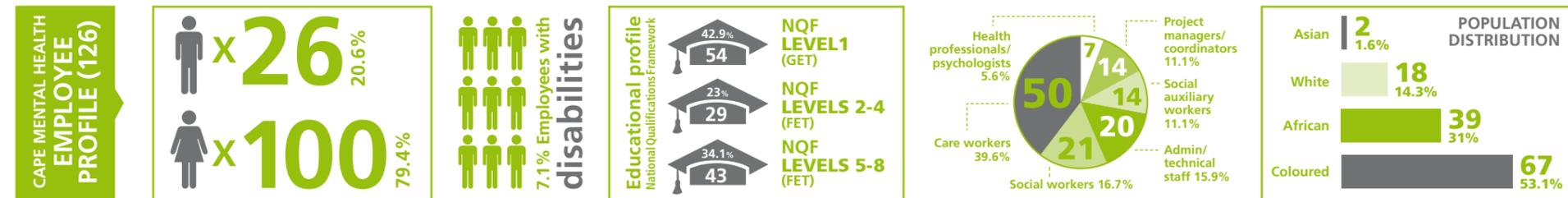
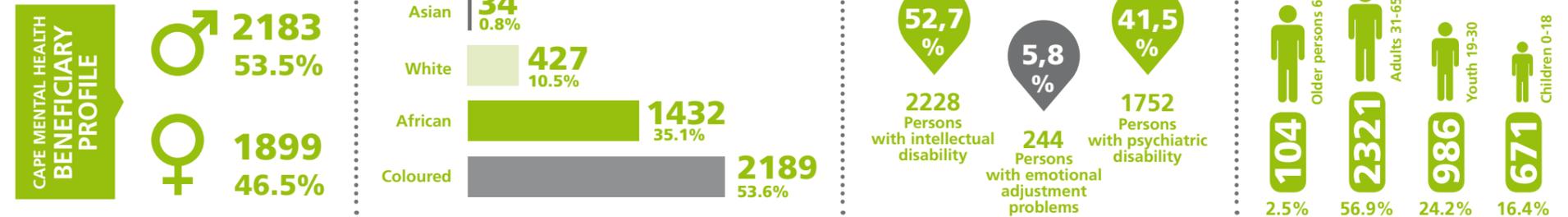


PHOTO: Yunus Mohamed (foto 24)

## 'Nothing About Us Without Us'

### No longer a silent minority

For centuries people with mental disability were denied a voice — a silent minority. Others spoke on their behalf, if at all, and their needs went largely unmet. But as the old 'medical' model of disability gave way to a 'social' model, people who traditionally had been regarded as passive recipients of services began to direct action against discrimination, poor access to services and inequality.

Today Cape Mental Health consumers are leading the way in South Africa in self-advocacy and in their adoption and implementation of the slogan of the international disability rights movement: "Nothing about us without us".

With the implementation of the new Health Care Dispensation (1995) and the Bill of Rights (1996), both service users and service providers recognised the importance of service users claiming their right to advocate for quality of life.

Our psychosocial rehabilitation programmes enjoyed close ties with SOGG and with Basisberaad GGZ, both in the Netherlands. The latter had a strong consumer group and sent two of their representatives to visit Cape Mental Health in September 1999.

These relationships provided the catalyst for the formation of the Cape Consumer Advocacy Body (CCAB) in December 1999 by the Rainbow Foundation, with a membership of 25 consumers with mental illness.

### CCAB - more than just a support group

CCAB had a role to play in ensuring that effective community services were provided in the wake of the 'deinstitutionalisation process' in which psychiatric hospitals were forced to cut 'chronic beds' by about half the levels of 1997 and chronically mentally ill patients were being discharged to ill-prepared communities.

In 2001-2002 CCAB was involved in the first academic-consumer research collaboration in South Africa. The project, 'An investigation into consumers' attitudes to Seclusion, Restraint and Sedation in psychiatric emergencies', provided feedback to service providers on the humanisation of treatment and became part of the Mental Health Care Act 2002 Regulations.

In line with the Integrated National Disability Strategy (INDS) and the Mental Health Care Act of 2002 with its focus on rights and community care, CCAB was strategically positioned to inform policymakers about treatment that adversely affects the rehabilitation of people with psychiatric disabilities. The 2002 Access Conference also highlighted that lack of access remained the primary barrier to equal participation for people with disabilities.

In 2003 a CCAB member was invited to join the Valkenberg Hospital Health Facilities Board and a CCAB member attended a conference of service users in Geneva, Switzerland, organised and funded by the World Health Organisation.



**The Chairperson of CCAB, Oscar January,** serves on the Board of Cape Mental Health, the Valkenberg Hospital Health Facilities Board, and at the SA Federation for Mental Health. CCAB also networks with local and international mental health consumer bodies and participates in several national forums and liaison meetings.

Oscar January and Gwendoline Daniels (respective Consumer Representatives for Persons with Psychiatric Disability and for Persons with Intellectual Disability) were sponsored by the SA Federation for Mental Health to attend the World Mental Health Congress in Cape Town in 2011, and participated in the Provincial Mental Health Summit hosted in Mitchells Plain in February 2013 by the Western Cape Government.

CCAB now has 35 members and is managed by a committee of service users, elected by service users, and supported by psychosocial rehabilitation programme staff. A busy schedule, consisting of weekly management meetings, monthly general meetings for members, a monthly newsletter and a public AGM, ensures that CCAB is a 'movement-orientated' body with a mission to educate, advocate and facilitate on behalf of persons living with mental illness.



### CCAB EXCO members

**Back row, left to right:** Michael Hattingh, Suzanne Solomons (CCAB Supporter/FH Rehabilitation Worker), Oscar January (Chairperson), Noeline Palmer, Claudia Cogill (CCAB Supporter/FH Rehabilitation Worker)

**Front row, left to right:** Sherine Frantz, Lucy-Anne Namkoko, Minah Banda



## Access to Justice

### Sexual Abuse Victim Empowerment (SAVE)

Vulnerable children, women and men with intellectual disability have always been easy prey for perpetrators who abuse their victims in the belief that they can do so with impunity. For decades it seemed as if this reign of terror would go unchallenged.

In the early 1990s the South African Police Services and prosecutors in the Department of Justice approached Cape Mental Health for help in cases of sexual assault involving complainants with intellectual disability. The inception of our psycholegal programme in 1991 offered a glimmer of hope for a handful of victims.

Currently the Department of Justice refers more than 110 cases per year to SAVE for psychometric assessment, court preparation, case planning and assistance through the court process, and is reluctant to proceed with cases unless SAVE has conducted the necessary clinical assessments. Our psychologists receive about forty subpoenas a year to appear in court as expert witnesses.

There is also constant liaison with the South African Police Services and prosecutors in terms of referral and follow-up of cases and training in appropriate interviewing techniques.

### National and international recognition

SAVE has enjoyed the support of a range of funders over the years, including the Stichting Kinderpostzegels and Mama Cash (both of the Netherlands), Hope for Children (UK), the Nelson Mandela Children's Fund, Themba Lesizwe, the Open Society Foundation, the Foundation for Human Rights and 1st for Women Trust. Sadly, this award-winning human rights programme does not receive a subsidy from the Department of Justice.

In 1996 SAVE received a special distinction in the French Republic's Human Rights Award, making us the first South African organisation to be honoured in this way.

In 2007 SAVE received a Silver Award from the Impumelelo Innovations Award Trust. The prize money of R20 000 was used to promote SAVE as a 'best practice' model in affording complainants access to justice. The pioneering work of Amanda Roux, social worker and

SAVE Manager at the time, was acknowledged. Sadly, she passed away in 2008, leaving a void not easily filled.

On the occasion of its 90th Anniversary in 2010, the SA Federation for Mental Health recognised SAVE with an award in the category Innovative and Best Practice Programmes in the field of Intellectual Disability.

### A growing demand for our services

With increasing rape statistics and a widened definition of rape, there is a growing demand for SAVE's services. Some of the cases are 'high profile', where the broader public and the media are able to exert pressure on the justice system to ensure victims enjoy legal redress.

A recent case of child trafficking in Atlantis highlighted the plight of a 13-year-old intellectually disabled girl who had been 'sold into sex slavery' by her mother. Despite having confided in other community members, the girl had to 'blow the whistle' herself in order to receive legal protection and representation. This is one of many cases referred to SAVE, but possibly one of the most traumatic for all concerned due to the role that the child's primary caregiver played in her ordeal.

SAVE's work has ensured that FCS (Family Violence,



Child Protection and Sexual Offences Unit) officers and prosecutors are able to identify and refer victims with intellectual disability to Cape Mental Health for services.

Through our intervention, victims can report abuse and benefit from the same access to justice that other victims are afforded in South Africa. Recent convictions with sentences of 20-year prison terms testify to SAVE's effectiveness in providing access to justice.

We have secured funding to expand SAVE's footprint in the Western Cape, in particular in rural communities, and to provide further training and support to a range of stakeholders who reside in such cases. We are especially proud that SAVE has been included as a best practice model in South Africa's Country Report to the UNCRPD, and that a national roll-out of the programme could be possible in the future.

### The award-winning SAVE team in 2007, with the prestigious Impumelelo Silver Award

**Clockwise (from top left):** Jeanine Hundermark, Carol Bosch (current SAVE Manager), Dr Nokuthula Shabalala, Mandy Roux (previous SAVE Manager), Susan Manson and Gillian Douglas. (Dr Beverley Dickman is absent from this photo.)

## CMH Project of the Year 2012 - The Learnership Programme

The Learnership Programme is a groundbreaking Cape Mental Health project that offers persons with mental disability equal opportunities for skills development and improved employability. In 2012/2013 we administered 100 Learnerships (Hygiene and Cleaning Level 1 and Business Administration Level 2) for persons with mental disability, funded by the Health and Welfare SETA (HWSETA) and in partnership with Boston House and Siyaya training colleges.

The Learnership Programme was awarded the Project of the Year 2012 Award thanks to the innovative way in which it enables and empowers learners to benefit from structured learning and practical workplace opportunities.

We acknowledge the high level of dedication and passion of staff members **Shamila Ownhouse, Kathy Plessie** and **Malieka Dreyer**, who provided extensive job coaching to the learners, and ongoing support to their families, the external training providers and employers to ensure the successful roll-out of the learnerships.

The team faced the challenge of working with modules that had not been designed to be inclusive of persons with disabilities, but they went the extra mile to remove the barriers for persons with disabilities so that they are afforded opportunities for training and employment in the open labour market. The team's tireless commitment to this project is deserving of the accolade of 'Project of the Year.'

It has been more than five years since South Africa ratified the UN Convention on the Rights of Persons with Disabilities (UNCRPD) which specifically sets out that State parties "shall safeguard and promote the realisation of the right to work" for persons with disabilities.

Whilst people with disabilities may have the right to equal employment opportunities, statistics show that they are not reaping the benefits of an employment equity plan that several years ago set the target of having 2% of people employed in the public service to be disabled persons. Estimates pointing to only 0.2% indicate the need for learnership programmes if Government is to meet its objectives.



### Learnership Programme team

**Left to right:** Shamila Ownhouse, Kathy Plessie and Malieka Dreyer



## CMH Employees of the Year 2012 - Zukiswa and Roshan

*The Cape Mental Health Employee of the Year Award 2012 was awarded jointly to Zukiswa Malgas and Roshan Abrahams. This award is a symbol of Cape Mental Health's absolute appreciation for the commitment and drive of staff members who have performed outstandingly during the year.*



**ZUKISWA MALGAS** provided intake social work services in Khayelitsha where her clients described her as 'an asset to the organisation'. She carried a large caseload due to the high demand for services in the Khayelitsha community, but in spite of this was able to prioritise her work and render a service of excellence. She accommodated every request with a gracious smile, no matter how busy her day. Numerous written responses were received from recipients acknowledging her superb intervention skills and applauding the quality of service that she provided. On accepting the award, Zukiswa explained that the award made her realise that social workers do make a difference and that their hard work is acknowledged.

**ROSHAN ABRAHAMS**, a rehabilitation worker, was nominated not only by her colleagues, but also by the service users at Fountain House who attend the psychosocial rehabilitation programme. She goes far beyond the call of duty to ensure the well-being of the residents at Kimber House, even going to the group home after hours or at night when residents are ill. They have described her as 'sympathetic and accessible' – someone who is available to address conflicts, but also to support them when required. The residents have commented on her amazing ability to create unity, monitor and manage their care plans, and provide a comfortable home environment that often comes with special treats.



*"Our social workers and rehabilitation workers support human rights as a value. They uphold the dignity and well-being of service users, and work towards promoting their best interests. They respect the right of service users to make their own choices and decisions (provided these do not threaten the rights of others), and promote their full involvement and participation in ways that enable them to be empowered in all aspects of decisions and actions affecting their lives. They are concerned with the whole person, within their family and community, and focus on their strengths rather than their limitations or disability."*

*"Zukiswa and Roshan are shining examples of the quality of mental health care workers employed by Cape Mental Health and fully deserve the award of Employees of the Year."*

**Gadisa Koopman**  
Deputy Director  
(2003 – 2013)

## Awards for Mental Health Champions 2012

*On 29 August 2012 the SA Federation for Mental Health honoured a group of champions for their significant contributions to the field of mental health. Cape Mental Health nominations featured prominently in the line-up of award winners.*

**SHONA STURGEON**, CMH Board Member and former President of the SA Federation for Mental Health, received an **Outstanding Achievement in the Western Cape** for her past contributions as the first female President of the World Federation for Mental Health (2005 – 2007), President of the SAFMH and CMH Board Member.

**ALAN CRISP**, CMH Treasurer, received a **Volunteer Award** for chairing the Finance and Sponsorship Sub-Committee of the 2011 World Congress of the World Federation for Mental Health over a two-year period, and for his long-standing service to Cape Mental Health.

**INGRID DANIELS**, CMH Director, received a **National Outstanding Achievement Award** for her exceptional and visionary leadership as LOC Chair of a hugely successful 2011 World Mental Health Congress.

**FOUNTAIN HOUSE (SA)**, managed by **René Minnies**, received an award for being an **Innovative and Best Practice Programme in the Field of Psychiatric Disability**.

**RUSSELL JONES**, our Siyakwazi Supervisor, received recognition in the category **Special Achievements by Mental Health Care Users in the Field of Psychiatric Disability**.

**Cathy Williams** of **ON COURSE COMMUNICATION**, publicist for the annual CMH Cape Town International Kite Festival, won a **Media Award** for securing more than R3 million worth of media exposure for the event.

Cape Mental Health furthermore successfully nominated **ELINOR KERN**, **CSI Specialist of Tshikululu Social Investments**, and the **MOMENTUM FUND** for **Special Service Awards**.



Shona Sturgeon



Alan Crisp



Ingrid Daniels



René Minnies



Russell Jones



Cathy Williams



Elinor Kern



Carol Bosch



Santie Terreblanche



Shamila Ownhouse

## Self-Advocate Supporters win prestigious Hamlet Foundation President's Award...

The Hamlet Foundation held its 18th annual awards evening in Johannesburg on 2 November 2012 to recognise the efforts of individuals and organisations in the field of intellectual disability.

The President's Award, the highest accolade awarded on the night, was awarded to Cape Mental Health in recognition of the leadership and innovation shown by the CMH Self-Advocate Supporters in supporting people with intellectual disability in their role as self-advocates.

Cape Mental Health had recognised the CMH team of Self-Advocate Supporters as Project of the Year 2011 for the leadership and innovation they had shown in supporting people with intellectual disability.

**CAROL BOSCH**, **SANTIE TERREBLANCHE** and **SHAMILA OWNHOUSE** continue to support service users to have their voices heard at the Boards of the SA Federation for Mental Health and Cape Mental Health, and at various meetings, conferences and networks.

## New Horizons

### Global Mental Health Crisis

Mental illnesses are increasingly recognised as a leading cause of disability worldwide.

It is estimated that 13% of the global burden of disease is attributable to neuropsychiatric disorders — with 75% of this burden in lower/middle income countries (LMICs). Furthermore, 9 out of 10 people living in LMICs do not have access to mental health care.

Mental health experts and the World Health Organisation (WHO) have identified this large and extremely worrying treatment gap as a serious global mental health crisis which requires urgent redress. The situation is no less dire in South Africa where mental health deficits are alarming and estimated to grow significantly over the next decade.

According to the Mental Health and Poverty Project (MHAPP), neuropsychiatric conditions are ranked third highest in contributing to the burden of disease in South Africa, after HIV/AIDS and other infectious diseases.

Despite these glaring national concerns, mental health care has received the lowest priority in budget allocations compared to general medical conditions and inadequate resources and infrastructural development at community level.

Mental health intervention for persons with mental illness remains focused on psychiatric hospitals as the mode to care, treatment and rehabilitation and, in the face of large-scale deinstitutionalisation, critical aspects of primary health care and community-based services are seriously lacking.

### The Great Push for Mental Health

In 2009 the World Federation for Mental Health (WFMH), in alliance with the Movement for Global Mental Health, established the Great Push for Mental Health. Led by Prof. John Copeland, the programme focuses on the themes of 'Unity, Visibility, Rights and Recovery', rallying civil society to the cause of international mental health.

The 'African Footprint in Global Mental Health' World Congress of the World Federation for Mental Health, held in Cape Town in October 2011, was a vehicle to launch

the second series of articles for *The Lancet* which called for the upscaling of mental health services with a view to closing the treatment gap which exists across the world.



Cape Mental Health has been a signatory to the 'Great Push' to ensure that mental health is prioritised and that a greater allocation of resources is made to ensure mental health service coverage.

### Beyond 100 years

Our organisation's next multi-year strategic plan will take us beyond our centenary into an era of expansion of our footprint, particularly to rural outlying areas of the Western Cape where mental health services are sparse or lacking.

This strategy will require sound leadership and guidance, a great team of passionate mental health professionals, new models of intervention and approaches, and the investment of funding partners and stakeholders.

*Cape Mental Health is ready to widen its horizons and explore new possibilities in mental health care across the Western Cape.*

## Mental Health Crisis in SA

South Africa is facing a mental health crisis that is exacerbated by poverty, the numbers of AIDS orphans, and the long-term exposure of people to trauma, violence and abuse. According to Prof. Melvyn Freeman, the Department of Health's Chief Director for Non-communicable Diseases, in his address to Parliament's Portfolio Committee on Health in June 2013:

- 1 in 4 South Africans will develop a mental health disorder at some point in their lives.
- About three quarters of South Africans with a mental disorder are currently not receiving any treatment.
- 9% of all unnatural deaths in SA are due to suicide, a high percentage when compared with the 27% of deaths as a result of road accidents.
- A shortage of clinical psychologists (with only 14% of registered psychologists practising in the public sector) and only 3 psychiatrists, 11 psychiatric nurses and about 4 social workers for every one million people, means that the majority of people with mental health disorders will not receive treatment.
- The cost of treating persons is considerably less than the cost of mental illness going untreated.

## Acknowledgements

We thank all those individuals, service groups, family trusts and foundations, fund administrators, CSI practitioners, small businesses, corporates and independent grantmakers whose financial support, expertise, donations-in-kind and voluntary service this past year have helped us to redefine the landscape of service delivery for persons with mental disabilities in the Western Cape.

**Our principal benefactors are acknowledged below, and a comprehensive list of CMH supporters is enclosed with this Review.**



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### *In Memory of Prof. Jakes Gerwel (1946–2012)*

We honour the passing of Prof. Jakes Gerwel, husband of Phoebe Gerwel who served loyally on the Board of Cape Mental Health. Jakes was a noted academic and anti-apartheid activist, right-hand man of former president Nelson Mandela in the first post-democratic government, and board member or chairman of several large organisations and companies. At the time of his death he was the Chancellor at Rhodes University and Chairman of Media24.

Cape Mental Health is grateful not only for his generous financial support in recent years, but also for his support of the rights of all persons, including those with mental disability. May he rest in peace and may his outstanding contribution to South Africa's democracy be remembered.



PHOTO: Felix Bangamandla (Media 24)

## Staff List (as at 31 March 2013)

### CAPE MENTAL HEALTH

Including the Administration Department, Donor Development Department, Finance Department, Learning for Life, Public Relations and Communication, and the Volunteer Programme.

**Senior Management:** Ingrid Daniels (Director), Gadija Koopman (Deputy Director), Wayne Bruton (Finance), Sandra Ellis (Donor Development), Taryn Feinberg (Learning for Life), Stella Mbwana (Administration), Maleeka Mokallik (PR & Communications) and Birgit Schweizer (Volunteer Programme).

**Staff:** Christopher Adonis, Grant Bolters, Hazel Cox, Theresa Daniels, Ntombentle Dlokovu, Ferial Edwards, Derick Houston, Ekin Kench, Pumza Mbanzi, Shayne Ormond, Andreas Selela, Teri-Sue Smith, Albert Vallay, Malene Valoo, Brigitte van der Berg and Jenny Walters.

### SOCIAL DEVELOPMENT SERVICES

Including Corporate Social Work, Garden Cottage, MindMatters SA, Sexual Abuse Victim Empowerment (SAVE) and Social Work Services.

**Managers:** Carol Bosch (Social Work Services, SAVE and Garden Cottage), Esterline Martin (Social Work Services, MindMatters and Social Integrated Development) and Sheila Selfe (Social Work Services).

**Staff:** Rochelle Bailey, Aadilah Buhardien, Beth Chaplin, Feroza de Leeuw, Beverley Dickman, Gillian Douglas, Joyce-Lyn Esterhuizen, Yvonne Foster, Karen Hans, Jeanine Hundermark, Amina Jacobs, Farenaaz Jacobs, Shakira Jardien, Jeffeynore Jordaan, Nokuthula Krwece, Sharon Malander, Zukiswa Malgas, Susan Manson, Nolwando Matebese, Katleho Matubatuba, Stacey Melmed, Kulthum Roopen, Lucinda Saal, Sharon Santon, Nokothula Shabalala, Gail Shapiro, Steven Sityo, Elroy Solomon, Nosiselo Venkile, Nadine Williams and Chesna Zietsman.

### PSYCHOSOCIAL REHABILITATION (PSR)

Including Fountain House SA, the Rainbow Foundation and Kimber House.

**Managers:** Anna-Beth Aylward (Rainbow Foundation Manager) and René Minnies (Fountain House SA Manager).

**Staff:** Roshan Abrahams, Claudia Cogill, Tasneema Davids, Faldelah Fillander, Suzanne Fouché, Andiswa Mantuse, Nondibane Mdyidwa and Nocawe Mxobo.

### SPECIAL EDUCATION AND CARE CENTRES

Including Erika, Heideveld and Imizamo Yethu.

**Manager:** Bernadine Chilwane.

**Staff:** Wiedaad Abrahams, Ester Aloni, Bathabile Bomvana, Xoliswa Buqa, Alma Dammert, Bertina Dicks, Nomavenge Diko, Nomawethu Dotwana, Nomaneli Hlangu, Faith Jones, Steven Madyo, Thami Majodina, Mzendaba Mathokazi, Nomakwezi Mhlawuli, Nazley Morta, Nelly Ngobeni, Nombongo Mpateni, Olwethu Mzolisisa, Denzil Prins, Gwen Rosen, Igshaan Samsodien, Joyce Sethole, Kutala Soqaga, Mtobeli Soqaga and Thokazi Tyutu.

### TRAINING WORKSHOPS UNLIMITED (TWU)

Including TWU Training Workshops in Athlone, Mitchells Plain, Retreat and Khayelitsha (Nonceba), Garden Pot Centre, the Siyakwazi Integration Company, the Learnership project and the Eagles Project.

**Managers:** Santie Terreblanche (General Manager) and Thomas Bezuidenhout (Assistant General Manager)

**Staff:** Cyril Baadjies, Faisal Bawa, Kirsten Blignaut, Norman Blignaut, Emma Blommaert, Thozama Boni, Craig Chambers, Gwendoline Daniels, Faith de Klerk, Malieka Dreyer, Pauline Groepes, Chantal Hess, Calvin Isaacs, Nashreen Isaacs, Cecilia Jackson, Joan Jansen, Russell Jones, Nomava Malaya, Andile Mayila, Agnes Meintjies, Simon Mngomeni, Denzil Murtz, Sandra Nicolai, Mzikayise Ntshangase, Shamila Ownhouse, George Philander, Shavonne Samaai and Janine Williams.

## Cape Mental Health Board (Volunteers)

**President:** Prof. Ratie Mpofu.

**Vice-Presidents:** Dr Mandla Tshabalala, Mr Ken Sturgeon.

**Members:** Gary Pond (Chairperson), Hombakazi Zide (Deputy Chairperson), Alan Crisp (Treasurer), David Lotz (Legal Advisor),

Phumla Satyo (Western Cape Education Department), Shona Sturgeon (President of the SA Federation for Mental Health), Gwendoline Daniels (Consumer Representative: Intellectual Disability) and Oscar January (Consumer Representative: Psychiatric Disability).

## Honorary Psychiatrists

Dr Sean Baumann and Prof. Tuviah Zabow.

# Credits

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## Photographers

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The Annual Report and Audited Financial Statements for the 2012/2013 financial year are available on request.



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PHOTO: Cornel van Heerden (Burger Nuus)

