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1. Executive Summary

Cape Mental Health (CMH) is the oldest mental health society in South Africa and will celebrate its centenary in 2013. We are affiliated to the SA Federation for Mental Health and the World Federation for Mental Health.

CMH has 22 different projects, serving over 100 poorly-resourced communities within the Western Cape Province, to promote mental health and provide accessible community-based services to people with mental disabilities (intellectual and psychiatric).

Our aim is to enhance people’s coping skills so that they can live as independently as possible within the community and enjoy an improved quality of life. In this way we seek to lessen the burden of care that rests on families and caregivers and minimize the impact of intellectual and psychiatric disability in our communities.

Fountain House (SA) is a community-based rehabilitation centre that provides services to over 245 people with psychiatric disability in order to facilitate their reintegration into society and the work place.

Fountain House is the only programme of its kind in South Africa and has been recognized by the Office on the Status of Disabled Persons as a ‘best practice’ model. In August 2012 the programme received a National Award for Innovative Programmes in the Field of Psychiatric Disability from the SA Federation for Mental Health for being an outstanding programme that has shown innovation, special creativity and effectiveness.

The underlying philosophy of the Fountain House programme is to empower people with psychiatric disability (such as schizophrenia, bipolar mood disorder, clinical depression, post-traumatic stress syndrome and obsessive compulsive disorders) to determine their individual goals and make their own decisions in the following four life areas: community living, learning, working, and socializing.

The model for integration and support and influence that has been applied at Fountain House has enormous potential to change lives for the better.

We believe in recognizing and nurturing ability, no matter how modest, and seeing possibility where some may only see challenges and obstacles.

Cape Mental Health is committed to the values and principles included in the Independent Code of Governance for Non-Profit Organizations in South Africa.

The Discovery Philanthropy Social Welfare Portfolio, created in collaboration with Tshikululu Social Investments, has listed CMHS as one of the top 10 outstanding organizations “whose work is dedicated to uplifting the vulnerable, empowering the marginalized, and promoting a more caring South Africa. They seek to build more sustainable, more independent communities that value and promote the contributions of all of their members, regardless of gender, race, age, or disability status. These organizations’ consistent excellence stands out as models for how South Africans can compassionately and consequentially transform the communities around them.”

The Department of Social Development described CMHS as “one of the best practice models in terms of organizational capacity.”
### 2. Problem Statement

About one in five South Africans suffer from a mental disorder severe enough to affect their lives significantly. Mental illness and neurological conditions contribute to the **third highest** burden of disease in South Africa.

The largest minority group in South Africa is that of people with mental ill-health and mental disability.

**This group is less likely to:**
- Enjoy safe and suitable housing
- Access public transport and amenities
- Receive effective support and care
- Obtain appropriate, quality education
- Generate income and be employed

**This group is more likely to be:**
- Poor and reliant on social security
- Socially isolated and rejected
- Neglected, abused and denied justice
- Deprived of play and leisure activities
- Denied a say in matters that affect them

Despite the prevalence of mental disorders in our society, people with mental health problems or mental disabilities are routinely denied opportunities to develop their skills and abilities, to gain work experience and to be integrated into mainstream society. They are subject to stigmatization and discrimination on a daily basis, and experience high rates of abuse, social exclusion, unemployment, poverty, malnutrition, inadequate housing, inadequate health care, and human rights violations. They continue to feature amongst the most vulnerable in our society. However, with the right medication and psychosocial support, their quality of life can improve significantly and their lives can become more goal-directed and fulfilling.

Since the 1990s, there has been a shift in the approach to mental illness away from “cure and care” to rehabilitation, from institutionalization to community-based support, and from viewing the person as a patient, to stressing the individual’s choice on how to live successfully in the community, and his/her rights as a consumer and service-user.

Fountain House’s psychosocial rehabilitation (PSR) programme for adults with psychiatric disabilities encompasses an overview of the ‘complete’ person and his/her ability to function in society. It provides cognitive and functional gains as well as the development of social skills and work skills. The ability to attain a certain level of economic independence plays a large role in a person’s psychiatric stability. A person with a psychiatric disability can experience optimal quality of life and contribute substantially to both economic and social development. The paucity of State and Private Sector investment in people with psychiatric disability reinforces the erroneous belief that they are unemployable, and entrenches their isolation and marginalization.

The paucity of State and Private Sector investment in people with intellectual disability reinforces the erroneous belief that they are uneducable and unemployable, and entrenches their isolation and marginalization.
3. Project Description

Psychosocial Rehabilitation (PSR) is regarded as the best practice model for the rehabilitation of persons with psychiatric disabilities. Its focus is the restoration of community functioning and well being of persons living with the disability. The service aims to change their environment and their ability to deal with their environment so as to facilitate improvement in adverse psychiatric symptoms and personal distress. Individuals experience a sense of belonging, build their confidence and skills, and engage in meaningful activities that enhance their quality of life.

Located in Observatory, Fountain House has been offering a continuum of PSR services for adults with psychiatric disabilities since 1986. Its aim is to facilitate the reintegration of people with psychiatric disability into society and the workplace.

Continuum of Services

- **Rainbow Foundation**
  - Community Groups

- **Fountain House**
  - Vocational Rehabilitation

- **Kimber House**
  - Accommodation

Fountain House forms part of a continuum of services provided by Cape Mental Health for persons with psychiatric disabilities. The services include: The Rainbow Foundation that complements the Fountain House programme with 25 community-based psychosocial support groups attended by 297 adults with a psychiatric disability in communities across Cape Town, and Kimber House, a group home facility that accommodates 11 adults with psychiatric disabilities who attend the Fountain House programme.

The Fountain House programme includes a combination of life-skills and work-skills training courses and a work-ordered day, with employment opportunities and/or income generating initiatives such as the Transitional Employment Programme, Supported or Independent Employment opportunities and Learnerships.

The programme seeks to increase the functioning of service users so that they can be successful and satisfied with their environment of choice.
Vocational (Works Skills) Rehabilitation

An average of 104 members attends the Fountain House work-skills programme each month. The centre plans and implements a work-ordered day programme for members to receive on-the-job training in a variety of skills through their participation in the activities of four pre-vocational work units at the centre:

1. **The Administration Unit** provides members with up-to-date office skills such as:
   - Computer Literacy: data capturing, typing and invoicing, database creation and management
   - Office Administration: reception, faxing, mail, filing, making posters and photocopying
   - Financial Management: weekly banking, recording and budgeting
   - Planning and Liaison: fundraising, outreach, creating systems to ensure accountability and management of information.

2. **The Catering Unit** teaches food and kitchen safety, effective stock management, budgeting, good nutrition, cooking and meal presentation skills. The Unit prepares and serves an average of 20 - 40 subsidized meals per day and also outsources its catering skills. The organic food garden supplements the needs of the catering unit, and provides service-users with transferable skills that they can implement at home for income-generation and food security.

3. **The Micro-Business Unit** aims to transfer micro-business skills to members, such as production, quality control and marketing. The Unit uses recycled paper to make products such as cards, writing paper, envelopes, bookmarks, gift boxes and picture frames. The paper-making programme is an integral part of the programme’s ongoing objective of economic resilience.

4. **The Employment Unit** aims to provide a pathway into the labour market and provides work and skills-building opportunities through Work Readiness Assessment, Transitional Employment Programme (shift work and support), Job Shop and Supported Employment (internet access, support in searching for employment, managing the application process and negotiating reasonable accommodation) and provides access to Learnerships.

**Other Services provided include:**

- **Psychosocial Education**: one-on-one or group education aimed at preventing re-hospitalisation.
- **Individual Rehabilitation Plans**: to ensure that members move forward and build on their strengths.
- **Outreach and Liaison**: aimed at drawing members back into the programmes when motivation is low, facilitating appropriate and speedy service rendering and assisting members to follow through with changes in the lives.
- **Social and Recreational Programme**: a platform for members to learn and have fun, whilst integrating them into the community.
- **Poverty relief**: a central issue addressed by each Unit.
- **Life Skills Group**: members choose the topics. Group discussions and interaction allow members to practice the social skills while learning at the same time.
- **Cape Consumer Advocacy Body (CCAB)**: An advocacy body led by service-users to lobby and advocate around issues that impact their lives.

**Income Generation**

With staff and members working together, Fountain House generates an income and contributes towards its sustainability through the following initiatives:

- Casual Day stickers are sold to raise funds for people with disabilities in South Africa.
- The annual Golf Day is arranged at the Rondebosch Golf Course. Fountain House has a list of corporate participants as well as private donors and golfers that participate in the day. The income is in the form of sponsorship, donations and participation fees.
- An annual Exhibition of Arts and Crafts by members of Fountain House is held, providing an opportunity for artists to display their work and sell to the public.
- Delicious meals are prepared and sold daily by our Catering unit as well as providing cost-effective catering solutions for businesses in the area that have events. We look forward to the growth of this unit and an increased sustainable as a result.

**Fountain House Staff**

<table>
<thead>
<tr>
<th>Job Description</th>
<th>Name</th>
<th>Qualifications</th>
<th>Date of Employment</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager</td>
<td>René Minnies</td>
<td>Higher Dipl SW, UWC</td>
<td>November 1995</td>
<td>15 years PSR experience</td>
</tr>
<tr>
<td>Rehabilitation Staff</td>
<td>Tasneema Davids</td>
<td>Social Auxiliary Work 2008, ISWA</td>
<td>June 2012</td>
<td>Managed NGO for abused women and children</td>
</tr>
<tr>
<td>Rehabilitation Staff</td>
<td>Suzanne Fouché</td>
<td>BA Community Development</td>
<td>March 2009</td>
<td>2 years’ work experience at Fountain House</td>
</tr>
<tr>
<td>Rehabilitation Staff</td>
<td>Roshan Abrahams</td>
<td>Social Auxiliary Work 2000, ISWA</td>
<td>March 2010</td>
<td>PA &amp; Bookkeeping, 1 year work experience at Fountain House</td>
</tr>
<tr>
<td>Rehabilitation Staff</td>
<td>Claudia Cogill</td>
<td>Social Auxiliary Work 2009, ISWA</td>
<td>March 2009</td>
<td>1 year’s work experience at Fountain House</td>
</tr>
<tr>
<td>Rehabilitation Staff</td>
<td>Nondibano Mdyidwa</td>
<td>Matric, Adult Education &amp; Development, UCT (incomplete)</td>
<td>August 2006</td>
<td>Community work and more than 4 years’ work experience at Fountain House</td>
</tr>
</tbody>
</table>
### 4. Project Implementation

<table>
<thead>
<tr>
<th>Objective</th>
<th>Activities</th>
<th>Means of Verification</th>
<th>Outcomes</th>
</tr>
</thead>
</table>
| To provide 30 members with up-to-date administration skills | 1. Computer Literacy  
2. Data capturing  
3. Typing & Invoicing  
4. Database creation & management  
5. Faxing, filing, mailing, photocopying  
6. Financial Management  
7. Information Management  
8. Planning & Liaison | ✓ Attendance Records  
✓ Unit Meetings & daily task lists  
✓ Bi-monthly unit evaluations & tracking | 1. Improved functioning and sustained mental health for all service-users  
2. 85% of members receive administration skilling  
3. 80% of users give input to programme activities |
| To provide 25 members with catering skills | 1. Food & Kitchen Safety  
2. Effective Stock Management  
3. Budgeting  
4. Good Nutrition  
5. Cooking & Meal presentation skills  
6. Organic Food gardening | ✓ Unit Meetings & daily task lists  
✓ Attendance Records  
✓ Catering Invoices  
✓ Bi-monthly unit evaluations & tracking | 1. Improved functioning and sustained mental health for all service-users  
2. 85% of members receive catering skilling  
3. 80% of users give input to programme activities |
| To provide 35 members with micro business skills | 1. Production & Quality Control  
2. Marketing  
3. Manufacturing of stationery products  
4. Organic Food gardening | ✓ Unit Meetings & daily task lists  
✓ Attendance Records  
✓ Production Records  
✓ Bi-monthly unit evaluations & tracking | 1. Improved functioning and sustained mental health for all service-users  
2. 85% of members receive micro business skilling  
3. 80% of users give input to programme activities |
| To develop Individual Rehabilitation Plans: to ensure that 245 members build on their strengths | 1. Develop a comprehensive Individual Care Plan with all service-users  
2. 1-on-1 psychosocial education  
3. Group psychosocial education | ✓ Attendance Records  
✓ Crisis Care Plans | 1. 80% of membership engaging in Crisis Care Plans  
2. Reduced hospitalizations  
3. Members gain knowledge & understanding of psychiatric disability Comprehensive Individual Care Plans  
4. 80% of users give input to programme activities |
| To facilitate 22 Learnerships | 1. Access to Learnerships | ✓ Attendance Records | 1. 95% complete Learnerships: Claims & Assessments (2 members) Business Admin 2 (18 members) Wholesale & Retail (2 members) |
| To draw 23 members back into the programme | 1. Monthly telephonic outreach  
2. Invitations to events & activities  
3. Invitations to monthly orientation days | ✓ Outreach records  
✓ Mailing lists | 1. Increase in the no. of members returning & remaining in the programme |
## To provide 70 members a pathway into the labour market

1. Work readiness assessments
2. Transitional Employment
3. Supported Employment
4. Job Shop
5. Maintaining, developing & extending Transitional Employment, Supported & Independent Employment partners
6. Assisting with skills development initiatives & activities
7. Increase the exposure of service-users to the open-labour market by actively seeking opportunities that will encourage greater economic and social independence
8. Skills development and capacity building through the acquisition of appropriate work skills as well as training & development of specific vocational skills

- Unit Meetings & daily task lists
- Attendance Records
- Records of liaisons with employment partners
- Job satisfaction surveys
- Employment records & database
- Daily task lists for work units.
- Bi-monthly unit evaluations & tracking

1. Improved functioning and sustained mental health for all service-users
2. 12 members working 6 month contracts
3. 2 Transitional employment contracts a year
4. 2 placements with OBSID for 6 members
5. 2 placements with Pick n Pay & Vineyard Hotel
6. Quality Assurance work at Red Cross & Groote Schuur Hospitals, & Mowbray Maternity Home
7. 20 employment placements
8. 25 members independently employed or involved in income-generation activities
9. 20 Work Readiness Assessments completed
10. 80% of users give input to programme activities
11. All Members can access information regarding disability and the job market

## To offer a Social and Recreational Programme: a platform for 205 members to learn and have fun

1. Tea & lunch breaks
2. Informal social games
3. Monthly social events
4. Monthly birthday parties
5. Quarterly in-house event
6. Quarterly external event
7. Quarterly themed event (e.g. Valentine’s Day)
8. Quarterly joint PSR social activity
9. Annual holiday
10. Annual Open day

- Attendance registers
- Events calendar & records

1. Members enjoy social and recreational activities for relaxation and good mental health
2. Forging of friendships and support networks
3. 40 members attend annual holiday
4. 80% of users give input to programme activities

## To run Life Skills Group benefiting 103 members (group discussions and interaction facilitate social skills and learning)

1. Topics chosen by members
2. Monthly educational talks
3. ‘Edu-corner’ with relevant reading material

- Record of themes & prepared sessions
- Attendance Records & Certificates
- Training materials
- Regular updating & stocking of reading material

1. Eleven talks with average attendance of 35 members
2. Members gain knowledge & understanding of psychiatric disability
3. 80% of users give input to programme activities
4. All Members can access information regarding disability and the job market

## To provide Poverty Relief for 123 members (travel & clothing subsidization & affordable meals at FH)

1. Provision of nutritional meals at low cost (Catering Unit)
2. Opportunity for members to purchase clothing at a reduced price (Thrift Shop)
3. Subsidization of travel costs for members

- Catering Unit records
- Account books
- Thrift Shop records
- Client Relief Book

1. 45% of members have access to poverty relief initiatives
2. 80% of users give input to programme activities

## Cape Consumer Advocacy Body (CCAB): involving 35 members led by service-users, to lobby and advocate around issues that impact their lives

1. Monthly attendance & involvement in CCAB meetings
2. Serving on Social Committees
3. Serving on Fundraising Committee
4. Organising events, Annual Holiday, End-of-year party
5. Participation in Strategic Planning
6. Involvement in self-advocacy initiatives & representation

- Minutes of meetings
- Correspondence
- Media interviews

1. Eleven mega meetings.
2. Members develop in confidence & make decisions regarding initiatives impacting their lives
3. Members grow in independence & in their ability to plan, solve problems & see initiatives through to fruition
4. 80% of users give input to programme activities
5. Develop a joint, quarterly PSR newsletter
5. Members’ Testimony

Star Performer - By Lucille

My name is Lucille. I was diagnosed with Bipolar disorder in the year 2009 at Valkenberg hospital. It was difficult to accept at first. I attended OT classes at Valkenberg after being discharged. I attended a clinic at Lotus River, and was then transferred to Groote Schuur Hospital.

I joined Fountain House and assisted in the Admin unit doing different tasks. I really enjoyed the kite project for the Kite Festival 2010 and attended an Office Management course in 2010 at the Community Chest.

I saw adverts in the employment unit for various vacancies advertised by Edcon. I grabbed the opportunity with both hands and applied. I went for interviews and had an assessment exam. My result was excellent; a week later I received a call to say that I had got that position. It is now 1 year and 6 months later; I am stable, coping and enjoying my work as a book and magazine specialist.

Thank you, Fountain House, for all the help and assistance and everyone who cared along the way. I also thank God for His strength and guidance. God bless.

Before I started at Fountain House I knew there was something missing in my life. Then I met some beautiful people! I have learnt how to cope and take care of myself, how to communicate and have a little more confidence. I have made friends with whom I now share memories. Social activities are important to me. I enjoy the activities in the different units too, where I have learnt how to use a computer, to make food and how to work in a team. Some of the members are at a stage where they are depressed and feel unworthy, but Fountain House takes these emotions away by teaching new skills. Fountain House makes me feel safe and there is respect for one another “…"

Fountain House Member

“….a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.”

Anthony J – 1993 Psychosocial Rehab
### 6. Project Budget 2013/2014

#### Budget of Income (ZAR)

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anglo American Chairman’s Fund</td>
<td>250,000</td>
</tr>
<tr>
<td>Community Chest</td>
<td>60,446</td>
</tr>
<tr>
<td>Investec</td>
<td>20,000</td>
</tr>
<tr>
<td>Rolf-Stephan Nussbaum Foundation</td>
<td>95,000</td>
</tr>
<tr>
<td>Special Events</td>
<td>80,000</td>
</tr>
<tr>
<td>Subsidy (Attendance)</td>
<td>36,957</td>
</tr>
<tr>
<td>Subsidy (Dept. of Health)</td>
<td>455,217</td>
</tr>
<tr>
<td>Sundry (Transport)</td>
<td>756</td>
</tr>
<tr>
<td>Supervision Fees</td>
<td>9,000</td>
</tr>
<tr>
<td>Trading Profit</td>
<td>46,032</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>R 1,053,408</strong></td>
</tr>
</tbody>
</table>

**Deficit**  
(R 263,824)

**Notes:**
- We are in the process of requesting funding from other sources to contribute towards a reduction in our deficit.
- * We do not automatically pay bonuses to staff, and do so, only if finances permit

#### Budget of Expenditure (ZAR)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration fees</td>
<td>86,088</td>
</tr>
<tr>
<td>Audit fees</td>
<td>8,518</td>
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<tr>
<td>Cleaning and sanitation</td>
<td>16,662</td>
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<tr>
<td>Client Relief</td>
<td>15,227</td>
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<tr>
<td>Computer Expenses</td>
<td>6,611</td>
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<tr>
<td>Depreciation</td>
<td>8,508</td>
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<tr>
<td>Education and recreation</td>
<td>18,988</td>
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<tr>
<td>Electricity</td>
<td>36,461</td>
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<tr>
<td>Equipment</td>
<td>19,558</td>
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<tr>
<td>Insurance</td>
<td>16,408</td>
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<tr>
<td>Linen and Crockery</td>
<td>2,000</td>
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<tr>
<td>Medication</td>
<td>500</td>
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<tr>
<td>Meetings &amp; Presentations</td>
<td>920</td>
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<tr>
<td>Motor Vehicle Expenses</td>
<td>24,932</td>
</tr>
<tr>
<td>Printing &amp; Stationery</td>
<td>3,249</td>
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<tr>
<td>Professional Fees</td>
<td>206,338</td>
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<tr>
<td>Rates, Water &amp; Sewage</td>
<td>22,533</td>
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<tr>
<td>Remuneration: Salaries &amp; Oncosts</td>
<td>740,243</td>
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<tr>
<td>Repairs &amp; Maintenance</td>
<td>3,801</td>
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<tr>
<td>Security</td>
<td>7,112</td>
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<tr>
<td>Staff Development &amp; recruitment</td>
<td>1,060</td>
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<tr>
<td>Subscriptions</td>
<td>667</td>
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<tr>
<td>Telephone and postage</td>
<td>10,074</td>
</tr>
<tr>
<td>Travelling &amp; Accommodation</td>
<td>4,609</td>
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<tr>
<td>*Bonus</td>
<td>56,165</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>R 1,317,232</strong></td>
</tr>
</tbody>
</table>

### 7. Sustainability

Cape Mental Health carries full responsibility for the sustainability of its various services, and may implement cross-subsidisation of programmes that face challenges in generating income on their own. This may be implemented at the end of a financial year, based on the financial situation of individual projects and the availability of discretionary funding (derived from bequests, direct mail campaigns, ad hoc donations, and income from the Cape Town International Kite Festival). The CMHS Trust may also provide financial assistance to ensure the rendering of services and provision for salaries.
The Psychosocial Rehabilitation programme plays a vital role in the lives of people living with psychiatric disabilities as it creates a host of opportunities to begin the journey of recovery, find meaning in life and actively contribute to the continued social and economic well being of each individual, family and community.

The litmus test for social transformation is the extent to which the most marginalized in our society are afforded dignity and equal access to opportunities for personal development and socio-economic development. While progressive policy developments have taken place in South Africa and the intent is clear, this has not translated into any serious gains for people living with psychiatric disabilities. The stereotypes remain and the infrastructure and support systems, particularly at community level, are limited.

By reducing vulnerability, enhancing adaptability, and creating opportunity, Cape Mental Health is building the resilience of its service-users. Instead of simply weathering the storm, Cape Mental Health is harnessing the resources at its disposal to transform the lives and future of its service-users.

Mental illness and neurological conditions contribute to the third highest burden of disease in South Africa. Mental disorders are a leading cause of disability, loss of economic productivity, are linked with other health conditions and disproportionately affect the poor and disadvantaged.

Support of Fountain House would be a strategic investment in facilitating the improvement in adverse psychiatric symptoms and personal distress, developing and enhancing the skills, income opportunities and employability of Fountain House service-users.