



1. WORLD MENTAL HEALTH DAY 2009

World Mental Health Day on 10 October 2009 raises public awareness about mental health issues. The day promotes more open discussion of mental illnesses, and investments in prevention and treatment services. WHO statistics for 2002 show that 154 million people globally suffer from depression, only one form of mental health illness. Mental, neurological and behavioural disorders are common in all countries around the world, causing immense suffering and staggering economic and social costs. People with disorders are often subjected to social isolation, poor quality of life and higher death rates.

THEME FOR WORLD MENTAL HEALTH DAY 2009

“Mental Health in Primary Care: Enhancing treatment and Promoting Mental Health.”

“Primary care starts with people. And, integrating mental health services into primary care is the most viable way of ensuring that people have access to the mental health care they need. People can access mental health services closer to their homes, thus keeping families together and maintaining their daily activities. In addition, they avoid indirect costs associated with seeking specialist care in distant locations. Mental health care delivered in primary care minimize stigma and discrimination, and remove the risk of human rights violations that occur in psychiatric hospitals. And, as this report will show, integrating mental health services into primary care generates good health outcomes at reasonable costs.

Nonetheless, general primary care systems must be strengthened before mental health integration can be reasonably expected to flourish.” (Integrating mental health into primary care: A global perspective; © World Health Organization and World Organization of Family Doctors (Wonca), 2008, page vii)

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*



LETTER FROM THE DIRECTOR

I have been typing and deleting this letter for a zillionth time and it has to be finished one way or the other. I kept restricting my thinking around the fact that I am new with the organisation and my point of reference being annual reports by a director with a memorable history with the organisation. It was during this dilemma that I thought of an advice that I was given, that I must write from the heart and that is exactly what I am going to do.

When I got to Empilweni I was reminded of a little girl, who always felt like an outsider in her environment, at home, in school and in the community. This girl was an only child who was brought up by a single parent (parents divorced while she was a baby). She only stayed with the mother from the age of ten and recollects staying with her loving maternal grandmother and upon her death stayed with her loving aunt. In the old days it was believed that a well adjusted child is a child who has been brought up in a rural community, this is why the child was being brought up by other family members, and her mother was earning income to support her and the extended family.

Upon staying with her mother, she had petty fights with her mother, who was not around most of the day and when she is around she had all kinds of expectations including not being talked back at ('you talk too much, just do as I say' was the course of these fights) and after three years of staying with her she decided to send her to boarding school. At school she was always in trouble, not for what you must be thinking, but for standing up to her teachers and challenging their ways. In those days that was unheard of and the label that follows such behavior was and is still is that the child had no manners.

With peers she was always in trouble for getting into fights, which ended up in daily reports from parents whose children always came home with bloody noses. Oh believe me she was no bully, did not swear but just wanted other children to be good to others and behave well at play time. As a result in the community she was also misunderstood and labeled troublesome. When she got into adolescents she stopped fighting and became withdrawn, thanks God her spirit remained. When she was in varsity she was almost raped but fought her way out of the situation. How many young girls and boys out there are described in this short story? I also get into fights with my son, because he says I do not listen to him and make promises which I do not carry through half of the time.

Empilweni is here for such children, some of whom are not spirited enough to fight and win their battles. It is only a pity that it has been in existence for the past 15 years and is struggling not only to exist, but to spread its service throughout the Western Cape. We have big businesses and other charity initiatives contributing to building of new schools nation wide. Do we keep track of children who drop out of school due to situation experienced by the girl I just talked about? Oh she was lucky; apart from being spirited she had a mother, who even though she could not develop a relationship with her, was a provider. What about all those children, who are not only victims of injustices against them but also come from families who cannot make ends meet.

I would like to take this opportunity to thank, the Board of Management for giving me this opportunity to be part such a good and necessary service. Thank them for their support in the trying times that the organisation is experiencing, in relation to funding. The staff has been my rock; they have opened their arms and welcomed me, and thought me so much about Empilweni. They do not tire to teach me about the proud work that they give to children and adolescents from Khayelitsha, Mfuleni and other surrounding communities. I cannot leave Gill Douglas behind, for the support that she gives to me and the staff; she keeps all of us sane. I also want to thank all our clients as well as our networking partners and colleagues, both in Khayelitsha and throughout the Western Cape.



I especially want to thank all our donors, sponsors and the Department of Social Development who continue to strengthen our services at grassroots level, and who provide ongoing funding for our service to continue. Empilweni, like most community based organisations is dependant on the good will and funding of the donor community, as well as hoping that donors understand the therapeutic service that we provide.

*Mhongwe Mtshotshisa
Director, Empilweni*

AIM OF THE PROJECT

To improve the quality of life of children, adolescents and their families in our communities by providing culturally appropriate, child centered, community based mental health support and counseling. Our aim is to empower families to help themselves, and so lay the foundations for a strong, independent community. We believe in developing the capacity of key community members through treatment, training and capacity building.

Empilweni services include:

- Individual and family Therapy
- Group Support Therapy
- Training in Child Mental Health
- Community outreach and capacity building
- Advocacy and lobbying around mental health issues
- Intersectoral collaboration with other NPOS, CBOS and service providers

REPORT ON ACTIVITIES

Diagnostic Impressions

Cases seen 01 April 2008 – 31 March 2009

Clients may have multiple diagnosis

Total Percentage of cases

Count of Substance Abuse	9%
Count of Psychosis	2%
Count of behavioural problems	49%
Count of Relational problems	36%
Count of Depression	12%
Count of Conduct disorder	1%
Count of Anxiety Disorder including PTSD	17%
Count of Loss/Bereavement complications	31%
Count of elimination disorders	1%
Count of scholastic Difficulties	15%
Count of other	27%

Presenting Problems of Clients

Between 01 April 2008 – 31 March 2009

Clients may have multiple presenting problems

Total Percentage of Cases

Count of Child or family affected by HIV/AIDS	29%
Count of Domestic Violence	28%
Count of Neglect of the child	40%



Count of Sexual abuse or rape of the child	16%
Count of Physical abuse of the child	19%
Count of clients experiencing other home problems including substance abuse, extreme poverty etc	31%
Count of clients having no negative situations within the family	12%

Age Breakdown of clients	Percentage
4 — 6 years	5%
7 — 9 years	9%
10 — 12 years	24%
13 — 15 years	35%
16 and upwards	27%

NARRATIVE REPORT

INDIVIDUAL AND FAMILY THERAPY

Empilweni's therapeutic programmes focus on mental health intervention, and support for children with emotional and psychological challenges aged 4–18. Empilweni sees a range of issues facing children and adolescents, and many of these are compounded by poverty, HIV/AIDS and high incidents of child sexual abuse. Within Khayelitsha, Empilweni remains the only organisation who offers specialized therapeutic services in the forms of: screening, assessment, referrals, longer-term and short-term therapy for children and adolescents.

In the period 1st April 2008 to 31st March 2009 Empilweni's case load was 233 children and adolescents. Of these 151 children and adolescents were new referrals, and 74 children and youth were screened as referred on to other services. The highest incidence of referral was for children with behavioural problems. Empilweni has also been seeing more children who are affected/infected with HIV/AIDS. In the last year, Empilweni has also done more bereavement and loss counseling as 31% of referred children had suffered either one or multiple losses, a significantly higher number than the 16% last year.

THERAPY SUPPORT GROUPS

Empilweni ran 2 cycles of groups for children, pre- adolescents and adolescent and 1 cycle for a parents group. This cycle of groups commenced on the 1st August 2008, and the 2nd cycle with group for children, pre-adolescents and adolescent commenced in February 2009 and only one (pre-adolescent) of the groups is still active.

Last year Empilweni started running parents support groups to help parents with the challenges of parenting. In August a new group commenced with 10 parents and the next group is planned for 2009/2010. Parents are showing interest in these sessions and we will monitor its progress and impact to assess need to increase parents group.

YOUTH DEVELOPMENT (THE YOUNG AND BIG LIONS TEAM)

Empilweni has a soccer club for under 17's. About 32 boys were part of the programme; this led to a younger team of boys under 15's soccer team. We lost our volunteer, who drove this initiative and we are still looking for another volunteer who will take this programme forward. We plan to expand this programme, through forging ties and liaison with existing programmes offering extra mural activities for children and adolescents so as to strengthen and sustain the therapeutic service received by our clients.



COMMUNITY DEVELOPMENT, OUTREACH AND TRAINING

Community Development, outreach and training is an important part of educating the community about mental health, and specifically the mental health of children and adolescents.

TRAINING

Empilweni trained 26 participants in community mental health from Iyabonga, a non profit organisation called, Hope World Wide and Community members from Site C, Khayelitsha.

COMMUNITY OUTREACH AND NETWORKING

Empilweni spent the last year networking with schools and clinics in Khayelitsha, two new schools in Khayelitsha namely Manyano High and Kuyasa Primary School were targeted. The aim of the meetings was to expose the life skills educators as well as the teachers to some of the problems experienced by children and youth, and how to identify and refer children with psychological problems. The 2 new clinics targeted were the Mathew Goniwe and Kuyasa Clinic. The aim of networking was to meet with the nursing staff over a couple of weeks and expose them to some of the problems experienced by children and youth, and how to identify and refer children with emotional and psychological problems. An HIV and pregnancy workshop was done at Vuselela Primary School for 35 girls aged 11–15 years.

SATELLITE AT MFULENI

Empilweni has spent the last two years slowly working towards opening a clinic at Mfuleni.

Mfuleni is a very poor and under resourced community consisting of about 250 000 residents. The only active children's organisation is child welfare, and the nearest available social services department is in the next suburb. It has been very challenging as there are few space resources available, and also few referral networks in terms of Child Protections agencies and Domestic violence and counselling organisations. Empilweni officially opened its office in October 2008 in a Community Hall after extensive networking and outreach. October 10th is World Mental Health Day, so Empilweni ran a series of workshops at Mfuleni High School from the 6th to 10th October 2008. 100 learners attended from Grades 8–12.



INCOME AND EXPENDITURE STATEMENT FOR THE YEAR ENDED 31 MARCH 2009

	2009	2008
Income		
Grants & donations	1,322,067	1,174,911
Interest income	23,278	23,099
Total Income	1,345,345	1,198,010
Expenditure	1,436,358	1,239,075
Personal Costs		
Salaries	927,229	839,389
Organisational contributions	18,748	-
Staff development	9,915	10,416
Recruitment	10,239	2,923
Clinical supervision	93,619	66,758
Staff welfare	9,612	4,616
Operating Costs		
Advertising & publicity	11,890	-
Accounting fees	33,324	31,433
Admin travel	8,412	5,540
Annual report & brochures	-	10,307
Audit fees	11,970	-
Bank charges	4,686	5,184
Catering & cleaning	11,276	12,630
Computer expenses	7,292	-
Insurance	9,348	9,220
Organisational development	21,286	12,660
Printing & stationery	23,657	13,265
Rent & security	110,488	107,539
Repairs & maintenance	5,062	4,952
Subscriptions	1,450	1,188
Telecommunications & postage	58,927	57,188
Vehicle running costs	19,446	17,726
Specific Programme Costs		
Individual and group therapy support costs	9,470	11,361
Training	9,261	2,839
Etafeni – other	899	-
Community development	8,452	11,941
Operating surplus/(deficit) for the year	<u>(91,012)</u>	<u>(41,065)</u>



DONORS AND FRIENDS

Many thanks to all our donors and friends, who include the following:

Anglo American

BOE (Helen Foundation Trust)

Breadline Africa

City of Cape Town

Community Chest

Department of Social Development – Khayelitsha

Department of Social Development – Eesteriver

DG Murray Trust

Firelight Foundation

Grand West Casino

HCI Foundation

Het Magdenhuis

HomeChoice Development Trust

Investec (Loewenstein Trust)

Netherlands Embassy

Ralph Nussbaum Foundation

Sonnenberg Trust

Telkom Charity cup

For gifts in kind, thank you



EMPILWENI BOARD OF MANAGEMENT

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Mrs N Sithole (Vice Chairperson)

Prof B Roberson (Treasurer)

Prof A Dawes

Mr W Ntoyanto

Mrs P Mjuleni

Mr M Ndlovu

Mr W Daly

EMPILWENI STAFF

Mhongwe Mtshotshisa (Director)

Noncedo Nomahe (Service Manager)

Donald Mfuniselwa, Dambise Mqumbisa, Vuyokazi Mngcabaza, Nondumiso Paul,
Bukeka Mqumbisa, Andiswa Mananga, Nwabisa Ntsapo

NEW STAFF

Sakhumzi Mdemka and Bonani Matiso

EXTERNAL SUPERVISOR

Gill Douglas

ACCOUNTANTS

Cathy Masters Business Solutions (CMDS)

AUDITORS

BDV Platinum

LEGAL STATUS

Non Porfit Organisation, 022-252 NPO, Section 18A

BANK DETAILS

First National Bank

Branch Code: 200-309

Account Number: 6203 5479 535

Account Name: Empilweni

CONTACT DETAILS

Postal Address: Private Bag X74, Khayelitsha, 7783

Physical Address:

Metropolitan Building. Cnr. Spine & Ntlazane Road, Khayelitsha, Cape Town

Telephone: +27 21 361 7063, Fax: +27 21 361 7063

Email: admin@empilweni.org

Website: www.empilweni.org

