

LETTER FROM THE CHAIRPERSON

Though the abstract's emphasis is on adults, Empilweni is only one in a number of organisations world wide that prides itself with the expertise and years of working on emotional issues for children and adolescents with visible results. We have developed relations with local mental health services and take each case that come through our doors as a priority. The theme for this year can be summarized into a sentence that says "there is no health without mental/emotional health. We need to open our minds and embrace challenges that face our communities." What I am trying to say is that, government can only do so much, but if every citizen of this country was to take a small role in the battles facing our children in a number of little ways then we might just be on the road to healing a society that is currently in danger of losing its future.

We begin the new year 2009/2010 at Empilweni with a new director Nomalibongwe Mtshotshisa, and a new logo as seen on the cover of this report. We welcome Nomalibongwe or Mhongwe as she likes to be called, to this place of healing and are confident that she will hold the heart of Empilweni in her hands. We pay tribute to our service manager Noncedo Nomahe who has assisted most ably in a year of transition, and to Monika Edwards our former director who helped us over the past seven years with the establishment of Empilweni as a Non Profit Organisation.

The year 2008/2009 was one in which we articulated and adopted the principals and values of Empilweni, those being:

- There is no Health without Mental Health;
- Children have a right to self-development, and to proper care and protection, including Mental Health care;
- Good Mental Health care comprises promotion, prevention and evidence-based treatment and rehabilitation;
- Children and families should be empowered to develop optimal Mental Health and capacity for managing change;
- Diversity of culture, language and context is respected;
- Equity, transparency and accountability both to clients and donors are upheld.

There is often confusion over the term Mental Health and members of the Board asked Empilweni's founder Professor Brian Robertson to help us with a deeper understanding of what mental or emotional health for children means in the contexts of Khayelitsha and Mfuleni. He wrote:

"while mental health disorders like anxiety, mood disorders and attention-deficit hyperactivity disorder (ADHD) have strong genetic roots, in low income areas like Khayelitsha, the environment has a significantly adverse effect on their severity, course and prognosis. The environmental context can also cause many mental health disorders, such as depression after bereavement, post-traumatic stress disorder and conduct disorder (antisocial behavior). Adverse contexts to which children are significantly exposed in Khayelitsha [and Mfuleni] include domestic and community violence, sexual abuse, disasters like fire and floods, criminality, substance abuse, the impact of HIV/AIDS, and orphanhood. The situation is compounded by poverty, stigma, the status of women and children, lack of knowledge and the mental health and emotional development of children, lack of leisure facilities, and lack of access to suboptimal educational, social and mental health services (On the other hand, significant strengths in the community of Khayelitsha [and Mfuleni] are its spiritual and social capital). A number of research projects carried out from Empilweni have confirmed significant unmet mental health needs among Khayelitsha children and adolescents.

The growing prevalence of HIV/AIDS poses a number of mental health challenges. International research shows that HIV/AIDS is associated with an elevated risk of mental health problems in infected individuals and their families, and this risk is likely to persist for at least one generation even after widespread introduction of antiretroviral treatment, and Psychological Support programs for affected children. Research has also shown that mental health problems, in their turn, are associated both with an increased risk of contracting the HIV infection, and undermining the body's response to the infection, even in the presence of antiretroviral treatment: and it has been demonstrated that mental health interventions improve CD4 counts and viral

loads. HIV/AIDS in parents undermines parenting functions and the quality of the parent-child relationship, especially when the mother is infected. The implications of all these findings are that there is a two way relationship between mental health and HIV/AIDS, and that mental health, like poverty and food security, is a significant mediator in the success of antiretroviral and psychosocial support and the expansion of mental health services is necessary to achieve this. Current psychosocial support programmes are targeting the material needs of children and some aspects of coping, but are not concerned with mental health needs and their treatment.

Mental health services need to be broader than just medical treatment. They need to provide assistance in three areas: Treatment and care; educational and social opportunities and self-attitudes and motivation.”

This is the understanding with which we provide a service to the children and families of Khayelitsha and Mfuleni and for which we have received high praise from both the Western Cape Department of Social Development, from health professionals and from our donors. We thank the staff and all associates of Empilweni for their dedicated and professional work and we thank the children and their families for making the difficult journey that they do towards mental health.

*Sandra Prosalendis
Chairperson Empilweni*