

HEALTH & DISEASE

MENTAL HEALTH

1975 - 1978

*F.M. 4/4/75*  
That Black "voluntary" patients in State mental institutions pay heavier fees than Whites in terms of a tariff gazetted last Thursday by the Minister of Health?

A Black in-patient has to pay R1 a day if his income is between R501 and R1 000 per annum, and R2 a day if it is over R1 000. A White, however, gets free treatment (apart from an initial R2 admission fee) if his income is below R1 200 a year. Not until he earns over R2 400 does he pay R1 a day, and not until he earns over

*HEALTH DIS - Mental Health*

R3 600 does he pay R2 a day.

Pik Botha may claim government may not "condone racial discrimination". Health Minister Schalk van der Merwe's department obviously does.

HANSARD 9

Q. column 652-3  
8 April 1975

Health & Dis - Mental Health

**X Institution for mentally infirm patients  
at Kalk Bay**

\*22. Dr. A. L. BORAINÉ asked the  
Minister of Health:

- (1) Whether any representations have been made to him or his Department in regard to an institution for mentally infirm patients at Kalk Bay; if so, (a) by what bodies or persons and (b) what was the nature of (i) the representations and (ii) the reply thereto;
- (2) whether this institution is to be permanently maintained as an institution for mental patients; if not, when is to be closed down.

†The DEPUTY MINISTER OF SOCIAL  
WELFARE AND PENSIONS (for the  
Minister of Health):

(1) Yes.

- (a) By the Chairman, Kalk Bay and District Ratepayers' and Residents' Association, and by Mr. J. Wiley, M.P.

(b) (i) Dissatisfaction at accommodation being provided for psychiatric patients at the Majestic Hotel, Kalk Bay.

(ii) That the utilization of the accommodation is essential to relieve the congested situation at Departmental psychiatric hospitals in the Peninsula.

(2) No; either by mutual agreement or by giving reasonable notice of termination of the contract by any of the parties concerned

S. HANSARD. # 8. Q. 1723-24-25-26.  
15 April 1975.

HEALTH + DIS  
- Mental Health

- (4) whether representations have been received in regard to an official investigation of any aspect of State-administered or State-aided mental institutions, if so (a) when, (b) from whom and (c) what was the nature of such representations;
- (5) whether he is considering any such investigation;
- (6) what checks and controls exist (a) in terms of the law or (b) by departmental directive in regard to (i) the admission of patients to State-administered or State-aided mental institutions, (ii) the treatment of such patients in regard to therapy and or drugs and (iii) the discharge of patients;
- (7) whether he is considering reviewing any such checks and controls?

THE MINISTER OF NATIONAL EDUCATION, for the *Minister of Health*, replied:

(1) (a) 23,

(b) and (c)

One at each of the following places:

Situated	Establishment	Patients
Port Elizabeth	172	81*
Grahamstown	355	691
Queenstown	506	1 486
Port Alfred	132	437
Newcastle	710	1 033*
Resvale	246	272*
Bloemfontein	575	802
Krugersdorp	694	1 272
Bellville	661	1 290
Fort Beaufort	403	1 884
Observatory	641	1 797
Pretoria	984	1 959
Potchefstroom	726	2 149
Worcester	325	29*
Cullinan	165	125
Groothoek	609	301*
Kimberley	300	191*
Durban	691	30*
Maitland	321	982
Howick	292	518
Retreat	298	482
and two at Pictersmantsburg	480	558
and	553	648.

\* (psychiatric beds form part of a general hospital complex)

MENTAL INSTITUTIONS ADMINISTERED BY DEPARTMENT

SENATOR BAMFORD asked the *Minister of Health*:

- (1) (a) How many mental institutions are administered or subsidized by his department, (b) where are they situated and (c) what is (i) the establishment of and (ii) the number of patients in each institution;
- (2) whether such institutions are required by law to submit reports or returns to his department, if so (a) under what law and (b) what are the scope and content of such reports or returns.
- (3) whether any person or body is required by law to prepare and submit national or regional reports on the activities and conditions at such institutions; if so, (a) under what law, (b) what are the scope and content of such reports and (c) in what form are they published or made available

(2) yes.

(a) the Mental Health Act, 1973

(b) see, *inter alia*, section 25 of the Act, and the regulations published by Government Notice R 565 in *Government Gazette* No. 4627 dated 27 March 1975;

(3) No, not on a national or regional basis. However, sections 49 and 50 of the Mental Health Act, 1973 require of a hospital board appointed for the hospital concerned, to visit that hospital at least once every two months, and to afford every patient, who so desires, an opportunity of making representations to the board. The board shall investigate any reasonable complaint or grievance. Section 50 requires that the board shall report to the Minister the result of any visit, and shall from time to time comment on and make suggestions with regard to the welfare of the patients:

4) yes, the Scientology movement has launched and masterminded repeated attacks on psychiatry and psychiatric institutions by means of leaflets, letters to the Press, Press statements, letters to members of Parliament and Senators, and articles in their official publication "Total Freedom". Lately representations have been made by means of letters and a petition by the Committee for Ethics in Mental Healing addressed to the State President and reading as follows: "We, the undersigned, People of the South African Republic, mindful of the abuses to which an unprincipled use may be put on qualifications acquired in the field of Mental Illness, for political and other purposes, humbly ask for an exposé of modern psychiatric practices and all that goes on behind the closed doors of Mental Institutions."

(5) no:

(6) the checks and control measures are contained in the Mental Health Act

1973 and the regulations framed thereunder as published in *Government Gazette* No. 4627 of 27 March 1975, as well as under the provisions of the Medical, Dental and Supplementary Health Service Professions Act, 1974 and the regulations and ethical code framed thereunder.

(7) no, since it has been done recently and adequately

Health Dis - Mental Disord.

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(4) whether representations have been received in regard to an official investigation of any aspect of State-administered or State-aided mental institutions, if so, (a) when, (b) from whom and (c) what was the nature of such representations.

(5) whether he is considering any such investigation:

(b) what checks and controls exist (a) in terms of the law or (b) by departmental directive in regard to (i) the admission of patients to State-administered or State-aided mental institutions, (ii) the treatment of such patients in regard to therapy and/or drugs and (iii) the discharge of patients;

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(One at each of the following places

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Queenstown	520
Port Alfred	132
Newcastle	710
Resvale	1 033*
Blenheim	246
Krugerseep	575
Bellville	694
Fort Beaufort	801
Observation	1 584
Pretoria	405
Prichardstown	641
Worcester	1 797
Cullinan	984
Groothoek	726
Kimberley	2 149
Durban	325
Mariland	165
Howick	125
Retreat	609
and two at	301*
Pretoria:	191*
and	30*
553	480
648:	558

\*psychiatric beds form part of a general hospital complex)

(2) Yes.

(a) the Mental Health Act, 1973

(b) see *inter alia*, section 25 of the Act, and the regulations published by Government Notice R 565 in *Government Gazette* No. 4627 dated 27 March 1975;

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MENTAL INSTITUTIONS ADMINISTERED BY SENATOR BAMBURD asked the Minister of Health:

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(2) whether such institutions are required by law to submit reports or returns to his department; if so (a) under what law and (b) what are the scope and content of such reports or returns;

(3) whether any person or body is required by law to prepare and submit national or regional reports on the activities and conditions at such institutions; if so, (a) under what law, (b) what are the scope and content of such reports and (c) in what form are they published or made available;

(5) no:

(6) the checks and control measures are contained in the Mental Health Act.

# Village <sup>STAR</sup> 17/4/75

Camphill Village is a self-contained community where 75 mentally handicapped residents live and work together. It is situated on a farm about 11 kilometres from Malmesbury and is the only one of its kind in South Africa.

The Camphill movement is international and there are 13 other villages in the world. It was started in Britain by a Viennese doctor, Dr Karl Konig, in 1945.

Unlike the Camphill schools, which accommodate mentally handicapped children, the village accommodates adults. "Villagers" as they are called, range from 21 to 56, and vary from borderline cases to very severely handicapped cases, some of whom can hardly talk.

There are nine houses in which the villagers live with the house father and mother or co-workers, as they are called. If the co-

library book even if they can't read it."

The village costs R5 000 per month to run. Each villager receives a disability grant of R56 per month. A quarter of the running cost — R1 000 — comes in from the craft section. The balance is made up by donations from parents. The parents contribute to the village, not to the child, so when they retire or die the child is not dependent on that money.

Camphill Village has a long waiting list. Potential villagers are not sent by social workers, but come privately.

"Usually they come on a two-week trial visit during which time they assess us and we assess them," said Mr Segal.

Then they go away and decide whether they want to come on a permanent basis. When we feel someone would be happier in a home where he would be a patient rather than a person, we say so."

A normal day consists

**"We talk to them a great deal about the value of the work. . . . It creates a sense of being needed.**

**People usually talk of the mentally handicapped as those who need, but we tell them that they are needed."**

**— Principal.**

workers are married and have children, they live in the house, too.

"These people have a wonderful way with children because they are very childlike themselves," said Melville Segal, himself a co-worker and father of four. "The villagers have incredible patience and play with the children for hours."

"We try to create a family atmosphere in the houses, and men and women form a brother-sister relationship. When there is courting, it is always between houses. Entertaining in the rooms is forbidden for villager and co-worker alike.

"We try not to make a distinction between villager and co-worker. The villagers want to be treated as normal human beings. But there are differences. They don't make friends and the public still has to learn how to respond to them. In this propped up situation, they

of the women doing the domestic chores in the house while the men work on the land. Fruit and vegetables are grown and the ultimate aim is to become self-sufficient.

The afternoons are occupied doing craft work — pottery, woodwork, knitted toys, leatherwork and weaving. "The work team is a social unit," said Mr Julian Sleigh, principal of Camphill Village, and the so-called craft-master is not superior. In this way the villagers' skill and self-confidence are developed.

"Our villagers get more enjoyment making something that they know will be selling in big stores throughout the country rather than at the little shop down the road. We talk to them a great deal about the value of their work in connection with the running of the village.

"It creates a sense of

may" appear normal, but put them in a job and they cannot cope. At the moment the village is a haven. Rehabilitation will come later.

"We try to teach them to read and write, but in a very veiled way. We have a beautiful library and it is a status symbol among villagers to have a

being needed. People usually talk of the mentally handicapped as those who need, but we tell them that they are needed."

There are always orders rolling in for Camphill crafts which are readily obtainable in the Transvaal — and their workshops are hives of activity.

**Subsidy for non-departmental institutions for mental patients**

\*7. Dr. A. L. BORAINÉ asked the Minister of Health:

- (1) Whether a subsidy is paid to institutions for mental patients which do not fall under his department; if so, what subsidy is payable per day per patient in such institutions;
- (2) how many mental patients in each race group are being maintained in institutions other than departmental institutions;
- (3) (a) how many such institutions are there for patients in each race group, (b) where are they situated, (c) how many patients can be accommodated in each institution and (d) who are the owners of each institution.

†The MINISTER OF HEALTH (Reply laid upon Table with leave of House).

- (1) Yes; a subsidy or a daily rate is paid which varies between R1-22½ per patient per day, and R4-31 per patient per day depending upon the level of service rendered at a particular institution.
- (2) Whites—1 887.  
Coloureds—670.  
Asiatics—250.  
Bantu—8 666.

Health + Disease - mental Health

- (3) (a) Whites—23.  
Coloureds—4.  
Asiatics—1.  
Bantu—7.

(b) 10 in Johannesburg, 4 in the Cape Peninsula, 2 in Germiston and one in each of the following places: Allanridge, Amanzimtoti, Benoni, Bloemfontein, Boksburg, Chuniespoort, Durban, East London, Elim, Hermanus, Kearsney, Kempton Park, Kimberley, Krugersdorp, Lydenburg, Pietermaritzburg, Port Elizabeth, Randfontein and Thaba 'Nchu.

(c) Institution	Rated Capacity
Adams Farm Home	36
Cresset House	61
Kemptonparkse Skool vir Gestremdes	9
Camphill School	64
Lake Farm Centre	80
McClelland School	56
Netta Levine Home	11
Lettie Fouché Hostel	92
Wenakker Home	88
Rusoord Sanatorium	44
San Michelle Home	200
San Salvador Home	52
Avril Elizabeth Home	23
Woodside Sanctuary	92
John Peattie Home	8
Yonder Hostel	80
St. Lukes Homes of Healing	30
The Hamlet Hostel	47
Little Eden Home	81
*Randfontein Sanatorium (male)	3 600
*Randfontein Sanatorium (female)	1 490
*Waverley Sanatorium	755
*Allanridge Sanatorium	400
*Ekuhlangeni Sanatorium	1 200
*East Rand Sanatorium	500
*Springfield Sanatorium	250
*Struisbult Sanatorium	100
*Simmer Sanatorium	255
*Majestic Hotel	170
*Turrets Sanatorium	125

*Poloko Hospital	1 200
*Thabamooopo Hospital	1 200
Elim Home	55
Garden Home	60
Torrance Home	55

(d) The names of the owners of the institutions are not known since licences are issued to the person in charge of each individual institution. The institutions marked with asterisks are administered by individuals attached to Smith, Mitchell and Co. and the others by individuals attached to welfare organizations.



HANSARD - 13. A. column. 897.

6 May 1975 -

**Departmental institutions for mental patients**

\*15. Dr. A. L. BORAINÉ asked the Minister of Health:

- (1) How many departmental institutions for mental patients in each race group are there in the Republic;
- (2) how many mental patients in each race group can be accommodated in these institutions.

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The MINISTER OF HEALTH:

- (1) 6 for Whites.  
1 for Whites and Coloureds.  
3 for Whites and Bantu.  
5 for Whites, Coloureds and Bantu.  
1 for Whites, Coloureds and Asiatics.  
2 for Coloureds.  
2 for Coloureds and Bantu.  
3 for Bantu.
- (2) Whites: 8 912.  
Coloureds: 2 704.  
Bantu: 5 910.  
Asiatics: 230.

Sun Trib 11/5/75

By DICK USHER



A MULTIMILLION-RAND scheme to extend greatly mental health services for Black people will be announced soon by the Government.

The scheme was disclosed this week by the Secretary for Health, Dr J. de Beer.

"I cannot give you details. The Minister wants to announce them in Parliament. But it involves many, many millions of rands," he said.

"We have been given the green light to remove the backlog in facilities for mental care of Black people.

"We shall make use of suitable available accommodation until we can spend the money allocated to us for capital works.

"And the Cabinet has given a special concession for additional funds for mental health to be awarded to the Department of Works to provide buildings for us."

Commenting on reports that millions were being made by private enterprise out of providing inadequate mental health facilities for Black people, he said: "The report does not reflect the true picture and I'm very disappointed that the person who wrote the article did not contact the department.

"The factual position is given in my annual report.

"We have a shortage of beds for Black patients, which is why we have to use private enterprise, but the Minister has taken a special interest in this and provision has been made to make up for the backlog."

In Johannesburg, the chairman of a company providing facilities said there were so many inaccuracies and misstatements in the report that it was unbelievable.

### High standard

"You are welcome to visit any of the institutions we run at any time to see for yourself what they are like," he said.

"Even the quote by

## CABINET GIVES GREEN LIGHT FOR VAST NEW PLAN

Professor Robertze, president of the National Council for Mental Health, was taken out of context.

"He said in fact the company had acquitted itself well and provided a high standard of service.

### Outlay

"Nor do we make millions out of this. In fact we have been asked to open a new place and cannot find shareholders — does that sound as though we are making millions?"

"The millions referred to are outlay . . . turnover . . . but hardly reflect profits."

A spokesman for the National Council for Mental Health would not comment on the reports. "There has been a bit of trouble about that," he said. "You had better talk to the department."

# 10 'wake up' in Hillbrow

RDM  
22/5/75

By LIN MENGE

TEN MEN and women, who have spent up to 20 years in mental hospitals, began a new life in Johannesburg's Hillbrow flatland this week.

For the first time in years they will be able to go out into the streets and into public places like ordinary people. One of them went into hospital at 26. He is now 42.

Their Hillbrow home is the first State "half-way house" for psychiatric patients in South Africa.

Most of them are burnt-out schizophrenics, left unresponsive and emotionally blunted by their illness and, because of their long hospitalisation, unused to doing ordinary things like catching a bus, shopping or using a public telephone.

"It's like Rip van Winkle waking up in Hillbrow," Dr H. A. Luiz, principal psychiatrist at Sterkfontein, said yesterday. He said the patients were not dangerous, although some might still have slightly anti-social tendencies.

He admitted some doubts had been expressed about putting patients in a place like Hillbrow, but he believed it was just what they needed.

It is only since the passing of the Mental Health Act of 1973 that such a half-way house has become legally permissible.

The half-way house is being run by the Department of Health in the old Hillbrow Clinic in Van der Merwe Street. The accommodation is being provided by a group of private companies who house thousands of mental patients for the State all over South Africa.

There will be 60 patients in all, from Sterkfontein

and Weskoppies hospitals. The first 10 moved in on Monday and the next 10 will move in next week.

Because they have been in hospital for a long time, they have begun to act like robots, Dr Luiz said. He hoped volunteers from the community would come forward and befriend them.

Schizophrenia, he said, is a disease of the mind with an unknown cause. Its symptoms may include hallucinations and delusions. Sometimes the personality disintegrates completely.

Patients told Dr Luiz about their first day in Hillbrow.

One man said: "I enjoy seeing all the people go by."

A woman said: "I'm a bit worried about the whole business of being here. I felt strange. But I think I'll make it."

A pretty woman was excited. "Can I go to the shops on my own?"

"I think I'm going to be happy here," said an older woman. Unstuffed, her life's possessions are a small stack of cardboard boxes. Other patients, abandoned by their families, have come with nothing.

Dr Luiz said the patients would be helped back into society as ordinary working people. Those not rehabilitated within six months will return to hospital to give other patients a chance to move to the half-way house.

This morning they will go to work without an escort for the first time, going by bus to their place of sheltered employment at the other end of the city.

"Many psychiatric patients are in hospital unnecessarily," Dr Luiz said. "This is a fantastic opportunity for them, being right in the middle of Johannesburg. It's what they need."

RDM  
23/5/78 Staff Reporter

HEALTH & DS - Mental Health

THE Department of Health is hoping to set up half-way houses for psychiatric patients, similar to the one which opened in Hillbrow this week, in all major centres and to extend this idea to all races.

Dr J. Gilliland, coordinating director of the Department of Health, said in an interview yesterday: "I think it's a very important development, because if we take a patient from hospital and dump him in the community, he flounders and sinks. Now we can help him to adjust to his return gradually."

Some of the 10 patients who moved into Hillbrow this week have spent between 10 and 20 years in mental hospitals.

Yesterday, for the first time they successfully caught city buses to and from their work in a sheltered employment centre without being escorted by their nurse, Sister Magda Pretorius.

They were so keen that instead of remaining in one group, as they were supposed to, some caught the first bus that arrived.

Sister Pretorius took one patient into town with her. The man was keenly interested in everything he saw, but the bustle made him nervous and he suddenly said to her: "Don't leave me here."

Several members of the public yesterday offered to help and befriend patients. Dr H. A. Luiz, principal psychiatrist at Sterkfontein Hospital, has appealed for such volunteers because their long spell in hospital has left most of the patients unused to coping with everyday life.

HEALTH &amp; DISEASE - Mental Health

# Saints

Investigation by LIN MENGE and MERVYN REES

WESKOPPIES HOSPITAL in Pretoria was built to Victorian mental hospital design at the turn of the century. Today it struggles to meet the needs of an acute hospital with a frantic turnover — 5 200 admissions last year, 94 per cent of them discharged.

More than half the hospital's current 2 200 patients are Black, crowded into buildings of the custodial era and designed, first and last, to keep patients "inside".

## Contrast

The contrast between the Black and White sections is shattering, especially because White Weskoppies has gone to such tremendous effort to make patients' surroundings bright, homely and attractive.

It is almost inconceivable that the same society which designed something as tasteful and sensitive as the hillside White maximum security section for 100 patients should tolerate such very different conditions for the 1 000 Blacks below.

One has to remember that these are long-term Whites, while the hospital's Black intake has the fastest turnover of all. And of course there are changes on the way — Weskoppies is to be partially rebuilt and the number of Black patients eventually drastically reduced. But the present crowded Black sections will be there for at least five years.

Meanwhile, because of the great pressure of numbers — Weskoppies admits more than 300 Black patients a month — short-term improvements are virtually impossible.

But first, a closer look at White Weskoppies.

The shady avenues of jacarandas and tipuanas, the pleasant facade of the fine old Herbert Baker main building, provide an agreeable backdrop.

Inside the wards are so bright and clean that they sparkle; colourful curtains, mirrors, vases of flowers everywhere relieve the gloom of high steel ceilings and narrow sash windows, and the greyness of the steel cabinets in which patients lock their possessions.

Dining rooms and lounges open on to pleasant gardens. Until 1961 these gardens were all surrounded by high fences — each ward had its human cage.

Today there are only three closed White wards — the new maximum secu-

rity ward opened in 1973, a 30-bed men's ward and a small 17-bed women's ward which houses mostly chronics.

Although not meant to take children, Weskoppies has a small adolescent unit and several mentally defective child patients who have nowhere else to go.

For the rest the wards are no more confining than a private hotel. Patients who are being prepared for discharge may work for up to six months in the city while still in the hospital.

More than 100 patients are at present on 12 months' leave as a stepping-stone to discharge.

Patients all have minor chores to do, such as bed-making or washing up the tea things at night and there is a varied recreation programme of films, dances, sports meetings, card games, snooker and table tennis. There is a recreation hall and a chapel.

Public interest has grown, particularly in the past two years, and five church and other groups visit wards regularly, befriending patients. One patient's mother brings her friends to visit various wards and another family has offered to buy a TV set for the ward their relative is in.

Some wards will hold their own social functions, such as braais and suppers, and invite other patients or relatives.

Some patients do not want to leave and tend to relapse in the face of this possibility. No patient is discharged until he has a job and a place to stay where community nurses, will visit him.

Patients employed in sheltered employment workshops in Pretoria are visited at work and given their medication there.

"It isn't a major crisis if patients come back — as long as they go out again," said Dr Phyllis Morgan, the superintendent.

## Little space

Of the 5 200 patients admitted last year, 58 per cent were first admissions. The others were returning for the second, third or even fourth time.

If there is plenty to do in the hospital day, there is little space to do it in. Although there is a well-equipped physiotherapy unit and small occupational (OT) and industrial therapy sections, ward activities such as morning PT, group discussions,

quizzes and debates — whatever the occupational therapists devise — have to be squeezed into borrowed corners of dormitories and lounges.

The psycho-geriatrics, who could do a little OT or play croquet, do little or nothing because of the lack of facilities and shortage of occupational therapists. Now an OT complex is to be built for them.

Their prefabricated building, although most comfortably furnished, was designed on the assumption that being seniles, they would spend most of their time in bed. In fact the hospital tries to keep everyone out of bed.

## Defects

Bed space too is short. Although doctors may now treat private patients in mental hospitals, Weskoppies cannot offer them beds.

Main defect of the old buildings is that they consist of large dormitories and little else, says Dr Morgan.

"Future streets must be on smaller wards, more living and therapy areas and more comfort for patients," she said.

Although very well staffed compared to other hospitals I saw, Weskoppies is short-staffed for its patient load. For the 980 White patients there are some 400 White staff, including nursing students and nursing assistants. Some of the White staff work in the Black sections and African nursing assistants are allowed in the geriatrics' ward by State health as an "interim measure".

There are four full-time and eight part-time psychiatrists, eight clinical assistants (training to be psychiatrists), two full-time and two part-time GPs, four clinical psychologists and 12 clinical psychology interns.

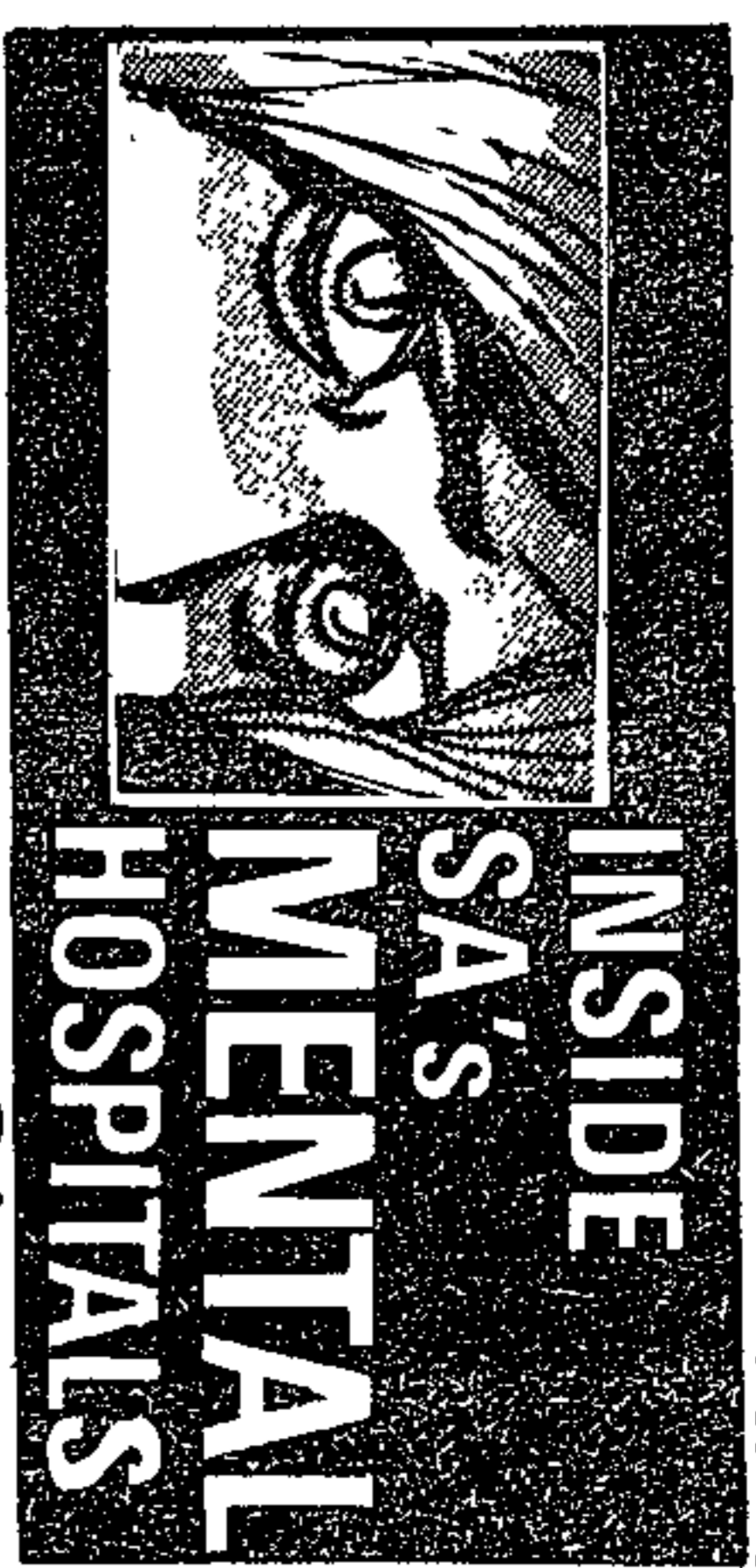
There are also seven occupational therapists (some of them part-time), two physiotherapists, two pharmacists and three social workers.

Dr Morgan is a medical doctor but has always worked in mental hospitals. Why?

"The rewards are from long association with patients and their families and the fact that you really can help people with their problems," she said.

A charming person, she sets the warm and friendly tone evident in this hospital, and shows a real concern for other people's happiness and comfort.

# of Weskoppies



## Glossary

**MENTAL** hospital patient can be divided into two broad groups, acute and chronic.

**Acute** patients may be voluntary or certified, psycho-neurotic (mentally ill but not insane) or psychotic (insane). They often include alcoholics and drug addicts. Most psychotics are schizophrenics, epileptics and manic depressives.

**Psychotic** conditions can also be caused by head injuries, syphilis, malnutrition or chronic liver and other diseases.

**Chronic** patients are mostly middle-aged or elderly schizophrenics and epileptics. It was only the introduction of psychotropic drugs 20 years ago that made most forms of insanity controllable, by which time some of the patients who are still in mental hospitals today were already beyond the point of no return. Other chronics are adult mental defectives and psychogeriatrics.

**Child** mentally defectives who grow old to become chronics may be the result of pre-birth or birth damage, or diseases such as meningitis or encephalitis.

Their IQs could be anything below 75, making them ineducable in the academic sense and sometimes in all other senses. Some, like spastics, require considerable physical nursing care. Some, mercifully, live only for a few years.

## Frightening problem of overcrowded wards

"YOU WON'T like it," warned a State official. We didn't.

Most of the 1 098 patients are Africans. There are Indians and Coloureds among them who, when possible, are put in the sick bays to give them some separation. Chinese go into White wards.

There are under 300 Black staff all African and all qualified nurses or nursing assistants.

The buildings, custodial in design, consist of a quadrangle of dormitories around an open, tree-less yard. There were 118 women, mostly acutes, in the one ward we saw. The patients were sitting on benches against a sunny wall eating an obviously good lunch.

The open, canopied dining area is chilly in winter but the hospital can't afford to lose beds by turning a dormitory into a diningroom. The women sleep on beds and seat toilets have been asked for to replace the "old-fashioned" squat toilets.

There was a row of single lock-ups — unfinished except for a mattress, dark-painted, evil-looking. African patients often arrived in a wilder state than Whites did, and sometimes under police escort, said Dr Morgan.

A few waiting babies and a severely deformed

teenager lay on mattresses in the concrete dining area. After initial investigations are complete they will be sent into Smith Mitchell's care at Randwest.

For recreation, patients have singing, sport and films consists mainly of domestic chores but, says Dr Morgan, the African charge sisters do good psychotherapy.

The women's ward was overcrowded — the men's frighteningly so. Waiting for lunch they seemed to pack the yard in overwhelming numbers. High fences separate the more helpless from the active.

The men sleep on felt mats, mattresses or beds. A hall is used for extra sleeping space. We saw one dormitory — large, dark and ugly and badly in need of a coat of paint.

Radio music blared in the yard and one or two patients jived. Several patients pressed round Dr Morgan, wanting to discuss personal problems, wanting to go home.

An African male nurse told us that only a few of the 198 patients in his ward remained there during the day — most of them were heavily employed in maintenance and gardening.

This was a long-term ward and included many SPD's some of them mur-

derers. Even if they have recovered from their psychosis some time must pass after their crime before they can be considered for discharge. The hospitals may only recommend discharge — it is the court's and the State President's decision.

Happily most African patients are discharged more rapidly than Whites, according to the ebullient Professor Wilhelm Bode-mer, the chief psychiatrist, because they come in in more acutely psychotic states.

"Just as one can treat pneumonia more quickly and effectively than flu," so one can treat the acute psychotic more effectively," he said.

Usually their condition was complicated by liquor and malnutrition but the hospital diet soon helped them.

Because the crowded Black men's wards admit 200-250 patients a month, they have to discharge as many as they admit.

"If means we're sending out people when they've only just recovered, but at least we're not keeping well people in the hospital," said Dr Morgan.

Staff team meetings to discuss Black patients were more haphazard affairs than in the case of Whites. Follow-up of discharged patients — many of whom were likely to be readmit-

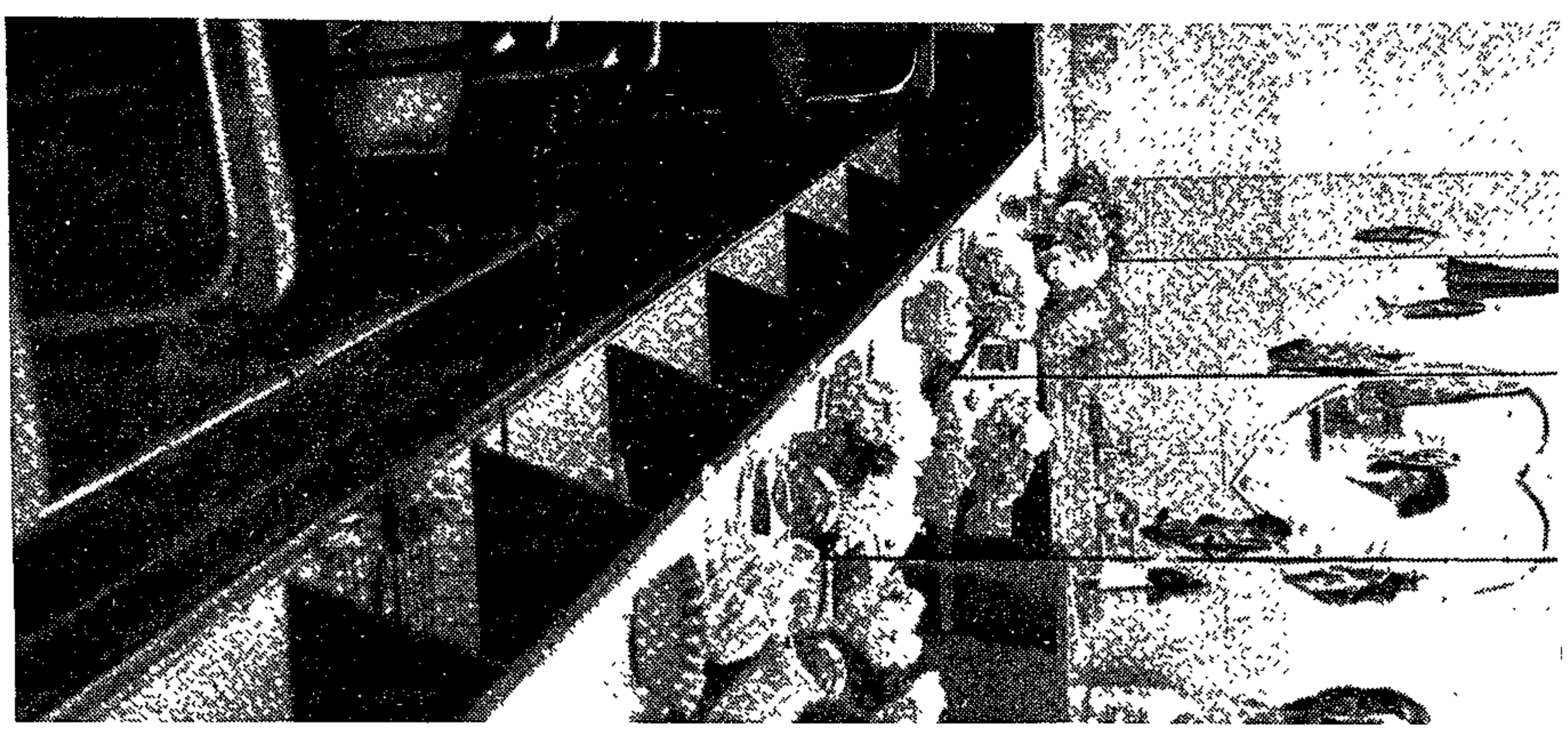
ted because of the social conditions to which they returned — had improved considerably, the superintendent said.

The hospital had a map showing every clinic and hospital in the huge area from which it drew its patients so they knew exactly where to send a patient's medicine. If he did not turn up at the clinic, it was the latter's job to find him.

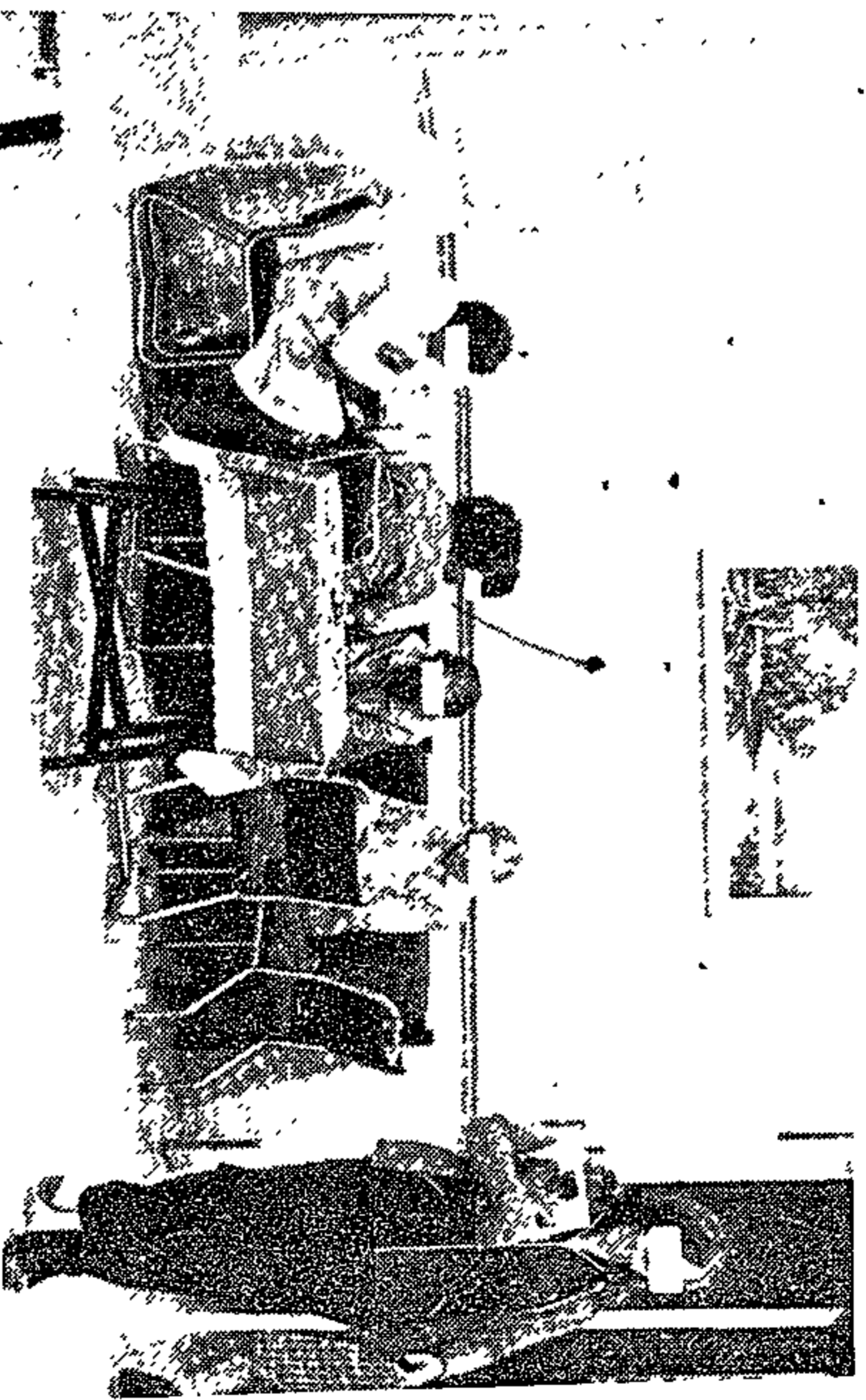
Most of the work of keeping Black patients out of hospital, motivating families and visiting the discharged, has devolved on the thin shoulders of Sister "Robbie" Robinson. Although the Bophuthatswana homeland authority has now started its own services, this little white woman with her four African nurses (two men and two women) has done an incredible job in pioneering community psychiatric services, says Dr Morgan.

Driving over non-existent roads, following directions such as "turn left at the tree stump" she has reached her remote charges, only to be desisted on by police and tribesmen to deal with fresh human problems.

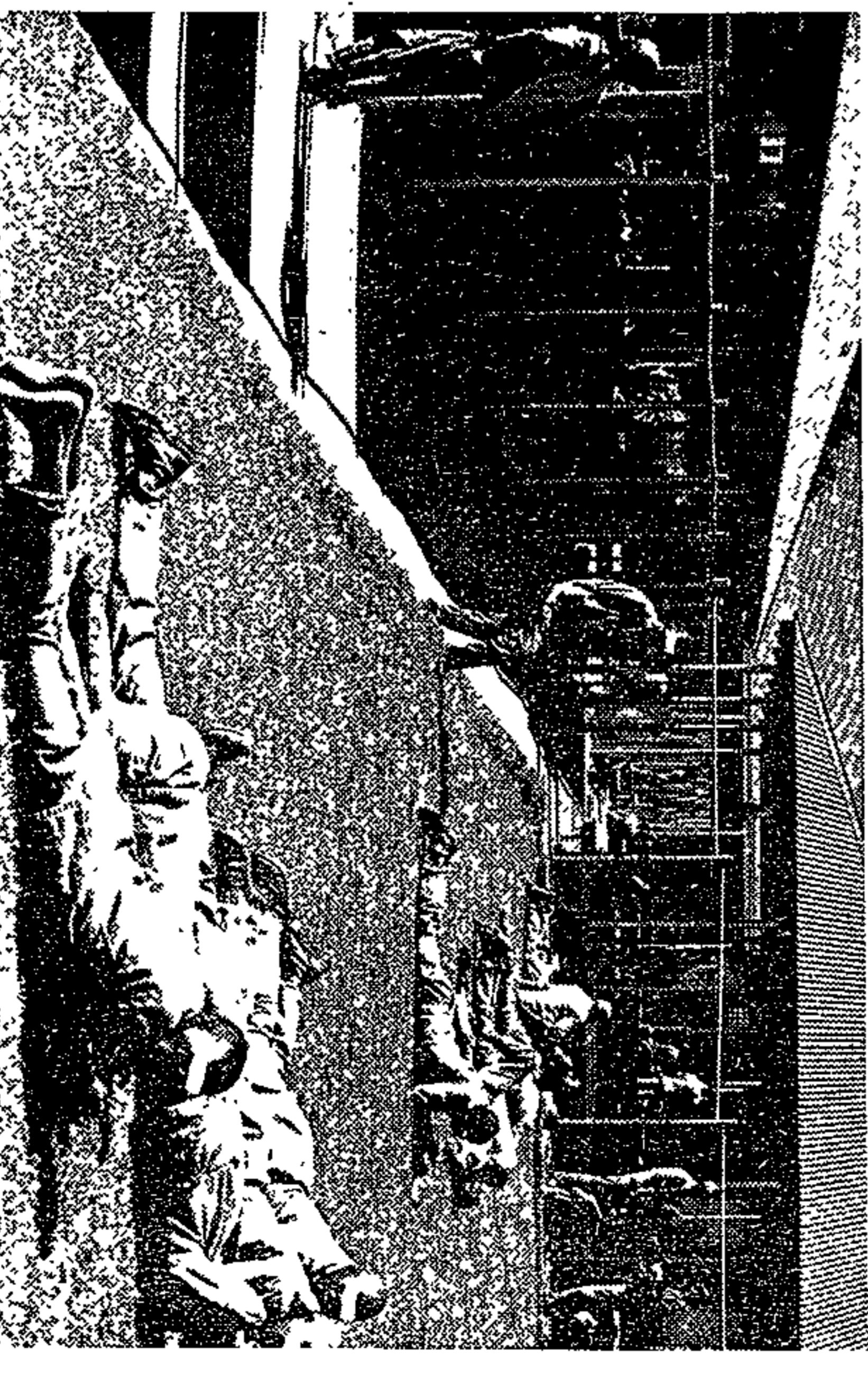
When South African's grim wards for Black mental patients can finally be pulled down, it will be thanks to unsung saints like Sister Robinson.



A ladies' beauty parlour, complete with heart-shaped mirrors and electric hair-dryers, in the occupational therapy section for women patients at Weskoppies.



Older women patients sew and chat in a corner of the diningroom in an admission ward for, mostly, certified patients.



A corner of a crowded Black men's ward at Weskoppies Hospital. The patients had returned from a morning's work and were waiting for lunch.

# 'We didn't want a wall'

WE TOURED the following White wards:

● **THE NERVE CLINIC:** This caters for acute cases who admit themselves voluntarily.

"Such cases could be treated in a general hospital. Some of them here fear the rest of this hospital. They do not want to see patients ravaged by years of mental illness," said Dr Morgan.

Built in 1961, the Nerve Clinic is modern and comfortable with small dormitories and attractive open-air recreation wings, but again too little space for OT.

There is a row of rooms, neatly furnished but very tiny, for patients who need to be by themselves. The wicker doors have the usual off-putting peep-slit for observation.

● **WARD B** — an acute admission ward for women. These were mostly certified admissions but some voluntary patients had settled in there quite happily, said Dr Morgan.

One of these was a young Platteland woman lying heavily sedated in one of the ward's two seclusion rooms. The door, heavily bolted on the outside, stood open.

Use of such single lock-ups must be authorised by a doctor every single time and the record of seclu-

sions put before Hospital Board meetings. Seclusions are rare and generally last only a few hours.

● **WARD SIX** — a rehabilitation ward.

This was mostly for schizophrenics who had not responded to treatment. Here Dr Jannie Plomp, the principal psychiatrist, runs a programme aimed at keeping the patients active and responsible instead of becoming chronic inmates and also at returning them to society.

There is a token system under which they lose privileges such as going out if they do not do small chores well.

The adolescent unit, which takes a maximum of 10 patients, is in this ward. Boys and girls from 12 to 19 years sleep in the adult wards — "they must mix with adults as in real life" — and spend three to five months in hospital, some times continuing their schooling outside.

These teenagers are of normal intelligence but they come with neuroses, early signs of schizophrenia or abnormal behaviour problems reflecting serious family troubles.

They are of course on medication and their activities — art, music and group therapy — are designed firstly to observe their condition and second-

ly to correct it by increasing their self-confidence or their ability to concentrate.

Faulty behaviour is corrected through group pressure and Fridays are devoted to social activities in which they must make conversation — making things happen in their lives.

● **OCCUPATIONAL AND INDUSTRIAL THERAPY:**

The women's OT section includes a well-fitted beauty parlour with mirrors, jars of make-up and electric hairdryers. Care of personal appearance is one of the first things to go in mental illness, said the therapist.

Patients were decorating file covers, reading newspapers and baking in the tiny kitchen. Birthdays are celebrated with tea parties.

What dedication it all needs — some patients have no idea even of where they are or why.

In the industrial therapy section — again cramped — patients assembled plastic flowers and shampoo

packs, folded packaged hotel shower caps, put together exhaust clamps and trimmed and rubbed badly finished factory rejects.

● **THE MAXIMUM SECURITY WARD.**

This caters for 100 White male patients, mostly SPDs but also difficult patients. Although they can progress to the ordinary wards and even qualify for discharge, this is a sad place, prison for those who are likely to commit crimes against society because they cannot help themselves.

Many of them were of low intelligence, and their crimes likely to be sex offences or housebreaking rather than violence, Dr Morgan said.

They lead lives apart from the rest of the hospital although selected patients attend concerts and sports meetings under escort.

From outside the place is repellent — a great grey

**RANDWEST is a vast converted mine compound housing 2 800 mental patients — including children. It is run by a group of companies who say they make a profit or they wouldn't be doing it.**

**What kind of place is Randwest? Who are the people behind it? Don't miss tomorrow's Rand Daily Mail.**

wall with a cage-like wire mesh entrance area. A guard in an office with an elaborate control desk announces callers who are let in from the inside.

Inside it turns out to be a low modern building set in terraced gardens to which a pool and a sports field are to be added. The view across to the hills north of Pretoria is magnificent.

"We didn't want the visible security of a wall — we would have liked a moat but the cost was prohibitive," said Dr Morgan.

Mr B. Swarts, the charge nurse and a wrinkled friendly soul, hotly defended his charges against any idea that they might be dangerous or destructive. One had knocked the one-way glass out between the nurses' office and the recreation area but this, Mr Swarts emphasised, was during a hysterical fit.

The patients sleep in individual lock-ups but although small, these are attractively furnished and the barred windows are not unsightly.

As with all long-term patients, the faces tell the story. Some of these are distressingly young, faces such as one has seen, again and again in the dock, dull, uncertain and slightly

# Insanity's straitjacket

## INSIDE S'S MENTAL HOSPITALS



INSIDE S'S MENTAL HOSPITALS

● This week 10 psychiatric patients started walking about in Hillbrow, Johannesburg. Next week there will be more. If the State's first "halfway house" succeeds, cities all round South Africa may have such patients living and working in their busiest suburbs.

Unlike the unfortunate souls in Hillbrow, mental patients of the future—with few exceptions—should never again need to spend 10 or 20 years "put away" in mental hospitals merely because they remain social problems long after they cease to be psychiatric problems.

But only if the public will accept them in their midst.

Today patients leave mental hospitals at a greater rate than physically ill people

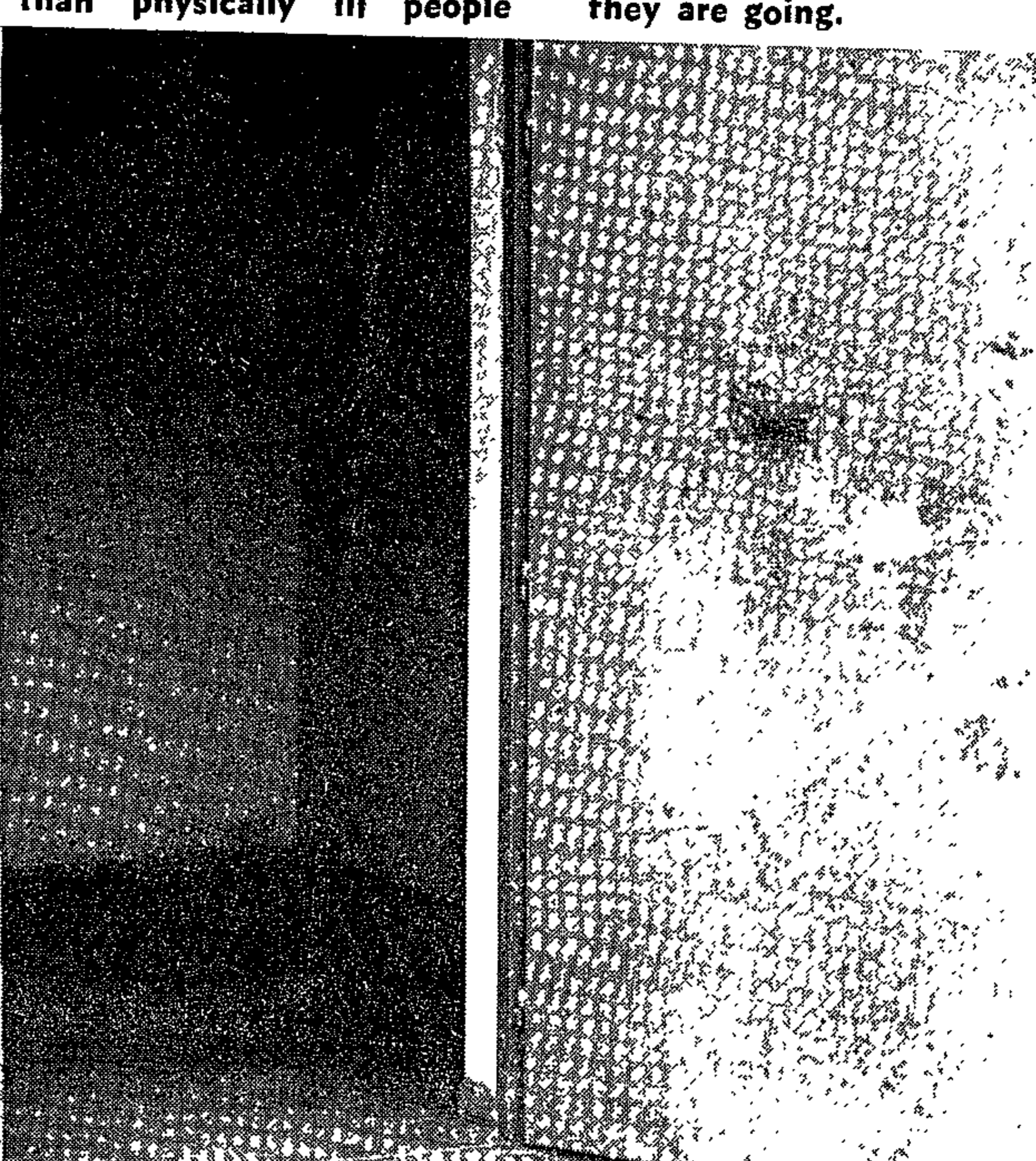
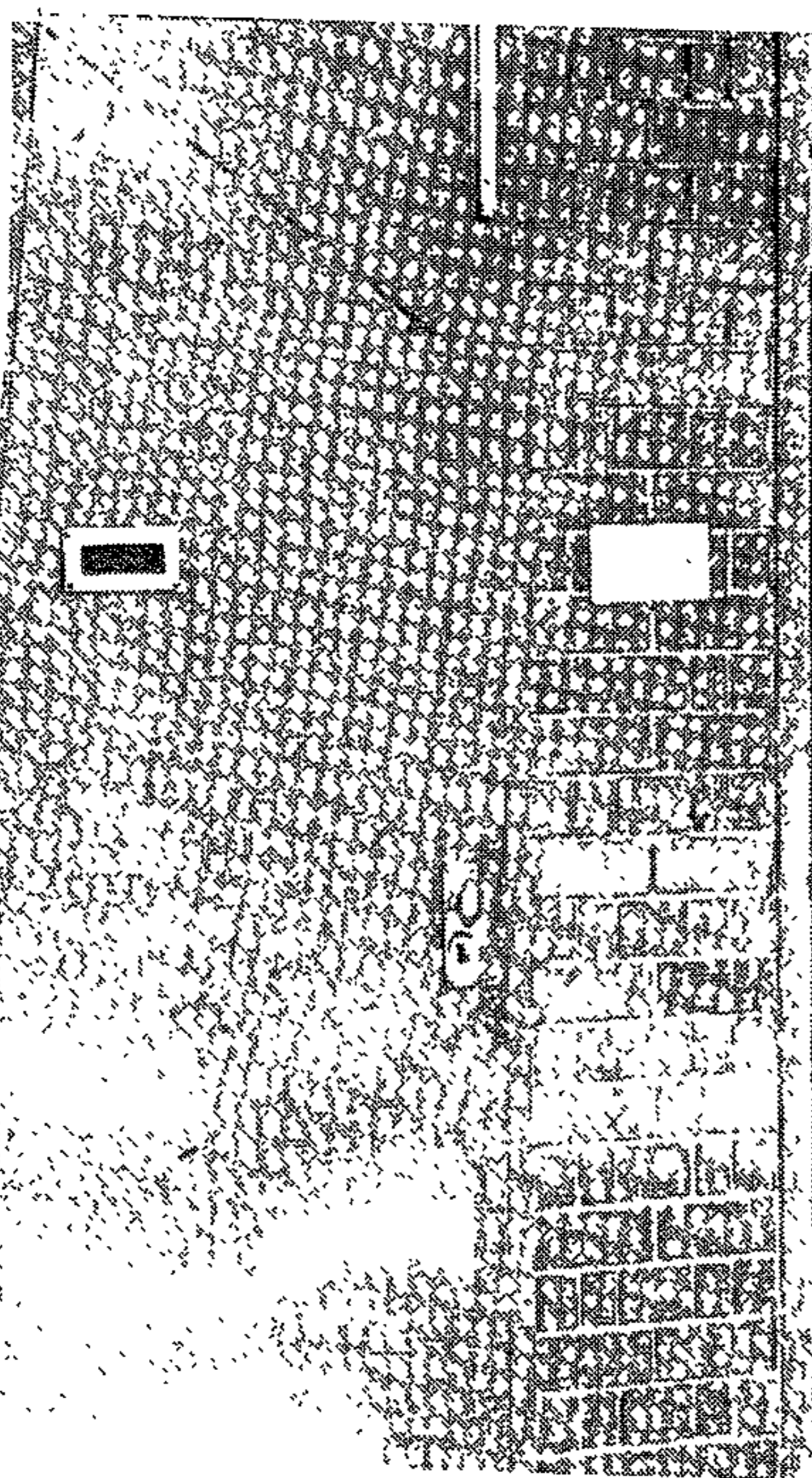
leave general hospitals. Many are being treated without going to hospital at all.

But because South African mental hospitals have been stuck away for years in remote places, members of the public are ill-prepared to accept this trend.

They still think mental patients are kept behind bars—and if they are not, that they should be.

Even the use recently of a converted hotel as a temporary premises for pathetically helpless, aged psychiatric cases roused fears among residents of "dangerous" patients from a "lunatic asylum."

The Rand Daily Mail has been looking inside mental hospitals—to tell you what they are like, why and where they are going.



Rows of single lock-ups like these remain in old Black sections of mental hospitals, although their use is strictly controlled.

# Hospitals that were forts and barracks

LIST the oldest of South Africa's mental hospitals and it reads like an introduction to military history.

● **TOWER HOSPITAL**, in Fort Beaufort, includes the remnants of fortifications, complete with cannon tower, built at the end of the Sixth Kaffir War 140 years ago.

● **ORANJE HOSPITAL**, in Bloemfontein was started, as a mental hospital, in 1884. Until two years ago the Bloemfontein Fort, started on the orders of Sir Harry Smith in 1848, had served for 55 years as the maximum-security section.

● **VALKENBERG HOSPITAL**, in Cape Town, was built in 1891. It included wood-and-iron buildings, since demolished, which were originally used on Robben Island to house lepers.

● **FORT ENGLAND**, in Grahamstown, has sections built during the Napoleonic Wars.

● **FORT NAPIER**, in Maritzburg, dates from the British Occupation of Port Natal in 1842. Material for the original barracks came from India and the Crimea. Although most of the original fortifications have been demolished, Fort Napier continued to be used as a garrison until 1914.

● **WITRAND**, in the Transvaal, an institution for mentally defective, has buildings going back to before the Anglo-Boer War.

Of course they have been renovated but even the up-to-date (for Victorian times) Weskoppies Hospital, built 75 years ago, doesn't meet modern needs.

Stikland, in Cape Town, is the most modern hospital — it was built in 1961. Sterkfontein, near Krugersdorp, is a little older. Bophelong and Madadeni were both built in the last 10 years but they are relatively remote, and for Africans only.

The problem is that until 1944 psychiatric institutions were merely places of safe custody, controlled as such by the Department

of the Interior. Then they were placed under the Department of Health, but in 20 years less than R7-million was spent on basic facilities for mental health.

Hundreds of mental patients were detained annually in prison until room could be found for them. It was not until 1970 that the custom of locking up acute patients in police cells was stopped. Now it is only allowed in the direst emergency.

All the while the load of chronic patients grew, occupying beds, time and money, blocking the chance of treatment for those who, at least when they first arrived, had a better chance of recovery.

In spite of the revolution in treatment that came with the end of the Second World War, and its huge and terrible legacy of psychiatric invalids, South Africa lagged.

There were only pockets of progress. Tara Hospital (now the H. M. Cross Centre) paved the way for the development of psychiatric community services, and started psychiatric out-patient services already in 1954, later to be followed by the Johannesburg General Hospital.

But these were provincial hospitals. It was another 10 to 15 years before State hospitals introduced out-patient services.

Down the years the situation demoralised doctors and nurses alike. While psychiatric nursing became the Cinderella of the nursing profession, psychiatrists themselves simply resigned. Forward-looking Tara could boast more psychiatrists for its few beds than the entire State mental-hospital service put together.

Valkenberg in Cape Town lost six psychiatrists in three years because they could not take the bad conditions, and the shabby state of the hospital was repeatedly raised in Parliament.

Yet it was nearly a dec-

ade before the Minister, in May 1973, announced the spending of R4-million there on new wards and other facilities.

It is only in the past 21 years, since the introduction of drugs which could control the symptoms of madness, that treatment for the mentally ill has no longer had to mean long incarceration.

It is only in the past 11 years that efforts have been made to reduce State hospitals of their load of long-term chronic patients and mental defectives — largely by hiring accommodation from the Smith Mitchell group of private companies.

It is only now that patients can be admitted to mental hospitals for treatment without, as was usually the case in the past, being certified.

And as far as the hospitals themselves are concerned, it is mainly since Dr Schalk van der Merwe became Minister of Health in 1972 and Dr J. de Beer the Secretary for Health, that a massive though

long-term building effort has got under way.

Dr Van der Merwe told Parliament last October: "We are trying to rectify a position which has gone backwards with the years because of the general attitude towards the psychiatric patient."

Since taking office he had called for an investigation into psychiatric hospitals and, arising from this, the Cabinet last year approved additional capital to the extent of some R75-million.

But there would be no crash programme.

"We do not have the manpower and it is physically impossible to make up the backlog over a period of less than 10 or 15 years," the Minister said.

To meet the shortage the department has revised building programmes to speed up their completion and plans have been submitted for new hospitals for a total of 6 000 patients, mostly Black, in White areas.

More beds are being provided at existing hospi-

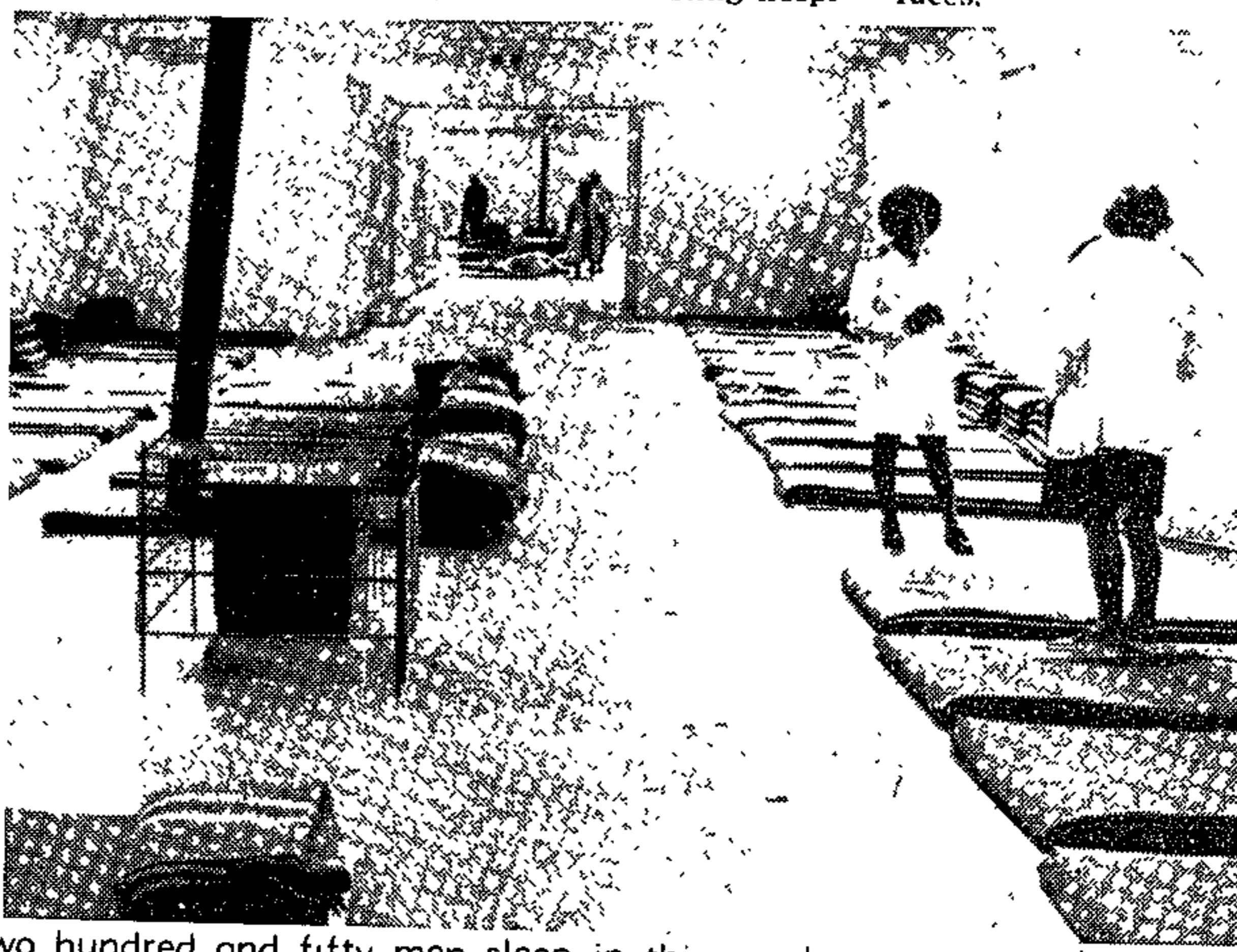
tals and beds are being taken over in former TB hospitals.

The number of people who used out-patient services more than doubled between 1972 and 1973, and last year stood at almost 142 000. As more general hospitals get psychiatric wards, so more patients can be hospitalised outside mental hospitals.

Tri-partite appointments of psychiatry professors, linking the State, the provincial hospitals and the universities are another breakthrough, improving psychiatric teamwork in particular areas.

Further changes for the better should come about with the implementation of the Mental Health Act of 1973 which repealed most of the archaic Mental Disorders Act of 1916.

It is this Act which provides for the creation of halfway houses such as the one which opened in Hillbrow this week and which are likely to open in other centres and for other races.



Two hundred and fifty men sleep in this ward in a converted mine compound at Randfontein.



is off—but liberty's still out of reach

HEALTHY DIS. — *Merrilyn Rees*

# Locked out by

# a 'sane' society

A  
Daily Mail  
investigation  
by

LIN MENCE

MIKE  
ENGELBRECHT

MERVYN REES

TODAY'S psychiatric patient goes to yesterday's hospitals among the mental patients of yesterday.

Progress in the treatment of mental illness has been so rapid that bricks and mortar, official planners and public attitudes have not kept pace with it.

Today's typical mental hospital patient is your next-door neighbour, mother of two, Mrs X.

She's most likely to be a schizophrenic, the cause unknown, projecting her hallucinations and delusions on the people around her. Upset they react, she counter-reacts. Her concentration goes, she loses her job.

But today she's a "come and go" who can be treated quickly and returned to husband, children, another job, tennis club, in a matter of months. The quick prick of an injection, perhaps a few hours of seclusion in a private room, now do for Mrs X what padded cells and straitjackets had to do in the past.

Yet mental hospitals are still largely wrong for people like Mrs X.

They are wrong because they are relics of an era when living and working areas weren't needed because patients were meant to stay put, either in bed or behind fences, and they have grim remnants, especially in their Black sections, of the custodial era of locks and bars, of high walls and peepholes.

Biggest problem of all, they carry a residue of patients for whom the psychotropic drug breakthrough came too late, whose faces are ravaged by years of mental illness, whose behaviour, moulded by long years in institutions, has become robot-like, and they house patients who are criminals or mentally defective or pathetically senile.

"We try to call our admission wards neuro clinics" nowadays but they're still in the grounds of mental hospitals — we bluff nobody," says Dr J. Gilliland, Co-ordinating Director of the Department of Health.

Such hospitals reinforce in the public mind the image of the "looney bin," the belief that to treat such people in the community is tantamount to letting

loose a bunch of dangerous maniacs.

If public and official attitudes had been different 10 or 20 years ago, those 10 patients who moved into Hillbrow this week into the State's first halfway house, would not have had to spend so many years shut away in hospital.

Even now some of the relatives of people being moved to Hillbrow have said: "But why move him now? He was so happy at Sterkfontein. He's been there 17 years—you'll never get him right."

There are hundreds of others who will never qualify for even a chance in a halfway house. Hillbrow is the tip of the iceberg. And those who don't make the grade in the halfway houses will have to go back to hospital.

Last year there were 17 000 patients — 5 000 of them White — in State psychiatric hospitals, and more than 3 000 (mostly Whites) in institutions for the mentally deficient. There were also 8 000 State patients accommodated by the Smith Mitchell group of private companies.

The hospitals were overcrowded. They had 3 400 patients more than they had room for. There were another 3 000 patients on parole who could be brought back at any time — with nowhere, really, to put them.

Overcrowding means mats and mattresses in Black hospitals being pushed closer together. It means enclosing verandas, taking over unoccupied TB beds, putting beds in unused X-ray departments, using single bedrooms for offices, squeezing occupational therapy in a corner of a lounge or diningroom in the interval between breakfast and lunch.

It means mixing chronic cases and acutes if not actually in the wards, then in the same buildings. Black patients especially are likely to be mixed — the come-and-go acute, the wretched croone, the comforted spastic and the State President's Detention Patient (STD) who came to hospital via the courts.

It means — in race-conscious South Africa — often mixing African, Coloured and Indian patients.

The State makes do with what it has in the way of accommodation — even a 140-year-old military garrison is still in service — and with hired accommodation.

Much of the hired accommodation, in premises provided by the Smith Mitchell group, is in converted mine compounds, mine hospitals and old hotels.

To its critics the State replies that its hired premises are "temporary", but some have been in use for more than 10 years and some are likely to be needed for another 10 or even 20.

A great deal of the humane approach of modern mental hospitals applies only to Whites — freedom of movement, their own clothing, small dormitories, physical comfort, colourful decorative touches in the wards, gardens in which to relax, planned rehabilitation and graded occupational therapy programmes, separation of acutes from chronics and mentally defectives.

State mental hospital sections for Blacks are a disgrace.

Most of them range from the utterly dreary to the downright frightening. Thousands of Blacks who are neither criminals nor dangerous, are confined behind high metal and barbed-wire fences, have to use hideous single lock-ups that look like something out of *BeLiam*, have only crowded, treeless quadrangles to relax in.

Thousands of them still sleep on mats on concrete floors in unheated, unfurnished wards with curtnessless windows.

Black mental patients are not all in far-away hospitals where Whites can conveniently ignore them — some of the oldest and most repellent sections are right there in the grounds of gleaming, inviting White mental hospitals.

Fortunately patients like gentle Mrs X never see them from the inside.

The irony is that South Africa's mental hospitals are, generally still struggling to escape from the past, the old-fashioned, cramped, remote quarters of 50 or 70 years ago—at a time when treatment of mental patients is moving out of hospitals into the community.

Now that the money is at last there to build beautiful new mental hospitals — huge sums have recently been voted for hospital-building programmes — do we really want them?

There are lessons in the makeshift-make do nature of the present setup, in the way the Smith Mitchell group particularly pay more attention to what patients are doing with their time than erecting fancy facades and buildings meant to last for years longer than they may be needed.

One particular lesson is that mental patients should not be put in the granddoles where doctors don't get to them.

Every time the Army doesn't need some inaccessible old camp, Health gets it," said a State official. "No wonder we can't get staff."

Vacated Government buildings at the Hendrik Verwoerd Dam, for example — didn't State Health want them? No — they did not. But a few years previously somebody would have said yes.

Mrs X, today's typical mental patient, needs staff — intensive care to keep her out of hospital — a team of psychiatrists, clinical psychologists, occupational therapists, nurses and technical staff in therapeutic workshops.

But of the 158 psychiatrists on the medical register, only 55 are full-time with the Department of Health. Those who provide part-time sessions to mental hospitals live mostly in the big cities. There is not a single psychiatrist, Black or White, north of Pretoria.

But then there isn't a single African psychiatrist or clinical psychologist in South Africa. Thanks to a donation from the Smith Mitchell group, State Health can now offer their first duty to an African doctor wishing to study psychiatry.

There is only one Coloured psychiatrist, in Cape Town.

And even if there were more professional Black staff, what about apartheid? One superintendent said it would be better to have no Black professional at all than have them hived off in humiliating social separation from their White colleagues.

There is plenty of excellent Black nursing, material even at nursing assistant level, at a time when applicants for jobs as White nursing assistants tend to be "factory rejects" — but Government policy requires generally that Blacks may only nurse Blacks.

In fairness to the Government it is the families of White patients who complain, a doctor said.

So mental hospitals once again make do — with retired psychiatrists, part-time GPs, part-time occupational therapists, dedicated nurses.

There is virtually no psycho-therapy for Blacks, they receive mainly shock treatment and drug therapy. As urban life sees more neurotic, as opposed to psychotic Blacks, seeking treatment, they are going to need a different kind of treatment.

In the United States, psychiatric teams are now given three days to get patients out of hospital. In South Africa, says Dr H. A. Lutz, principal psychiatrist at Sterkfontein, a schizophrenic who is so psychotic he cannot be treated in the community should be out of hospital in two weeks.

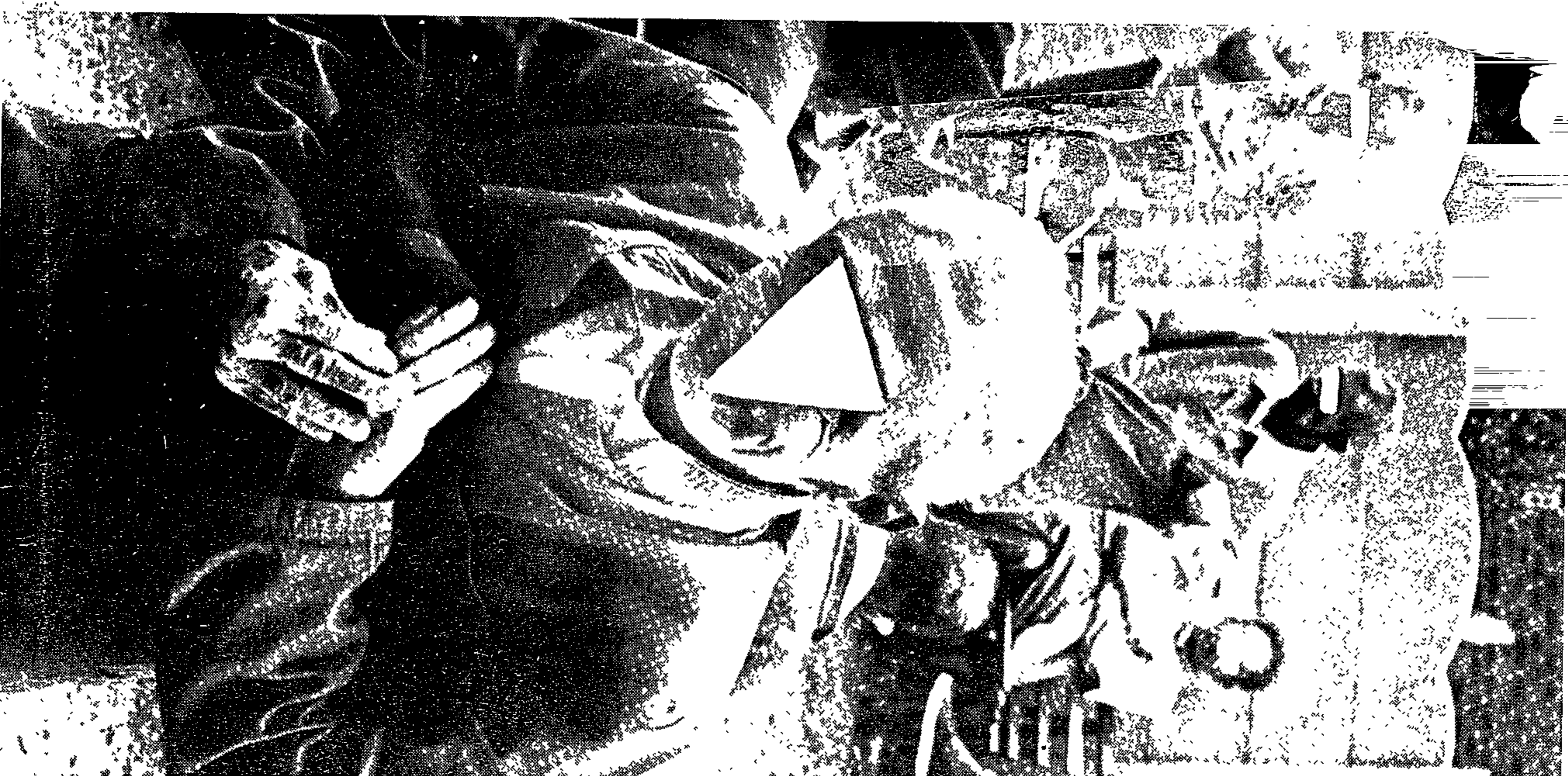
The problem is not so much psychiatric as social. The acute patient who falls out with his family and loses his job because of his illness becomes "undischARGEABLE," says Dr Lutz, unless a halfway house like Hillbrow community psychiatric service can help find a place to stay, a job and a chance to get some income.

Otherwise, he will join the chronics. South Africa has too much money to build hospitals if no longer needs. But, says Dr Lutz, the money the country could save on building new hospitals must be used on community psychiatric services.

Otherwise South Africa will find herself like certain overseas countries, with a growing population of expatrient drifters.

"Only the dangerous, the geriatrics and the very helpless should be in mental hospitals," he said.

But not Mrs X.



Psycho-geriatrics — aging, senile patients — in the garden of a Kensington sanatorium.

# Drugs are the key that lets them out

MOST psychiatric patients are "drugged" all the time. "Under medication," their doctors prefer to call it.

Such "chemotherapy" controls the symptoms of their madness, damping down a ggression and checking bizarre behaviour — making it possible to treat the patient in an open ward and later in the community.

For some patients medication means taking tablets up to three times a day, for others a monthly injection.

When he leaves the hospital, the patient takes with him a fortnight's or a month's medication, after which his medicine is posted to him through his private doctor or the local district surgeon, or he collects it himself at the nearest clinic.

The drugging must not be so heavy as to take the edge off a patient's awareness, but the correctness of the dose will largely depend on how observant the nursing assistants are, because it is on them that the daily burden of psychiatric care really falls.

With perhaps only one psychiatrist for more than 1 000 patients, or an occasionally visiting psychia-

trist for several hundred, the chances of a long-term patient being seen regularly by a psychiatrist are remote.

A long-term patient's chances of discharge depend on a well-trained and observant nursing force; on activities which can stimulate him to go at least some way towards normal life, and on the existence of an after-care service to keep him from relapsing.

An acute patient obviously needs the same, but his prime need is for the intensive therapy and personal attention which will speedily improve his condition and get him out of hospital within a couple of months.

Eighty per cent or more of psychiatric patients are nowadays discharged after treatment. What is less certain is how many relapse, especially among the Blacks.

Often a State hospital will not know its relapse rate, because once on the road to discharge the patient might be transferred elsewhere to make room for others needing more intensive care.

But the hospital to which the patient is transferred might also lose

track of him, because if he relapses he will usually go back to a State hospital.

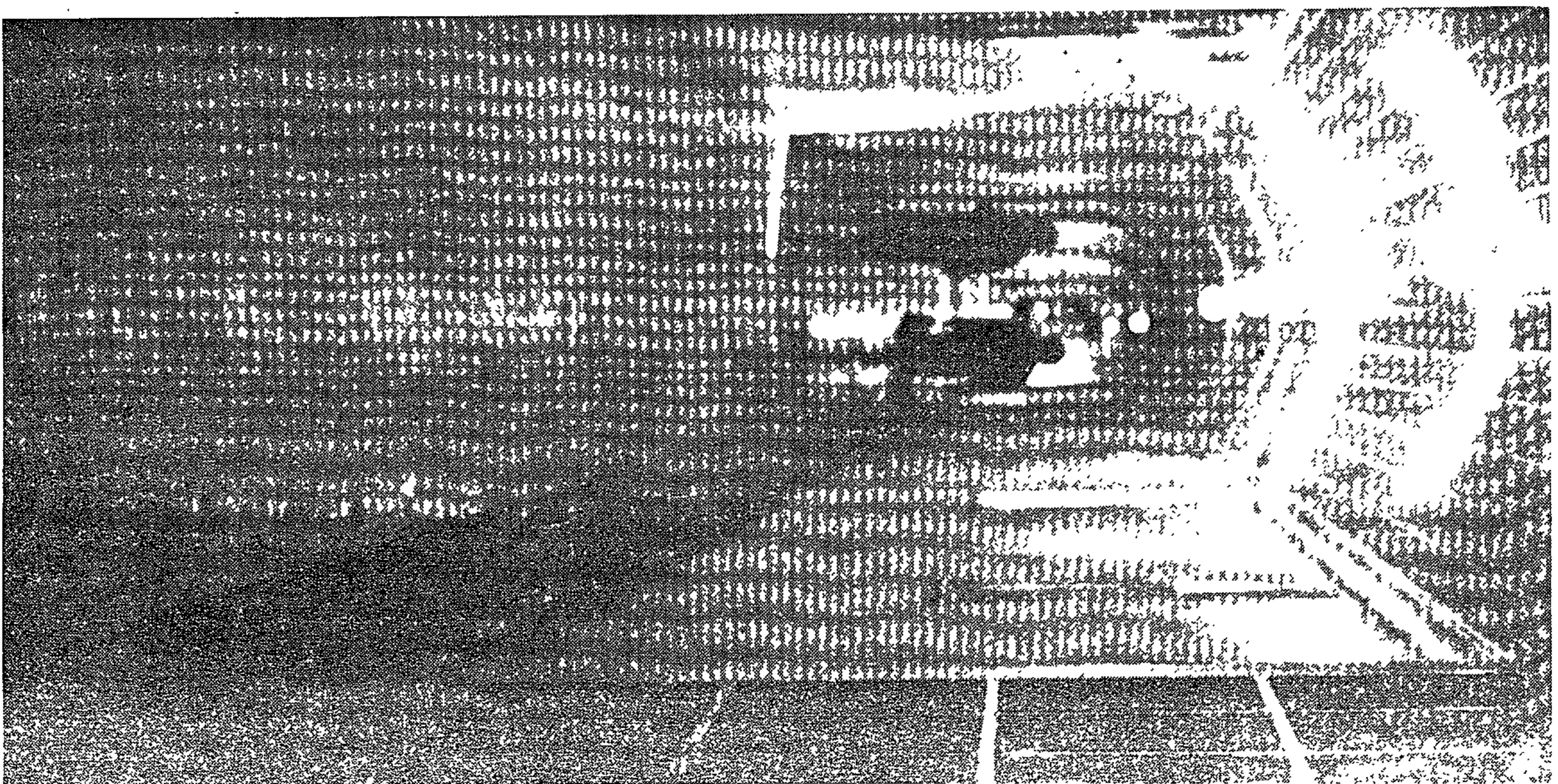
According to figures quoted by Dr H. A. Lutz, principal psychiatrist at Sierikfontein, in the SA Nursing Journal, it is possible that up to 40 per cent of outpatients don't keep up their medication unless there is strict control over them.

Sixty per cent of psychotics, he says, relapse without medication. And there is the fact that drug therapy on its own is not enough.

What are the chances of becoming chronic in a mental hospital today? Far less than they were, less than 10 years ago, for Whites especially.

Given improved follow-up supervision in the community, chronic patients should, one day virtually disappear, say doctors, leaving only those few, such as certain schizophrenics who, so far, have not responded to modern treatment.

That will leave only the seniles and mental defectives and their condition too could be avoided by vastly improved community health facilities.



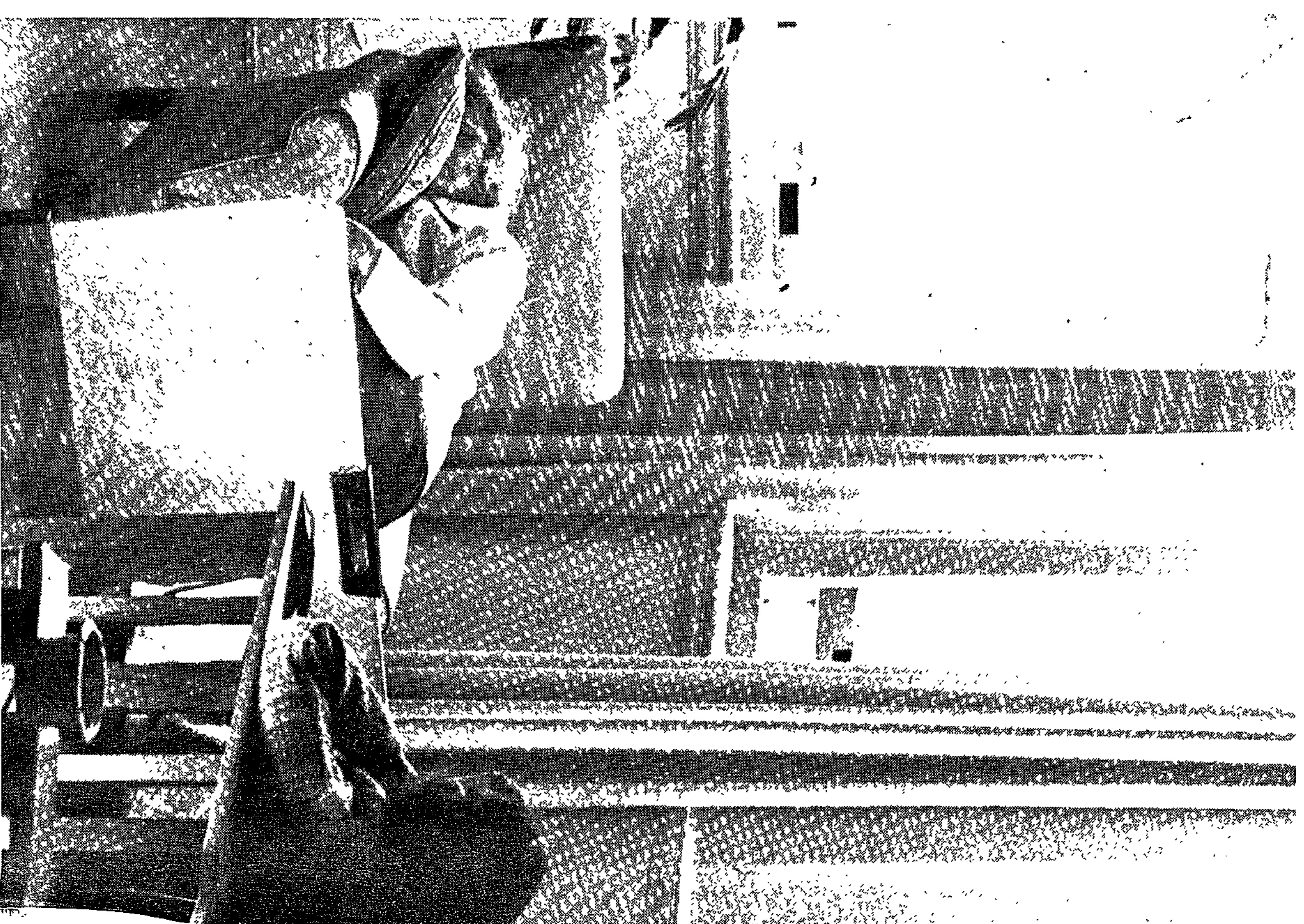
A long, high corridor in Victorian-built Westkoppies. P. 1

**INSIDE SA'S MENTAL HOSPITALS**

**Unsung saints at Westkoppies...**

Monday's

Daily Mail



A comfy corner for an after-lunch nap in a women's long-stay ward at Westkoppies.

Health & Disease - Mental Health

**Institutions registered with Department of Health and owned by Smith, Mitchell and Company**

\*16. Mr. J. W. E. WILEY asked the Minister of Health:

(a) What total amount has been paid in subsidy to the institutions registered with his Department and owned by Smith, Mitchell and Company, (b) when was the first subsidy paid in respect of an institution owned by this company and (c) what was the amount of the subsidy paid in respect of institutions owned by the company in each subsequent financial year.

The ACTING MINISTER OF HEALTH:

(a) None.

(b) and (c) fall away.

Smith, Mitchell and Company does not own any institution, but is a company which performs secretarial duties, *inter alia*, on behalf of owners of institutions in which patients are accommodated.

In this regard I wish to correct a further misconception by saying that the Department of Health does not pay subsidies to the owners of these institutions, but pays compensation in full at a daily tariff per patient approved by the Treasury in respect of the services rendered to patients.

Mr. J. W. E. WILEY: "A rose by any other name . . ."

The ACTING MINISTER OF HEALTH: With the leave of the House I wish to lay the rest of the reply on the Table.

Smith, Mitchell and Company performs secretarial duties for the following owners of institutions--

(a) at which psychiatric patients are accommodated:

Institution	Owner	Tariff per patient per day
Allanridge Sanatorium . . . . .	Allanridge Sanatorium (Pty.) Ltd.	R1-22,5
East Rand Sanatorium . . . . .	East Rand Chest Hospital (Pty.) Ltd.	R1-45
Ekuhlengeni Sanatorium . . . . .	Good Hope Private Hospital (Pty.) Ltd.	
	(Chronic Patients)	R1-30
	(Mental Defective Patients)	R1-40

Institution	Owner	Tariff per patient per day
Majestic Hotel . . . . .	New Kings Hotel (Pty.) Ltd. Sole Proprietors of the Majestic Hotel	R4-31
Poloko Hospital . . . . .	Poloko Sanatorium (Pty.) Ltd.	R1-10
Randfontein Sanatorium . . . . .	Randfontein Non-White Sanatorium (Pty.) Ltd.	R1-26
Simmer Sanatorium . . . . .	Simmer Sanatorium (Pty.) Ltd.	R3-60
Springfield Sanatorium . . . . .	Springfield Indian Sanatorium (Pty.) Ltd.	R1-75
Struisbult Sanatorium . . . . .	Struisbult (Pty.) Ltd.	R4-31
Thabamooopo Hospital . . . . .	Thabamooopo Psychiatric Hospital (Pty.) Ltd.	
	(Chronic Patients)	R1-22,5
	(Mental Defective Patients)	R1-40
Turrets Sanatorium . . . . .	Turrets Sanatorium (Pty.) Ltd.	R4-31
Waverley Sanatorium . . . . .	Rose Chest Hospital (Pty.) Ltd.	R1-22,5;

(b) at which tuberculosis patients are accommodated:

Institution	Owner	Tariff per patient per day
Allanridge Sanatorium . . . . .	Free State Chest Hospital (Pty.) Ltd.	R2-59
Kirkwood Chest Hospital . . . . .	Kirkwood Chest Hospital, Sole Proprietors, Salisbury Island Chest Hospital (Pty.) Ltd.	R2-64
Knight Chest Hospital . . . . .	Knight Chest Hospital (Pty.) Ltd.	R2-64
Randfontein South Chest Hospital . . . . .	Randfontein South Chest Hospital (Pty.) Ltd.	R2-64
Richmond Natal Chest Hospital . . . . .	Richmond Natal Chest Hospital (Pty.) Ltd.	R2-49
Waverley Chest Hospital . . . . .	Waverley Chest Hospital Sole Proprietors, Hill Crest Clinic (Pty.) Ltd.	R2-69
Woodbrook Chest Hospital . . . . .	Woodbrook Chest Hospital (Pty.) Ltd.	R2-64;

(c) at which T. B. and other infectious diseases patients are accommodated:

Institution	Owner	Tariff per patient per day
C.M.R. Hospital . . . . .	C.M.R. Hospital (Pty.) Ltd.	R3-74
Algoa Chest Hospital . . . . .	Algoa Chest Hospital (Pty.) Ltd.	R4-07

The information required by the hon. member in regard to moneys paid to the individual institutions is not readily available and the extent of the task to obtain it is such that it would not justify the efforts and the expenditure involved.

# The men in the business . . .

THE GROUP of private companies which accommodate one-third of the State's mental patients are perfectly frank: "Of course we show a profit, otherwise we wouldn't be doing it."

And of course they have a monopoly. They have been in the hospital business for years providing beds for TB patients. No other private company either wants to run mental hospitals or can do it for the same price.

The State pays them about R1,30 a day for each mental patient. The rate at State hospitals is higher, even allowing for the fact that State hospitals have numerous expenses such as doctors' salaries, out-patient facilities and the training of nurses. At some hospitals it is more than R4 a patient a day.

The Smith Mitchell group started with chronic cases who, not only in South Africa, had long taken up the time and money of mental hospitals. Sources of chronic long-term patients have virtually dried up and the company is taking more acute — and less economic — cases who need more intensive nursing and medication.

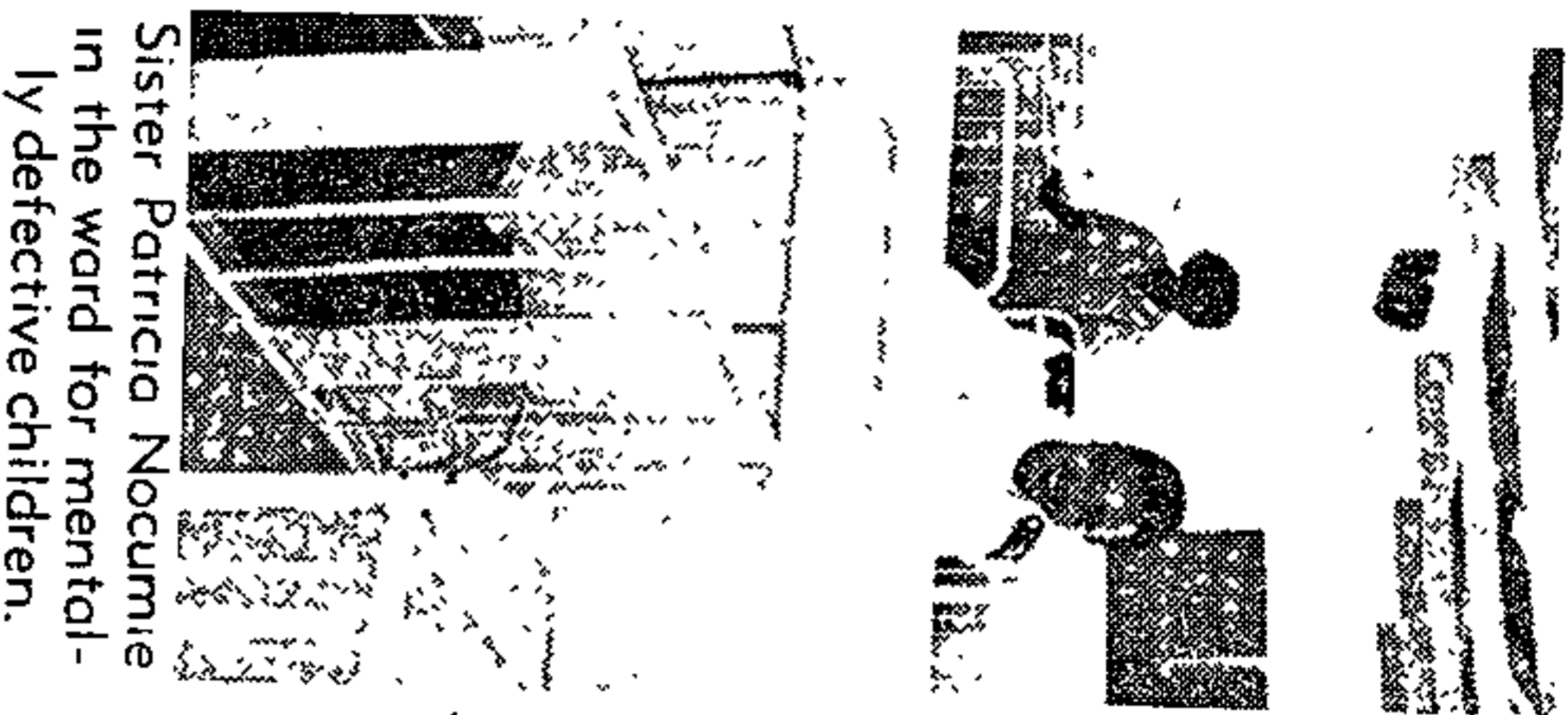
All their patients, even acutes, reach the group through State hospitals where initial treatment is given.

From a modest start with 700 patients at Randfontein in 1963, the group now has 10 000 State patients coming into its care this year at four White hospitals and nine Black — three of them in the homelands.

They have also been asked by the State to build a new mental hospital for Africans at East London, but they cannot raise the capital.

"Why can't we raise the capital? Because any shareholder could do better on the Stock Exchange than by investing with us," Mr David Tabatznik, chairman of the group, said.

According to Dr J. de



Sister Patricia Nocumie in the ward for mentally defective children.

Health, for the year 1974-75 the group — which was recently dubbed "the men who make millions out of madness" — was paid R2 875 858 for the housing and care of 10 000 State patients. This is less than the amount it would cost for the State to build one hospital for one-tenth that number of patients.

Another director and major shareholder is Mr T. P. Smith, a partner in the firm of Smith Mitchell, chartered accountants in Johannesburg and secretaries to the various companies which make up the group.

Mr Richard Laurie, the Johannesburg stockbroker, and Mr J. H. Pretorius, of Pretoria, a director of the Bantu Investment Corporation, are the other major shareholders and directors.

One of the original directors was Dr Connie Mulder, Minister of the Interior and of Information, when he was MP for Randfontein. Dr Mulder had no financial interest in the group, then or now, says Mr Tabatznik.

By P. L. S. Aucamp.

MP for Bloemfontein East, is a director of the company which owns Poloko Hospital, a homeland hospital for 1 200 mental patients near Thaba Nchu in the Free State. The patients were moved there from Orange Hospital in his constituency.

Dr J. D. Verster, retired director of Hospital Services in the Transvaal, Mr W. A. Maree, who resigned from the Cabinet in 1968, and Mr Alf Wideman MPC and a Johannesburg city councillor, are also directors of companies in the group.

The group's medical adviser for the mental hospitals is Dr H. Moross, who retired as head of Tara Hospital in Johannesburg in 1969. He has no financial interest in the companies.

Only 645 of the 10 000 patients are White. These are housed in Simmer Sanatorium in Germiston, Struysulhawe in Springs, Kensington Clinic Turfres Sanatorium in Johannesburg and the Majestic and New King's Hotel in Kalk Bay near Cape Town.

Springfield Sanatorium in Durban accommodates 250 Indian patients and East Rand Sanatorium, next to Middel B Prison, will hold 500 Coloureds by the end of the year.

The hospitals for Africans in White areas are all three, renovated premises as the group may not build Black hospitals except in the homelands. They include Waverley in Germiston (750 patients), Allanridge in Welkom (400), Randfontein for White Sanatorium for 1 000 women, and Randwest with more than 3 000 staff and patients.

The three homeland hospitals are Poloko, Thaba-Moqho near Pietersburg (1 000 patients) and Ekurhuleni near Amanzimtoti (1 000).

The group will soon be housing 1 000 children, 200 at each of the homeland hospitals and 423 at Randwest.

Homeland hospitals are

built at the group's expense. The company pays R10 a year for the hire of the ground and has occupation for 20 years. However, after five years they can be given a year's notice. They will then be paid their costs less depreciation.

In White areas the group hires accommodation such as old mining hospitals and compounds at a very low rent but the mines can give them six months' notice to vacate the premises if they need them.

Not only must their tenants find new premises, but they have to restore the building they were in to its original state.

This happened in 1972 when 3 000 patients had to be moved from the then Randwest Sanatorium to new premises in the Mill-site Compound near Randfontein. Mill-site, built to hold 11 000 Black miners, had stood disused for 10 years.

When the group takes over a compound it may have to put in ceilings, extra windows, indoor sewerage, remove concrete bunk beds and replace wide stable doors with single doors.

The uncertainty of tenure in such buildings, coupled with the State's obvious desire to pay the lowest possible rate for its patients in hired premises, and the fact that the private company must then still make what profit it can, results in a considerable degree of austerity. Yet State hospitals for Africans are of a far

ily more comfortable. Official standards are clearly geared to a low and fairly primitive way of African living.

"One has to remind oneself how people live off the beaten track," a State superintendent explained.

Sleeping on mats on the floor, squat pans instead of seat-toilets, communal showers and outdoor eating areas are common in African sections.

Superintendents tend to justify the system they have. If it's primitive, it's because "that's the way Africans prefer to live", or "mental patients are messy and destructive".

If it's more sophisticated the answer is: "Why not? We've never had any problem."

At Smith Mitchell hospitals the State lays down the minimum space required for a patient, the type of patient to be admitted, and the staff-to-patient ratio — generally one nurse to every 10 patients. There must be one registered nurse for every four nursing assistants.

The State appoints and pays all doctors and psychiatrists and appoints head male nurses although the salaries of the latter are refunded by the group. Other staff are all paid by the group, which also appoints non-medical superintendents.

Smith Mitchell hospitals train Black nursing assistants for the SA Nursing Council. They can pick their recruits — many of whom have a higher standard of schooling than the standard 6 minimum laid

They have produced, says Dr Moross, "a dedicated, proud force which carries us".

They have made one significant innovation in South Africa's mental hospitals: they have successfully introduced women psychiatric nurses into male wards, both Black and White.

This was partly to counter the growing shortage of male recruits for nursing.

"You don't have the same problem with liquor and absenteeism, the patients are better cleaned and the presence of women makes the male patients pull up their socks," superintendents said.

Recently the State approved the appointment of psychologists, occupational therapists and social workers for the group.

Proceeds from industrial or agricultural therapy may go to the patients, with State approval, otherwise to a Trust Fund formed by the group from which it is hoped to finance the training of Black professional staff.

In the homeland hospitals, such proceeds must go to the Department of Bantu Administration. Either way, Mr Tabatznik stressed, the money does not go into the pockets of the private companies.

The money for industrial therapy comes from the commercial firms who provide the hospitals with contract piece-work.

It isn't much, R3 for 1 000 wire coat-hangers.

for example.

To be able to show a profit on hospitals, the group has to be alive to economies. It buys the drugs prescribed by State doctors for their patients through a cooperative buying association because it's cheaper.

It accepts the financial risks of moving into rented premises long before the formal lease is signed.

"Private enterprise should at all times be able to do things more quickly and cheaply than the State can," said Mr Tabatznik.

"We can hire and fire more quickly, buy a parcel of blankets without going through the rigmarole of calling for tenders, accept that so many sheets will disappear every year without having the complex system of checks and balances required by the State.

"We know we're far from perfect, but we provide a reasonable service at no capital expenditure to the State," said Mr Tabatznik. "And of course we make a profit or we wouldn't be doing it."

● Where to put psycho-geriatrics — old, decrepit, withered people? How to overcome the public's fear of them? How effective are the efforts to rehabilitate African patients in mental hospitals? Tomorrow's Rand Daily Mail gives the answers.

HEALTH - mental health

# Life at th

RAND  
Daily Mail

YOU CAN see Randwest Sanatorium and think: Heavens, they're putting mental patients in an old compound, children too.

You can watch the patients cleaning the place and think: Ah, cheap labour. And when you hear that a private company—the Smith Mitchell group—runs this lot you think: Fancy profiteering from mental illness.

Or you can look further and find that this is a remarkably busy and productive village for human write-offs.

Randwest's 2 866 patients include the most unwanted people in the world: deteriorating African chronics, mental defectives and seniles.

Add the 300 staff—mostly African—and you have a population the size of a platteland town. No mental hospital, and this one has been in existence for 11 years, should be so vast in these days of intensive, personalised treatment.

For many of its patients, Randwest is the end of the road.

At one end are psychogeriatrics—old, blind, paralysed. Taking them hourly to the toilet, keeping them clean and fed, exercising them by helping them move about, even if it is only from one bench to another, that is about as much as the nursing assistants can do for them.

At the other end of the hospital, in a separate block of wards, are the first 122 children. There are 300 more to come.

From the door of the white-painted ward they look appealing in their cots and striped blankets. From nearby their blank gaze becomes apparent, the misshapen heads and clawlike, twisted spastic fingers.

But between these two pathetic extremes, Randwest is a place of hope and industry for the hopeless.

Last year 265 patients, mostly acutes transferred from Sterkfontein, were discharged, either outright or on a year's parole in the care of willing relatives.

According to the hospital's full-time State-appointed psychiatrist, retired Dr R. Kennedy, there is reasonable after-care, provided by two psychiatric out-patient clinics in Soweto, weekly clinics run by the

Investigatin by LIN MENGE,  
MIKE ENGELBRECHT and MERVYN REES

Mental Health Society in Johannesburg and by a helpful Baragwanath Hospital. Some patients, however, flog their drugs on the black market.

Although wards are locked at night and there are tall fences to check wandering seniles, the gates to the various sections (except the children's) are never locked.

The atmosphere of compound rather than hospital clings to the uniformed guard at the entrance; the huge mine's kitchen; the patients sitting in the shade of the poplars; the shower house where patients leave their soiled issue clothing in one room; shower under sprays operated by a nurse from a single control in the next and help themselves to clean clothes in the third.

When the hospital moved from another building into this 40-year-old compound two years ago, they first had to pull out the tiered bunks which had held 11 000 miners, and install indoor sewerage.

Today some of the wards hold 250 patients, others are semi-divided. The floors are bare concrete, the white-painted rooms well-lit from the old skylights in the roof as well as windows, and there is a smokeless stove in each ward for heating around which the patients like to sit in the evenings. There are squat toilets and showers for each ward.

The coir mats on which all the patients used to sleep are making way for four-inch foam-rubber mattresses and ultimately they will be replaced by beds. Each patient has plenty of blankets.

"We found that these people don't really prefer to sleep on the floor," the superintendent, Mr G. Honeywill, said.

An old showerhouse has been converted to a cinema where patients, seated on benches, can watch films seven days a week. The audience I saw—a few dozen patients—were watching a Western.

Other forms of recreation include soccer, church services and walks outside the hospital premises.

In the late afternoons one can watch hundreds of walkers returning from their stroll. They walk in a loose crocodile, many of

them holding hands.

Industrial therapy is done by some 400 patients at present in what will be a 1 500 sq m factory when it is completed in a few weeks' time. There will then be room for up to 1 000 workers.

"Brains before bricks," is how Dr Hymie Moross, the group's medical adviser, describes their approach. This factory is a case in point.

Already earning R1 200 a month in production, the factory was built out of therapy proceeds by staff and patients as a therapeutic effort in itself.

Two muscular men in blue overalls in the factory, Mr G. Els and Mr W. Bothma, turned out to be the male charge nurses who directed the operation and who now, with African male nursing assistants, look after both patients and production.

They showed me the work the patients were doing for outside companies—making wire coat-hangers, adding the straps to miners' rubber knee-guards, assembling and packing paper carriers. The factory assembled six-million of these carriers last year.

These patients do about four-and-a-half hours work a day but as with all the activities in any mental hospital, there is no compulsion.

Mr Honeywill, a perky ex-municipal employee who takes his vast responsibility here in his stride, is proud of the hospital's improvisations.

The work benches and seats in the factory, for instance, were designed by Mr Els for maximum strength at minimum cost. Consisting of painted-over wooden posts and iron largely salvaged from old buildings, this work furniture serves its purpose admirably, if not particularly elegantly.

The men waiting impatiently at the trolleys to deliver food from the central kitchen to nine distant feeding points were patients. So were most of those wearing chef's caps in the kitchen.

The patients appear well fed. Mageu is brewed in the kitchen; patients have their pint daily.

The charge nurses in each section—they all fall under a State-appointed head nurse, Mr P. J. Pretorius—try patients out at various jobs on a trial and error basis.

Besides industrial therapy there are work teams for blanket-washing, dormitory cleaning, outside maintenance, coir-teasing and various chores in the kitchens, offices and laundry.

Although the older chronic patients are kept together in certain wards so that they will all receive the more intensive care needed, a few younger patients—mental defectives—are put in these wards to do the cleaning.

"Seventy-five per cent of the patients now do something worthwhile and punishment for a patient is being told that he will not be allowed to work," said Dr Moross.

Finally we saw the children's section. This is in a block of compounds surrounding a partly grassed field which will become their playground. There was already a slide and one or two other structures for them to play on.

Only one section is ready—the others are still being



converted. The white-painted ward has small dividing walls between the rows of cots for the infants and the foam mattresses for the older children. The floor is plastic-tiled.

there are electric wall heaters, rows of tiny chairs and special bathrooms and toilets. Some of the children rushed to greet Dr Kennedy, who has offered to

For some children tuition will be no more than grasping and pointing—anything to get them to cope better with just living", he said.

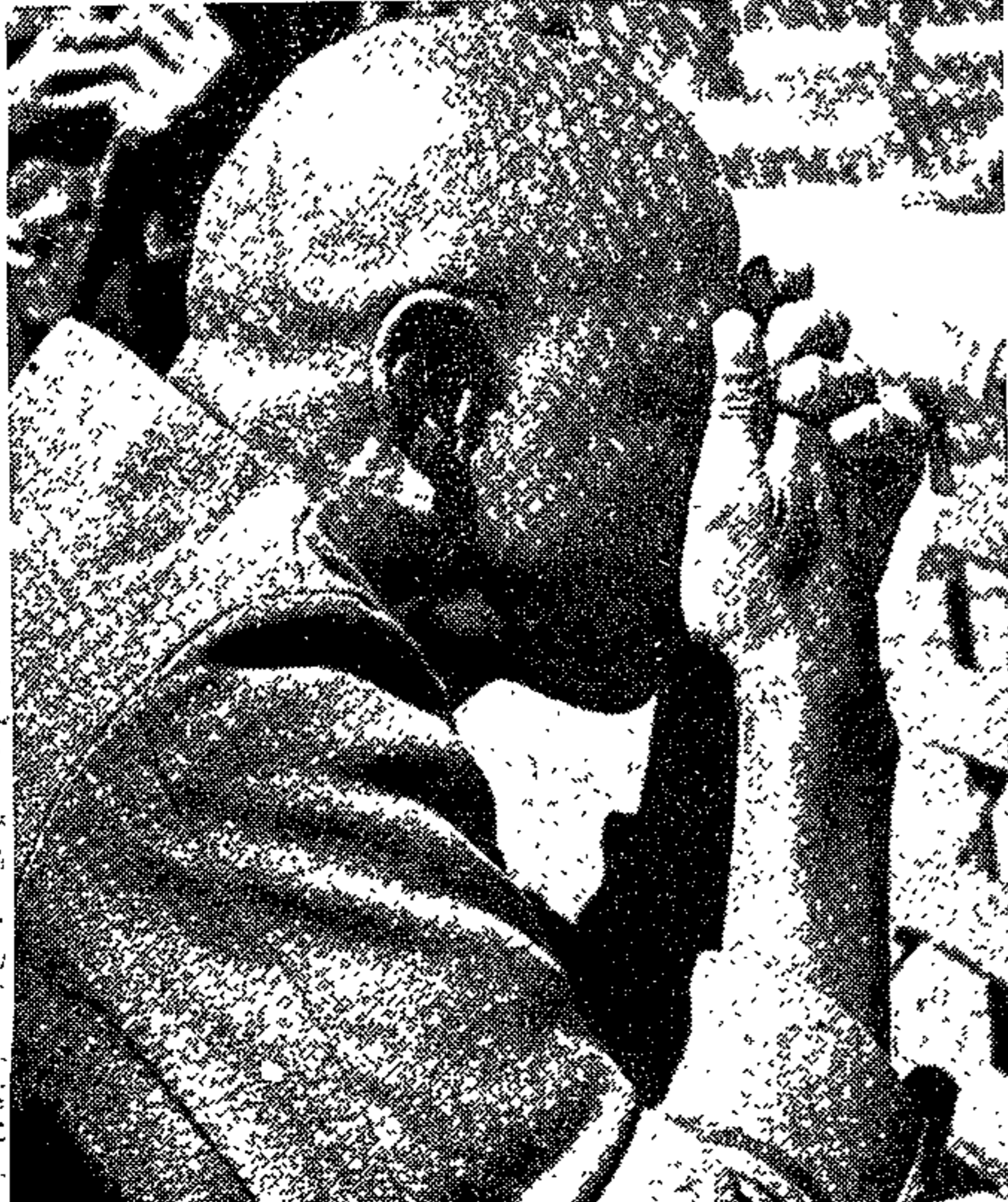
Others could not walk or even sit up. An older child ran to greet a visitor—his mother—uttering the only sounds he could make—little grunts.

There will be tuition for these children. Dr Moross has details of an American scheme he wishes to try and the plan is to send African teachers to the Alexandra Institution in Cape Town for training.

Patients assemble miners' rubber knee-guards in the huge industrial therapy factory at Randwest.



# the end of the road



An elderly chronic patient at Randwest, moved there after years in State mental hospitals.

# Big new hospital for Blacks in Cape

*Cape Times 3/9/75*

**A R20m open-plan psychiatric hospital capable of treating 2 000 patients is to be built for non-Whites in the Western Cape.**

A Department of Health spokesman in Pretoria told the Cape Times yesterday that the concept had been approved in principle but that tenders had not yet been called for and no decision had been taken on a construction date or site.

"Right now we are collating the results of an overseas tour of such institutions by a department team," the spokesman said.

"One immediate possibility is that the hospital will follow the modern trend of having smaller units and become a complex of three units grouped around an administrative core."

He added that the psychiatric services would be based on findings which showed that freedom to move around the hospital environment was in itself a therapeutic aid, and restriction of patients would be kept to a minimum.

**THE ABNORMAL** political climate in South Africa creates abnormal economic conditions which, in turn, causes abnormal social conditions which then set in motion a process of mental deterioration resulting, ultimately, in mental deficiency, Mr Lofly Adams, Labour Party CRC member, told a mental health conference in Johannesburg last weekend.

The conference, sponsored by the Church of Scientology, was attended by leading academics, politicians and social workers.

Mr Adams told the conference that the Mentally Retarded Children's Act of 1974 "glibly overlooks all children who are not White and that the authorities believe that by a 'stroke of the pen all Black mentally-retarded children can be made to vanish."

"This very important Act," Mr Adams said, "makes no provision for Black children and this implied my belief that there is a tendency amongst people in high places to view mental health and retardation among Blacks as something too far removed from the current of events and too unrelated to present-day circumstances to warrant any serious consideration."

### Formula

He quoted part of the Act which states: "Unless the context otherwise indicates, 'child' shall mean a White person who has attained the age of six years, but not yet the age of 18 years."

Mr Adams quoted the Deputy Commissioner for Coloured Affairs who stated some time ago that the incidence of mental retardation among Whites was four per 1 000.

"Using this figure as a base," Mr Adams said, "the Deputy Commissioner said if this formula is applied to the Coloured people, the number of Coloured children under the age of 15 years who can be classified as



Mr Lofly Adams . . . attacked Government over mental health attitude.

mentally retarded would be between 3 500 and 4 000."

Malnutrition, insecure home life, unstable unions, gross overcrowding, lack of parental privacy, mixing of sexes of all ages in the sub-economic housing schemes, squatter camps, abandoned children, are the factors which contribute to the undesirable mental health situation among Blacks," Mr Adams said.

"These conditions," he said, "are almost exclusively applicable to Blacks,

"If one accepts the incidence figure for Whites as being four in every thousand," Mr Adams said, "then the figures for Blacks must be somewhere between eight and 10 per thousand and must, therefore, be among the highest in the world."

Mr Adams said that as far as he is concerned, the Government is doing nothing for Black mentally retarded children.

The only hope for afflicted children lies in eight institutions in the Cape with a total intake of 785 patients. "Of this total," he said, "500 are

cared for in only one Government institution and the rest by private homes.

"This means that there are thousands of Black mentally retarded children who are locked up in backrooms, and backyards, who are roaming the streets and who will never receive treatment or medication and what was bad," Mr Adams said, "is that the Government is fully aware of this state of affairs."

Mr Adams blamed White South Africa for this situation "because Blacks are denied and dispossessed by each piece of legislation introduced in the country.

"It is time White South Africa realises that by diminishing one person they impoverish the whole nation," he told the conference.

Social problems in South Africa, he continued, "can only be changed by legislation, since they are caused by legislation".

### Pleaded

Mr Adams said White South Africa should become aware "of this state of affairs", and pleaded: "If hospitals cannot be provided for the mentally retarded, then care centres must be provided which will relieve the mother of this responsibility for a few hours a day enabling her to hold on and maintain her own sanity."

Those White people who have the power, he told the conference, must see to it that "social justice replaces the racial arrogance and greed that stalks the land because only then will we see the end of the problems bedevilling our society."

It is up to the White people to change this situation, Mr Adams said, because Blacks cannot do so with the means at their disposal.

# Health + Dis - Mental Health

## STAR Law to protect mental patients

**Political Correspondent**  
CAPE TOWN — The Government is taking steps to protect mental patients against the intrusions into their privacy by magazines and other publications — excluding newspapers.

A new clause in the Mental Health Act has been proposed by the Minister of Health, Dr van der Merwe, in a Bill just published, clamping down heavily on the right of magazines to publish illustrations — sketches or photographs — of patients or institutions.

If Parliament passes the clause in its present form, any person not a member of the Newspaper Press Union will be subject to a maximum fine of R1 000 or up to a year's imprisonment for publishing such

illustrations without first obtaining the permission of the Secretary for Health.

Similar penalties are provided for anyone — and this would include newspapers — publishing false information concerning patients or the administration of any mental health institution knowing the information to be false, and without taking reasonable steps to verify the information.

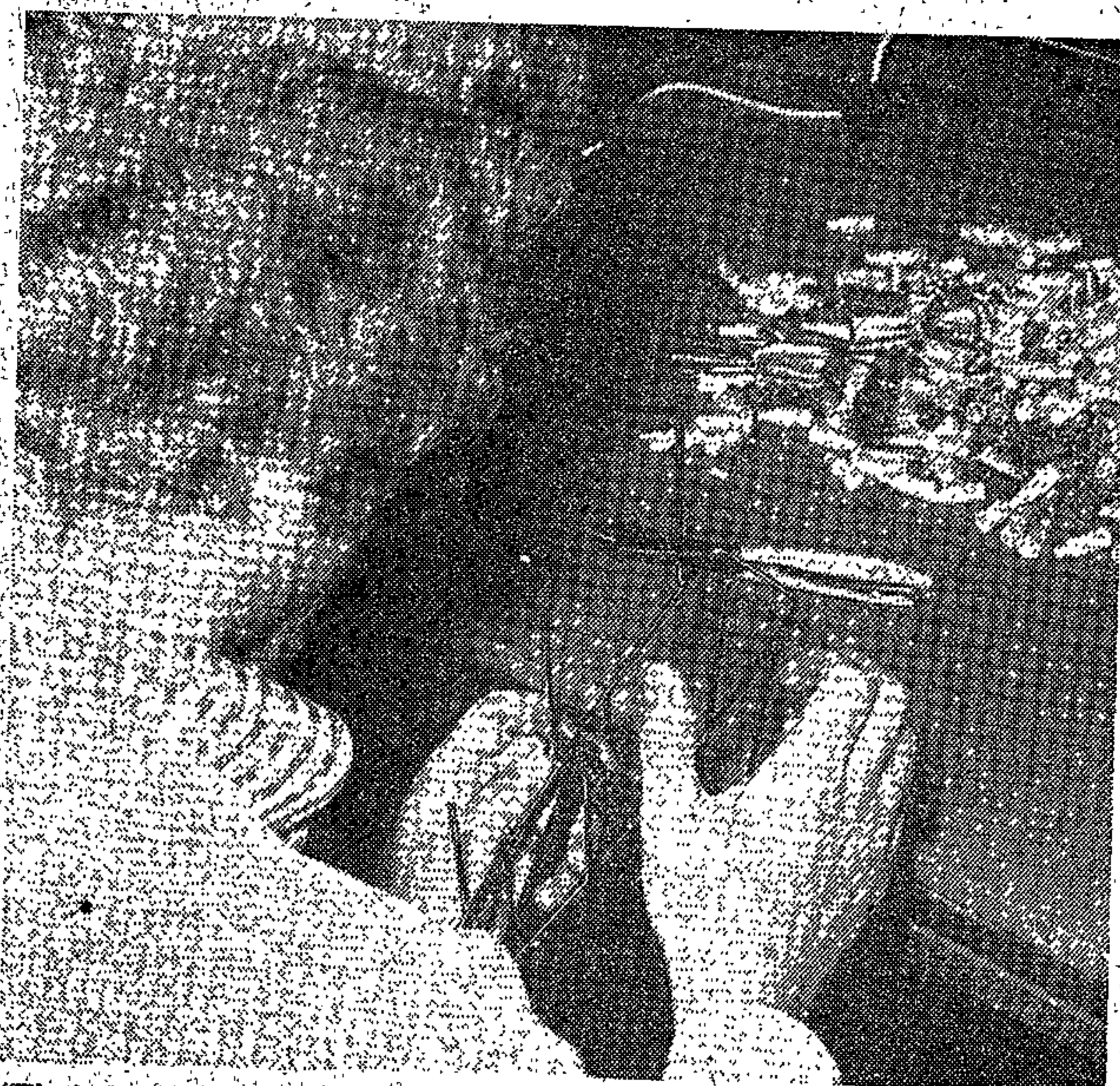
It was learnt from the Department today that the restriction on the publication of sketches or photographs was being proposed because of the irresponsible handling of such matters by certain magazines in the past few years.

Newspapers had been excluded from this provision because they had shown a responsible attitude towards the handling of such matters.



# This happy hive.

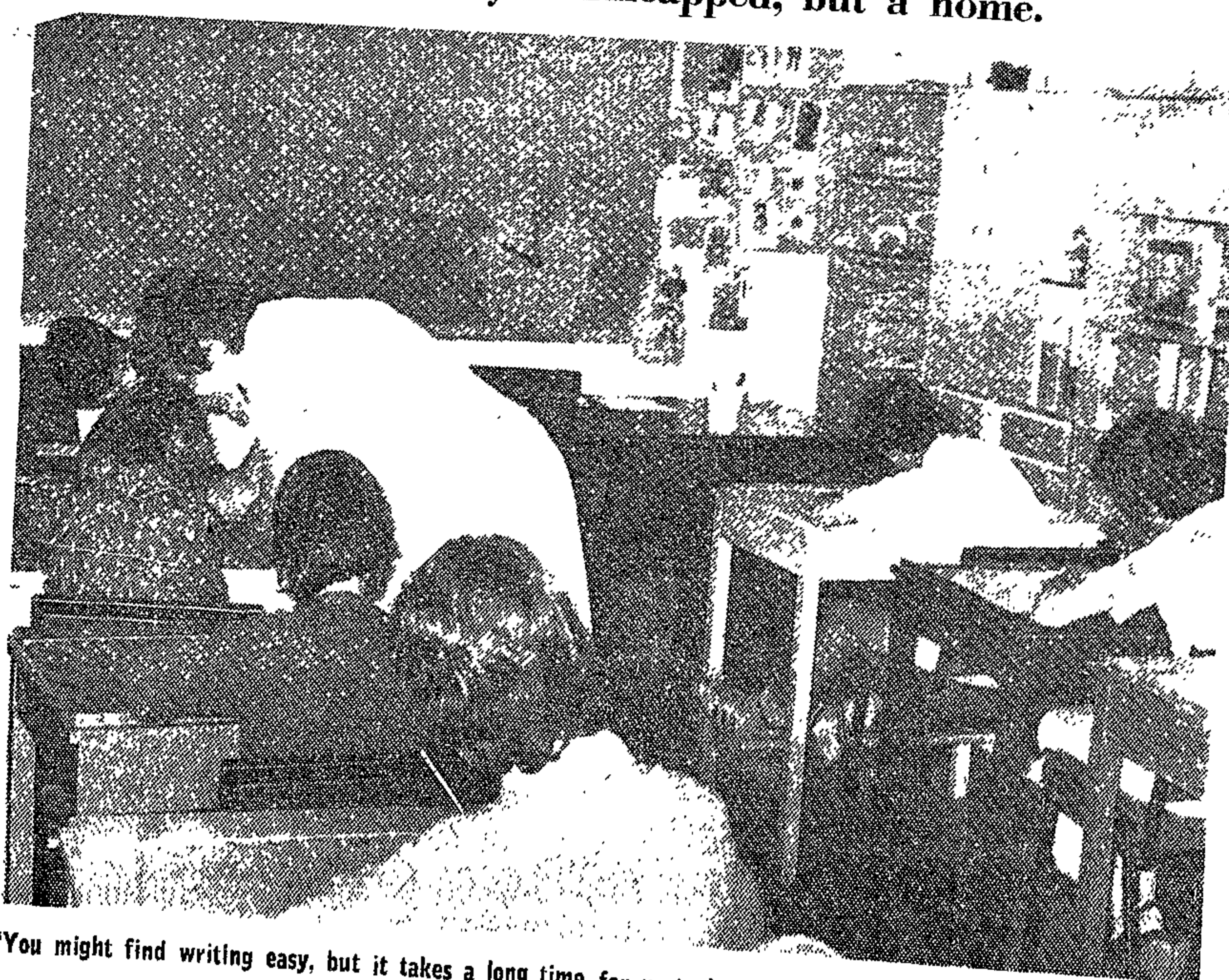
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"That's it — now it's ready to be boxed." One of the older residents at the hostel assembles a television aerial.

HEALTH FDS. — mental Health

**MARILYN COHEN** visits the Selwyn Segal Hostel with photographer **NOEL WATSON**, and finds not just an institution for the mentally handicapped, but a home.



"You might find writing easy, but it takes a long time for us to learn. We do try very hard, and our teacher helps us."



"We know that's a doll, but we just have a little difficulty in saying it."

From the street, the Selwyn Segal Hostel seems to be just another institution. But it is more than that — it is home for 154 mentally retarded children.

Take one step through the front door, and a happy, contented atmosphere becomes apparent.

It is 10 o'clock on a weekday morning, and most of the residents are busy at their various tasks. Some are in the workshop, some in the nursery school or the "big" school. A few have gone out to special schools, and three residents have gone out to work.

The Selwyn Segal opened in 1967 with about 40 residents. Today there are 154 residents from all over South Africa and Rhodesia, and about 70 children who attend the day clinic.

Although all the residents are Jewish, many attending the day clinic are not.

### Daily tasks

There is no age problem at the hostel. The residents range from about eight days to 65 years old. Each is treated according to his mental if not his actual age, and according to his individual needs.

Every day the children go about their specific tasks. The older boys and girls go to the workshop, the younger ones to the school or nursery school and the babies play in the crèche.

The nursery school is just like any other nursery school. The children play games, sing, paint and play on the slides and jungle-gym outside.

In the crèche, the babies play happily in their cots or on a large fluffy blanket on the floor. They are looked after by qualified nursing sisters.

It is considered a great honour for the children to be in the "matric" class in the school. There are four classes where the children learn to read and write and do other simple tasks. The "matric" class is for the more advanced children.

Some of the older children go out to other special schools during the day but return to the hostel in the afternoon.

One of the most fascinating places in the hostel is the workshop. As a radio plays their favourite tunes and amid a gentle buzz of chatter, the older boys and girls do simple assembly work.

At the moment they are assembling television

aerials. These they sort and box, and then send to the manufacturers who contracted them to do the work.

Other boys make wire coathangers for dry-cleaners, or wooden bird-breeding boxes. Still others make cupboards, chairs and tables for the hostel.

All repairs to hostel furniture are done in the workshop by the residents.

The girls work mainly in the sewing room. There they make beautiful table cloths and serviettes which are meticulously and finely embroidered. Some have learned to use the sewing machine.

One hobby which appears to be a favourite among the residents is the making of brightly-coloured wool rugs and wall-hangings.

From each of these sections small groups of children are taken to various therapy classes. Qualified speech therapists, occupational therapists and physiotherapists help the children overcome their individual problems.

A self-help programme has been introduced. The children do as much as they can to assist in the running of the hostel, even if it is only to keep the place clean and tidy. Those who can undertake specific jobs like helping in the laundry, in the kitchen or in the school and crèche.

### Youth group

"We try to develop their potential as much as possible," says Miss Brenda Solarsh, the hostel's social worker. "At present there are three residents working outside, and we hope there'll soon be more. Two of the residents do clerical work, and one is an apprentice hairdresser."

Much as the children enjoy their work, they look forward to the evenings and weekends. That's when the youth group comes.

On different nights of the week, young men and women run a tuckshop, a library or a coffee bar in the hostel. On other evenings and on weekends they take the residents on outings.

The highlight of each month is the youth group's birthday party for all the residents whose birthday falls in that month. Any child loves balloons, and sweets and cakes and a live band playing pop music, and the Selwyn Segal residents are no exception.

Although the children are the most important

people in the hostel, their parents are not forgotten. There is an active parents' group which is taking more responsibility for the improvement of the hostel services.

In return, the hostel offers a parent-counselling service. Parents can, either in groups or individually, discuss their problems with members of the hostel staff at the hostel or in their own homes.

Due to start soon is a service for the brothers and sisters of the hostel

residents. "We need to help them relate to their retarded siblings," says Miss Solarsh.

Members of the hostel staff often go to nursing homes to see parents of newly-born retarded children.

"We try to keep the babies at home as long as possible, depending on the situation. We help the parents make their decision by presenting the facts to them and by telling them exactly what services are available to them and whether or not we feel the baby should come to the hostel. But we don't rush out and get every baby in here," she said.

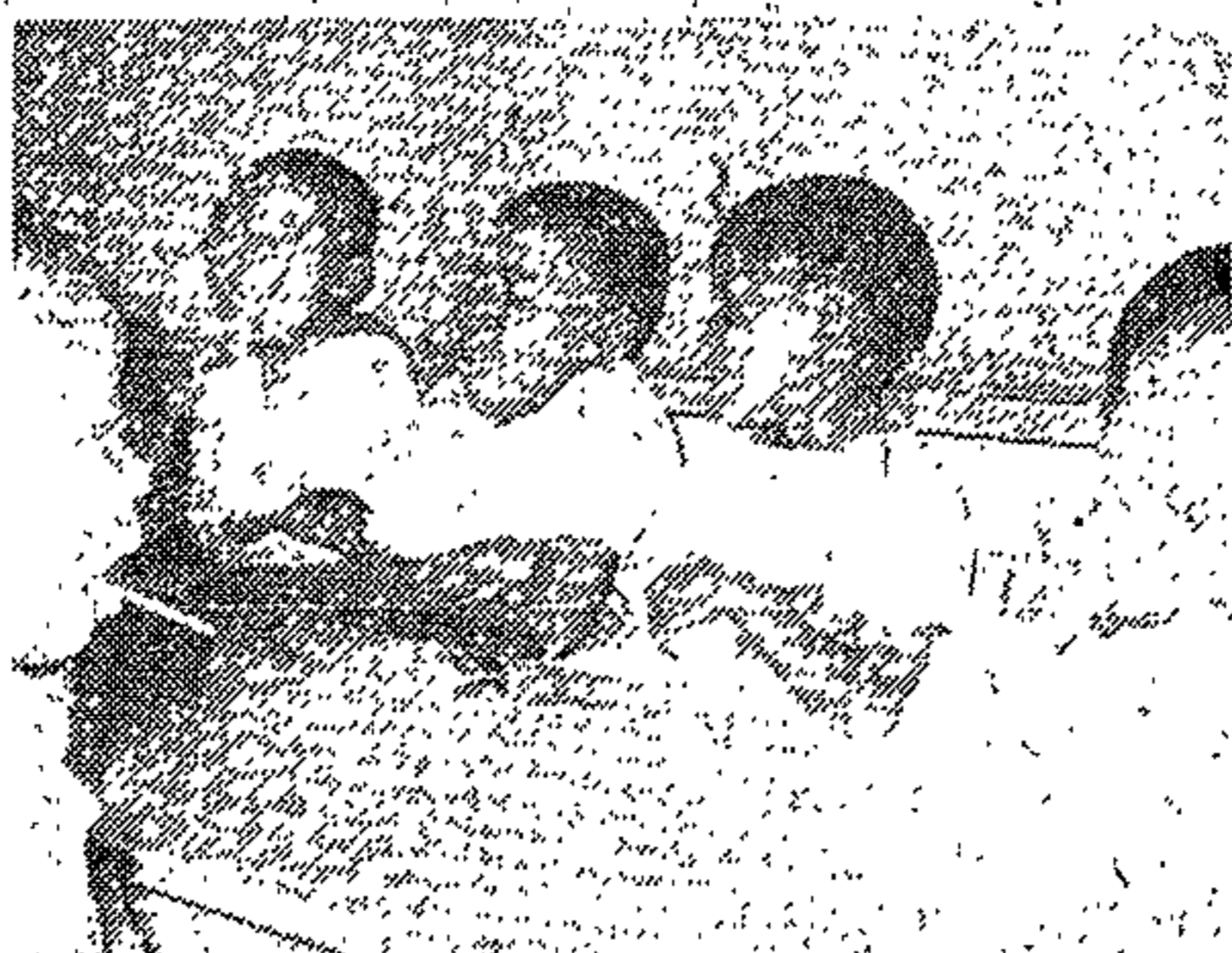
The hostel welcomes visitors as they give the residents a chance to experience and relate to another kind of person.

Just as important is the chance for the public themselves to be educated.

"People don't really accept retarded children — they are afraid of them and are worried about their 'deviance'," says Mr Jack Shapiro, director of the hostel.

"We need to make the public more aware that retarded children are not that different," he added.

Watching the children going about their tasks, laughing, chatting and fighting among themselves, feeling a sticky hand being slipped into yours and having an engaging smile of welcome beamed up at you, one can only agree with Mr Shapiro. They need love, patience and understanding just like, and perhaps more, than other children.



Grace at lunch by the cerebral palsy children who attend the Rob Ferreira Clinic at Baragwanath Hospital.

Star 9/3/76

# Those who must hope for a school...

Bill Radley

White-coated doctors and therapists watched anxiously as the little Black girl struggled to walk.

Call her Mary. She is five and hobbles in irons because she has cerebral palsy.

Her mother was watching, too, after bringing the warmly clad girl several kilometres through the early-morning rain.

The scene was the Rob Ferreira Clinic for African children with cerebral palsy, in the Baragwanath Hospital grounds.

"Perhaps . . . perhaps we can send her to school in a year's time," said a neurologist. "If only she could have special tuition now — but there's no one to do it and no special school."

## Shortcomings

That is the frustration the medical team faces day after day. Progress is being made, but there could be more at this vital stage when continuity is so important to the patient.

What is clearly evident, too, is the glaring shortcoming in welfare services for Black people, despite efforts by officials and private organisations to provide better facilities.

There are schools for White cerebral palsy children like the Forest Town and Frances Vorwerk schools — but here, too, is a constant financial battle to keep going.

Certainly, the United Cerebral Palsy Association of South Africa is making a stout effort on behalf of Black CPs.

The present Rob Ferreira clinic was started by the UCPASA in 1962. It was taken over by the Provincial Hospital Services the following year — but the UCPASA still subsidises it with R5 000 a year, which covers transport and the salaries of Sister Greta Mkonze and her two field workers.

The nation-wide shortage of physiotherapists has hit the CP clinics hard — particularly at Baragwanath.

Sister Mkonze has to work by a rota — some children attend clinic daily, while another group have to stay at home, the mothers doing what they can with a treatment and education programme supervised by the field

workers.

There are blackboards on the Rob Ferreira Clinic walls, while an African branch of the UCPASA is working towards the special school, with strong support from the main association.

The Government has approved in principle, now the cerebral palsy workers must find 10 percent of the estimated R400 000 cost — plus 10 percent of running costs.

Why a special school? Cerebral palsy victims are frequently highly-intelligent people holding high positions, but many have mental retardation and learning problems.

The disabilities of their physical and nervous systems are handicap enough — and when they find themselves struggling uphill in class with normal children psychological withdrawal sets in.

Also, there is a need for a more personal attention to such children which can only be provided in a special school.

Great effort and warm public support built the UCPASA's Harry Kessler Centre at Townsvlew. Here is the only hostel in Johannesburg for CPs having facilities for a maximum 50 boys and girls from babyhood to 18 or 19.

There is a clinic there too, nearing completion and which will be run by the South Rand Hospital.

## Workshop

Also at Townsvlew is an arts and crafts workshop which has set an impressive standard of workmanship. There nylon seats for stools are weaved and cane baskets, trays and coloured rugs, are made.

Apart from a city council grant-in-aid (it more or less covers the Baragwanath expenditure), the CP children's best friends are probably the Southern Areas United Cerebral Palsy Bowls Committee which raises funds year after year.

Some indication of the financial struggle is seen in the figure for the teenage hostel. Its 1974 income was R14 526 while expenditure was R47 566.

But regardless of the cost escalation generally, Mr B Oberstein says in his chairman's report: "Our children receive whatever they need. That is our function."



Painted wagon transport is one of the many fun things for the young inmates of the Harry Kessler centre. The "driver" is Mr Jackson Ntsuntsha.

Health & Disease —  
Mental Health

CAPR TIMES 12/3/76

## Psychiatric hospital

UMTATA. — The first psychiatric hospital in the Transkei would be opened in the Umzimkulu district on May 1, the Transkei Minister of Health, Chief J. D. Moshesh, said in a statement here yesterday.

Chief Moshesh said the hospital would fill a great need as mental patients in the homeland had been treated previously at psychiatric hospitals in the Republic. — Sapa

① Health & Disease - Mental Dis

② 103

88

HANSARD NO. 12

20/4/76

TUESDAY, 20

817

Mentally retarded children

\*5. Mr. P. A. PYPER asked the Minister of National Education:

Whether he has appointed councils for training centres for mentally retarded children; if not, why not; if so, (a) how many and (b) when.

†The MINISTER OF NATIONAL EDUCATION:

Yes, governing bodies have been appointed for state-aided centres;

(a) 34.

(b) 1 April 1975 in respect of 33 centres and 1 April 1976 in respect of one centre. Government representatives must however still be appointed in these governing bodies.

88

HANBARD NO. 13

April 1976

Mental institutions 894

703. Mr. H. E. J. VAN RENSBURG  
asked the Minister of Health:

(1) How many (a) males and (b) females  
in each race group escaped from  
mental institutions in each of the past  
five years:

895

MONDAY, 26

(2) how many of the escaped persons  
were returned to mental institutions  
in each of these years.

The MINISTER OF HEALTH:

(1) (a)	1971	1972	1973	1974	1975
Whites	223	248	197	170	193
Coloureds	172	229	206	218	191
Bantu	176	171	245	193	134
Asians	26	15	16	20	35
(b)					
Whites	47	28	18	27	20
Coloureds	25	31	43	32	34
Bantu	22	25	17	30	41
Asians	1	—	4	—	4
(2) (a)					
Whites	161	163	128	120	136
Coloureds	58	58	46	78	84
Bantu	101	77	114	103	69
Asians	9	8	10	16	24
(b)					
Whites	31	19	13	18	17
Coloureds	12	14	13	17	15
Bantu	15	9	9	12	22
Asians	1	—	4	—	3

48

HANNAH NO. 15 12/5/74

1005

THURSDAY,

Mental hospital beds in Republic 1005

(848) Dr. E. L. FISHER asked the Minister of Health:

Audio/visuals

Is it essential to show any audio-visuals such as a film or videotape?

How many mental hospital beds for (a) Whites, (b) Coloureds, (c) Asiatics and (d) Bantu persons are there in the Republic.

Where will you be for your presentation and has a place been decided?

The MINISTER OF HEALTH:

- (a) 10 596.
- (b) 3 133
- (c) 483.
- (d) 12 089

Where will you be playing at home or in the meeting room or elsewhere?

- (b) Is it suitable as a meeting place for your audience and as a background for your subject?
- (c) Is it the right size for the audience expected?
- (d) Will everyone be able to see? Is there a dais or platform? Is there enough room for the proper positioning of one or more projection screens?
- (e) Will everyone be able to hear? Will you need to use a microphone? Is there a public address system already installed? Will there be any distracting noises and can these be silenced during your presentation?
- (f) Can the room be darkened easily? Are there sufficient power supplies for any projected visuals or recorded sound?

Visuals

- (a) What equipment will you have at your disposal? Will there be an experienced projectionist available?
- (b) Are there any suitable visuals or other aids (e.g. films, videotapes, sound tapes, slides, etc.) already available?
- (c) What facilities are there for obtaining or making others you may need?

Budget

Has a budget already been prepared? If so, how much money has been allowed for:

(88)

Howard 16  
 20/S/76

3.

Psychiatrists employed by the State  
 1040 1034  
 Dr. Mr. G. B. D. MINTOSH  
 Minister of Health:

in  
 ation?

(a) How many psychiatrists are employed by the State and (b) how many of these have given certified opinions for procuring abortions.

or  
 s and

The MINISTER OF HEALTH:

on and any

(a) 47.

(b) Statistics of this nature are not kept.  
 ... expenses!

Compare your two lists of circumstances. If you feel too restricted negotiate with the organizers so that you can achieve your objective.

2. PLANNING THE PRESENTATION.

2.1 Constructing your plan:

Two methods for planning your talk:

VERTICAL PLAN

and

HORIZONTAL PLAN

2.1.1 The Vertical Plan

- 1) Take a sheet of paper. Think about your subject. Jot down 20 to 30 words associated with it.
- 2) Working on a 5 minute talk, ring the three words you think are the most important on your list.
- 3) What do these words say to you? What specifically do you want your audience to think and do at the end of your talk? Now, write the aim of your talk in one short sentence.
- 4) Write your aim at the top of a clean sheet of paper.  
The Body
- 5) Leave about six lines for the introduction. Write your three main points down leaving a few lines in between each.
- 6) Go through your list of ideas again. Underline those points that support your three main points.
- 7) Write two sub points under each main point.
- 8) At this stage you should refer to books, interview specialists, check figures and statistics, find quotations, apt examples or demonstrations. Your talk should be an expression of your own ideas on the subject, backed by outside opinion.

88

Publications:

Dr. M. G. Whisson: The Legitimacy of Treating the Coloured People  
"SSA,

F.M. 17/12/76

**PLACING THE MENTALLY ILL**

SA business has a vital stake in the rehabilitation of psychiatric patients. Accordingly, there is an urgent need for employers to get together with community psychiatry workers to discuss job placement for the mentally ill.  
So says Colin Koransky, a clinical psychologist attached to Wits University and Sterkfontein Hospital. Koransky is also clinical director at the Hillbrow Lodge, a "halfway house" rehabilitation project started by Sterkfontein in early 1975.  
Hillbrow Lodge accommodates 60 people who are mentally ill or impaired by past mental illness. Its job is to enhance their ability to participate in normal community life. While they live on the premises, the "residents" are employed on jobs rang-

ing from "normal" to sheltered.  
Many have no work history or job references and there is a considerable barrier to adjusting to economic life in particular and the community in general.  
The problems involved in finding "normal" work are immense, maintains Koransky. At times, psychiatric patients suffer disabilities which have nothing to do with their ability to work productively. Poor ability to handle a job interview, as well as appearance and mannerisms sometimes prevent them from getting jobs they may be perfectly able to do. So too do failures at school, poor work history and a history of psychiatric illness. The result is to limit the job opportunities of the mentally ill and to affect their moti-

vation and productivity.  
Many employers think in terms of "industrial efficiency" — productivity within their own company only and ignore "social efficiency" — productivity within the whole of society.  
So, while employing mentally disabled people may not be totally efficient for the individual company, it may be extremely productive for society as a whole. While paying people to do slightly less than "normal" work may be inefficient for the individual firm, it is likely to be far more socially efficient than keeping people in mental institutions where they are doing no work at all, and live at State expense.  
"What is good for society is good for the private sector as well," argues Koransky.

Myths, 1974

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n West, a,

Cape Town and London, 1975

Abantu - an Introduction to the Black People of South Africa. Cape Town, 1976 (with Jean Morris)

Mr. R.C.G. Palmer: London's Italians: Experience of a Parish in J. L. Watson (ed) Between Two Cultures, London (Forthcoming)

In addition, staff members have contributed over twenty reviews to African Studies, Social Dynamics, Journal of Theology for Southern Africa, Journal of the Anthropological Society of Oxford, South African Outlook and the Cape Times and Cape Argus.

Conference Papers:

Dr. M.G. Whisson: History and Myth in the Analysis of Small Communities, Conference of South African Anthropologists, Pretoria, 1973

The Significance of Kinship in a Cape Peninsula Township, Abe Bailey Institute Workshop, Mobility and Change in South Africa, 1975

From Slave Sanctuary to Chicken Battery - the Rise and Fall of Agriculture in the Noordhoek Area. SALDRU Farm Labour Conference, UCT, 1976

.....



81  
10

# RETARDED

# KIDS GET

SUN TIMES (EXTRA) 2/11/77

# NEW DEAL

By HOWARD LAWRENCE

**HUNDREDS** of Coloured mentally retarded children throughout the country will get better facilities in the form of legislation which will be tabled at the next session of the CRC.

The legislation, which concerns the establishment of day care centres, has already been drafted and, according to Mrs Alatheia Jansen, chairman of the CRC Executive, has already been approved in principle by her executive.

This comprises herself and four members of the Labour Party. Mrs Jansen has announced that the legislation has also received ministerial approval.

She indicated that the legislation would be acted upon "subject to the availability of funds," but there is a strong indication that the funds will be made available by the Government.

The legislation would make possible funds for day centres — 90 percent of costs of buildings and 100 percent of the cost of staff and necessary equipment.

88

# The forgotten children

30/1/78 By CAROLINE CLARK

**KARRIEN** is a teenage Coloured retarded child. He roamed the streets, wearing rags. He was dirty and hardly covered.

One day he was asked to lunch by Lofty Adams, Chief Whip of the Labour Party, who is taking an interest in these children. Mr Adams was surprised when the youngster replied: "Look at me, how can I come into your house?"

Karrien could not explain how he lived. But when asked if he worked he said: "Yes, people make me carry out their dirt. I dig up their gardens, I dig compost holes and they give me a slice of bread."

When Karrien was given R1 for helping Lofty clean his car he said he would give it to his mother to buy food.

Lofty Adams asked in the Coloured Representative Council: "Is this child mad? Who is making him mad? It is the lack of care that is making him mentally ill and it is the Government of South Africa that is causing this man to be in such a predicament."

Lots of children are worse off than Karrien, who with Lofty's help has gone into car washing and is earning about R20 a week.

Many walk the streets of the township, objects of fun, sometimes stoned by those who don't understand. Others are chained to poles in yards by parents forced to go out and earn a living, or who simply say they cannot cope with the problems associated with bringing up a feeble-minded child — one of thousands afflicted through no fault of their own.

Harmond 3 ce col 256 10/2/77

**Training centres for Indian mentally retarded children**

88

282 Mr. R. J. LORIMER asked the Minister of Indian Affairs:

Whether there are any (a) State and (b) State-aided training centres for Indian mentally retarded children in the Republic; if so, (i) how many, (ii) where are they situated, (iii) how many children can be accommodated in each centre and (iv) what was the total cost of (aa) the State centres and (bb) subsidies to State-aided centres in the latest year for which statistics are available.

The MINISTER OF INDIAN AFFAIRS:

There are no State or State-aided training centres for mentally retarded Indian children in the Republic. Three private institutions for the care of such children were, however, registered with the Department of Indian Affairs during 1976. The institutions, of which the particulars are given below, will be subsidized by the State on an approved formula as from 1 April 1977.

Institution	1976 Enrolments
Golden Gateway, Durban . . . . .	36
Lotus Haven, Pietermaritzburg . . . . .	25
Jiswa, Johannesburg . . . . .	30

# COMMUNITY BID TO GET NEW DEAL FOR THOUSANDS OF RETARDED YOUNG PEOPLE

PROPOSALS aimed at easing the plight of black mentally retarded children have been placed before the Coloured Representative Council.

The new deal proposals are expected to form the basis of a campaign by the CRC to persuade the Government to give the same treatment and facilities to black afflicted children as to whites.

At present there are no legal provisions for training retarded black children — estimated at 30 000. The 1974 Mentally Retarded Children's Training Act deals exclusively with white afflicted children.

The new deal has been drawn up by the Self-Development Communities for the Retarded, SDCR, at the request of the CRC and calls for drastic changes in existing legislation.

The proposals, in the form of draft legislation, provide for a number of fundamental changes in dealing with the mentally retarded:

## Centres

- The establishment of training centres for all mentally retarded children — black and white.

- A prohibition on placing retarded children in either state or private mental institutions.

- Switching the care of the mentally retarded from the Department of Health to the Departments of Education.

The SDCR is highly critical of the present facilities for black afflicted children, and maintains they should not be kept in mental institutions.

Dr James Gilliland, co-ordinating Director of Health Services, confirmed

yesterday mentally retarded people were being kept in state and state-aided mental institutions.

However, he insisted that the retarded were separated from the mentally deranged, as far as possible.

Dr Gilliland said it was often detrimental to the family situation to keep retarded children in the home, while it was often beneficial to the child to compete with others of similar intelligence.

But many black leaders are dissatisfied with the present situation.

## Witner

Mr Joyce Siwane, executive secretary of the Black Social Workers Association said: "The mentally retarded have always been a sore point. The South African National Council for Child and Family Welfare, who do black welfare work, have consistently asked questions about this and have been told very little is being done for them.

"Retarded children do not get cared for — they wither away like vegetables. Most institutions are not able to take care of them. They do not want them because they say they are not dangerous.

"The mother has to search for someone to care for her retarded child. When she is the sole wage earner this causes extreme hardship. It would be a great temptation to the mother to tie the child up or lock it up while she had to go to work."

Mrs Siwane added: "The question of the mentally retarded is definitely one about which something should be done soon."

## Stigma

Mr I. Richards, a member of the Transvaal Coloured Representative Council, said: "These children should be educated. They are not animals. The stigma of mental retardation has resulted in children being locked up in back rooms, left uncared for.

"These children can serve a useful purpose to society. They should not be institutionalised."

Mr Lofly Adams, Chief Whip of the Labour Party and an SDCR executive member, said: "We believe a large number of retarded persons can become useful contributing members in society, given a basic training and education.

"Such a rudimentary training can give purpose to living and help people regain dignity as worthwhile human beings."

SIZE GROUP (HECTARE)	ECONOMIC REGION									
	56		57		58		59		60	
	No.	Area	No.	Area	No.	Area	No.	Area	No.	Area
10	-	-	-	-	1	-	-	-	-	-
2 -	7	25	-	-	654	-	-	-	9	36
5 -	4	25	-	-	227	-	-	-	4	32
10 -	1	14	-	-	69	-	-	-	7	98
20 -	4	118	1	34	190	34	-	-	3	103
50 -	9	611	5	371	117	371	-	-	7	525
100 -	11	1 737	11	1 808	141	1 808	-	-	17	495
200 -	19	4 634	24	6 192	129	6 192	-	-	17	2 495
300 -	56	23 485	53	20 768	271	20 768	-	-	19	4 239
500 -	176	134 427	100	73 114	485	73 114	-	-	21	7 383
1 000-1 999	263	382 319	98	137 796	330	137 796	-	-	12	14 926
2 000-4 999	206	603 268	27	68 078	179	68 078	-	-	7	15 783
5 000-9 999	35	214 851	6	37 520	8	37 520	-	-	-	20 516
10 000- OVER	5	69 449	1	18 635	1	18 635	-	-	-	-
TOTAL	796	1 434 963	326	364 316	2 802	364 316	1	66 136	123	66 136

Hansford 4 col 401 18/2/77

World Health Organization/International Red Cross  
 \*23. Dr. A. L. BORAINÉ asked the Minister of Health:  
 Whether the invitations issued in 1976 to (a) the World Health Organization and (b) the International Red Cross to inspect mental institutions in South Africa have been accepted; if so, when are the inspections to take place.  
 The MINISTER OF HEALTH:  
 (a) No, no reply has been received.  
 (b) Yes, preliminary inspections took place during November 1976.

(88)

SOURCE: Department of Statistics.  
 Report on Agricultural and Pastoral Production 1972 - 73.  
 Agricultural Census No. 46 Report No. 06-01-10.

Hansard 7 Q nos 621-623 11/3/77

88

**Mental patients**

(523) Dr. A. L. BORAINÉ asked the Minister of Health:

- (1) How many mental patients in each race group were there at 31 December 1974, 1975 and 1976, respectively, in institutions administered by (a) his Department and (b) Smith, Mitchell and Co.;
- (2) what was the total cost to the State in each of these years in respect of these institutions in each of these categories.

The MINISTER OF HEALTH:

- (1) The hon. member's attention is drawn to my oral reply to question No. 16 of 6 June 1975. Smith, Mitchell and Co. does not manage the mentioned institutions, but only performs secretarial work for the owners of the institutions.

	1974	1975	1976
(a) White . . . .	8 155	7 796	8 497
Coloured . . . .	2 871	2 864	1 999
Black . . . .	9 941	7 046	6 422
Asiatic . . . .	168	123	137
(b) White . . . .	521	706	708
Coloured . . . .	336	474	483
Black . . . .	7 062	8 039	6 863
Asiatic . . . .	254	264	262

(2)	1973-'74	1974-'75	1975-'76
(a) . . . . .	R21 922 435	R25 307 119	R28 048 052
	R 2 800 636	R 3 818 536	R 5 191 806

In part (2) of my reply to the hon. member's written question No. 373 in February 1976, figures were given for the financial year 1974-'75 with regard to the number of patients and the amount paid, respectively, which differ from the above-mentioned figures. In the reply to the question in February 1976—

- (a) figures in respect of the actual number of beds were given and not the figures in respect of the number of patients. Seeing that the hon. member did not refer to a specific date at that time and seeing that the number of patients changes daily; the number of beds was given.
- (b) the amount for which the South African Bantu Trust was responsible, viz. R942 668 was inadvertently not included.

For written reply:

Mental institutions

88

421. Mr. H. E. J. VAN RENSBURG asked the Minister of Health:

(a) How many persons in each race group were in mental institutions at the end of 1976 and (b) how many of the patients in each race group were accommodated in departmental and subsidized institutions, respectively.

The MINISTER OF HEALTH:

(a) White	6 205
Coloured	2 482
Black	13 285
Asiatic	399

(b) Departmental Institutions	
White	8 497
Coloured	1 999

Black	9 422
Asiatic	137

Subsidized Institutions	
White	708
Coloured	483
Black	9 863
Asiatic	262

- 1. Zero.
  - 2. Not measurable.
  - 3. Variable.
  - 4. Infinite.
  - 5. None of the above.
50. If you won't have to particular thing, the
49. In a simple two country commodity, the effect country would be to:
- 1. Benefit producers
  - 2. Harm both producers
  - 3. Benefit both prod
  - 4. Benefit both prod
  - 5. Increase exports.
48. The primary cause of oscillating migration in the South African economy is that
- 1. Black workers like it that way.
  - 2. Employers do not need labour right through the year.
  - 3. The economy is expanding.
  - 4. The pursuit of two goals, viz. (a) Economic growth, (b) Creation of independent Bantustans in which all South African Blacks must be citizens.
  - 5. It happens everywhere else.
47. According to Edwin P. Reubens' article in Challenge the world food shortage is due primarily to -
- 1. The failure in 1972 to find many anchovies off the Peruvian coast.
  - 2. World economic growth and the high income elasticity of demand for meat.
  - 3. The burning of surplus crops.
  - 4. World population growth outstripping food supplies.
  - 5. Deliberate cutbacks by major producers in the output of wheat.
46. A buffer stock scheme which aims to stabilise prices -
- 1. Can never be self financing.
  - 2. Costs the government nothing because it buys or sells stocks at the same price.
  - 3. Stabilises incomes as well.
  - 4. Both 1. and 2. above.
  - 5. Can never work because one cannot control the weather.

CLASS EXAMINATION : 2<sup>nd</sup> April 1975

88

**Blacks: Beds in mental hospitals**

This exam counts 10%

(635) Mrs. H. SUZMAN asked the Minister of Bantu Administration and Development:

the end of the year.

Multiple choice questions provided. Don't forget

How many beds in mental hospitals are available for Blacks in (a) each homeland and (b) the White areas of the Republic.

the special sheet of paper  
1 number on that sheet.

The MINISTER OF BANTU ADMINISTRATION AND DEVELOPMENT:

1. Economics' claim

The figures mentioned below are only applicable in respect of those Homelands who have not yet taken over health services. Figures in respect of the Homeland Governments who have already taken over health services are not readily available.

1. Attempt to g
2. Use of exper
3. Foundation or
4. Explanations
5. Analytical te

(a) KwaZulu	.....	1 818
Qwa Qwa	.....	0
Swazi	.....	0

s on its  
ries.  
ts.  
al terms.  
clusions.

2. An economic theor (b) 10 271.

1. A statement of fact as seen by an economist.
2. An explanation of how economic forces ought to behave.
3. An hypothesis based on assumptions of an ideal state of affairs.
4. An explanation of economic behaviour which fits observable facts.
5. An idea which is useful in analysis but unrelated to practice.

3. Choice is fundamental to economic behaviour because

1. People find it difficult to choose what they want.
2. Resources are scarce in relation to people's wants.
3. Choosing makes people act rationally.
4. Opportunity costs depend upon exercising choice.
5. Prices depend on people making choices.

4. Which of the following is considered a 'free good' in Economics ?

1. Water in a canal.
2. Water in a reservoir.
3. Distilled water.
4. Water in the Atlantic Ocean.
5. Mineral water in bottles.

5. Which of the following constitutes real investment ?

1. Purchase of shares through the Stock Exchange.
2. Opening an account with a bank.
3. Buying a factory completed last year.
4. Building a block of flats.
5. Buying National Savings Certificates.



Hit Dis Mental Health

22/3/70  
**25,000 people**  
**in institutions**

HOUSE OF ASSEMBLY —  
A total of 25,371 South Africans were in mental institutions at the end of last year, the Minister of Health, Dr S. van der Merwe, said yesterday.

Of this total 9,205 patients were white, 2,482 Coloured, 13,285 black and 399 Asiatic.

In reply to a question from Mr Horace van Rensburg (PRP, Bryanston) he released figures showing that the majority of the patients were in departmental institutions.

—SAPA.

# Ex-mental patient may sue Govt

Own Correspondent

MARITZBURG—Mr Carel Joubert, the 35-year-old miner "unlawfully incarcerated" for nearly three years as a State President's patient at Fort Napier Hospital, says he is considering legal action for damages and loss of income.

"At first I thought I would just let the whole thing die down, but when I think of all the time I spent there I get angry and feel someone should pay for it," he said yesterday from the coal mine near Vryheid where he is now working.

Mr Joubert said he would probably approach his attorneys in Vryheid within the next few days.

"One reason why I was not going to do anything was because I was told you could not sue the Go-

vernment more than six months after the damages were supposed to have been caused. But I will check this with my attorneys."

Mr Joubert was declared a State President's patient after being convicted in a Vryheid court in November 1973 of robbery.

He was released in August last year after investigations by the Attorney-General of Natal, Mr A J Krog, and psychiatrists at the hospital.

Mr Joubert said yesterday he was pleased he was out of the hospital and had been given back his old job by Mr Willie Gous at Coronation coal mine.

"I no longer have any drinking problems, which got me into trouble with the law in the first place. I am very happy in my job," he said.

88

Hansard 13 col 964 27/4/77

**Mental institutions**

740. Mr. H. E. J. VAN RENSBURG asked the Minister of Health:

(a) How many (i) males and (ii) females in each race group escaped from mental institutions in 1976 and (b) how many of the escaped persons were returned to mental institutions in that year.

The MINISTER OF HEALTH:

(a)	(i)	Whites .....	295
		Coloureds .....	233
		Bantu .....	326
		Asians .....	1
	(ii)	Whites .....	54
		Coloureds .....	29
		Bantu .....	45
		Asians .....	—
(b)	(i)	Whites .....	238
		Coloureds .....	146
		Bantu .....	201
		Asians .....	1
	(ii)	Whites .....	41
		Coloureds .....	17
		Bantu .....	29
		Asians .....	—

# Komani: training centre of the future?

22/6/77  
DD  
5

QUEENSTOWN — The Komani Hospital here could well become one of South Africa's most prominent training centres for psychiatric nurses since opening its doors to black students last year, according to the hospital's senior tutor, Mr Martin Nel.

"Although our enrolment at the moment is limited to 30 black and 15 white students a year we are receiving about 1 000 applications every 12 months from blacks, especially from those living in the Ciskei, Transkei and Transvaal," he said.

With a library of 600 books plus magazines, a cross reference system

covering 10 000 topics in psychiatry and its related fields, there are five big classrooms and audio visual facilities that could well be the envy of other training centres. Komani Hospital is capable of handling 150 students at a time.

"The limited finances and shortage of tutors prevent increased enrolment at present," Mr Nel said.

The training school staff of three tutors — two of them black — an instructor, a clinic sister and a clerk would be increased when two more tutors join the staff next month.

"By 1979, 1 340 students will have passed through

our hands since January this year."

At present a number of courses for black and white students are being offered at Komani.

They are a post basic course in psychiatric nursing, a diploma course for psychiatric nurse instructors, and a whites-only course for enrolled nurses wanting to become staff nurses.

Next year this course would also be offered to blacks on a specialised basis.

"We are also handling quite a few groups of visiting BA graduate curative students from the University of South Africa; social workers from Huguenot College at Wellington; and from time to time, we receive psychology students from Fort Hare."

Students from East London's Mdantsane Hospital studying for diplomas in community health and students from Natal University who are doing their diploma in nursing education also go to Komani to gain practical experience.

Mr Nel, who joined the hospital staff as a senior tutor in June last year, received his general training at the Far East Rand Hospital at Springs.

He then did his psychiatric training at Weskoppies at Pretoria and theatre technique at the Johannesburg General Hospital. He is presently studying for a BA degree through Unisa. — DDC

# Where mentally ill step out of shadows

**The Hillbrow Lodge, South Africa's first halfway house for mental patients on their journey back into society has been operating for two years now. SUE GARBETT reports on its progress.**

There is a sense of cheerful reality about the inconspicuous house that represents a milestone in the history of South Africa's care of the mentally ill.

It is far removed from the impersonal wards where many of the Hillbrow Lodge residents spent blunted, idle, restless lives, as chronic schizophrenics.

Today most of the 60 residents are working, either on the open market or in sheltered employment.

They have shed their patienthood and wear a mantle of dignity bought with their newfound independence.

Little things, like not having to queue for medicine, mean a lot.

One of the requisites for admission to the lodge is that a resident be able to assume responsibility for his own medication.

Since the lodge began operating in May 1975 as an after-care centre for patients discharged from Sterkfontein Hospital, 230 people have been admitted.

Of these 71 have been discharged (gone home), 60 are still there and the rest have gone back to hospital.

## Success

"This represents a 31 percent discharge rate, which may seem discouraging at first, but is not in fact when you think of it. All these people would still be in hospital were it

not for the lodge," said Mr Colin Koransky, who has been evaluating the two-year programme as part of a doctoral thesis.

"I regard the lodge as a fantastic success. We have proved that people, some of whom have spent 30 years of their lives deprived of emotions and stimulation, can be re-integrated into society.

"We have also shown that community mental health is an economic proposition because our residents are employed," said Mr Koransky. He is senior clinical psychologist at Sterkfontein and senior lecturer in the department of psychiatry at the University of the Witwatersrand.

## Effect

There have been no complaints from Hillbrow residents about their sometimes strange-looking neighbours.

There has been no incident or assaultive behaviour such as that reported in 1974 by a New York community, who said that discharged mental patients were becoming a serious threat to their peace.

"We've had our teeth-ing problems of course. "Imagine if you had,

been shut up in a hospital for 20 years and were suddenly thrust into today's frenetic world. "It produces a Rip van Winkle effect," said Mr Koransky.

He mentioned the case of two residents on their first shopping trip who had never seen an escalator before. They got onto one and panicked.

Then there was the man who went to buy slippers. When he went into hospital, he cost 7s 6d. He was shattered when the shop assistant asked for R6.

Some residents have difficulty crossing the road in the beginning. "We found that despite our sophisticated medical treatment and rehabilitative programmes, we were falling down at the level of social re-integration.

"I decided to overcome this by recruiting and training volunteers from the community, ordinary housewives and salesmen."

Mr Koransky trained 15 people in re-socialisation techniques. They help residents do shopping, catch buses, read maps, fill out job application forms, post letters.

## Age

One resident got a job as a baker, and a volunteer took him to work at 4 am for a week to help break him in.

The average age of a Hillbrow Lodge resident is 41, with ages ranging from 20 to 59.

The ratio of men to women is 50-50. A typical day at the lodge starts with breakfast in the communal dining room at 6.30 am.

The residents rise in their single rooms, or dormitories of four, in time to breakfast together. This is the one rule at the lodge as the promotion of social interaction

is regarded as a top priority. Most of the residents leave for work, and the few left behind who have been unable to get a job, do sewing, baking, cooking or gardening.

When residents return they bath and change. Great emphasis is laid on personal hygiene as one of the problems of the chronic patient is the sometimes lackadaisical attitude to personal hygiene.

A beautician also visits weekly as many women do not know how to use a deodorant, make-up or dress appropriately.

## Supper

Supper is served at 6.15 pm (no more hospital dinners at 4.30 pm) and afterwards residents watch television, go to a film, go out for coffee, or meet friends.

A programme of active socialisation is followed and so residents are encouraged not to go to bed before 9 pm.

Residents tend to their personal things and their rooms are usually cheerful, as indeed is the whole busy atmosphere of the lodge.

"It's really rather like a private boarding house," said Mr Koransky. It is literally a halfway house between a mental hospital and complete social re-integration.

"We start the rehabilitation programme in hospital, but it is too much of a shock to expect these people suddenly to become independent overnight.

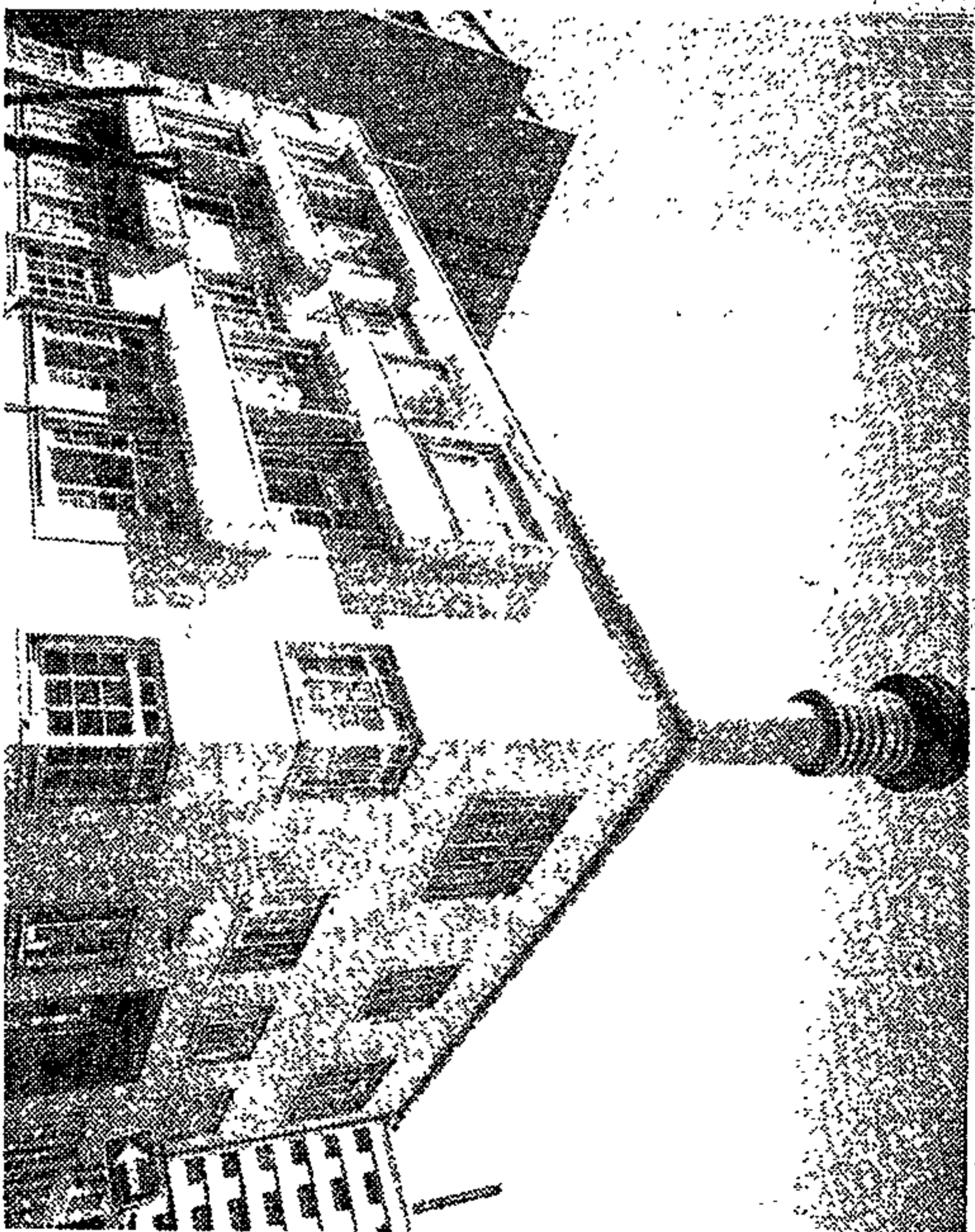
"Some have no families. Others have families who don't want them.

"Most can't afford to live alone to begin with. Many are surprised at the choice of Hillbrow, for such a halfway house.

## Amenities

"Furniture these people have spent years in dull, unstimulating 'backwards. We don't want to re-bury them.

"And Hillbrow provides all the necessary community amenities such as shops, libraries, cinemas and public transport."



The Hillbrow Lodge — no complaints from Hillbrow residents about their sometimes strange-looking neighbours.

Mr. Koransky believes that except under the most extraordinary circumstances, it is better to be living in a community than a hospital, better to be productive than idle.

"For most of the people with a history of mental illness, Hillbrow Lodge provides a means for realising these goals, and

as such, represents a new approach in South Africa, a goal of which is a more enlightened public and professional attitude towards psychiatric rehabilitation."

The chief of psychiatric services at the Department of Health said the department was so pleased with the results of the lodge, it had already re-

commended that 100 percent loans be made available to welfare organisations by the Department of Community Development to establish more such halfway houses.

It's hoped that the research which has been done at the lodge will serve as a blueprint for the running of these houses.

## The first steps back to society

It was President John Kennedy in the early 1960s who gave new impetus to the care and rehabilitation of the mentally ill.

For 100 years before 1960, mental hospitals were purely for custodial care.

"But what started as a good idea developed into a monster, and society was landed with bloated, human warehouses in which there was no movement of people," said Mr Colin Koransky, who has been evaluating a two-year programme of rehabilitation as part of a doctoral thesis.

These former institutions were banished to the outskirts of cities, and people who society decided were not able to function normally, were locked up, some for life.

The commission of inquiry President Kennedy appointed to research mental health, suggested the mentally ill be rehabilitated and re-integrated into society.

Developments in pharmacology...



COLIN KORANSKY — Imagine if you had been shut up in a hospital for 20 years.

duction of new methods of treatment.

Pharmacological treatment was introduced in South Africa in 1954 and by 1974 our programmes began to catch up with those in the rest of the world.

In that year intensive rehabilitation programmes were introduced at Sterkfontein Hospital.

Patients were put into active rehabilitation wards.

And The Hillbrow Lodge was born to give these people a halfway house on their way back

N/MERCURY 7/7/77

# MENTAL HOMES PROBE REPORTS

Mercury Correspondent

**PRETORIA** — An International Red Cross Committee delegation which last year spent two weeks visiting mental institutions found no patients "hospitalised for other than medical reasons."

In a statement here yesterday the Secretary for Health, Dr. J. de Beer, gave the content of an aide memoire sent to the Minister of Health, Dr. van der Merwe, by the President of the International Red Cross Committee.

The delegation visited South Africa from November 21 to December 12 last year at the invitation of Dr. van der Merwe after public accusations had been made about ill-treatment of Black patients in mental hospitals in the Republic.

### Exploration

The ICRC agreed to carry out an exploratory and preliminary visit to a representative sample of South African mental institutions.

After the visit the ICRC decided not to undertake a full-scale inspection of mental institutions.

The series of visits did not permit "general and definitive conclusions."

The delegation consisted of the ICRC's delegate-general for Africa, a psychiatrist and a general practitioner, all of them Swiss nationals.

They visited 16 mental institutions.

The "sample" of institutions included seven "licensed institutions" for Blacks, Coloureds or Whites, an institution in a homeland, and a hospital prison for psychopaths.

There was no restriction on the kind and number of institutions to be visited.

The ICRC delegates talked with a number of experts in the field of mental health, members of Black and Asian com-

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MANAGER

July Handicap ?

availability of domestic and foreign interest rates and credit will influence the demands for and supplies of foreign capital.

A further influence on the money base, again ceteris paribus, is the government's fiscal deficit. The difference, over any period of time, between government spending and tax revenues requires financing. One such method of finance is via money base creation. This can take place in the form of decreases in the Treasury balance with the Reserve Bank. The Reserve Bank might alternatively, with the same impact on the money base, grant overdraft facilities to government sector borrowers or take up

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# Red cross clears mental hospitals

Staff Reporter

AN International Red Cross Committee delegation which last year spent two weeks visiting South African mental institutions found no patients in hospital for other than medical reasons.

In a statement in Pretoria yesterday the Secretary for Health, Dr J de Beer, revealed the content of an aide memoire sent to the Minister of Health, Dr Van der Merwe, by the president of the International Red Cross Committee.

The delegation visited South Africa from November 21 to December 12 last year at the invitation of

Dr Van der Merwe after public accusations about ill treatment of black patients in mental hospitals.

The ICRC agreed to carry out an exploratory and preliminary visit to a representative sample of mental institutions and after the visit decided not to undertake a full inspection

"Such an investigation would at this particular stage go beyond the usual field of activities of the ICRC," the aide memoire said. The series of visits did not permit "general and definite conclusions".

The delegation consisted of the ICRC's delegate-

general for Africa, a psychiatrist, and a general practitioner — all Swiss nationals. They visited 16 mental institutions.

The sample of institutions included seven licensed institutions for blacks, coloureds or whites, as well as State psychiatric services, an institution in a homeland and a hospital prison for psychopaths.

No limitation was placed on the kind or number of institutions visited.

The ICRC delegates talked with a number of mental health experts, members of black and Asian communities and members of opposition political parties.

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developments between 1975 and 1976. The fiscal deficit was officially recognised to be stimulating credit creation by the banks and therefore was adversely affecting the balance of payments. Improving the balance of payments had become a prime objective of monetary and fiscal policy and this in turn demanded a more conservative fiscal policy. This indicates that fiscal and monetary policy cannot be regarded as independent of each other. Nor can they be seen as independent of the balance of payments.

SUNDAY TRIBUNE

17/1/1977

# FOR SOME THE END OF THE ROAD

FOR MOST of the 1300 men, women and children, Eklungent Sanatorium, spells the end of the road.

The adults are chronic mental patients, most of the children are spastics and mental retardards sent there by desperate parents who cannot cope with

them at home.

In the separate children's section sad little people are doomed to a life in institutions which offer them only custodial care.

But for 34 of them one woman's devoted attention spells hope and a promise of a new

meaning to life.

At the corner of the dusty play area, a small room houses several desks, blackboards, and some basic teaching aids. Every day from 9am to noon Mrs Primrose Mbambo, a nurse and former school teacher, helps the children to co-ordinate and

teaches them to read and write.

She started with six pupils less than two years ago, shortly after the sanatorium opened. Now she hopes her numbers will continue to grow, because for the first time these severely handicapped people are learning to function and operate like human beings.



**TODAY: How society's mental misfits live out their days ... and the company that makes a profit out of them although it 'could do better on the Stock Exchange'**

THE GOVERNMENT'S multi-million rand plan to build five mental hospitals for blacks aims to eliminate the use of private institutions, where some facilities are inadequate, administered by a Johannesburg-based chain of companies.

The Department of Health says the private institutions are being used temporarily and they will be phased out in the next 10 years if finances are available.

The new State hospitals, to be built between now and 1987, will provide about 9 000 beds. Hospitals licensed by the Smith Mitchell group of companies presently accommodate more than 10 000 certified patients.

Smith Mitchell admit that some of their facilities are inadequate — but they have had no official notice about the termination of their services. They say the department need give them only three months notice.

I have visited two of the hospitals, originally opened because State hospitals were overloaded with chronic patients. Some facilities there are inadequate.

At Ekhlangeni Sanatorium near Amanzimtoti standards are visibly lower than in the African section of Fort Napier State mental hospital in Pietermaritzburg.

Fences around the wards have been removed and the red brick buildings look clean, but

• The 1 100 adult patients are washed every second day in a central communal shower room with only 14 showers.

• They share communal issue clothes which are handed to them clean on bath-day.

• One full-time psychiatrist and a part-time (afternoons only) doctor attend 1 800 African patients.

• Chronically mentally ill women help nurses care for 200 mentally retarded and spastic children.

• Inadequate laundry facilities often force the staff to dry clothes, blankets and sheets in the sun on the dusty ground.

• Toilets are basic concrete structures without seats.

• Beds are crammed together to accommodate about 80 adults in each dormitory.

• Male patients usually sleep naked; they are not issued with pyjamas.

# INSANITY:

# STATE STEPS IN

BY PENNY SWIFT

• Most wards are overcrowded and in some beds are placed head to foot.

• Only in the past six months have beds been provided for all patients. Before that some slept on mattresses.

• Most patients use a central shower room and wear communal issue clothes.

• In both places patients eat out of large plastic bowls — often with their fingers. Staff say spoons are available but that many patients prefer not to use them.

Both are run by the Smith Mitchell group although the State appoints all doctors, psychiatrists and head male nurses, does regular inspections, and pays the company between R1,34 and R1,574 per patient per day.

## Standards

These are only two of 25 such institutions, for all races, which are maintained by Smith Mitchell according to minimum standards laid down by the Department of Health.

All adult patients — usually transferred from State mental hospitals — are classified as chronics who no longer need intensive care. Their chances of recovery are slight and many of them will remain in institutions for the rest of their lives.

Smith Mitchell and Co.,

a firm of chartered accountants, are secretaries to the Smith Mitchell group of companies — about 118 in all — which have interests in many areas including property, dispensaries and private hospitals.

The group appears to have a monopoly in private mental hospitals for State patients. But this, say Health Department officials, is because they are the only people prepared to provide and run hospitals of this kind.

## Profit

In 1976 it cost the State R4 581 000 to subsidise Smith Mitchell sanatoria. During the past year Springfield has cost the state R170 000 and Ekhlangeni, R630 000.

Mr Tabatznik says Smith Mitchell makes a profit but could do better on the Stock Exchange. He would not disclose the profit margin, but said Ekhlangeni made more money than Springfield.

Questioned about bathing facilities at Ekhlangeni — 14 showers and one bath for each 80-bed dormitory — Mr Tabatznik said he was sure they complied with the statutory requirements.

"It does seem a bit low, but we've never had complaints from patients or staff."

He said medical facilities were not inadequate and patients were referred to a general hospital when they could not cope. If electro-convulsive therapy (electric shock treatment) was necessary they were referred to State mental hospitals.

But he wasn't as happy about Springfield Sanatorium.

"It's probably the worst hospital we have because the grounds are so small,"

he said. "For years we have wanted the State to take over, and eventually we hope the patients will be transferred to the planned psychiatric unit for Indians at King George V Hospital nearby."

The Health Department's head of psychiatric services, Dr Piet Henning, says the Springfield patients will be transferred to the planned 300-bed unit in about three years.

But more than 200 Indian and Coloured patients from Town Hill are also due to be transferred there and Mr Tabatznik doubted it would be completed within this time. For more than seven years they had been hoping patients would be transferred.

Originally a World War Two military barracks, Springfield was converted by Smith Mitchell in 1964 and was to have been used as a hospital for five years.

## Cramped

Wards are clean but cramped and recreational facilities are limited.

The current R60 million project for five new mental hospitals for blacks will not affect the patients at Ekhlangeni, which Mr Tabatznik said would probably eventually be taken over by the KwaZulu Government.

It was built as a mental hospital and opened in January 1975. KwaZulu is free to take over after five years.

Dr Henning said two new mental hospitals for Africans in Natal were envisaged — possibly near Hammarisdale and Richards Bay. An 800-bed hospital for Indians would be built in Verulam. But he did not know when actual planning would start

— probably not within the next ten years.

"We are confident that in the long term we will provide more than enough beds to cope with all mental patients ourselves," said the doctor. "The use of private hospitals for State patients always was a temporary measure."

He said conditions in the Smith Mitchell institutions varied. Ekhlangeni was "quite reasonable", but they wanted to get rid of Springfield as soon as possible.

Mr Tabatznik and his colleagues do not believe conditions in their hos-

pitals are any worse than in State mental hospitals.

They say they comply with the State's requirements — including sanitation, food standards, staff-to-patient ratios, and as far as possible minimum bed space (3,7 to 4,6 square metres).

They concede that therapy at their Natal institutions is limited, but say they have appointed an occupational therapist from August 1. Industrial therapy, always repetitive, depends on the availability of work from local factories and present economic conditions limit this in about 33 percent of

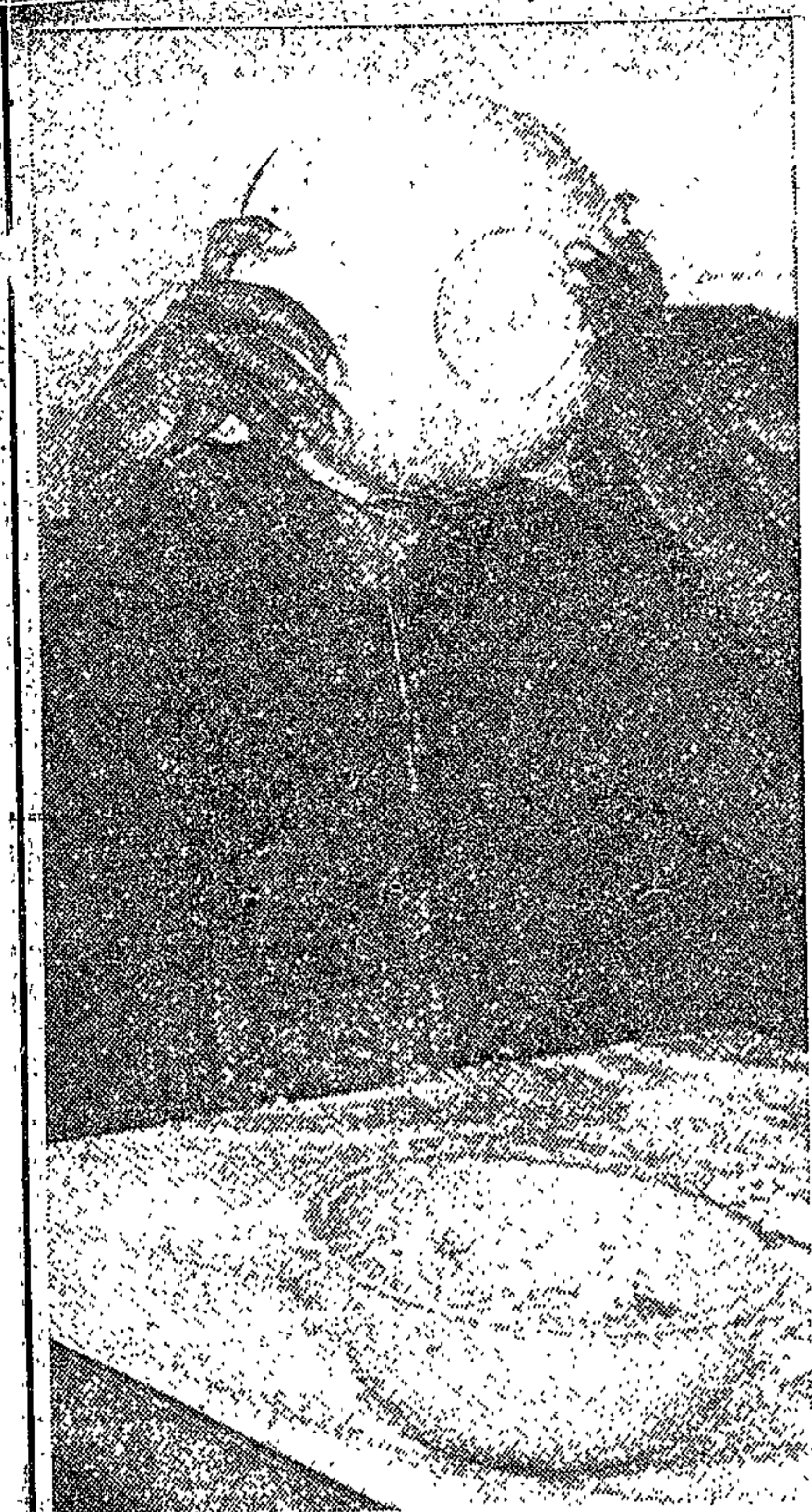
their hospitals.

All patients may participate in sporting activities, discussion groups and may attend regular films on the premises.

Patients who help maintain the hospitals by painting bed frames, gardening, laundering or cooking, do so voluntarily.

And it is said to be therapeutic for women patients to help care for mentally retarded and spastic children.

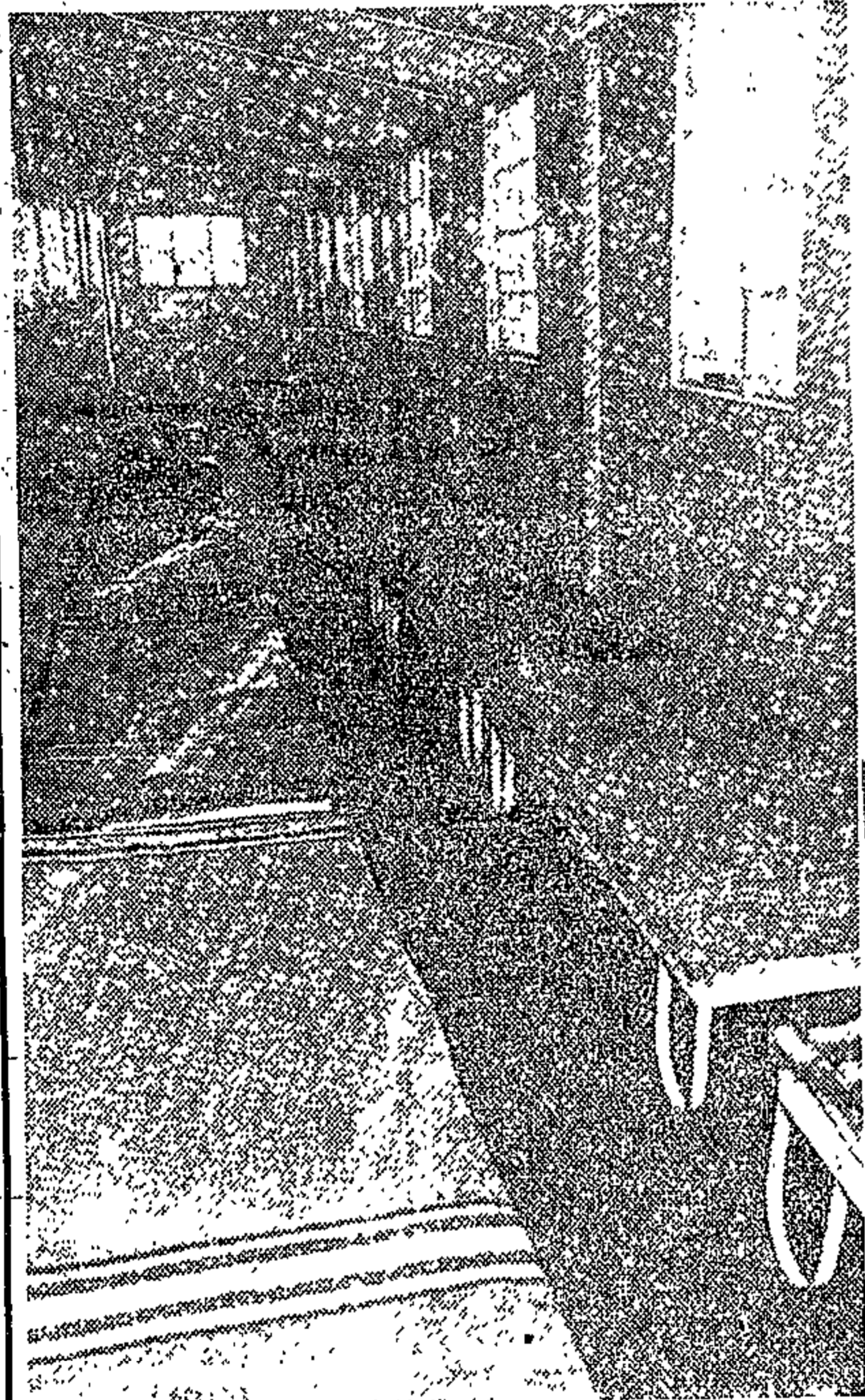
Mr Tabatznik said he would go into the possible need for increased washing facilities at Ekhlangeni.



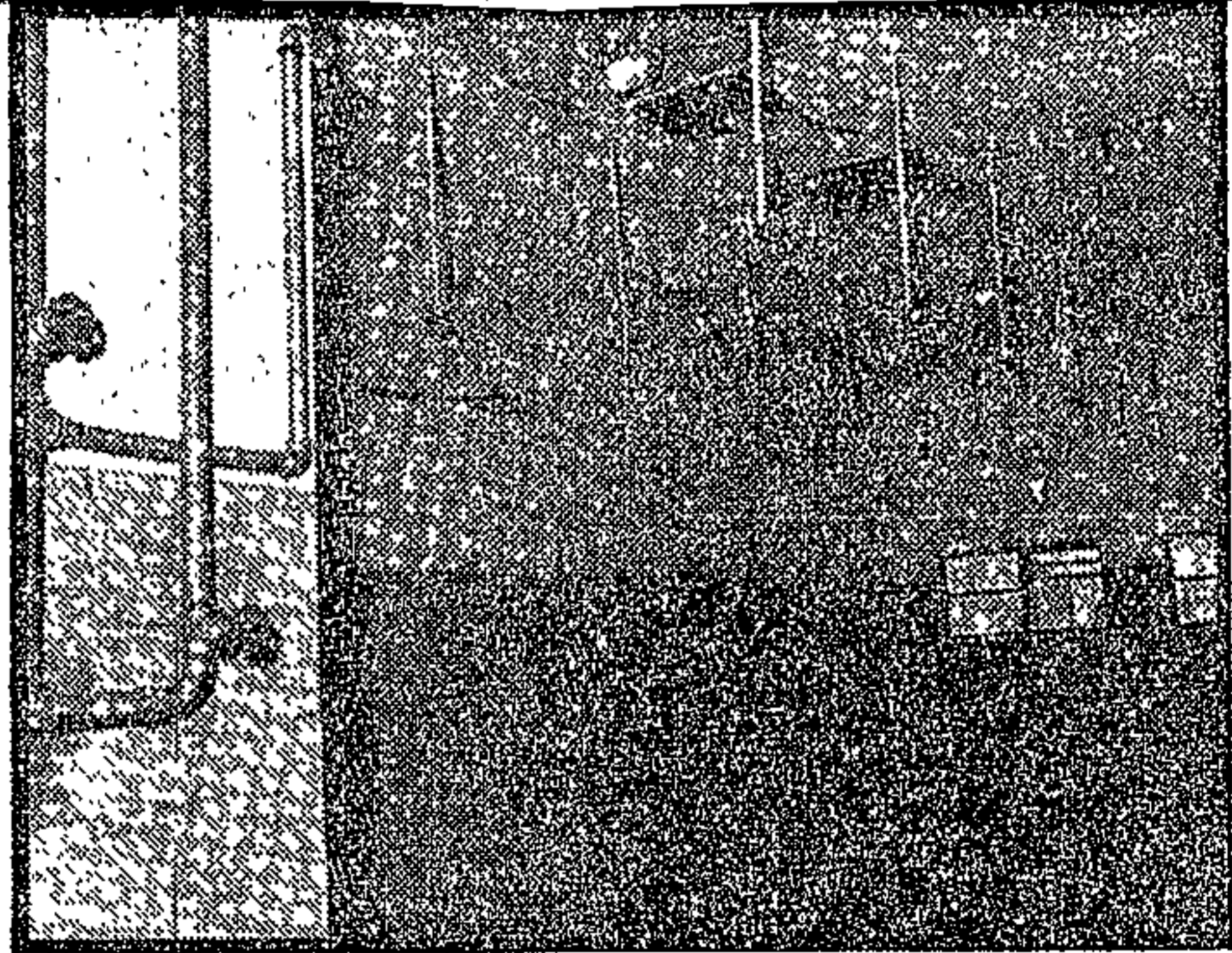
Picture of despair: a young mentally retarded boy crouches in the sand at Ekuhlengeni Sanatorium



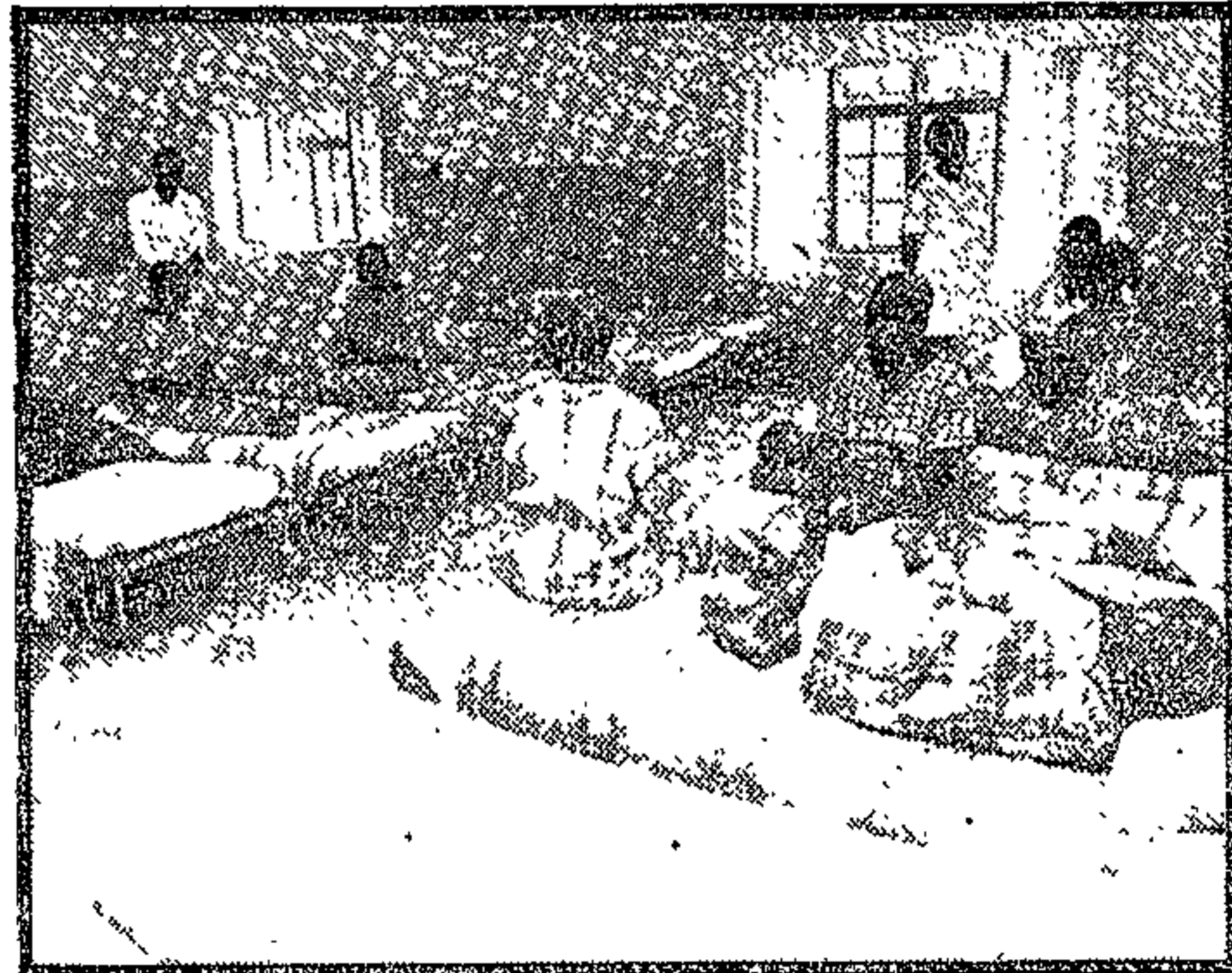
Lunchtime at Ekuhlengeni: food is served in large plastic bowls



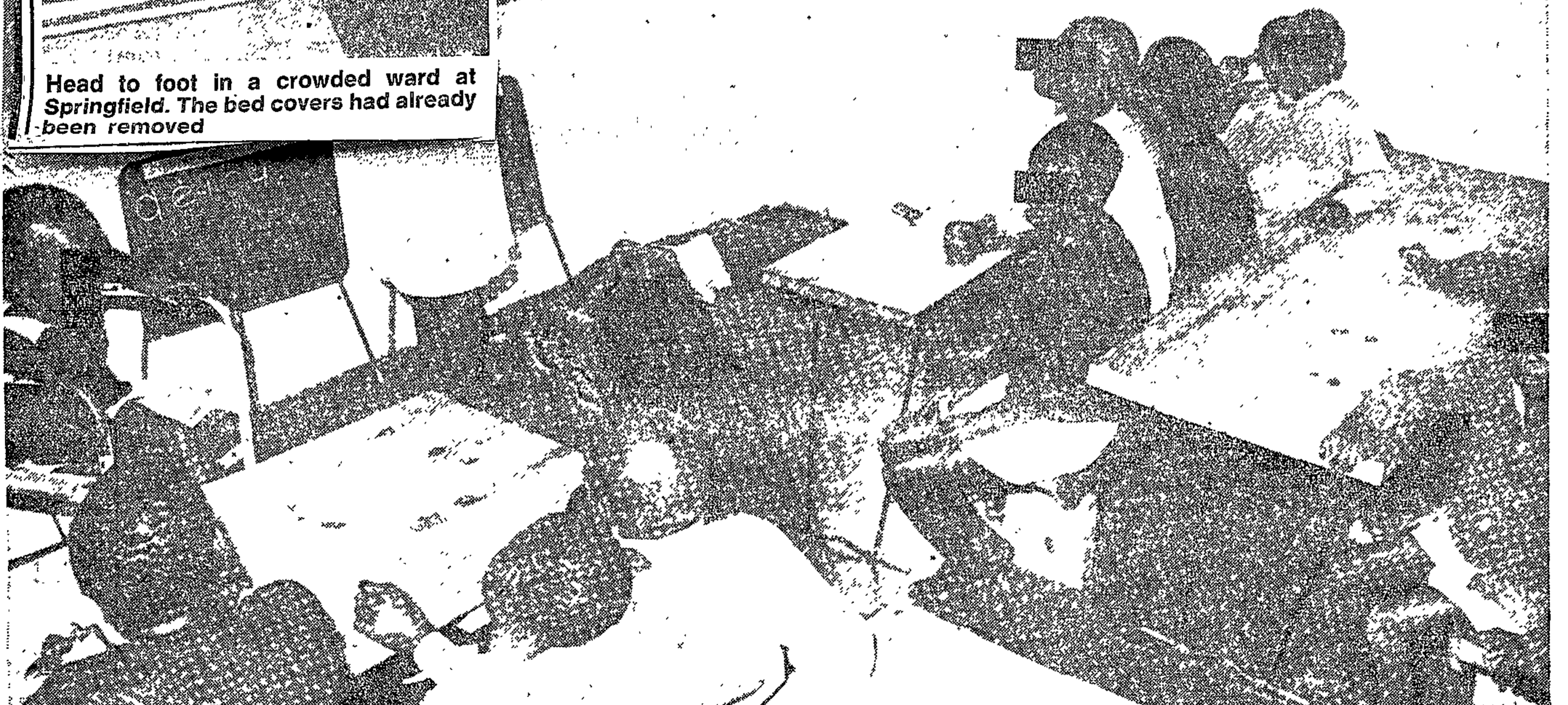
Head to foot in a crowded ward at Springfield. The bed covers had already been removed



LEFT: The communal shower room with 14 showers where 1100 adult African mental patients wash every second day. Among them are these mentally ill women in one of the 80-bed dormitories. Beds are crammed together in long rows



Pictures: PETER DUFFY



Mrs Primrose Mbambo spends her spare mornings in the classroom teaching the retarded children to read and write

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10000 PATIENTS OF DURBAN HEALTH SOCIETY

Mercury Reporter

THE RETIRING chairman of the Durban Mental Health Society, Professor R. W. S. Cheest-

man, last night paid tribute to the people who had built the society into one of the largest and most progressive in the country.

The current director's report told of 10 000 patients receiving treatment, 1 500 interviews, 121 organised and led group discussions and

170 talks to small groups of key people. There were now 15 social workers and a director, five administra-

tive staff, 12 teachers at occupation centres, two matrons at Halfway House, three registered nurses and 12 workshop supervisors.



W. Mercury 2/18/77

# MENTAL PATIENT IN AXE KILLING

JOHANNESBURG — A shoe company manager died of head wounds after he had been hacked with an axe by an employee who was later declared a State President's patient, an inquest magistrate found here yesterday.

Mr. Andrew Boyd (38), company secretary of the ABC Shoe Store, died on February 17 after he had been admitted to hospital with the axe imbedded in his skull.

### Homicide

Mr. A. T. Meiring, the magistrate, found yesterday that Mr. Garth Richard Martin (31) was responsible for the death of his employer. A verdict of homicide was recorded at the inquest.

Mr. Martin appeared here charged with murder. He was sent for mental observation and on April 15 was declared a State President's patient. The murder charge was withdrawn.

The Court heard that Mr. Martin had been asked to resign by Mr. Boyd. He offered to withdraw his resignation but his offer was refused. An argument developed and Mr. Martin was seen leaving the office, threatening Mr. Boyd.

The next day Mr. Martin went to see his employer. He had a brown paper parcel under his arm.

### Chopping

Mr. Azril Silbert, who shared an office with Mr. Boyd, told the Court he heard a sound like chopping wood and returned to see the axe in his colleague's head.

Mrs. Valerie Wouters told the Court she saw, through a glass partition, Mr. Martin hitting Mr. Boyd with an axe.

Mr. Clive Piitt told the Court that he heard a scream. He ran into the office and saw there was blood on the desk and Mr. Boyd was lying on the floor.

A district surgeon's report stated that Mr. Martin had planned the murder the day before. He had tried to buy a stiletto knife but had bought an axe instead. Mr. Martin had been in and out of mental hospitals suffering from paranoia. —

(Sapa.)

# State to build five hospitals for black mental patients

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**PLANNING** is advanced on an ambitious State plan to overhaul treatment facilities for Black, Indian and Coloured mental patients in South Africa.

It is believed a big feature of the plan is for the State to stop hiring psychiatric beds from

private organisations.

About 10 000 such beds, mainly for Black long-term patients, are hired now from private enterprise.

The plan calls for five mental hospitals to be built, providing 7 000 beds for Blacks and about 2 000 for Indians and

Coloureds.

The first, a R35-million mental hospital for Coloureds, is being built near Cape Town. The others will be sited near Pretoria, Vereeniging, Soweto and somewhere on the East Rand. They should be ready by 1987.

Linked with the plan is an ambitious rebuilding and re-equipping programme for White mental hospitals.

There are about 20 000 State-owned beds for mental patients in SA—10 000 for Whites, Coloureds and Indians, and 10 000 for Blacks.

# New Bill on mental patients

Political Correspondent

CAPE TOWN — Measures to streamline the procedure for discharging mental patients are contained in a Parliamentary Bill published today.

The Mental Health Amendment Bill formalises a proclamation by the State President last year, transferring the responsibility for discharging State President's patients from the Minister of Justice to the Minister of Health.

It also extends the function of the Provincial Attorney Generals as curators ad litem for ordinary mental patients to State President's and conditionally discharged patients.

The present requirement before a patient is discharged is that a doctor should furnish a statement as to whether he is likely to commit a serious act of violence in future.

This is now abandoned, with the doctor required only to provide a general prognosis.

A hospital board is given the power to discharge a patient (although not a State President's patient who is violent), while until now this has been the prerogative of the Minister of Justice after a decision by the State President.

ARGUS  
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Bill on  
mental  
patients

The Argus Political  
Staff

MEASURES TO streamline the procedure for discharging mental patients are contained in a Bill published today.

The Mental Health Amendment Bill formalises a proclamation by the State President last year, transferring the responsibility for discharging State President's patients from the Minister of Justice to the Minister of Health.

In terms of the Bill Provincial attorneys general will now be curators ad litem for State President's and conditionally discharged patients as well as ordinary patients.

The requirement that a doctor give a statement as to whether a patient due for discharge is likely to commit a serious act of violence is abandoned.

A hospital board is given the power to discharge a patient (although not a violent State President's patient) which until now has been the prerogative of the Minister of Justice after a decision by the State President.



# Strangler-on-the-run contacts his daughter

## He's soft-hearted and kind, not mad, she says

BY CLARE STERN

CONVICTED strangler Johannes Pienaar, who escaped from Westkoppies Mental Hospital this month, has contacted his daughter four times since his freedom break — and she is convinced he will never kill again.

Police have put out a countrywide "all stations" alert for the man who was convicted last year of strangling his mistress, Mrs Hella Fairly of Springs.

But his daughter, Mrs Jeanette Engelbrecht, told me this week: "My father is not mad or dangerous."

"He was transferred from his maximum security ward to ward 1 after saving the life of a male nurse whom an inmate stabbed with a knife. My father hit the attacker and was stabbed in his arm, head and back. He had to have several stitches."

"I have no idea where he is, but he says he is looking for a job and will be sending me some money," said pretty 23-year-old Mrs Engelbrecht.

She said her father had never had a death list and was upset by this report. He told her he "felt like jumping in front of a train because people hated him so much".

"He told me no-one knew what it was like to kill and that he would not do it again."

Pienaar, telephoned his daughter last on Friday.

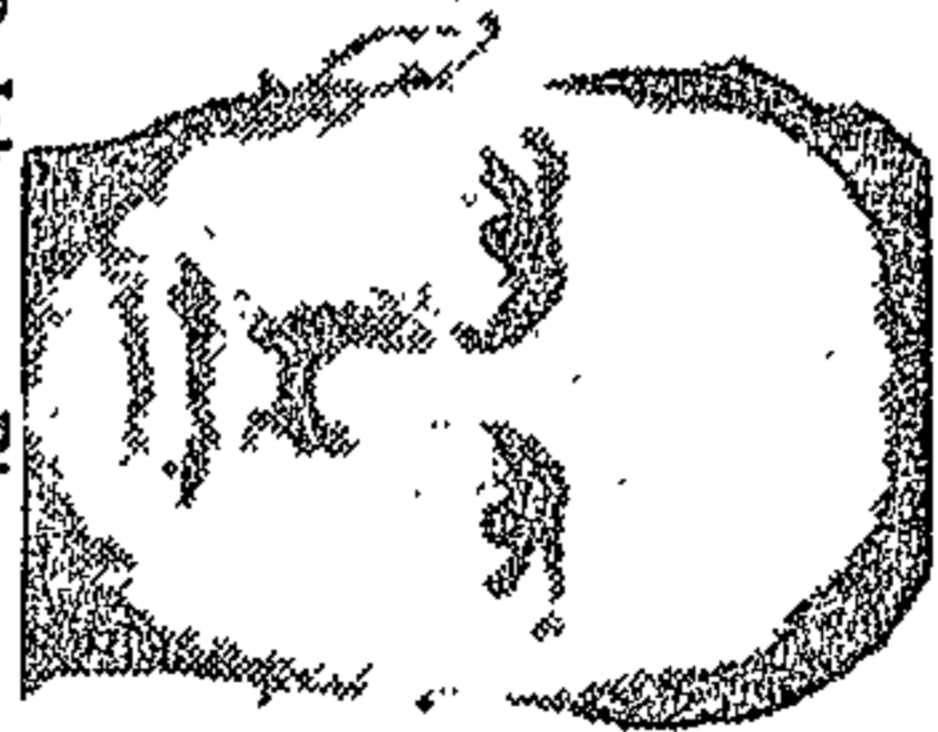
year of strangling Mrs Fairly, has told his daughter in the past he had no idea what happened to him that night. His daughter said the incident occurred after Mrs Fairly, with whom he lived in Krugersdorp, left him.

It was not a planned murder, she said, and something must have snapped inside him.

She added that her father had been kicked on the head by a horse when he was seven and was unconscious for seven days.

Her father had had strict parents and had stayed on their farm in Parys, which frustrated many of his ambitions. He had had very little education.

"He could have been a rich man today, if he'd had the opportunity. He is clever and an excellent construction worker."



● Johannes Pienaar... soft-hearted

She said although her father had brought her up strictly and given her hidings when she misbehaved, he was the best father in the world, and one in whom she could confide.

"He had a temper and drank a lot, but he was not anti-social. He loved having people round him and they warmed to him because of his dynamic personality and wit. He was fond of snooker and darts and played rugby."

She said she would never be afraid of him and would always stand by him.

"If he walked through the door now, I would act as though nothing had happened and give him money or anything he might require."

She said she could not be sure but believed someone at Westkoppies, a friend of Pienaar, might have aided him to escape.

"Everyone liked him — he is very sincere and would rather help than harm a person. One of his lady friends phoned me recently with the message — 'Give

All of us, he said, did unpredictable things in moments of weakness.

"Some of us swear when we are angry, others become more drastic. I also kill cockroaches."

He said he knew and liked Mrs Hella Fairly, and neither Pienaar nor his family could understand what prompted the murder.

"He was always a good father and a good friend to my wife and myself.

Institutions for mental patients X

205. Mr. H. E. J. VAN RENSBURG asked the Minister of Health:

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- (1) Whether institutions for mental patients have been established by his Department since 1 May 1975; if so, (a) how many, (b) for what race group does each institution cater and (c) how many patients can be accommodated in each institution; if not, (d) whether it is the intention to establish new institutions, if so, (a) how many, (b) for what race groups and (c) how many patients will be accommodated in each institution, if not, why not.

The MINISTER OF HEALTH:

- (1) No.
- (2) Yes
  - (a) 7.
  - (b) Bantu, Indian and Coloured.
  - (c) Mitchel's Plain: 2 328 Coloured.  
Verulam: 800 Indian.  
Mamelodi: 600 Bantu.  
Vereeniging: 600 Bantu.  
Daveyton: 600 Bantu.  
Soweto: 600 Bantu.  
Secunda: 600 Bantu.

- (e) Grond  
Aantal v  
Waarde aar  
Oppervlakte verskaf gebruik  
Waarde aan boer:  
Water (jaarlikse koste aan boer)  
Koste van ander dienste h.v. saad, gebruik van plaasmasjinerie
- (f) Klerer artikels verskaf deur boer (jaarliks)  
Koste aan boer:
- (g) Bonus (jaarlikse)
- (h) Geskenke (jaarliks: artikels  
Koste aan boer:
- (i) Ontspanningsgeriewe verskaf:  
Koste aan boer (jaarliks):
- (j) Gesondheidsdienste:  
Jaarlikse koste aan boer van: doktersrekeninge betaal  
medisyne  
vervoer na en van geriewe  
ander
- (j) Totale mediese koste
- (k) Pensioenbydrae deur boer (jaarliks)
- (l) Versekeringsbydrae deur boer (jaarliks)

**Institutions for mental patients**

206. Mr. H. E. J. VAN RENSBURG asked the Minister of Health:

- (1) How many mental patients in each race group were as at 31 December 1977 accommodated in institutions administered by (a) his Department and (b) other agencies;
- (2) what was the total cost to the State for that year in respect of institutions in each of these categories.

The MINISTER OF HEALTH:

(1) (a) White .....	7 830
Coloured .....	2 763
Bantu .....	5 467
Indian .....	150
	<hr/>
	16 210
(b) White .....	707
Coloured .....	483
Bantu .....	5 632
Indian .....	260
	<hr/>
	7 082

(2) Departmental .....	R25 022 334
Agencies .....	R4 921 365

# DRUG PROBE AT MENTAL HOSPITALS

18/4/78

60

(Mercury) Reporter

PIETERMARITZBURG — A police investigation into the alleged selling of dagga and alcohol to patients being rehabilitated at the two State mental hospitals here was launched two weeks ago.

News of the racket and investigation was not previously made public as police feared that their investigations could be hampered.

The Divisional Commissioner of Police for the Natal Inland Division, Brigadier Ben Pieterse, yesterday confirmed that the Drug Squad had received a report that "certain irregularities involving dagga and liquor had occurred at the Fort Napier and Town Hill Hospitals." Police were investigating, he said.

It has been claimed that a syndicate of four people were responsible for supplying the dagga and liquor to patients on a large scale.

A former inmate of Town Hill Hospital has told how he was approached by a member of the male staff. After telling him that he was desperate for a drink the staff member asked for R2 and returned soon afterwards with a quarter-bottle of brandy and some change.

The man said that dagga and liquor were readily available at the hospital.

Police have made frequent raids at the hospital.

# New project to aid handicapped

4/2/78  
88

EAST LONDON — Handicapped pre-school children here are no longer at such a disadvantage, thanks to a successful project initiated by the Pre-school Education Society and the Mental Health Society.

Mentally handicapped children, in particular, will be catered for in special class and their schooling there will enable them to cope adequately in junior school.

Mr Keith Ventress, chairman of the Pre-school Education Society, says the society has put a lot of groundwork into furnishing the project.

"There's an open waiting list and we are ready to accept anybody eligible. Parents of pre-school handicapped children are urged to contact us. The opening date is not later than the beginning of the first school term next year."

The class, which will be

adjoined to the McClelland School in Ethebidge Road, needs equipment for lessons.

The National Education Department has agreed to provide funds and the class may have its own building once a committee of parents has been established.

Mrs Kitty Cooper, who has taught handicapped children in Cape Town, will be the only teacher at the outset. — DDR

Mr. R. Phelister

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# Mental health money call

EAST LONDON.—Think big. This was the suggestion put to the annual meeting of the East London Mental Health Society last night by an executive member, Mr Keith Ventress.

He advocated bold projects, which would capture the imagination of the public.

"The money will be available if we have a project worthy of it," he said.

And his challenge to think up a project "along the R40 000 or R50 000 lines" was immediately accepted by fellow executive member, Dr S. Sachs.

"We should buy a

house," Dr Sachs said. This could be used to run a day, or 24-hour care centre for adolescents who found it difficult to integrate into society after returning from a spell at the Komani Hospital.

He said there were also thousands of old people in East London living lives of isolation. "In the same building we could offer them at least one day a week of occupational therapy where they can communicate with others," he said.

The representative from the Department of Social Welfare, Mr J. van den Berg, said his department had planned a large

housing project for the aged. This was to incorporate a community centre for 300 people.

But he warned that a lack of funds had delayed the project indefinitely. "We would therefore appreciate any work your society or others could do in this field," he said.

Figures released in the annual report last night revealed the society had treated 1 596 patients at their clinics during the past year. There were 317 new patients.

Dr L. Sunn was re-elected chairman of the society for the coming year, and Dr L. Albert vice-chairman. — DDR.

# Call for facilities for retarded children

AD 12/8/78  
88

EAST LONDON — The problem of retardation in black schools is a pressing one owing to the fact that the law does not prohibit subnormal black children attending ordinary schools, as it does with whites.

This was said by Mr W. T. Kambule, a lecturer at the University of Witwatersrand, at a symposium entitled The Plight of the Black Retarded Child, held in Johannesburg.

Mr. Kambule said something could and should be done to train retarded children so that they could become contributing members of society.

Mr. Kambule said every class of black children had a percentage of retarded among the pupils.

There were also no proper intelligence tests for the black children.

Mrs T. M. Kentane, principal of Ezibukweni School, also speaker at the symposium said she made a clinic in her office twice a day to give special attention to retarded children.

Mrs R. Smit on behalf

of Self-Development Communities for the Retarded said there were definitely abuses in the field of mental retardation and that her society would be looking into these as well as urging people to inform parents, teachers and groups to do something for the black retarded child.

She said there was now provision in law for education and training of the black retarded child. "Two clauses in the new

Bantu Education Amendment Bill make certain provision for the training of retarded children," she said.

Questions from the audience were answered by a panel of social workers, school principals and parents of retarded children. One panel member deplored the fact that the psychological tests used for black retarded children were useless because they were based on American norms.

REFERENCES:  
 1) BUTTOMORE, T. KARL MARX. 1973. PRINTICE-HALL INC. ENGLEWOOD CLIFFS, NEW JERSEY.  
 2) ENGELS, F. ORIGINS OF THE FAMILY, PRIVATE PROPERTY AND THE STATE. 1973. PUBLISHING HOUSE, N.Y.  
 3) TROTSKY, L. MARXISM IN OUR PRESS, BROADWAY, N.Y.

number of membership. This concentration deep will necessarily take place in the kind of nations only if it is essentially international in character. In conclusion we might mention how far Marx's analysis of capitalism has been carried into the present day factory situation. It has been seen in the case of 1939 and we state that similar aspects towards the end of the century, then capitalism has developed for a number of key points.

88

HEALTH + DISEASE

Mental Health

1-1-79 - 31-12-80



88

films.

15(802) Electric shock treatment (88)  
27/5/80  
380. Mr. H. E. J. VAN RENSBURG  
asked the Minister of Health, Welfare and  
Pensions:

Whether any patients who received electric shock treatment in State institutions in the last ten years for which figures are available subsequently died; if so, (a) how many and (b) from what causes?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

Yes:

- (a) 3.
- (b) In one case the patient died of heart failure two days after treatment. In two cases death from cardiac arrest occurred while the patients were under anaesthesia. During the subsequent inquests it was established that no negligence could be ascribed to any person or persons.

MONDAY, 19 MAY 1980

†Indicates translated version.

For written reply:

Mentally ill persons: facilities 88

Hans 14 (765) 19/5/80  
 346. Mr. H. E. J. VAN RENSBURG  
 asked the Minister of Health, Welfare and  
 Pensions:

- (1) Whether any improvements have been made in facilities provided by the State for mentally ill persons; if so, what improvements in respect of each race group; if not,
- (2) whether the improvement of facilities is envisaged; if so, (a) what improvement and (b) when; if not, why not?

The MINISTER OF HEALTH, WEL-  
 FARE AND PENSIONS:

- (1) Yes, the following improvements have been made: Umgeni Waterfall Care and Rehabilitation Centre: 300 Beds for Whites have been replaced by new accommodation; Town Hill Hospital; 320 Beds for Whites have been replaced by new accommodation; Fort Napier Hospital: 180 Beds that were previously occupied by Whites have been converted into accommodation for Coloureds and Asians; Witrand Care and Rehabilitation Centre: 500 Beds for Whites have been replaced by new accommodation; Westfort Hospital: 400 Beds previously occupied by leprosy patients have been renovated to accommodate Black mentally ill patients in order to alleviate overcrowding at Weskoppies hospital; Cullinan Care and Rehabilitation Centre: 400 Beds previously occupied by tuberculosis patients have been renovated to accommodate White mentally ill patients; Oranje Care and Rehabilitation Centre: 560 Additional beds for Whites have been provided to relieve overcrowding at

766  
 other centres; Nelspoort Training and Rehabilitation Centre: 60 Beds for Coloureds have been replaced by new accommodation; Dr. A. J. Stals Care and Rehabilitation Centre: 180 Additional beds have been provided for Coloured patients; Valkenberg Hospital: Pending the completion of the new 2 400 bed hospital at Mitchells Plain prefabricated accommodation to accommodate 180 Coloured patients has been erected to alleviate overcrowding.

- (2) Falls away.

Hansard 8 Quest @ 535 28/3/80

88

King George V Hospital: psychiatric unit  
for Indians (255) (66)

\*22. Mr. N. B. WOOD asked the Minister  
of Health:

(a) What progress has been made with the

MARCH 1980

establishment of a psychiatric unit for  
Indians at the King George V Hospital  
in Durban and (b) how many beds will  
the unit comprise?

The MINISTER OF HEALTH:

- (a) The date for tenders is set for March 1981;
- (b) 340.

*For written reply:*

Hansad  
8(506) 26/3/80 (88)

16 MARCH 1980

506

(b) RI 348 348

Electric shock treatment: medication  
8(506) 26/3/80 (88)  
381. Mr. H. E. J. VAN RENSBURG asked  
the Minister of Health:

How many patients in each race group were given (a) anaesthetic and muscle relaxant, (b) anaesthetic only, (c) muscle relaxant only, (d) pre-medication only and (e) no medication when undergoing electric shock treatment in State institutions during each of the last ten years for which figures are available?

The MINISTER OF HEALTH:

Electric convulsive therapy is internationally accepted in medical science as a form of treatment for psychiatric conditions. This form of psychiatric treatment of patients in State or State controlled institutions suffering from psychiatric conditions is only applied where the use of psychotropic drugs has failed or is contra indicated, and for no other purpose, and is only carried out by a registered medical practitioner on the prescription of a registered medical practitioner.

Any form of medical treatment of a patient, including electric convulsive therapy, is entered into the patient's file kept at the hospital, and, since it does not serve any purpose, no statistics of any form of treatment are kept. In order to obtain the information, the file of every patient would have to be checked, which would consume a lot of time and manpower.

12. Income elasticity of demand is defined as

- (1)  $\frac{Y}{Q} \times \frac{\Delta Q}{\Delta Y}$
- (2)  $\frac{\Delta Q}{Y} \times \frac{\Delta Y}{Q}$
- (3)  $\frac{Q}{\Delta Q} \times \frac{Y}{\Delta Y}$
- (4)  $\frac{Q}{Y} \times \frac{\Delta Q}{\Delta Y}$
- (5)  $\frac{\Delta Q}{\Delta P} \times \frac{P}{Q}$

Hansard  
8(506) 26/3/80 (88)

13. If you were price of barley  
 8(506) Electric shock treatment  
 26/3/80 382. Mr. H. E. J. VAN RENSBURG asked  
 the Minister of Health:

- (1) Take barley open market
  - (2) Encourage growing
  - (3) Try to
  - (4) Try to
  - (5) Encourage
- (a) How many courses of electric shock treatment in respect of each race group were given in state institutions during each year of the last ten years for which figures are available and (b) how many treatments did these courses comprise during each such year in respect of each race group?
- The MINISTER OF HEALTH:

wanted to raise the actions would you take?

and sell it on the

liser on their barley-

stitute in production).

14. If the equilibrium market rent of homogeneous Sea Point flats was 10 cents per square foot per month then the effect of rent control that laid a maximum price of rents a square foot would be to:

- (1) He
  - (2) Ir
  - (3) Increase the chances of newcomers finding a flat in Sea Point.
  - (4) Make it more difficult for newcomers to find a flat.
  - (5) All three possibilities 1, 2 and 3 above.
- pe Town.  
 507 WEDNESDAY,  
 See the reply to question 381.  
 ples finding a

15. If the income elasticity of demand for maize was known to be exactly 0,6 and if South Africans consume 80 million bags of maize per annum then the effect of South African real incomes rising by an average of 20% would be to:

- (1) Reduce the demand for maize by 8%.
- (2) Create a surplus of 16 m. bags of maize.
- (3) Increase South African consumption of maize by an indeterminate amount.

Hansard

Institutions for mental patients

5/3/81 7-3-80 (88)  
The MINISTER OF HEALTH replied to  
Question \*17 by Mr. H. E. J. van Rensburg:

MARCH 1980

318

Question:

Whether his Department intends to take over any institutions for mental patients run by private organizations in order to convert such institutions into rehabilitation centres for the mentally retarded; if so, (a) when and (b) how; if not, what alternative arrangements are being made to provide for such centres?

†Reply:

No; hospitals for psychiatric patients, planned for the future, will include a separate complex for mentally retarded patients. Such facilities will be situated at Soweto, Pretoria, Bloemfontein and Port Elizabeth for Blacks, Oranje hospital, Bloemfontein for Whites and Mitchell's Plain for Coloureds.

# Shock findings at mental home

CAPE TOWN — Shock findings in a University of Cape Town study of a state-run Peninsula home for the retarded, show that half the child inmates were abandoned by parents and that 27 who died within a three-year period were given pauper burials because relatives could not be traced.

The home, a former TB hospital at Westlake, known as the Dr A. J. Stals Care and Rehabilitation Centre, is administered by the Department of Health. It is described in the study as "barrack-like and linked by long colourless passages". Visitors complained of "absence of colour, pictures and architectural variation."

The study adds that it is "an apartheid institution catering for persons statutorily designated as Coloured and in need of residential care." There were 930 adults and children in the care of the centre with another 800 on the waiting list from the Cape Town area alone.

After admission it was found that there appeared to be "a total or near total breakdown in the relationship between parents/guardians and their children" of which the most severe form showed in loss of contact "arising from either falsification of addresses supplied to Dr Stals or changes of address without keeping the institution informed."

Only about seven per cent of the parents or guardians visited their children on a regular basis. "As a conservative estimate, about 50 per cent of the children at Dr Stals may be regarded as having been largely or totally abandoned by their parents or guardians," the report said.

The findings are reported in a survey by Mr Ken Jubber, a senior lecturer in the department of sociology.

When one child died during the research period, the burial was long delayed in an attempt to trace the parents. Even

the police failed to find them. Eventually the child was buried an unclaimed pauper.

"That such burials of mentally retarded children at Dr Stals is common was confirmed by figures supplied by the centre. Between March, 1977, and August, 1979, the centre had given 27 deceased children pauper burials either because their parents or guardians could not be traced, or because they refused to claim the body," Mr Jubber said.

A previous study of severe mental retardation in the Coloured community had found the prevalence to be "slightly less than for the white group". At present, more than 9'000 Coloureds may be mentally retarded as against a 1967 maximum estimate of 14 000 whites.

The UCT study also found that comparisons between facilities for white, Asian, Coloured and African mentally retarded showed "sharp inequalities".

In 1976 there was one bed for every 4 296 blacks, one for every 3 286 Asians, one for every 989 Coloureds, and one for every 488 white mentally retarded persons. In addition, the grants available to parents and guardians who cared for seriously mentally retarded persons at home, "proved a clear example of discrimination".

According to figures provided by the Department of Health in its 1978 report, whites were paid R88, Coloureds and Asians R47.75, and blacks R23.75.

Mr Jubber warned against applying social welfare type solutions favoured in Western countries — such as the move to de-institutionalise care centres and return patients to their family with a State subsidy.

Under-privileged groups in South Africa were "quite different from those in advanced countries". Up to 70 per cent of the children at the home were there because their parents "cannot or

do not want them at home even with good prospects of some form of caring or assistance."

"The implementation of home care programmes at the expense of institutions does not seem advisable, only social change on a grand scale would

make it advisable."

"Since this form of change is slow in emerging, it appears that "total" institutions for the mentally handicapped children of the poor will continue to be needed and must hence be provided," Mr Jubber said. — DDC.



# Need for 'equal' mental facilities

Medical Reporter

**MORE** and better institutions to care for coloured mentally retarded children were urgently needed, as well as the development of community based care facilities, says a Cape Town sociologist.

Mr Ken Jubber of the Department of Sociology at the University of Cape Town has completed a study involving the parents and guardians of the 930 children at the Dr A. J. Stals Care and Rehabilitation Centre, Westlake — the only institution of its kind for coloured children in South Africa.

In a report on his study Mr Jubber said there was a pressing need for additional facilities. In 1979, according to the Cape Mental Health Association, there were 800 children waiting to be admitted to Dr Stals Centre in the Cape Town area alone.

## Compared

Mr Jubber said the centre did not compare favourably with similar State-run 'white' institutions.

In his study he compared Dr Stals centre to the Alexander Care and Rehabilitation Centre in Maitland, 'to ascertain the extent to which racial discrimination was associated with inequalities in the care and facilities provided.'

Although there is much that is 'equal' when Dr Stals Centre is compared with Alexander Centre, there is much that reiterates the starkness and extent of racial discrimination and in equality in South Africa,' said Mr Jubber.

Dr Stals Centre was situated in a beautiful area, but far from the mass of population it served, while Alexander Centre was centrally situated.

Both had spacious grounds but the buildings of Dr Stals Centre were inferior.

Centre had a great abundance of senior staff.

In a wider ambit figures showed that there was discrimination in the number of 'psychiatric' hospital beds available for the different race groups. For the black population of about 19 million there were 4 336 beds available; for the 2½ million coloureds, 2 461 beds; and for the 4 320 000 whites 8 839 beds.

There was also discrimination in the single care grants available to parents and guardians caring for seriously mentally retarded persons at home. Whites were paid R88, coloureds R47,75 and blacks R23,75 a month.

## Staff

There was also 'qualitative differences' in the facilities and activities offered at the centres, and although the 'coloured' centre had a better staff/patient ratio, Alexander

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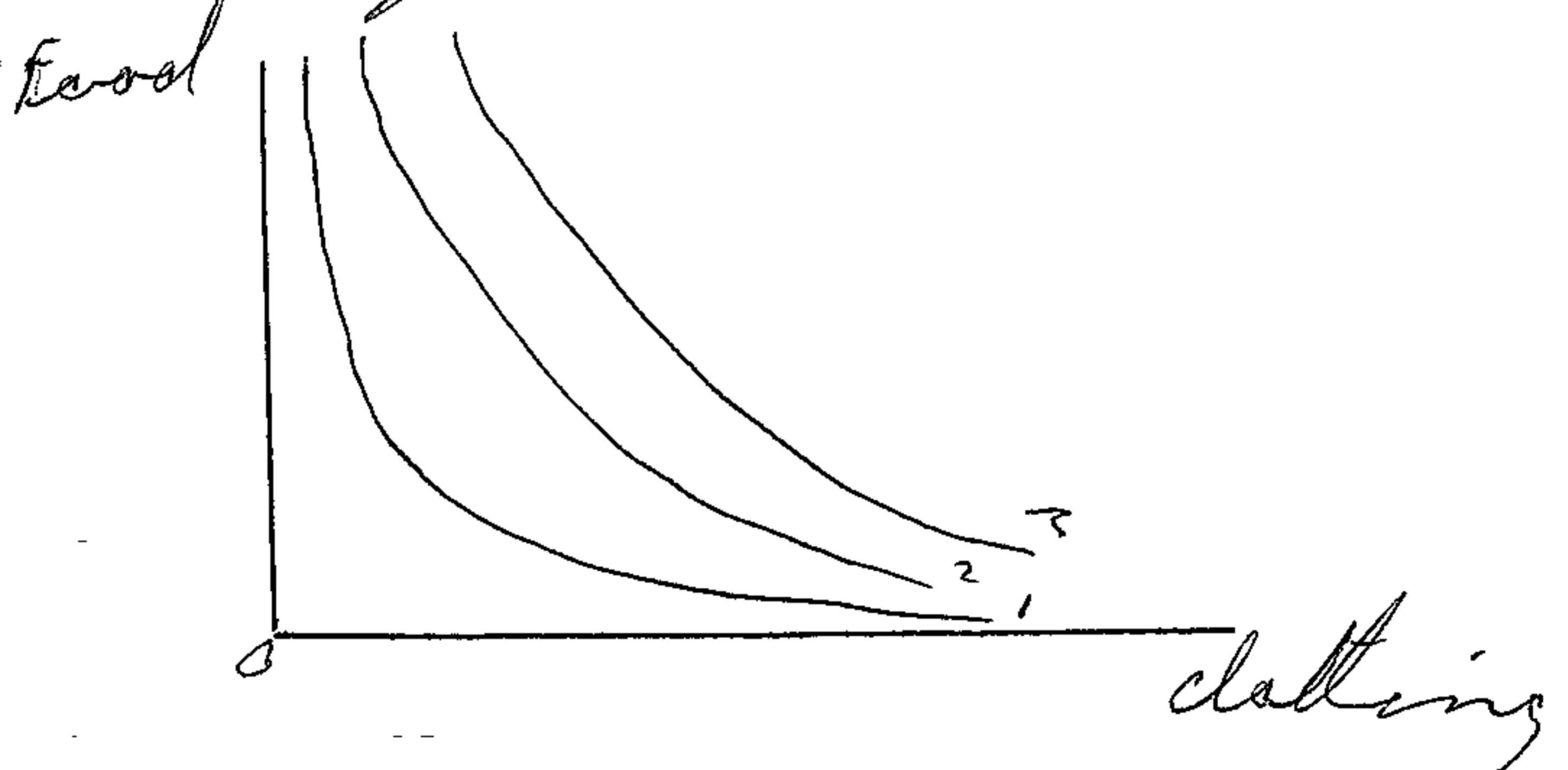
SECTION C

8/05/80  
**Mental hospital**  
 Political Correspondent  
 A R57-m mental hospital for coloured people is to be built at Mitchell's Plain, according to a memorandum by the Minister of Public Works which has been tabled in the Assembly.  
 An amount of R400 000 has been allocated for this. Also R200 000 has been set aside for the second part of a primary and senior school building programme at Mitchell's Plain. So far, R6.7-million has been spent on this. In Atlantis, R350 000 will be spent on a primary school.

5.) assumed to be household a utility - maximize get maximum. Because goods prices we something to get them

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Any indifference curve shows a level of equal satisfaction - a household seeks to reach indifference curve of higher satisfaction but does not mind at which position it is on a particular curve.



The diminishing marginal rate of substitution states that the more of one commodity that a household consumes, the less willing it is to give up successive units of the other commodities. Thus the concave shape of the curves. ✓

# 'IQ tests on blacks biased'

5-24-72  
1445/80  
88

By Craig Charney

There is no valid justification for the claim that the slightly lower average IQ scores of blacks reflect genetic differences, rather than testing bias or deprived environments, according to Prof Phillip Tobias, Dean of the Wits Medical School.

Social and educational inequalities in South Africa were so great it would also be absurd to blame the educational deprivation of the African population on biological factors, rather than on the apartheid environment, he said.

In a paper presented to the Medical Students Council conference on heredity last night, Prof Tobias dissected the claims of American Prof Arthur Jensen, and others, that American

blacks average 11 points lower on the 100-point IQ scale even when their lower social status was accounted for.

"It is seriously doubtful that IQ tests are adequate measures of intelligence, or that they measure up to standards of rigour and objectivity demanded of scientists," he said.

"There is no adequate basis for the claim that the deficit in IQ tests reported on American blacks reflected genetic factors."

He cited a variety of factors which make the tests inadequate measures of black potential.

Failure to account for differing degrees of parental care and interpersonal stimulation, the cultural bias of tests, further bias induced by the timing of experiments, the consequences of malnutrition and poverty, and the

intimidating effect of white testers.

"The test is a mirror of the tensions of society: the tensions between the sexes, races, classes," he said. Studies had shown that a person's IQ could increase more than 20 points, further proof of its environmental foundations.

Professor Jensen's claim that 80 percent of IQ was inherited, was based on the work of Sir Cyril Burt, subsequently proved fraudulent. A recent study of black Americans suggests the correct figure may be 40 percent.

In any case, citing an American scholar, Professor Tobias argued that the only way to determine whether equal achievement is possible is to supply equal opportunity — and if that proves

inadequate, to further aid the worse-off.

"These thoughts could be adopted as an article of faith in South Africa. Here legislation and custom lay down a difference of environment for different races.

"As long as such dreadful inequalities exist, there can be no thought that South Africa is providing the black children with facilities to achieve even a fraction of their natural potential, no matter what their genetic endowment."

In this country, 25 million blacks had been held back in their educational development by half a century or more by unequal education and poverty, he said. "Any attempt to justify this with a reference to Jensen's hypothesis is not merely scientifically unjustifiable, it is morally reprehensible."



Professor Phillip Tobias, Dean of the Wits Medical School.

UNION

64 62 60 58 56 54 52 50 48 46 44 42 40 38 36 34 32 30 28 26 24 22 20 18 16 14 12 10 8 6 4 2



2 escaped  
prisoners  
at large (88)

CURRICULUM VITAE

Klaas van der Poel

Has a degree in Opera  
been with Shell Inter  
as an international c  
His experience includ  
financial management,

He has taught courses  
Research at the Busine  
Stellenbosch.

He is recognised as a  
Society of South Africa  
design of industrial systems.

QUEENSTOWN — Only two of the 16 prisoners who escaped from the Komani mental hospital here on Wednesday morning are still at large after another prisoner was arrested in Keiskam-mahoek yesterday.

Three of the prisoners were arrested on the premises of the hospital soon after the breakout and another seven were arrested in Cathcart on Wednesday. Two gave themselves up at the Queenstown police station and one was arrested in Queenstown on Thursday.

The Divisional Criminal Investigation Officer for the Police in the Border, Colonel J. H. Fourie, said the police manhunt was still continuing and that they expected to arrest the remaining two prisoners over the weekend. — DDR

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# Border facilities for mentally ill attacked

PORT ELIZABETH — A psychiatrist here yesterday claimed there was an abysmal shortage of facilities for mental patients in the Eastern Cape and Border and sharply criticised the practice of sometimes keeping patients in police cells.

The doctor, who may not be named because he is in private practice, was reacting to a newspaper report yesterday about an assault in the Uitenhage police cells on a man awaiting transfer to a mental hospital.

The patient, Mr Daniel Muller, 63, was said to be still unconscious and in a serious condition in the intensive care unit yesterday. Two men awaiting trial on assault charges were placed in his cell on Friday night.

Referring to patients being kept in cells, the doctor said: "It's something which has been a cancer in our sides for many years."

Police were not qualified to look after mentally

ill people and they were the responsibility of the Department of Health.

Patients should go straight to mental hospital.

It should have been possible to keep Mr Muller under heavy sedation until he could be placed in an institution, he said.

More money for more and better facilities for mental care should be pumped into the Eastern Cape and Border area, whose facilities compared poorly to those in the Western Province.

Mr Alf Widman, one of the Progressive Federal Party's spokesmen on health matters, said he had sent a telegram to the Minister of Health calling for an immediate probe

into Mr Muller's case.

Dr Leon Cilliers, medical superintendent of the provincial hospital, here, said he had great difficulty in placing patients at mental institutions.

Mrs Eily Murray, national adviser on laws and status of women for the National Council of Women, suggested that as a short-term solution, special police cells be set aside for mentally ill people.

A magistrate issued an order authorising the Uitenhage Provincial Hospital to transfer Mr Muller to the cells for the weekend. He was to have been taken to a mental institution on Monday. — DDC.

88  
31/12/80  
D.D.

# CT 15/89 One bed for every 4 000 — study

By BOB MOLLOY

SHOCK FINDINGS in a University of Cape Town study of a state-run Peninsula home for the retarded have shown that half of the child inmates were abandoned by parents, and that 27 who died within a three-year period were given pauper burials because their relatives could not be traced.

The home, a former tuberculosis hospital at Westlake, known as the Dr A J Stals Care and Rehabilitation Centre, is administered by the Department of Health.

It is described in the study as "barrack-like and linked by long colourless passages". Visitors complained of "absence of colour, pictures and architectural variation."

The study adds that it is "an apartheid institution catering for persons statutorily designated as 'coloured' and in need of residential care." There were 930 adults and children in the care of the centre, with another 800 on the waiting list from the Cape Town area alone.

There appeared to be "a total or near-total breakdown in

the relationship between parents/guardians and their children", of which the most severe form was seen in the loss of contact "arising from either falsification of addresses supplied to Dr Stals, or changes of address without keeping the institution informed."

Only about seven percent of the parents or guardians visited their children on a regular basis. "As a conservative estimate, about 50 percent of the children at Dr Stals may be regarded as having been largely or totally abandoned by their parents or guardians," the report said.

The findings are reported in a survey by Mr Ken Jubber, a senior lecturer in the Department of Sociology.

When one child died during the research period the burial was long delayed in an attempt to trace the parents. The police too were unable to find them and the child was eventually buried as an unclaimed pauper.

"That such burials of mentally-retarded children at Dr Stals is common was confirmed by figures supplied by the centre. Between March 1977 and

August 1979 the centre had given 27 deceased children pauper burials either because their parents/guardians could not be traced or because they refused to claim the body," Mr Jubber said.

A previous study of severe mental retardation in the coloured community found the prevalence to be "slightly less than for the white group". At present, more than 9 000 coloured people may be mentally retarded, as against a 1967 maximum estimate of 14 000 whites.

The UCT study found too that comparisons between facilities for white, Asian, coloured and black mentally retarded people showed "sharp inequalities".

In 1976 there was one bed for every 4 296 blacks, one for every 3 286 Asians, one for every 989 coloured patients, and one for every 488 white mentally retarded persons. In addition, the grants available to parents and guardians who cared for seriously mentally retarded persons at home "proved a clear example of discrimination".

According to figures pro-

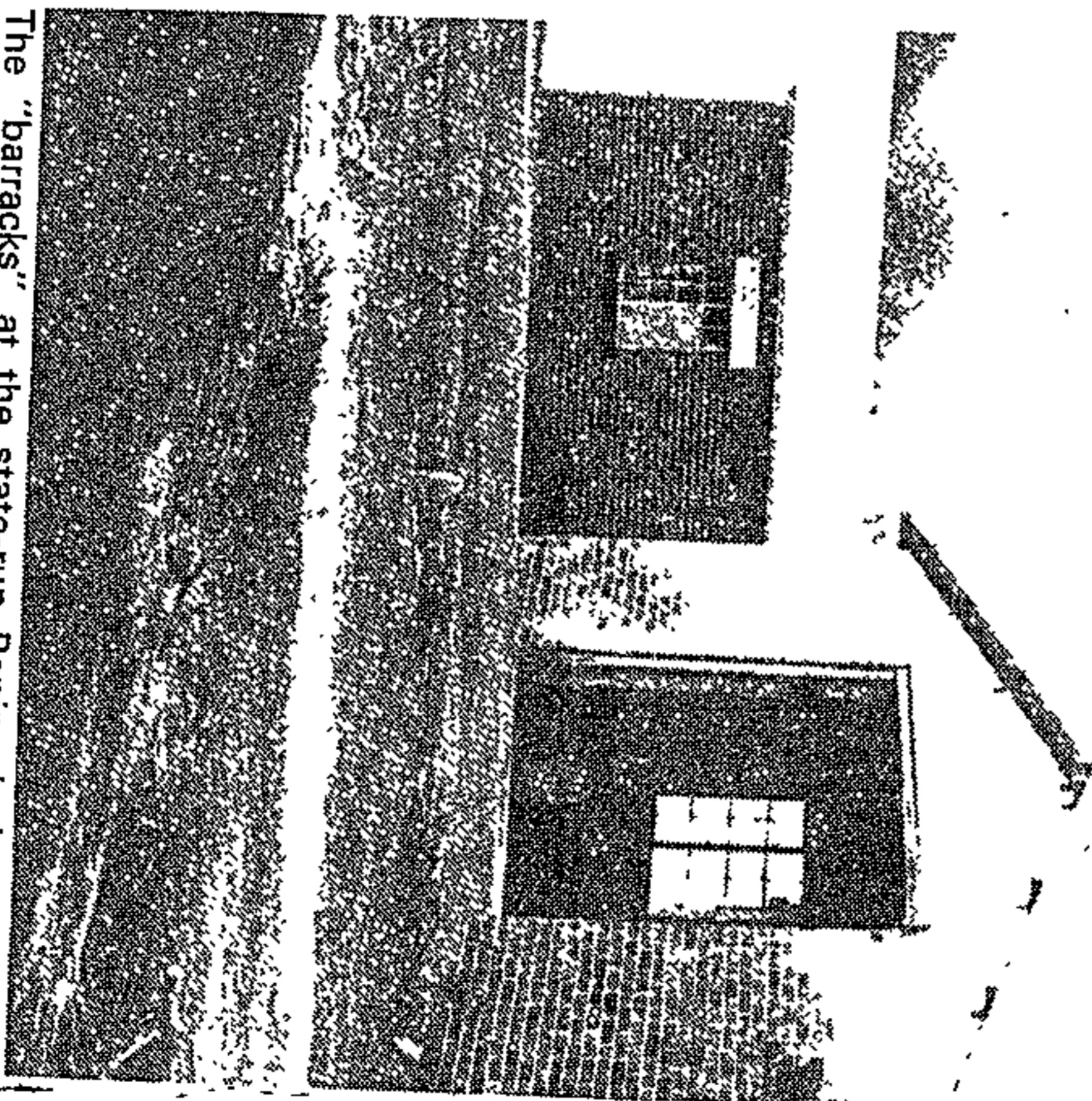
vided by the Department of Health in its 1978 report, whites were paid R88, coloured patients and Asians R47,75, and blacks R23,75.

Mr Jubber warned against applying "social welfare-type" solutions favoured in Western countries — such as the move to de-institutionalize care centres and return patients to their family with a state subsidy.

Under-privileged groups in South Africa were "quite different from those in advanced countries". Up to 70 percent of the children at the home were there because their parents "cannot or do not want them at home, even with good prospects of some form of caring or assistance."

"The implementation of home-care programmes at the expense of institutions does not seem advisable; only social change on a grand scale would make it advisable."

Since this form of change is slow in emerging, it appears that "total" institutions for the mentally handicapped children of the poor will continue to be needed and must hence be provided," Mr Jubber said.



The "barracks" at the state-run Peninsula home for the mentally retarded at Westlake. The home is administered by the Department of Health.

# R154m boost for mental health

CAPE TOWN — New psychiatric services for patients to the value of R154 million were envisaged by the Department of Health, the Minister of Health said here yesterday.

Opening the third National Congress of Psychiatry at the University of Cape Town, Dr Schalk van der Merwe said hospital buildings and services were in various stages of planning. Building would start next year.

South Africa already had a wide variety of institutions and services to deal with mental illness among all its peoples, he said.

Facilities for a further 1 700 beds at various institutions of the Department were under construction

at a cost of R35 million.

In addition, the new projects would include a 2 400-bed hospital for Coloureds at Mitchell's Plain near Cape Town, a 1 000-bed hospital for Coloureds at Port Elizabeth, two 1 000-bed hospitals for blacks near Soweto, a 1 000-bed hospital for blacks in the East Rand, a 700-bed hospital for blacks near Bloemfontein, a 500-bed hospital for Asiatics at Verulam in Natal and an 800-bed hospital for whites near Johannesburg.

Dr Van der Merwe paid tribute to the country's psychiatric nurses, saying the Department was continually trying to improve nursing standards.

The paper has argued that Botswana can afford and would benefit from a more organic, more experimental, more locally determined approach to rural development than the apparent inappropriate drive for greater precision. The two proposals used as examples of such an approach, the upgrading of the traditional rights to graze to a right over communal land under a communal land company concept and a regular employment guarantee scheme, are both wonderful laboratories in which to test and improve budgetary rules, local government capacities, centre-periphery relations, individual and group security and initiative, and technology. At the same time they are effective instruments for income distribution, for the management of common assets and for the provision of physical infrastructure.

Conclusion

AS Supplement 16/3/79 45 (88)  
INDABA

# Miss Gogo aims to aid children

**Indaba Reporter**

**PORT ELIZABETH** — A mental health care group is planning a day care centre for mentally retarded children in Uitenhage's townships.

The group is Londoluzianga sub-committee, formed in January. It will remain attached to the all-race Mental Health Society until it is registered as an autonomous body after it has been in existence for a year.

Miss Nominise Gogo, a social worker, who is

spearheading the drive, recruited eight members to form the committee.

Mr J. M. Kaplan is known for his book fund which supplies school books to black children who cannot afford them.

Mr Kaplan, a professional man with a long history in community service, is their adviser.

A function will be held on March 24 where residents will be informed about the school, and a recruiting campaign will be launched.

The school will open on April 2 and will be housed in the Seventh Day Adventist Church building until the committee's application for a building has been approved.

Miss Gogo said the idea of a day care centre was prompted by parents with mentally retarded children who asked her where they could send their children. She was worried because many parents did not see to the medical needs of their children. Two teachers who will man the school will be sent for orientation to

Luthando Day Care Centre in New Brighton. The school will start with an enrolment of 27.

Mr Kaplan said he hoped the school would eventually accommodate all children who could not adapt to the normal school pattern.

The school was still in the planning stage and getting funds in the present economic climate was difficult.

The committee would appreciate financial help from businesses and individuals. They are also raising funds themselves and have already held a jumble sale.



these deformedly to quilt and interlace the entire, the spotless, and un-decaying robe of truth.<sup>1</sup>

Anglican divines, on the suspicion. Richard Ho accepted the thirteen and questions of their prejudice or *parti pris* internal and external answer. It was time that no others.

Within a year or two thrown on the whole capable pieces of detective ship. Archbishop James the man who worked of the world, etc.) which Bibles printed in England of the sectaries by proposals for a mild form of episcopacy diluted by presbytery. But Ussher was much more than this. He was a man of immense learning—Mark Pattison, who knew a great deal about the seventeenth century, once referred to him as the learned man of his age—and of impeccable critical acumen. He noticed that quotations from Ignatius in the Latin works of English writers of the thirteenth and fourteenth centuries exactly with the quotations in Eusebius and Theodoret as given in printed versions. He rightly concluded that at that period a translation of the Epistles in this earlier form must have existed in England, and hoped that some manuscripts of this version might survive.<sup>2</sup> Now about this there could be no certainty; many favourable chances enter into the survival or destruction of manuscripts. Ussher's researches might well have been in vain. But good luck was with him. He was able to find two Latin manuscripts, one

in the library of Caius College, Cambridge, and one in the library of Bishop Richard Montagu of Norwich. These gave a Latin translation, which is almost exactly reconstructed from a comparison of the quotations with the Greek text; uninterpolated Greek text; book in 1644, the lack of which Ussher was able to track down. Ussher had heard but which he printed from it to print the Greek text in its original form.<sup>2</sup> The reader who has seen the original text, or any of this very early witnesses, will be struck by the main question for good and evil: whether long and controversial work on the part of Jean Daille (Dallaeus), who had become deeply involved in its later form. With the impression that the Ignatian text of the third century, at which the impression that Daille was as to the late origin of the text of the third century, historical evidence for the text which was available in his time. Ussher (1613-86), forward once again all the Epistles, in his *Vindiciae* world his work seemed to

Hand 8 (529)  
27/3/79

TUESDAY, 27 MARCH 1979

550

**Mental patients**  
364. Mr. H. E. J. VAN RENSBURG asked the Minister of Health:

(1) How many mental patients in each race group were as at 31 December 1978 accommodated in institutions administered by (a) his Department and (b) other agencies;

(2) what was the total cost to the State for that year in respect of institutions in each of these categories.

**The MINISTER OF HEALTH:**

(1) (a) Whites	7 676
Coloureds	2 588
Asians	169
Blacks	4 774
<b>Total</b>	<b>15 207</b>
(b) <b>Hired Accommodation</b>	
Whites	623
Coloureds	504
Asians	239
Blacks	5 678
<b>Total</b>	<b>7 044</b>

(2) Departmental Hospitals	27 287 320
Hired Accommodation	5 667 429
Licensed Homes	652 088

Licensed Homes	
Whites	1 007
Coloureds	170
Asians	Nil
Blacks	Nil
<b>Total</b>	<b>1 177</b>

<sup>1</sup> J. Milton, *Of Prelatical Episcopacy* (Works, vol. iii, p. 77). This was written by Ignatius can be troublesome in the twentieth century as well as in the seventeenth century. The discussions on church union in South India, the Swiss A. Streckenisen of the Mission on 21 March 1938 wrote to the American Congregationalist J. J. Banning: 'I therefore do not think to trouble more about it, but to leave my Ignatius during holidays in the bookshelf, enjoying the same rest he had had practically all these years.' B. G. M. Sundkler, *The Church of South India* (1954), p. 410.

<sup>2</sup> Reasons have been given for thinking that this version was actually made by the great Robert Grosseteste, Bishop of Lincoln, about 1250.

<sup>1</sup> Ussher made the mistake of rejecting as spurious the letter to Polycarp, which subsequent scholarship has accepted as genuine.

<sup>2</sup> The Medicean manuscript did not contain the letter of Ignatius to the Romans; this was later discovered, and printed for the first time in Paris in 1689. Translations in Armenian and Syriac, and in part in Coptic, have since been added to the textual evidence for Ignatius.

and these were in very good condition. The Boers were  
 smartly punished for not having anyone on lookout. They  
 used to be so safe when 20 miles from column,  
 but things are different is getting

Yonsovd4 (69) 6/4/77  
 Valkenberg Hospital, Cape Town

better and their inf

\*3. Dr. A. L. BORAINÉ asked the Minister of Health:

The prisoners were  
 better days, and living  
 belonging to the nearest  
 He is a Commandant P

- (1) Whether a therapeutic unit at Valkenberg Hospital, Cape Town, has been closed; if so, (a) for what reason and (b) how many patients are affected by the closure;
- (2) whether the closure is permanent.
- †The MINISTER OF HEALTH:
- (1) Yes.  
 (a) For the reassessment of therapeutic efficacy.

others had seen  
 only one not  
 important capture.  
 and a sort of

lawyer. He is quite an old man and very bitter against us.

He said that the war (b) 17. The Boers meant  
 to fight to the end (2) No. '... country and their honour'.

When the prisoners reached camp, they were drawn up to be  
 counted over and Preller thought they were to be photographed  
 and got quite excited. He cried out, 'I protest against  
 this and refuse to be photographed'. No-one wanted to photo  
 him, but now we think he may want to conceal his identity for  
 some reason. Our Boer guide hints that Preller has good  
 reasons for not wishing to have his photo circulated.

9th September We marched almost up to Commando Nek on the  
 north side. We did not cross the Nek as Allenby thought we  
 should be sent off to Warmbaths on the Petersburg railway  
 where Hinton had wrecked a train. We had such a pretty

# 'Five-star' psychiatry hospital planned

Augus (88) 11/4/79

PLANS are well under way for a new five-star' psychiatric hospital which will accommodate 800 white patients on the site of Cape Town Valkenberg Hospital, along the banks of the Liesbeek River.

Dr G M Garrett, Administrative Superintendent of Valkenberg, has explained details of the master plan for the new hospital, approved by the Department of Health.

Dr Garrett said a local firm of architects had been working on the plans for some time, and it was hoped the first building stage would start soon.

#### COLOURED

He said the coloured section of the hospital would be moved to a new hospital being built at Mitchell's Plain. Valkenberg at present accommodates 450 white patients, and this number would be doubled on completion of the new buildings.

Valkenberg's administrative block, and some of the wards, date back to 1893 and Dr Garrett said the buildings had become unsuitable for modern psychiatry.

#### OLD BUILDINGS

"The basic policy adopted for the plans was not to demolish the historical buildings, but to convert them for 'non-living' purposes and add new buildings, similar in character," he said.

Following this policy the old buildings will be renovated and used for doctors' rooms, linen storerooms, conference and seminar rooms, and a sewing room.

The first of the new buildings will be a modern outpatients department with a dispensary, sited just inside the entrance gate. This will obviate outpatients having to travel about a kilometre through the grounds to reach the present outpatients department.

Behind the outpatients building will be a new admission block, replacing the old one, dating from 1927, which Dr Garrett described as totally unsuitable.

#### GARDEN SETTING

Along the river frontage, in a garden setting, a series of I-shaped ward blocks will be built. The wards will have 30 beds each, instead of the crowded 100-bed wards at present. It is envisaged these blocks will be built in a mock Cape Dutch style.

Other new buildings planned for the site include a clinic for physically disabled twice the size of the present one; a day hospital; large occupational therapy block where patients will do various types of work; a small shopping complex; a hostel to accommodate 30 patients after discharge while they are re-entering society; a new kitchen block; and a library.

#### MARSHY AREA

The marshy area in the grounds will also be filled in and used for new sportsfields.

Dr Garrett said that once complete, the hospital would constitute a small compact village where patients could live, work and play in comfortable, pleasant surroundings while undergoing treatment.

The plans will bring a brand new look to Valkenberg, which was originally a tobacco farm in the time of Jan van Riebeeck, then the residence of the Valk family, the site for a reformatory and in 1891 allocated for a 'lunatic asylum.'

● Closing unit (not in humane) — Page 13.

# When a toy is not just a plaything

Toys have long been an essential part of a child's life; more recently greater value has been placed on the developmental and educational qualities in toys — and they have been carefully designed to aid the child to grow.

For mentally-handicapped children the educational value of a toy is of vital importance. A particular toy can help him learn a specific skill or concept — and when he has mastered that his teacher can choose another to improve his ability or to take him on to the next skill.

According to Mrs Laurice Cohen, Director of the East London Mental Health Society, a toy library is an essential need in the development and education of mentally retarded and brain damaged children, and the Mental Health Society is anxious to establish one in the city.

East London is well served by the McLelland School and the McLelland Training Centre for the mentally handicapped, and the Society for Early

Childhood Education, together with the Mental Health Society have recently established a once weekly class for pre-school mentally handicapped children, at the McLelland School and they hope soon to provide daily classes there.

From the nucleus of families supporting the first class for pre-schoolers, a mother's group has been formed, which meets once monthly and is guided and advised by the Mental Health Society — and those women are most anxious to have a toy library

A toy library is run along the same lines as a book library; the toys are lent to the child, to take home for a certain length of time.

Naturally a teacher trained in handling handicapped children has to be in charge. She will assess which kind of toy the child needs, will discuss the use of the toy with the mother, who should attend the library with the child, and demonstrate the toy, to make sure that the child will be able to use it.

The library will serve children between the ages of three and fifteen and it is hoped that school-teachers and paediatricians will co-operate and support the project.

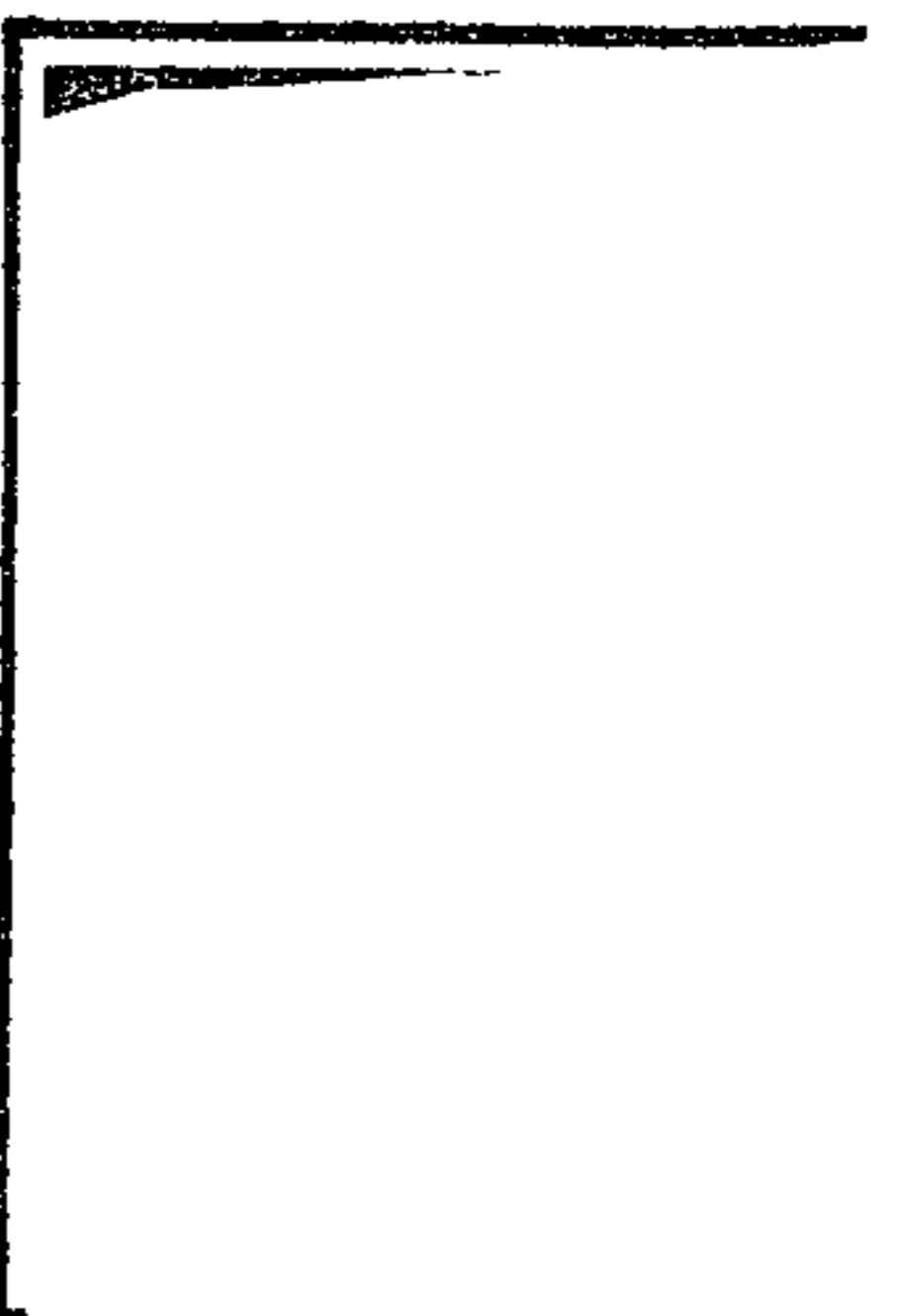
An obvious source of clients are the pupils in special classes in primary schools in East London. Paediatricians on the other hand should be able to find aid for particularly disturbed children in the use of specially designed toys.

Opportunity for socialisation of mothers and their children would be provided by the toy library and the organisers hope to be able to offer refreshment to aid that idea.

At this stage the planning is not too far advanced, beyond the acknowledgement of the need and the desire to see a toy library established, because it is going to take more money than is available; because voluntary helpers are needed and because the society does not have premises in which to house their library.

"Without the generous donation from East London Round Tables, from the proceeds of their melodrama," said Mrs Cohen, "we would not be able to even think of starting the project."

That donation will enable them to purchase the first batch of costly toys, but until help and premises present themselves the toy library for mentally handicapped and severely disturbed children will remain a dream.



# New coloured psychiatric home

Pretoria Bureau

THE DEPARTMENT of Health has established a new centre for the training and rehabilitation of Coloured psychiatric patients at Nelspoort, formerly a tuberculosis sanatorium.

The Nelspoort Rehabilitation and Training Centre would rehabilitate patients of both sexes, Dr Johan De Beer, departmental secretary, said in a statement yesterday.

"The rehabilitation programme will concentrate on teaching skills which are required on farms and industry. Nelspoort is situated on an 8 000 ha Karoo farm with 100 ha of arable land," Dr De Beer said.

"Facilities and amenities are available to teach suitable patients skills associated with sheep farming, poultry, workshop skills, metal work, woodwork, maintenance of engines and basic principles of building construction," he said.

There was a bakery, kitchen, butchery and a laundry where patients could learn skills. There was also a new project which would include trades such as tailoring, weaving, spinning, pottery and leatherwork, Dr De Beer said.

In the past the emphasis in psychiatric treatment had been on the custodial care of the patient to protect himself and the community.

"At that time psychiatric illness was considered to be virtually incurable and therefore little or no attention was paid to the rehabilitation of the patient," he said.

With the advent of psychotropic drugs, however, there had been a shift in emphasis from custodial care to intensive rehabilitative therapy.

The rehabilitation programme would cater for intensive training in basic social skills. Maximum social interaction in as homelike an atmosphere as possible would be encouraged.

The entirely new project had potential but its success would depend on how the community, and especially the employer, would react in receiving ex-patients into society, Dr de Beer said.

He considered it unfortunate that the public, including prospective employers, were still unaware of the advances made in psychiatric treatment and were inclined to think of mental illness in terms of the past.

# Mental blacks abused — report

88

17/5/79

CHICAGO — Black mental patients in South Africa suffer woeful neglect, abuses, and needless deaths, according to a team of American psychiatrists.

The four-man team from the American Psychiatric Association said a 17-day tour of mental hospitals in South Africa clearly showed black patients received inferior treatment to whites because of apartheid.

But the team, presenting its report to the association's annual convention, said it found no evidence to support allegations that South Africa was keeping political dissidents in mental institutions or that it

used electric shock treatment on some patients.

The psychiatrists were invited to visit South Africa to investigate allegations by the World Health Organisation that black mental patients received inadequate care.

The team, headed by the association's incoming president, Mr Alan Stone, said there was good reason for international concern.

Basic essentials such as toilet paper, sheets and showers were lacking. These were provided for whites who also got much better food.

The psychiatrists said their most shocking finding was high numbers of needless deaths among

black patients in government-funded, privately run mental hospitals.

They would not number them, but said they found a clear pattern of woeful neglect at the institutions.

"Our random survey did not find a single black patient whose medical record demonstrated adequate medical care during the final illness," the report said.

Black patients apparently were allowed to die, although they could easily have been cured with routine use of antibiotics.

The team also said many black patients had said they had been assaulted by staff or seen other inmates beaten. — SAPA-RNS.

# Taking a tour round Valkenberg

88

THOUSANDS of people poured through the doors of Valkenberg Psychiatric Hospital — in a week-long series of open days designed to remove the stigma attached to mental hospitals.

A spokesman for the hospital said that during the week about 500 people a day had toured the wards, chatted to staff and patients and listened to lectures on the services provided and work done in the hospital.

The first four open days were by invitation for representatives of educational institutions, churches, businessmen, welfare societies and service organisations. On Friday the public was admitted, and the response was overwhelming.

An Argus reporter joined the throng of about 600 who crowded into the hospital's hall to be welcomed by Dr A Lawson, deputy superintendent.

## Creeping

Dr Lawson said mental illness was close to the heart of the community. It could strike anyone — young, old, rich, poor, black or white — creeping on slowly like a thief in the night.

Contrary to general opinion, a mental hospital was not a 'mad house' where people were shut away from the world. Dr Lawson said 75 percent of the patients admitted were discharged after three

months' treatment, and 98 percent after a year.

After the welcome a panel consisting of a senior psychiatric male nurse, a clinical psychologist, social worker and an occupational therapist described their roles in the psychiatric team at the hospital.

## In groups

The visitors were then split into groups to tour the wards, guided by staff members.

The Argus followed the group led by Mr Norman van der Merwe, a senior male nurse.

First stop was the out-patients department, a comfortably furnished prefabricated building set to the lefthand side of the hospital's spacious, well-kept grounds.

The department deals with about 1000 patients a month, who are assessed by a psychiatrist and issued with any medication prescribed. An average of 3000 packets of pills a month are issued, and more medication is sent by post to out-patients in the country areas.

The hospital's community service — following up discharged patients in the community — also operates from the out-patients department.

## Geriatric

Alongside the out-patients is the geriatric ward with accommodation for 16 men and women over 60, who stay for 28 days at a time. Patients are referred by their families, social workers, gene-

ral practitioners or old-age homes.

During their stay they are tested for physical ailments by a psychiatrist. Thereafter they are referred to other wards in the hospital, to a general hospital, an institution or home, or back to their families.

The psychiatric problems of the geriatric patients are generally depression, senility or arterial sclerosis.

The tour then visited the admission ward — a bright, sunny double-storeyed building for short-term patients.

## Shock therapy

Mr van der Merwe demonstrated the shock therapy apparatus, which is used occasionally to stimulate the brains of patients suffering acute depression, those with suicidal tendencies or problems endangering their lives such as refusing to eat.

In a process lasting about 15 minutes, the patient, under an anaesthetic, has electrodes placed on his temples and an electric shock is given. Temporary after effects of the treatment are amnesia and a headache.

## Suicidal

The group then went to a closed ward for women patients who are deeply depressed or suicidal. A high wall with a locked gate surrounds the grounds and building, but inside the scene was tranquil, with a group of patients being given facials by voluntary workers.

Others were busy with handiwork, or just sitting in the warm sunshine on a balcony. The security explained Mr van der Merwe, is for the patient's own benefit.

The saddest cases came to light in a chronic ward, where for most patients their capacity for occupational therapy consists of breaking up sheets of foam rubber, which more lucid patients use to stuff hand-made cushions.

## Smiles

Here the atmosphere is quiet, and wasted bodies

Mr van der Merwe said he was encouraged in his fantasy by the staff, and thus stayed happy.

## Alcoholism

Much of the brain damage suffered by patients is the chronic ward is caused by alcoholism.

The last call was to the occupational therapy block, where the group was shown the sewing room, hairdressing salon, beauty parlour, library and industrial room — all sources of treatment and means of keeping patients occupied. The visitors were told of the vital need for voluntary workers to assist with occupational therapy.

With lolling heads and rolling eyes are much in evidence. Most broke into wide smiles when the visitors entered.

One man, pointed out by the sister in charge, has been at the hospital since 1923. Another who eagerly greeted the visitors told the group he was in charge of the hospital, and proudly offered to show everyone around.





	F	M	F
	16	19,69	19,83
	77	2,58	2,48
	33	0,21	0,23
	31	0,72	0,78
	02	3,80	3,64
	71	14,69	14,84
	65	1,80	1,96
	61	3765	3145

(5) Yes.  
 Hospital: 101 1007  
**Mental patients: State/private hospitals**  
 702. Mr. H. E. J. VAN RENSBURG asked the Minister of Health:

(1) What (a) are the names of and (b) is (i) the capacity and (ii) the average number of beds occupied in each of the (aa) State and (bb) private mental hospitals in each province of the Republic;

(2)(a) for what race is each of these hospitals allocated, (b) what is the cost per patient in each of the State mental hospitals and (c) what is the

88

12.6.79

(1) and (2) State Hospitals

Name	Race	Capacity	Occupied	Cost per patient
<b>Cape Province</b>				
Stikland	White	1 041	972	R6,26
Stikland	Coloured	152	172	R6,26
Valkenberg	White	517	431	R5,74
Valkenberg	Coloured	1 059	1 033	R5,74
Brewelskloof	White	30	23	R9,65
Elizabeth Donkin	White	138	113	R18,17
Fort England	White	631	353	R8,80
Fort England	Black	233	184	R8,80
Komani	White	522	408	R6,26
Komani	Black	526	595	R6,26
Kowie	Black	355	299	R3,07
Nelspoort	Coloureds	180	129	R6,90
Tower	Black	967	1 181	R3,10
Weseinde	White	13	4	R5,87
Weseinde	Coloured	210	178	R5,87
Alexandra	White	834	869	R4,95
A. J. Stals	Coloured	930	819	R6,34
<b>Transvaal</b>				
Sterkfontein	White	506	459	R6,35
Sterkfontein	Black	686	542	R6,35
Weskoppies	White	982	882	R5,80
Weskoppies	Black	646	983	R5,80
Westfort	Black	355	299	R5,30
Witransd	White	1 580	1 627	R4,93
Witransd	Black	160	159	R4,93
Cullinan	White	194	179	R8,12

subsidy paid to private mental hospitals per patient;

(3) when is it envisaged that State hospitals will replace private hospitals in (i) the Cape Province, (ii) Natal, (iii) the Orange Free State and (iv) the Transvaal;

(4) how many patients were transferred in each province of the Republic from State institutions to private institutions in 1976, 1977 and 1978, respectively;

(5) how many patients (a) were (i) discharged from and (ii) readmitted to State mental hospitals and (b) died in private mental hospitals in each of the four provinces of the Republic in 1976, 1977 and 1978, respectively.

The MINISTER OF HEALTH:

Province	1973	1974	1975	1976	1977	1978
45-64	1,25	0,42	1,55	0,40	2,89	0,76
65+	1,26	0,71	1,34	0,91	2,19	0,90
ALL	0,95	0,33	0,95	0,29	1,91	0,56
NO.	1973	677	333	104	2175	652

ALL CAUSES	W	M	F	M	F
0-1	21,76	16,18	40,2		
1-4	1,17	0,94	2,		
5-24	1,05	0,46	1,		
25-44	3,02	1,47	4,		
45-64	17,46	9,49	26,2		
65+	73,62	54,55	92,2		
ALL	9,44	7,40	8,0		
NO.	19600	15374	282		

PTO

Name	Race	Capacity	Occupied	Cost per patient
<b>Orange Free State</b>				
Oranje .....	White	513	349	R7,12
Oranje .....	Black	230	308	R7,12
<b>Natal</b>				
Fort Napier .....	White	96	79	R8,02
Fort Napier .....	Coloured	60	40	R8,02
Fort Napier .....	Black	534	439	R8,02
Fort Napier .....	Asian	121	98	R8,02
Town Hill .....	White	504	426	R9,17
Town Hill .....	Coloured	28	22	R9,17
Town Hill .....	Asian	12	11	R9,17
King George V .....	White	60	32	R20,10
Umgeni Waterfall .....	White	444	529	R6,37

**Private Hospitals**

The Departement does not pay a subsidy to private hospitals, but pays compensation in full at a daily tariff per patient, approved by the Treasury in respect of the services rendered to patients. In this regard your attention is directed to the reply to question 16 for oral reply on 6 June 1975.

<b>Cape Province</b>				
Majestic .....	White	170	129	R6,47
<b>Transvaal</b>				
Hillbrow .....	White	60	56	R6,54
Witpoort .....	White	386	385	R5,77
Struisbult .....	White	100	98	R6,47
East Rand .....	Coloureds	500	490	R2,45
Homelake .....	Black	285	186	R1,78
Randfontein .....	Black	775	752	R1,82
Randmore .....	Black	390	390	R1,80
Millsite .....	Black	175	171	R1,70
Randaf .....	Black	1 575	1 528	R1,72
Randwest .....	Black	1 090	1 052	R1,72
Randwest Defectives .....	Black	400	382	R1,94
Waverley .....	Black	755	729	R1,85
<b>Orange Free State</b>				
Allanridge .....	Black	400	397	R2,14
<b>Natal</b>				
Springfield .....	Asian	250	247	R2,37

- (3) (i) 1985
- (ii) 1985
- (iii) 1985
- (iv) 1985 to 1990

Name	Race	Capacity			Cost per patient
		1976	1977	1978	
<b>(4)</b>					
Cape Province .....		40	46	15	
Transvaal .....		1 278	1 331	1 134	
Orange Free State .....		151	247	165	
Natal .....		31	50	94	
<b>(5) (a)</b>					
		1967	1977	1978	
(i)		23 690	23 141	24 917	
(ii)		9 957	8 735	9 358	
<b>(b)</b>					
Transvaal .....		622	484	534	
Cape Province .....		31	27	27	
Orange Free State .....		31	19	18	
Natal .....		9	4	8	

COLOURED

BLACK

Total Accidents, Poisoning and Violence (E800-E999)

1973	3.0%	677	6.1%	333	12.3%	104	1.9%	2175	31.3%	652	25.6%	1868	43.1%	324	27.5%
100%		100%		100%		100%		100%		100%		100%		100%	

\* E979 "Suicide and self inflicted poisoning by motor vehicle exhaust gas" is a code used in South Africa which does not appear in I.C.D. (8th revision). See Ref. 13.

# Occupancy in mental

13/6/79 N.M. 88

## homes 'high'

Parliamentary Correspondent

**CAPE TOWN —** Four Black and one White State-run mental hospitals have an average occupancy more than the number of beds available, the Minister of Health, Dr. Schalk van der Merwe, revealed yesterday.

They are the Tower Hospital in the Cape, the Komani Hospital in the Cape, the Oranje Hospital in the Orange Free State and the Witrand and Weskoppie hospitals in the Transvaal.

The Tower Hospital has 967 beds but an average occupancy of 1 181 at a cost of R3,10 per patient; Weskoppies has 641 bed for Blacks but an average occupancy of 983 at a cost of R5,80 per patient; the Komani Hospital in Queenstown has a capacity for 526 Blacks but an average occupancy of 595 at a cost of R6,26 per patient; and the Oranje Hospital has 230 beds for Blacks but an average occupancy of 308 at a cost of R7,12 per patient.

The White section of the Witrand Hospital has a capacity of 1 580 beds but an average occupancy of

1 627 at a cost of R4,93 per patient.

A number of other hospitals have high occupancy rates, including the Black Randmore Hospital which has complete occupancy of its 390 beds, but no other State or private mental hospitals exceed their capacity.

The lowest cost per patient in State-run hospitals is R3,07 per patient at the Kowie Hospital in Port Alfred and the Tower Hospital at R3,10. The remainder range from R4,95 per patient to R9,65 per patient but two — the Elizabeth Donkin Hospital in Port Elizabeth and the King George V Hospital in Natal — are R18,17 and R20,10 per patient.

(Report by B. Streek, House of Assembly, Cape Town.)

## Changes expected to Press gag Bill<sup>o</sup>

ORMANDE POLLOK  
Political Correspondent

**CAPE TOWN —** Changes to the controversial Advocate-General Bill are expected to be announced today.

A revised Bill recommended by a parliamentary select committee will be published this morning, but will — because the original Bill has already been through its second reading in the House of Assembly — contain the same principle.

The original Bill was referred to the select committee following strong opposition from both the PFP and NRP and an unprecedented campaign against it by all newspapers, including the Nationalist Press.

While the original Bill precluded newspapers from reporting "maladministration" and "misapplication" of State monies, without the permission of the proposed Advocate-General, the terms and scope of the new Bill could be changed without altering the principle.

It is regarded as highly unlikely that the Opposition will support the new Bill, however.

(Report by O. Pollok, House of Assembly, Cape Town.)

24/6/79 Sun. Express

# Black neurosis is different . . .

88

NEUROSIS amongst urban Blacks cannot be regarded or treated in the same way as one would treat White neurosis because . . .

If you want to know the answer to that, ask Mrs Conzelia Connie Pretorius, South Africa's first Black female psychologist.

Mrs Pretorius is based at Weskoppies Hospital.

Regarding Blacks and their mental problems in relation to witchdoctors and medicine, she said: "I do not believe in undermining other people.

"A problem I foresee as a Black psychologist is a competition between us and the traditional medicine men.

"The only way we can combat the situation is by educating and convincing the people of the scientific effectiveness of our techniques of modern medicine, in contrast with those of the traditional healers."

About her job she said: "Black psychology has become an important field of study as the transition of a traditional culture to a Western-orientated culture leaves some very special problems in its wake.

"Neurosis among urban Blacks cannot be regarded or treated in the same way one would treat White neurosis because of the differences in our way of living and culture.

"Psychometric tests presently in use have been standardised on Whites. And the therapeutic techniques also need to be adapted to our Black people because of differences in culture," she said.

With the help of bursaries and working during the holidays, Connie took her Bachelor of Arts degree in Social Sciences at the University

**By ZANDI SIKWEBU**

of the North in 1968, and her honours degree at the University of Zululand in 1974.

After completing her honours she was offered a post at a Hospital in Ga-Rankuwa as a medical social worker. During that period she enrolled with the University of South Africa to do her Masters Degree in Clinical Psychology.

Having obtained that in 1977 she was sent to Groot-hoek to do her internship for 12 months and was then registered as the first Black female psychologist in the country.

She was later appointed psychologist to the Weskoppies Hospital in Pretoria.

Asked how she felt about her profession, she replied: "It's very interesting and challenging in the sense that there hasn't been much research done on Blacks. It is therefore up to all Black psychologists to see that this research is carried out.

"I wanted to be among the pioneers in this field," she added with a bright smile.

When asked if she would be willing to treat Whites, she said: "At the moment my services are of utmost importance to my people.

"They need me more than the others and I feel that I understand my people better than the other psychologists because I share the same culture with them.

"But I would not object to treating Whites, although I have not yet been offered an opportunity to do so."

She said she foresaw no problem in treating Whites.

"If they are prepared to be treated by me, I am willing and prepared to offer them my services."



# US report on black patients rejected

88  
STAR  
6/7/79

## Own Correspondent

The Department of Health has rejected American claims that apartheid had destructive effects on blacks in mental hospitals.

Dr J H Henning, head of the department's psychiatric services, said in Pretoria today a report by four American psychiatrists was politically slanted, biased and completely untrue in some respects.

He said the four doctors were invited to South Africa to produce a factual report on black patients in mental hospitals here and were given a free hand in their investigations.

The report just released says the Americans found "unacceptable medical practices which caused many deaths among patients."

## DEPRIVED

It said black patients were deprived of all sanitary equipment, most had no sheets and the patients complained of being beaten or assaulted.

Dr Henning said the report was based on conflicting and misleading statements.

"These people were allowed to go anywhere and see everything, but they did not come and ask about anything they observed.

"They spoke to mentally disturbed patients, some with persecution delusions."

Dr Henning denied there were no sheets on the beds and explained the lack of toilet paper in the toilets was to prevent patients misusing the paper.

"The nurses provide toilet paper to patients whenever they want to go to the toilet."

He flatly denied claims that patients had been assaulted or beaten to death. "Mentally disturbed patients might have told the Americans this, but it is not true."

He admitted the service for whites was better, as mentioned in the report, but said the service for blacks was better than the social standard they enjoyed at their homes and also within their financial capability.

# Mentally ill need hand-ups, not hand-outs

THIS BEING Health Year, volumes are being written and said about our physical functions and malfunctions, and even on television the stress, in features which give us a close look at what makes "Joe" tick, is on the physical aspect.

Regrettably, however, little mention is made of that side of human health which even in this enlightened "liberated" age is still something we tend to regard as a skeleton in a cupboard, something to be glossed over and mentioned only as an after-thought.

I refer to mental health. Yes, the stigma attached long ago to mental illness is unfortunately still there.

Nervous breakdown, psychiatric treatment, psycho-therapy — none of these euphemisms can conceal the fact that throughout the Republic there are thousands of people just as sick in the true sense of the term as those who lie in intensive-care wards with cardiac or kidney failure.

Yet here are a people shunned and ignored by society: who are treated as sub-human and who see themselves as pariahs and as beings apart in the twilight world of abnormality.

All over the world an enormous amount of effort, research and money is being expended on bringing this problem to the fore; on shedding some light on the plight of the mentally ill

and on trying to create an awareness in society that illness is illness — whether it be physical or mental.

Dedicated people devote entire lifetimes to this end, and at last their up-hill struggle seems to be bearing some fruit. People not directly associated with the problem of mental health are beginning to recognize the realities of the situation, and are coming to accept that mental illness can strike in the same way as a heart attack does.

Many of these people want to help — professionally, socially and materially. Far more of this kind of help is needed, however.

Take the case of Stikland Hospital in Bellville, which has 1 100 white patients and an uncertain number of patients of other races, both certified and voluntary. These patients go through a full rehabilitation programme in which they receive treatment from a team of doctors, clinical psychologists, nurses, occupational therapists, social workers, religious consultants and others.

The costs to the patient are the same as at any hospital under the Provincial Administration, although most long-term patients are accommodated free, and their medication is free.

To come to the point: The staff at Stikland Hospital have two major problems:

• The first is almost insurmountable, and will remain so, while the stigma of mental illness clings to its victims — the difficulty these people have in finding employment after they have been rehabilitated and found fit by experts to re-enter society and lead a normal life.

• The other is finding work for the patients in the hospital itself. There is an industrial workshop and a clerical workshop at Stikland in which patients can do work contracted for by private firms. For example they make zips, suspenders and leather cuttings, address envelopes and are given certain checking, research and other jobs.

All this work is supervised by occupational therapists and is an integral part of the whole system of rehabilitation therapy.

The patients are paid for their work, giving them an incentive to produce and to express their individuality. Their earnings, part of which they receive as salary and the rest going into savings accounts, gives them a sense of pride in themselves, pride in the fact that they are able to earn a living and support themselves.

However, and this surprises me, there is not enough work

being offered to the people of Stikland, and there is not enough selection available to them. This leads to monotony and boredom, in a sort of conveyor-belt syndrome.

Secondly, the contracts given are often short-term. The result is a sporadic work flow, with enough to occupy all the patients for part of the time but with no work at all for months at a stretch. This erratic system can, understandably, lead to uncertainty and even insecurity, besides holding up the general therapy programme.

A number of businessmen in Bellville, led by Mr Aubrey Baron, have interested themselves particularly in the second part of this problem, the solution of which could mean so much to the lives of the patients of Stikland.

Mr Baron and his colleagues are appealing to business and light industry to provide any and every opportunity for the people of Stikland Hospital to help themselves to become individuals who can hold their heads high and not feel that they are at the receiving end of charity.

I would like to add my voice to this worthwhile appeal, which is not for hand-outs but for hand-ups for fellow beings who need our help.



Marius Barnard on Monday



Sister Masilela... appeal.

navorsings-Fellows het aansienlik tot die Sentrum se program bygedra: dr Sheila T. van der Horst, afgetrede mede-professor van Ekonomie, U.K., en professor J.L.

# 'Apartheid ruins minds

THE GOVERNMENT'S policy of separate development is the major cause of frustration and misery in the black community and, in some cases, leads to mental and emotional distress.

This was said by clinical psychologist Mr M Mzingathi at a public symposium at the Sterkfontein Mental Hospital in Krugersdorp yesterday.

Mr Mzingathi said places like Dimbaza and Thornhill — where poverty and unemployment led to mental and emotional distress — were stumbling blocks in the way to progressive prevention of mental illness.

"Political parties claim as their major goal, the improvement of human conditions, the creation of environments that will reduce and eliminate human misery and emotional distress. But not in South Africa. The policy of separate development instead creates slum areas for certain people," he said.

He said mental illness, just like any other, needed to be prevented rather than cured.

"We seem to stress much more treatment and rehabilitation and forget that prevention is better than cure.

By CHRIS MORE

"Treatment just means intervention after the onset of the disorder. Rehabilitation means trying to reverse the damage and rebuild the systems that have been disrupted by the disorder. Primary prevention means the prevention of the occurrence of mental disorders," he said.

The Senior Matron of the hospital's black section, Sister Masilela, said the community should involve itself in the upliftment of the quality and standard of life of mentally disturbed people. The most important and effective way of doing this was by accepting them as full members of the community. They should not be discriminated against because of their mental disorders, she said.

Die Mennonite Central Committee se Konferensie oor: 'Die Rol van Geskiedkundige Vredeskerke', Gaborone.



# Prof tells of gap in mental aid

Science Correspondent

THE best in psychiatric treatment for Blacks cannot be achieved until more of the Blacks themselves become specialists and workers in this field.

The attitude of Blacks to mental illness is, in most cases, entirely different to that of the White doctors who generally treat them, said Professor R. W. S. Cheetham, head of the Department of Psychiatry at the University of Natal, at the congress of the Medical Association of South Africa yesterday.

He said this creates conflict between patient and therapist.

At the same time, lack of psychiatrists able to speak Black languages has led to the use of interpreters.

## Distortions

This procedure lends itself to massive distortions of information and major breakdowns in the communication essential to accurate diagnosis and appropriate treatment, he said.

Another speaker, Dr. A. Valjee of Pietermaritzburg, said there was an almost complete lack of knowledge about the psychiatric state of Indians in South Africa.

But figures indicated that there could be 30 times as many mentally-ill Indians receiving no treatment than those that were, he said.

One of the reasons, he said, could be that Fort Napier, in Pietermaritzburg, the only psychiatric hospital available to Indians, was too far away from the main centres of their population in the Durban area.

Indians do not like to be separated from their families and also find the journey too expensive to make voluntarily.

# They're hoping for a chance

RDM. 9/10/79. 88

## ANNE BARON

WHEN a group of women arrived at the newly completed Harvey Cohen Mental Centre in Eldorado Park with their retarded children last week, they were turned away because there was no equipment and furniture in the building.

Mothers were heartbroken. They'd been anxiously awaiting the opening, scheduled for the beginning of the month.

Although the building was ready for occupation, there was no money to buy the equipment necessary for mentally retarded children.

The Coronationville Day Care Centre Committee and Group 51, a band of women from Bryanston, were responsible for raising money for the building — but funds just didn't stretch to equipment.

Said Mrs Dorothy Cornelius, vice chairman of the Coronationville committee, "Group 51 gave us R60 000 and the rest was raised by holding cake and jumble sales and dances."

There are over 200 mentally retarded children in Eldorado Park and 62 will be accommodated at the centre.

Many of them have never been to school because schools in the area are overcrowded and lack the proper facilities to cope with retarded children, says Mrs Cornelius.

At the moment, most of the children are looked after by their mothers or domestics and they play in the neighbourhood with other children and do odd things about the house.

Mothers have spent hours at home patiently helping their retarded children to do simple things like putting on a shoe and eating.

Beulah Stevenson, the sister of one of the prospective pupils told how her 11-year-old sister Vanessa, was turned away from school.

"They didn't want my sister — not even for a day.

"They said we must take her to hospital. My mother looks after her and trys to help her. But she can't remember things."

Mr Edward van Zyl, father of nine-year-old Glenda, said that the principal refused to allow his daughter to enrol at school.

"She needs speech therapy and is also slow in her thinking. She can eat and dress and wash herself."

Three-year-old Estelle Ellie is a happy child, according to her grandmother Mrs Iris Ellie.

"She gets around as much as she can, sings and dances and plays with other children."

Mrs Olive Floreska, one of the mothers, spoke of her disappointment when the projected opening didn't take place.

"We arrived at the centre at 7.30 am but were turned away because there wasn't a thing in the school. I was in tears. I prayed really hard that the home would finally open.

"It would have been a big help for me."

Mrs Floreska feels she is comparatively lucky because her son can help himself to a certain extent.

But that's because she has patiently spent hour after hour teaching him.

"After a month at a creche, he was turned away because he wasn't toilet trained.

"So I had to show him everything . . . like how to use a potty, a spoon, knife and fork, showing him how to eat, correcting him when he was wrong."

She had to teach him the things most children learn naturally and it took Anthony two years to learn them.

"I had to show him over and over again.

"At first, he couldn't walk or talk or help himself at all.

"He was like a vegetable really.

"But now, although he doesn't speak very well, he can tell me when he's hungry or thirsty. He just says food or water."

Another mother who arrived for the planned opening had walked about three kilometres with a 16-year-old child on her back.

Mrs Cornelius said that the centre's staff would attend the Coronationville Day Care Centre for a course on how to teach mentally retarded children and would later be put through training at the Hamlet, a home for retarded children in Johannesburg.

Everything depends on whether enough money can be raised to equip the school and workshop and pay teachers' salaries.



Mrs Olive Floreska with her three children, three-month-old Beatte, six-year-old Anthony who is retarded and eight-year-old Naiem.



Mr Edward van Zyl and his retarded nine-year-old daughter stand with a group of children outside the Harvey Cohen Centre in Eldorado Park.

# Symposium on mental retardation

By Molly Harding

There's a trend in North America to keep the mentally retarded in the community rather than in institutions, but South Africans are not ready for it yet, says Brenda Solarsh.

Miss Solarsh, a social worker mainly in the field of retardation, feels there still has to be a great deal more education before the average man or woman is really aware of what mental retardation is and how it should be treated.

To help promote more awareness, the South African Inherited Disorders Association (SAIDA) in conjunction with the Department of Human Genetics, at the South African Institute for Medical Research are sponsoring a symposium on October 5 and 6 at the B G Alexander College of Nursing.

Called "A Positive Approach to Mental Retardation," it is aimed at workers and parents.

There is not much help around for parents of mentally retarded children, who at the moment of discovery badly need both emotional support and constructive suggestions, Miss Solarsh said.

First they have to adjust to the fact that their child is handicapped. Then they must learn how to accept lack of understanding in both the community and their friends.

"Friends usually react as if there's been a death in the family," Miss Solarsh said. "This is wrong.

"Don't offer sympathy, but do offer compassion," she advised. "Don't mourn over it, but don't pretend it didn't happen, either."

The trend used to be to

keep all mentally retarded children in institutions. Then it did a complete about-face and parents were told they should keep their children at home. This latter attitude provoked a lot of guilt though, said Miss Solarsh.

Now doctors and counsellors confer with the parents after the birth and explain the whole situation thoroughly. If the child is profoundly retarded, it will probably be put into residential care right away. But if not, the parents are educated in what they will face in taking the child home.

After the parents have come to terms with it, they explain it to the siblings in the home. And the siblings will react just like their parents. Studies have shown that only

when siblings reach adolescence do they feel a need to talk to other people about a retarded brother or sister.

The public must know that there's no such thing as THE mentally retarded, said Miss Solarsh. They're individuals, from the totally dependent to the merely simple-minded, who enjoys simple pleasures. They need relationships with their peers. They need to relate to other human beings as do normal children.

Many of these children want to be accepted for what they are, she said. "Everyone has a right to his own quality of life."

Dr Clifford Cunningham of the Hester Adrian Research Centre, University of Manchester, will be among the speakers at the symposium. Those wishing to attend are asked to telephone 725-0511.

88 8/11/79 DD

# Call to attend to mentally ill

EAST LONDON — An estimated 16 000 whites in South Africa are mentally handicapped and unfit for work, the regional officer of the Department of Social Welfare and Pensions, Mr J. A. Sauer-mann, revealed yesterday.

Speaking at the official opening of a new women's hostel at the McClelland Centre for the Handicapped, Mr Sauer-mann said overseas surveys showed that four out of 1 000 people were mentally handicapped. Applying the same rate to South Africa, 16 000 whites would fall into this category.

"It is high time the community took note of the situation," he said. "Unfortunately there are still large portions of communities, who as a result of ignorance, are apathetic towards the needs of physically and mentally handicapped persons."

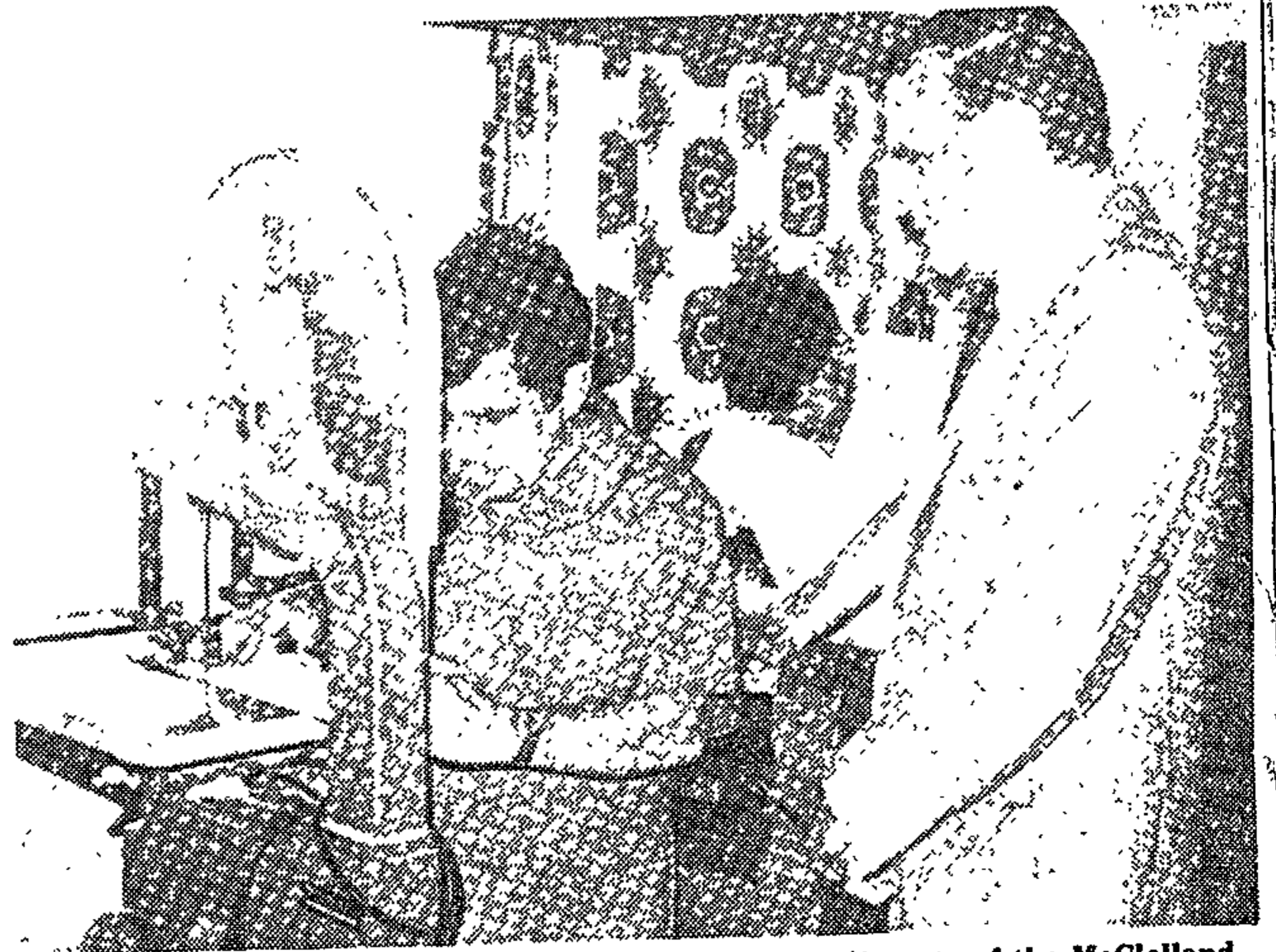
He also mentioned that of the 19 000 registered welfare organisations and their 2 500 branches, only

1.4 per cent attended to mental health care.

The recently completed R98 750 hostel which Mr Sauer-mann officially opened, will accommodate 21 women over the age of 18 with an IQ of below 50. (The average person has an IQ of above 90.)

In the protected environment of the centre, the inmates are taught the basic social skills such as courtesy and manners. Other skills such as brushing teeth, and the making of beds are taught with the aim of training them to reach a degree of independence of constant supervision.

The honorary manager of the complex, Mr Fred Corbett, said there were still several vacancies at the centre. — DDR



Operating a band saw during a woodwork session is an inmate of the McClelland Centre for the Handicapped, Mr Jannie Potgieter. Looking on is the regional officer of the Department of Social Welfare and Pensions, Mr J. A. Sauer-mann, who yesterday officially opened a new hostel at the centre.

I		0-1	1-4	5-24	25-44	45-64	65+	ALL	NO.

87

## NEOPLASMS

II	W		A		C		B	
	M	F	M	F	M	F	M	F
0-1	0,17	0,13	0,00	0,21	0,06	0,16	0,04	0,06
1-4	0,03	0,07	0,07	0,00	0,07	0,05	0,03	0,04
5-24	0,09	0,05	0,07	0,05	0,06	0,04	0,05	0,04
25-44	0,26	0,33	0,21	0,26	0,54	0,56	0,34	0,36
45-64	3,01	2,58	1,47	2,19	5,10	2,68	2,32	1,91
65+	12,24	7,26	4,70	5,18	12,59	7,51	6,16	4,10
ALL	1,41	1,21	0,36	0,43	1,03	0,69	0,58	0,45
NO.	2920	2522	126	152	1170	809	3472	715

## III ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES

III	W		A		C		B	
	M	F	M	F	M	F	M	F
0-1	0,09	0,05	0,06	0,21	2,27	1,68	2,31	1,96
1-4	0,03	0,01	0,00	0,05	1,27	1,08	1,02	1,29
5-24	0,01	0,01	0,01	0,01	0,01	0,01	0,02	0,02
25-44	0,02	0,02	0,08	0,08	0,08	0,05	0,06	0,07
45-64	0,09	0,12	0,39	0,88	0,28	0,42	0,24	0,61
65+	0,39	0,59	1,61	2,59	0,81	1,28	1,04	1,44
ALL	0,05	0,08	0,12	0,18	0,28	0,26	0,22	0,33
No.	114	173	43	63	316	307	455	530

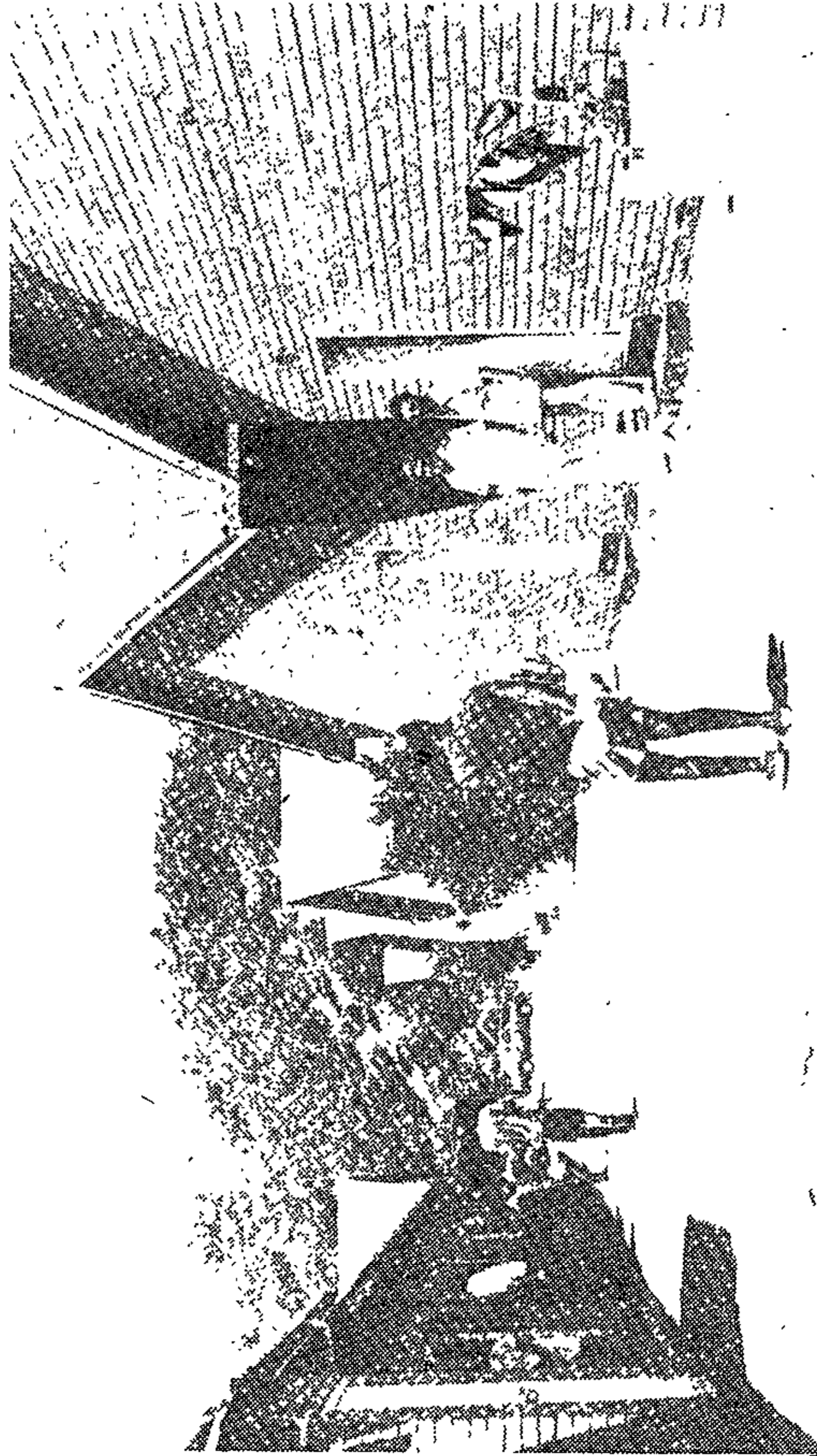
NM 15/11/79

88

# Ekuhlengeni

It's a Black mental  
sanctuary with nothing  
to hide and a lot  
to be proud of

EKUHLENGENI is no five star hotel, but it is clean and tidy. To the right of the picture is Mr. Piet Opperman, the chief psychiatric nurse and Mr A J Bezuidenhout, deputy superintendent.



THE workings of an outdoor therapy session are explained to a group of visitors by Piet Opperman. (standing centre).

IT'S always sad having to tell a child, all dressed up and ready to go, that a promised, exciting outing has been cancelled.

But it becomes almost tragic when the youngster is mentally and very probably physically handicapped as well and is living in a mental institution.

Because there is only one krombi and because it is used for all purposes, this often has to happen at Ekuhlengeni Sanatorium for Black mental patients, just south of Durban, where there are 200 children among the 1 300 patients.

But they have had a few outings, to Mitchell Park and the airport among them, and the next one should be safe — 40 of them are to be taken by train to the Umgababa holiday resort.

But unless someone comes to the rescue, all motorised outings may have to come to a stop. Folding wheelchairs are also needed to make them possible for the many non-mobile children.

## Criticism

These outings are only a tiny but heart-warming aspect of the workings of

There is also a resident psychiatrist, two occupational therapists and a physiotherapist. A medical doctor visits the sanatorium daily to deal with any non-mental illness.

Along with a group of people, mainly from the Department of Health, I was shown round Ekuhlengeni by Mr. Piet Opperman, head psychiatric nurse, and the deputy superintendent, Mr. A. J. Bezuidenhout of Smith Mitchell.

"Organised activity is the main emphasis here. The patients are grouped according to their ability and promoted if they progress," said Mr. Opperman as we walked among groups of men and women sitting under shady trees.

Some were weaving grass mats, others just playing with modelling clay or passing a mirror round. One skilled activity for men was making the familiar and very durable door mats from offcuts of tyres. Patients are paid for any work sold.

returning to life outside the sanatorium.

About 350 patients a year are discharged but many of course are so severely affected that they will spend their whole lives from childhood onwards at Ekuhlengeni.

## Classrooms

Children were in bright classrooms or attending therapy sessions. With a difficult life ahead of them, almost all had winning smiles and one class broke into song for us in the inimitable Zulu fashion.

All can be visited by their parents at any time with no constraints about visiting hours. There are even sleeping over facilities for parents who have travelled a long way.

"If we work hard, we'll reach the top with many of these children, within their limitations," said Mr. Opperman.

"It needs great patience. But as soon as we see an untreated child, the progress we've made with the others becomes very obvious.

"Sometimes we can work with a child for years and seemingly achieve nothing. But in fact we've achieved a great deal by preventing otherwise inevitable deterioration."

## Smiles

Ekuhlengi which I visited last week. I was very surprised at being invited to do so and to bring my camera along.

For mental institutions in South Africa have come in for a lot of adverse criticism over the past few years. And Ekuhlengi is one of the group of places, spread all over the country, that has been in the forefront of this criticism.

These are the privately-owned mental institutions for Blacks belonging to the Smith Mitchell group of companies.

The accusations made out that such places were cruel, squalid dumping grounds, understaffed and filled with hopeless, neglected people. Millions were being made out of madness, said one newspaper headline.

Before I visited Ekuhlengi, I certainly thought, in my ignorance, that such places must be pretty bad and was quite sure they would not be open for inspection.

### Therapy

Yet on every count, as far as Ekuhlengi is concerned, the accusations are wrong. It is a place of light and love and therapy that works on a surprisingly high number of the patients, chronically ill though they are when they arrive there.

It's no five star hotel, of course. Architecture is basic, just lots of single-storey brick buildings with asbestos roofs, clustered together in very large grounds.

Patients sleep about 60 to a building, in groups of 16, each in its own partitioned area. All the beds have blankets and neat checked counterpanes. Pillowcases were white for the men and coloured with a bit of frilly edging for the women. The cots all had a teddy bear at the bedhead.

When full — and this is always the case — there are 750 men, 350 women and 200 children. The nursing establishment is 160 and among the spastic mentally ill children there is one nurse for three patients.

Some were in sewing classes, while others were attending a demonstration given by a member of the Potato Board. For some of the women it was the weekly treat, a visit to the small but brightly decorated beauty parlour.

Among the patients, although there were plenty of "burnt-out" cases, there were far more smiles than scowls.

In several of the buildings, literacy training, run by Operation Upgrade, was in progress.

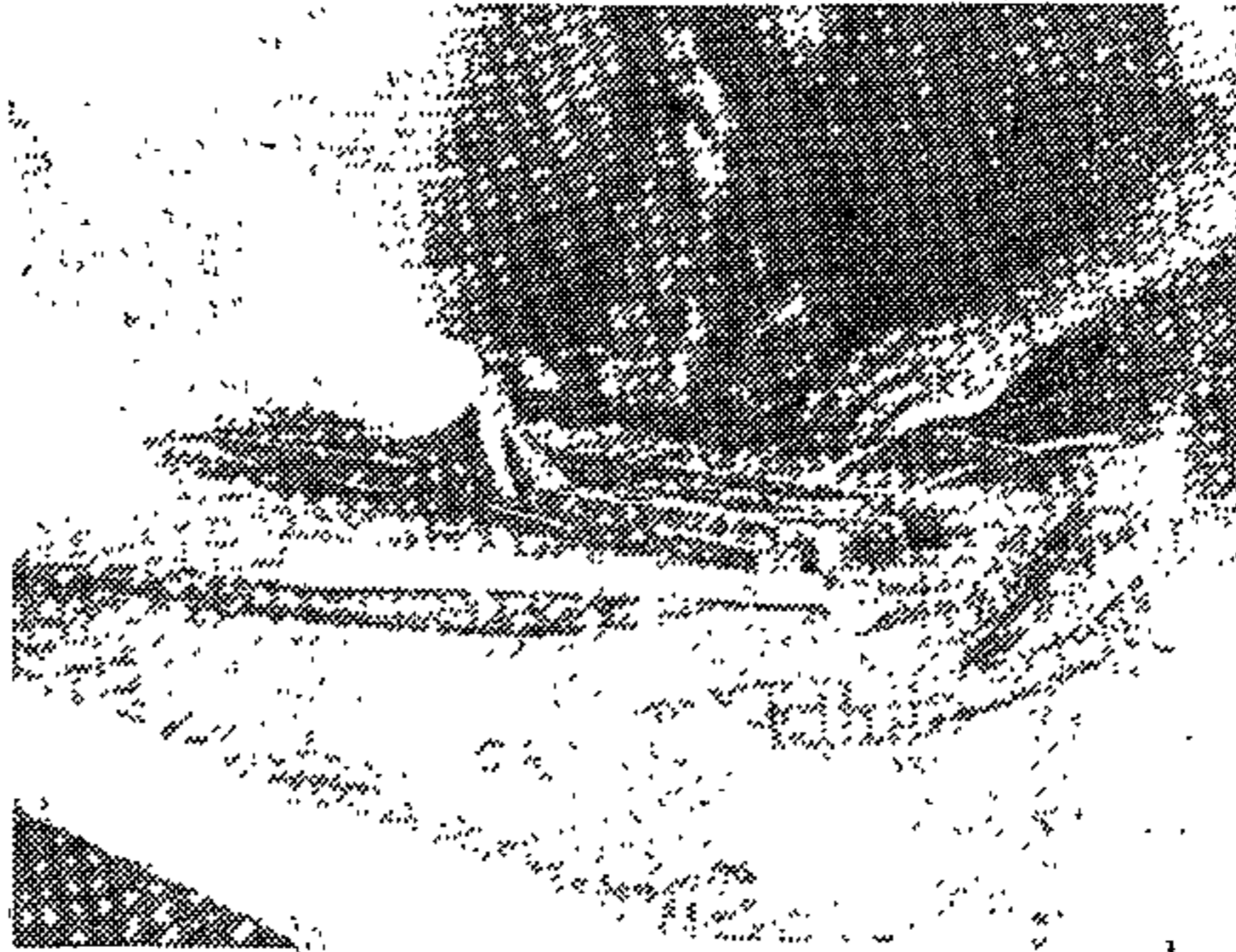
This is a recent innovation which was started at Ekuhlengi in March this year and which has proved very successful. For many patients the literacy course is the last step before

He has been associated with some of the patients since 1962, so not surprisingly he has a kind word and a first name for many of them.

### Proud

Patients are free to leave whenever they want to, as long as there is a friend or relative willing to be responsible for them. In such cases a single care grant can be applied for.

The emphasis all the way at Ekuhlengi is on having nothing to hide and a lot to be proud of. I think these are perfectly valid statements and that the institution has come a long way since the adverse reports of a few years ago.



ONE form of occupational therapy at Ekuhlengi is the manufacture of the familiar rubber-type doormats.

# FOOTBALL HELMET THE FIRST STEP TO RECOVERY

## Mental hospitals made Godfrey a 'wild animal'

A FRIGHTENED wild animal — that's how a top Johannesburg psychologist describes a 12-year-old boy after three years in hospitals and mental homes.

With the right treatment, says Professor James Gardner, head of the applied psychology department at Wits University, Godfrey Mabothe could start school in two years.

Prof Gardner says the boy's condition is as bad as it is because medical authorities in the four institutions where he spent the last three years had no idea how to treat him — "except to carve up his head".

Weeks ago he Sunday Express revealed how the Society for Safety in Mental Healing had stopped an operation on the emotion centres of the boy's brain which could have left him a vegetable.

Young Godfrey has spent three years in hospital — often, according to visitors, tied or strapped to his bed.

Godfrey's parents first took him to a doctor in Posmasburg in the Northern Cape because he banged his head against walls and threw stones at neighbours' windows. He was admitted to hospital in Bloemfontein and has not been home since.

This week Godfrey's father, a Northern Cape railway worker, and Mrs Jean Gonsales, of the Society For Safety in Mental Healing, visited the boy at Poloko Sanatorium in Thabane-Nchu, to which he was sent after the society, acting for



● Jean Gonsales  
... "worse than ever"

By DAVID NIDDRIE

Godfrey's parents, stopped the brain operation at Sterkfontein. "He was worse than he ever has been. I saw him at Sterkfontein and by comparison with his present state, he was totally calm then," Mrs Gonsales said.

Spokesmen for neither Poloko Sanatorium nor Sterkfontein Hospital would comment on Godfrey's condition this week, but Mrs Gonsales said after her visit that officials at the sanatorium were keen to discuss treatment with Prof Gardner.

When Prof Gardner visited Godfrey at Sterkfontein last month he found him tied to his bed with sheets "looking like a frightened wild animal".

"He was very aware of his surroundings, not understanding, but ready for whatever happened next," he told me.

Prof Gardner felt the treat-

ment Godfrey was getting "came straight out of the 19th century".

"They were doing nothing for him — except planning to carve up his brain. They treated him like that because they had no idea what else to do with him," Prof Gardner said.

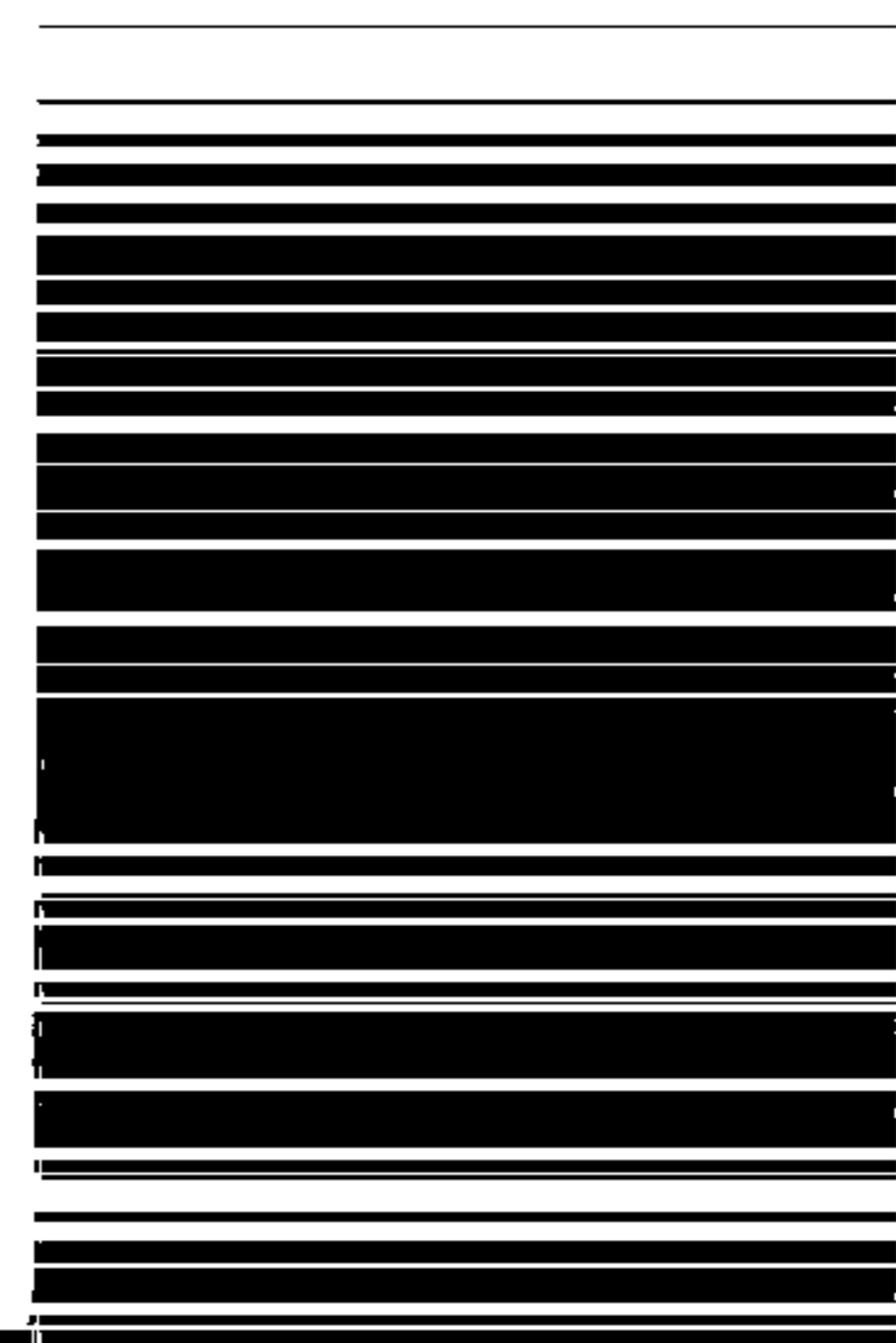
After seeing Godfrey, Prof Gardner called for the establishment of an institution attached to Baragwanath Hospital to deal with mentally retarded children "It could cure about 30 kids a year — but would cost R100 000 a year to run."

● An appeal by the Society for Safety in Mental Healing for a small American football helmet for Godfrey — it would be the first step towards stopping the boy battering his head, says Prof Gardner — has so far brought in three.

One will be sent down to Poloko next week.



● A boy models one of the football helmets which could help 12-year-old Godfrey on his long road to recovery.



Hausard  
4(212)  
27/2/80

88

Institutions for mental patients  
4(212) 27/2/80

\*18. Mr. H. E. J. VAN RENSBURG asked  
the Minister of Health:

Whether his Department intends to phase out institutions for mental patients which are run by private organizations; if so, what progress has been made in doing so; if not, why not?

†The MINISTER OF HEALTH:

Yes, this is declared policy. However, in the practical implementation it must be realized that national priorities receive precedence. The following information has been received from the Department of Public Works in regard to the matter:

(a) The Treasury has approved additional funds for the 1980/81 financial year to expedite the erection of 540 beds in the Eastern Cape area.

(b) The following projects are now included in the 1979/84 building programme of the Department of Public Works.

Soweto: Erection of an 100 bed hospital for Blacks. Estimated tender date—June 1984.

Pretoria: Erection of 600 additional beds for Blacks (Westfort Hospital). Estimated tender date—March 1983.

Queenstown: Erection of 90 additional beds for Blacks (Komani Hospital). Estimated tender date—July 1982.

Bloemfontein: Erection of a 700 bed hospital for Blacks. Estimated tender date—September 1984.

Port Elizabeth: Erection of a 1 030 bed hospital for Blacks. Estimated tender date—September 1984.



# AG 'no' to Groothoek hospital prosecution

88

By MATHATA TSEDU post 5/3/80

THE Attorney-General for the Transvaal declined to prosecute Groothoek Hospital after allegations of maltreatment of mental patients were made against the hospital by the Society for Mental Healing.

No reasons were given for the decision but a spokesman for the society said they hoped the Medical and Dental Council and the Society of Psychiatrists would introduce reforms at the hospital. The secretary for Health in Le-

bowa, Dr J Craus said he was delighted at the decision as the allegations had brought suspicion on the quality of service at Groothoek.

Groothoek Hospital is situated in Zebediela near Potgietersrus and has a psychiatric unit attached to it.

RD M 27/3/80

# Doctors discuss mental problems

CAPE TOWN. — Marital therapy, psychosomatic families, sexual counselling, ageing and mental problems were the main themes in papers at yesterday's plenary session of the General Practitioners' Congress.

A British psychotherapist, Mrs Enid Balint-Edmonds, told the congress that patients often approached their doctors with seemingly trivial complaints which, on closer examination, were found to arise from difficulties in marriage.

It often helped to interview

both marriage partners, but even if only one partner was seen, it was possible through discussion, to reach the source of the problem.

Dr Stanley Levenstein, speaking on psychosomatic families, said that family therapy had emerged as an important part of psychiatric treatment in recent years.

Therapists reasoned that a family system was necessary to sustain mental health.

Psychopathology, including psychosomatic illness, was

nearly always an expression of difficulties in the whole family group.

"With this in mind, the fact that we practise medicine in a society with an increasingly high divorce rate and one in which millions of people are deprived of any kind of normal family life by the migrant labour system, must necessarily have far-reaching implications," Dr Levenstein said.

Mr B L B Sparks warned parents to judge carefully when dealing with sexual aspects of

their children's development. Guilt, fear and shame were often reflections of parental attitudes and could hinder the growth of a healthy personality.

Dr M Silbert said that mental problems in the aged were often assumed to be due to normal ageing processes, but it was wrong to simply accept that an old person who became more apathetic, withdrawn and difficult was demented or senile. Often the condition was treatable.

MINIATION RESULTS IN FACULTY ARTS		AS AT 29 02 80		PAGE 1	
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# HOUT BAY'S VALLEY OF HOPE

They work away  
their problems  
at therapy farm

88  
19/4/80  
Argus

ALCOHOLICS, drug addicts and people with personality disorders will soon be working their problems away on a two-hectare farm in the beautiful Hout Bay valley.

The therapeutic community — as it is called — will receive its first residents at the beginning of May.

Already a nucleus of community residents — psychologists prefer this word to the use of 'patients' — have booked their rooms. The goal is to be functioning fully by January next year.

The privately run community will be run on similar lines to the State run Centrum which operated at Valkenberg Hospital, and closed down amid a controversy last year.

This left Cape Town without a live-in therapeutic community, and at the time many psychologists felt that a large gap had been created in the treatment facilities for people with personality disorders.

The idea behind the farm is that by living and working a 'micro community' with everyday responsibilities, and

By Graham Ferreira

others, a disordered personality can slowly be weaned back into society.

The personality perk-up can take days, weeks or months — up to a year.

One of the psychologists involved in Centrum, will become the full time psychologist at the farm.

Other staff will include a live-in psychiatric nursing sister, and a second full-time nursing sister.

Anita Leggé, one of the sisters, took Weekend Argus out to look at the farm.

The setting is spectacular.

The house, which was once used as a school boarding hostel — is enormous and comfortable.

The centre of activity for the 25 live-in guests and the 30 daily visitors to a day clinic, will be the huge living room with a stone fireplace.

### Ideal setting

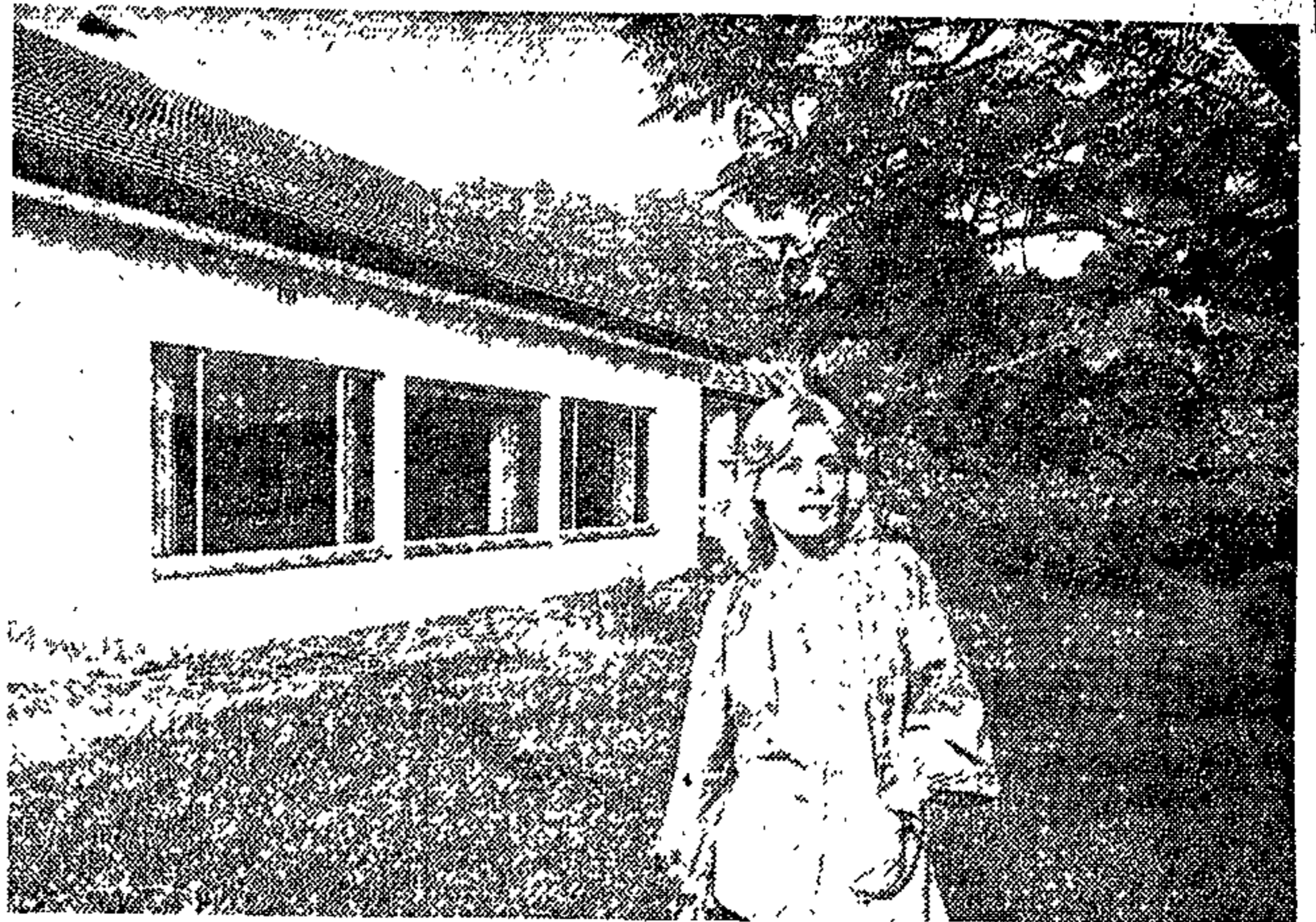
'The setting is just ideal for getting rid of one's problems. We are hoping that the residents will build up a real farm community, and eventually plant, and reap, their own food, grow flowers, and so on,' she said.

An immigrant from Britain, Anita qualified as a nursing sister in London.

She became interested in psychiatric nursing when she was looking after old age patients in a home which she used to run in Cape Town.

She has attended a course in psychiatric nursing at Valkenberg.

'Contact in group therapy, especially in a com-



munity which grows to know one another well, forces one to look long and hard at one's own personality,' she says.

'I have straightened a lot of things about myself out since I have been involved with psychiatric nursing. It is imperative that those who want to help someone with a personality disorder first know themselves and have full control over their own personalities.'

### Graded

'The residents at the farm will do graded work. They will start with menial tasks and slowly, depending on how their therapy progresses, they will eventually build up into responsible members of the community in senior positions.'

'We will try to regiment the residents as little as

possible. The staff, including the psychologist will not interfere in their running of the farm. That is their responsibility.

'The only laws which will apply stringently are no drugs, including alcohol and cigarettes, no physical violence, and no sexual activity.'

MRS ANITA LEGGE who will be on the full-time staff of the rehabilitative farm community, says that there will be a lot of work for the first residents before a viable farm can be got going.

HEALTH AND DISEASE — MENTAL HEALTH  
~~1981~~

1982, 1983, 1984 — ~~DEC~~ NOV.



Workers busy on the site of the Duncan Village mental health centre.

## Mental health centre will be ready soon

*D. Dispatch 25/1/82* (88)

EAST LONDON — Building has started on a R10 000 mental health centre in Duncan Village.

The two prefabricated rooms will be finished in about a week's time and will provide schooling for 20 severely handicapped children.

The occupational therapist for the East London Mental Health Society, Mrs S. Power, said there had been a desperate need for such a school in Duncan Village. She said the project had been made possible by the hard work of a committee under the chairmanship of Mr Andrew Nkone, vice principal of Xabanisa Higher Primary School.

Mrs Power said residents, teachers, pupils and the public had been involved in this community project.

She also said the society hoped the Department of Education and Training would grant the school a subsidy next year.

The Fundukwazi School for mentally handicapped children, in Zone Eight, Mdantsane, had accommodation for only 30 children and there was a long waiting list. Duncan Village children were unable to travel daily to Mdantsane, she said.

Mrs Power said it was hoped more classrooms would be built in Duncan Village when funds were available.

The children at the centre would use the Community Centre as a hall. Kitchen and toilet facilities had been provided at the centre. Also needed was flooring, curtaining, burglar bars, cutlery and cooking utensils.

The salaries of the two qualified teachers would be paid by a donation from the Urban Foundation. At present the teachers were being trained at the McClelland Centre for the Handicapped at Amalinda.

They are Miss N. Ngxamngxa, of Duncan Village, and her assistants, Mrs L. Sosi, of Mdantsane, and Mrs B. Mbuba, of Duncan Village.

— DDR

Mercury  
Quit!

88

Nursing ~~98~~  
staff fired  
as State ~~98~~  
takes over  
mental ~~98~~  
hospital ~~98~~

#### Mercury Reporter

ELEVEN black and three Indian nursing staff at the Springfield Indian Sanatorium in Durban were yesterday served with notice to quit their jobs at the end of the month.

Mr J H Randall, managing director of the Smith Mitchell organisation, a Johannesburg-based company which runs the sanatorium, yesterday confirmed that the jobs of a number of senior black and Indian nursing staff had been affected as a result of the State take-over of the mental hospital.

'We did all we could to obtain the best possible deal for our staff. The bulk of the staff will be retained, but it's a pity that some will lose their jobs.'

'For those whose jobs are affected we'll try to arrange some sort of relief, possibly giving them more than their final cheque,' he said.

#### Shocked

The worried nurses, some who had worked at the sanatorium for more than seven years, said they were shocked when told of their dismissal at a meeting yesterday.

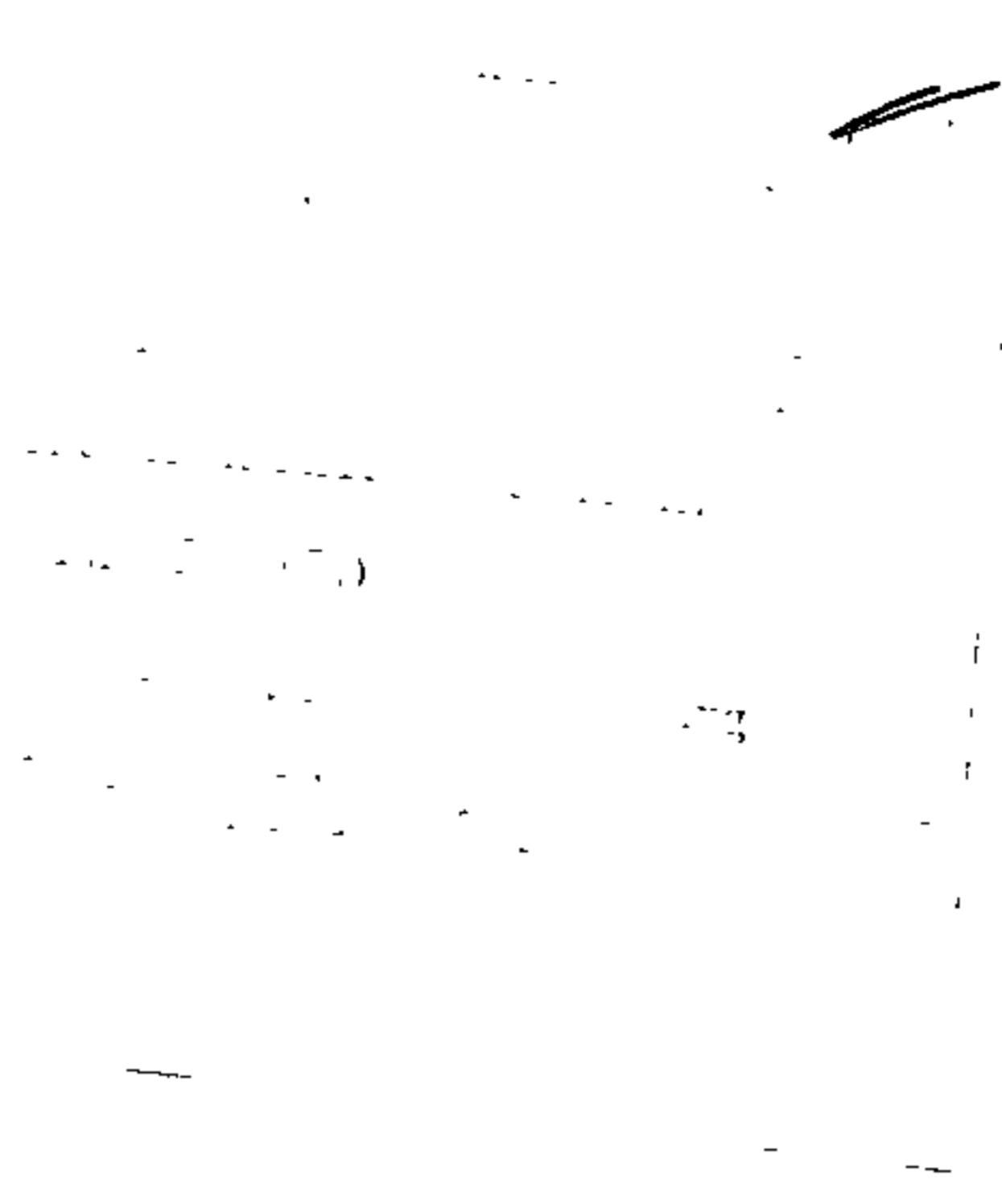
'We were told that the State was going to take over the hospital on March 1 and that the hospital is and will continue to be for Indian patients, our services were no longer required,' said a spokeswoman for the nurses.

She said the nursing staff saw their dismissal as being totally unfair and based on racial grounds.

'We were told last year that our jobs would be secure when the State took over the sanatorium, but now out of the blue we are told to look for jobs elsewhere as our services will be terminated at the end of the month,' a nurse with seven years' service at the hospital told the Mercury.

She said she had five children to support and was worried about her future job prospects. 'It's not easy getting a job these days. I do not know what I'll do if I fail to find suitable employment elsewhere,' she added.

Mr Randall said control of the sanatorium was being passed over to the State as his company found it too small an undertaking to run from Johannesburg.



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**Abalone Industry**

\*13. Mr. P. A. MYBURGH asked the Minister of Agriculture and Fisheries:

Whether the Government has appointed a commission of inquiry into the abalone industry; if so, (a) when was the commission appointed, (b) what are its terms of reference, (c) who (i) is the chairman and (ii) are the members of the commission and (d) when is it due to report?

†The MINISTER OF AGRICULTURE AND FISHERIES:

to the Happydale Training Centre in respect of salaries of staff, maintenance grants, transport costs, educational aids and general expenses.

No.

*Hansard Q. 61-3358*  
Mental health services 10/3/82

\*14. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

Whether his Department subsidized mental health services in Port Elizabeth in 1981; if so, (a) to what extent, and (b) for what purposes were subsidies allocated?

The MINISTER OF HEALTH AND WELFARE:

No; (a) and (b) fall away.

**Mental health services**

\*15. Dr. M. S. BARNARD asked the Minister of Internal Affairs:

Whether his Department subsidized mental health services in Port Elizabeth in 1981; if so, (a) to what extent, and (b) for what purposes were subsidies allocated?

†The MINISTER OF INTERNAL AFFAIRS:

Yes.

(a) R86 172 for the financial year 1981-'82.

(b) A subsidy of R11 472 to the Port Elizabeth Mental Health Society in respect of the salary of one post of social worker; and a subsidy of R74 700



(1) Yes; 152;

(2) falls away.

88

Mental health services  
12/3/82  
Hansard Q. 61.356

\*3. Dr. M. S. BARNARD asked the Minister of Co-operation and Development:

Whether his Department subsidized mental health services in Port Elizabeth in 1981; if so, (a) to what extent, and (b) for what purposes were subsidies allocated?

†The DEPUTY MINISTER OF DEVELOPMENT AND OF LAND AFFAIRS:

Yes.

(a) R12 953,28

(b) In respect of salaries and administration costs for Black social workers in the employ of the Port Elizabeth Mental Health Society.

210  
88 Fort Beaufort: Tower Hospital 2/3/82  
Hansard Q. Col. 356  
\*4. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

Whether his Department provides accommodation for certified patients awaiting transport to the Tower Hospital at Fort Beaufort; if not, where are such patients accommodated; if so, (a) where and (b) what type of accommodation is provided?

The MINISTER OF HEALTH AND WELFARE:

No; Livingstone Hospital, Port Elizabeth;

(a) and (b) fall away.

\*5. Mr. P. A. MYBURGH (Agriculture and Fisheries)—Reply standing over.

\*6. Mr. P. A. MYBURGH (Agriculture and Fisheries)—Reply standing over.

\*7. Mr. P. A. MYBURGH (Agriculture and Fisheries)—Reply standing over.

FRIDAY, 12 MARCH 1982

Indicates translated version

For oral reply:  
 771 Elukhanywen 12/3/82  
 105 Howard  
 Q. Co. 355

1. Mr. E. K. MOORCROFT asked the Minister of Health and Welfare:

- (1) Whether (a) he has and (b) officials of his Department have received complaints regarding the water supply at Elukhanywen; if so, what was (i) the nature of the complaints and (ii) his response thereto;
- (2) whether Elukhanywen is a cholera danger area; if so,
- (3) whether steps are being taken in regard to the matter; if not, why not; if so, what steps?

THE MINISTER OF HEALTH AND WELFARE:

(1) (a) and (b) No, Elukhanywen is situated in Ciskei and does not fall within the jurisdiction of the Republic;

(2) and (3) fall away

Howard Q. Co. 355-6  
 Fort Beaufort: Tower Hospital  
 12/3/82  
 \*2. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

(1) Whether the Tower Hospital at Fort Beaufort admits uncertified patients from the Port Elizabeth region; if so, how many such patients were admitted in 1981; if not,

(2) whether such patients requiring in-patient care were directed to other hospitals in the Port Elizabeth region in that year, if so, to which hospitals?

THE MINISTER OF HEALTH AND WELFARE:

(1) Yes; 152;

(2) falls away.

Howard Q. Co. 356  
 88 Mental health services  
 12/3/82  
 \*3. Dr. M. S. BARNARD asked the Minister of Co-operation and Development:

Whether his Department subsidized mental health services in Port Elizabeth in 1981; if so, (a) to what extent, and (b) for what purposes were subsidies allocated?

THE DEPUTY MINISTER OF DEVELOPMENT AND OF LAND AFFAIRS:

Yes.

(a) R12 953,28

(b) In respect of salaries and administration costs for Black social workers in the employ of the Port Elizabeth Mental Health Society.

Howard Q. Co. 357  
 88 Fort Beaufort: Tower Hospital  
 12/3/82  
 \*4. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

Whether his Department provides accommodation for certified patients awaiting transport to the Tower Hospital at Fort Beaufort; if not, where are such patients accommodated; if so, (a) where and (b) what type of accommodation is provided?

THE MINISTER OF HEALTH AND WELFARE:

No; Livingstone Hospital, Port Elizabeth;

(a) and (b) fall away.

\*5. Mr. P. A. MYBURGH (Agriculture and Fisheries)—Reply standing over.

\*6. Mr. P. A. MYBURGH (Agriculture and Fisheries)—Reply standing over.

\*7. Mr. P. A. MYBURGH (Agriculture and Fisheries)—Reply standing over.

\*8. Mr. J. W. E. WILEY (Agriculture and Fisheries)—Reply standing over.

\*9. Mr. J. W. E. WILEY (Agriculture and Fisheries)—Reply standing over.

\*10. Mr. J. W. E. WILEY (Agriculture and Fisheries)—Reply standing over.

Airport tax

\*11. Dr. W. D. KOTZE asked the Minister of Transport Affairs:†

Whether the introduction of airport tax on international flights is being considered as a source of revenue; if not, why not?

THE MINISTER OF COMMUNITY DEVELOPMENT (for the Minister of Transport Affairs):

No. The Committee for the Investigation of Airport Finances considered the introduction of airport tax as a source of revenue some years ago. Problems were encountered with this system abroad and this gave rise to some airports abolishing it once more. It was consequently decided to levy only one comprehensive amount in the form of landing fees. The administrative work involved in the collection of airport tax puts an unnecessary burden on air carriers as well as on those companies selling air tickets. A commission fee will also have to be paid to them.

Mr. H. H. SCHWARZ: Mr. Speaker, arising out of the reply given by the hon. the Minister, could he tell us whether there is any human activity in South Africa on which the Government is not intending to impose a tax?

†THE MINISTER: Mr. Speaker, the hon. member for Yeoville should put that question to the Minister concerned. [Interjections.]

Mr. SPEAKER: Order!

†Mr. H. E. J. VAN RENSBURG: Where are the hon. Ministers from the Transvaal today? [Interjections.]

Mr. SPEAKER: Order!

Howard  
 74 Maize: export programme  
 12/3/82  
 122 Dr. W. D. KOTZE asked the Minister of Transport Affairs:†

(1) Whether the South African Transport Services has in every month since 1 November 1981 transported the maximum quantity of maize according to the normal export programme; if not, (a) why not and (b) how many of the proposed number of truckloads were not railed;

(2) whether the South African Transport Services foresees a backlog in the transportation of maize in the near future; if so, as a result of what factors?

THE MINISTER OF COMMUNITY DEVELOPMENT (for the Minister of Transport Affairs):

(1) No.

(a) Because the Maize Board sold less maize than originally planned.

(b) From December 1981 to February 1982, 6 270 fewer truck loads were railed than were scheduled.

(2) Yes. Due to the inability of the Maize Board to tender maize for transport at the tempo agreed upon.

Howard  
 122 99-year leases  
 12/3/82  
 \*13. Mrs. H. SUZMAN asked the Minister of Co-operation and Development:

(a) How many persons in Soweto applied for 99-year leases from the inception of the leasehold scheme to 31 December 1981 and (b) how many such applications have been granted:

†THE DEPUTY MINISTER OF DEVELOPMENT AND OF LAND AFFAIRS:

(a) 2 484

(b) 1 225

89 ~~27~~ Mental patients *Hansard*  
24/3/82 Q.61.456

\*3. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

Whether any patients awaiting mental treatment were kept in police cells in Port Elizabeth in 1981; if so, how many?

†The MINISTER OF HEALTH AND WELFARE:

Yes; the Department does not keep such statistics. However, it was ascertained from the South African Police that one Black and one Coloured patient were kept in police cells for a total period of three days during the last quarter of 1981.

(b + P<sub>1</sub>) (b + P<sub>2</sub>)

\*Indicates translated version.

For written reply: *Hansard Q. Col. 502 -*  
*88* Mental health needs *504*  
*30/3/82*

318 Dr M. S. BARNARD asked the Minister of Health and Welfare:

Whether any State hospitals serve the mental health needs of (a) Blacks, (b) Coloureds, (c) Indians and (d) Whites in the (i) in-patient, (ii) out-patient and (iii) casualty categories; if so, which hospitals in respect of each race group and category?

The MINISTER OF HEALTH AND WELFARE:

(Explanatory note - W = White; C = Coloured; B = Black; A = Asian)

	<i>In-patient</i>				<i>Out-patient</i>			
(i) and (ii) Yes;								
Elizabeth Donkin Hospital .....	W				W	C	B	A
Fort England Hospital .....	W	C	B	A	W	C	B	A
Komani Hospital .....	W	C	B	A	W	C	B	A
Tower Hospital .....		C	B	A	W	C	B	A
Kowie Hospital .....		C	B		W	C	B	A
Brewelskloof Hospital .....	W							

Ministers:

88 98 Hansard Q. 61. 512-  
Tower Hospital, Fort Beaufort 513  
30/3/82

\*1. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

Whether patients travelling to (a) the Tower Hospital, Fort Beaufort, and (b) other hospitals outside the Port Elizabeth area are provided with official escorts; if not, why not; if so, what qualifications are such escorts required to have?

†The MINISTER OF HEALTH AND WELFARE:

(a) and (b) Yes; when necessary; depending on the condition of the patient.

513

WEDNESDAY.

the escort may be a layman, police officer or nurse.

(1)	White		Coloured		Asian		Black	
	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)
Elizabeth Donkin Hospital .....	138	120	—	—	—	—	—	—
Fort England Hospital .....	546	349	—	12	—	1	180	140
Tower Hospital .....	—	—	—	127	—	8	967	636
Komani Hospital .....	495	382	—	72	—	1	526	581

(2)	Psychiatrists		Psychiatric Sisters		Social Workers	
	(a)	(b)	(a)	(b)	(a)	(b)
Elizabeth Donkin Hospital .....	3	1	27	26	1	1
Fort England Hospital .....	2	—	56	52	1	—
Tower Hospital .....	2	1	135	121	—	—
Komani Hospital .....	2	3	105	103	1	1

#### Abalone

342. Mr. J. W. E. WILEY asked the Minister of Agriculture and Fisheries:

- (1) Whether there was an over-export of abalone in any of the latest specified five years for which figures are available; if so, in which years:
- (2) whether any investigations are being carried out into such over-export; if not, why; if so, with what results?

The MINISTER OF AGRICULTURE AND FISHERIES:

- (1) and (2) Allegations were received that in 1979 an excessive quantity of canned abalone was exported to Hong Kong. The matter was investigated but the figures as such did not prove any over-export.  
It has meanwhile been established that one of the local packers processed and exported more abalone

1980

- (b) 21 boxes
- (c) 457 kg
- (d) The contents and mass per tin fell short of the requirements; the texture of the packed abalone was too soft; and the packed abalone lost its colour in the tins.

than his quota permitted. Action is being taken against the firm.

#### Abalone

343. Mr. J. W. E. WILEY asked the Minister of Industries, Commerce and Tourism:

Whether the Bureau of Standards condemned any canned abalone intended for export in any of the latest specified five years for which figures are available; if so, (a) from which packers, (b) how many cases in respect of each such packer, (c) what was the weight of the abalone involved, (d) why was it condemned and (e) with what result?

The MINISTER OF INDUSTRIES, COMMERCE AND TOURISM

Yes Particulars for the years 1980 and 1981 only, are readily available

- (a) Only one packer was involved in both years namely Tuna Marine

1981

781 boxes

17 020 kg

As a result of adjustments to the factory's production procedure the texture of the canned abalone was too soft and unsuitable for export

88  
Hospital beds and posts 558  
2/4/82  
319. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

- (1) (a) How many beds are there for each population group at the (i) Elizabeth Donkin Hospital, Port Elizabeth, (ii) Fort England Hospital, Germiston, (iii) Tower Hospital, Fort Beaufort, and (iv) Komani Hospital, Queens-town, and (b) how many of these beds were occupied on 31 January 1982;
- (2) (a) how many posts are there at each of these hospitals for (i) psychiatrists, (ii) psychiatric sisters and (iii) social workers and (b) how many of these posts were filled by permanent full-time staff on 31 January 1982?

The MINISTER OF HEALTH AND WELFARE:

- (1) What is the size of each of the areas known as (a) Doriskraal, (b) Fingo, (c) The Gap, (d) Palmietrivier, (e) Snyklip, (f) Wittekleibosch and (g) Witte-Elsbosch;

- (2) what is the size of each area of land which was allocated to each group of persons who were removed from each of the above areas?

**THE MINISTER OF CO-OPERATION AND DEVELOPMENT:**

- (1) (a) 896 hectares.  
 (b) 1 060 hectares.  
 (c) 1 088 hectares.  
 (d) 565 hectares.  
 (e) 2 302 hectares.  
 (f) 1 542 hectares.  
 (g) 163 hectares.
- (2) Doriskraal ..... 1 130 hectares.  
 Fingo ..... 1 240 hectares.  
 The Gap ..... 1 255 hectares.  
 Palmietrivier ..... 829 hectares.  
 Snyklip ..... 2 510 hectares.  
 Wittekleibosch ..... 1 332 hectares.  
 Witte-Elsbosch ..... 179 hectares.

Doriskraal/Fingo/The Gap/  
 Palmietrivier/Snyklip/Wittekleibosch/  
 Witte-Elsbosch

403. Mr. E. K. MOORCROFT asked the Minister of Co-operation and Development:

- (1) How many head of livestock were owned by the communities at (a) Doriskraal, (b) Fingo, (c) The Gap, (d) Palmietrivier, (e) Snyklip, (f) Wittekleibosch and (g) Witte-Elsbosch immediately prior to their removal from these areas;

- (2) whether such livestock was moved with the communities; if so, (a) how many and (b) at what cost; if not, why not;

- (3) whether compensation was paid to owners in respect of livestock that was not moved with the communities;

- (4) how many head of livestock do the communities moved from each of the above-mentioned areas still possess?

**THE MINISTER OF CO-OPERATION AND DEVELOPMENT:**

- (1)(a) to (g) Statistics in this respect are not readily available.

- (2)(a) to (b) A certain number of livestock was moved with the Black communities concerned. Particulars in respect of the number of livestock transported and the cost in connection with the transportation of the livestock are not readily available.

- (3) No. The people sold some of their livestock with the assistance of the Ciskei Government.

- (4) This information is not readily available.

Doriskraal/Fingo/The Gap/  
 Palmietrivier/Snyklip/Wittekleibosch/  
 Witte-Elsbosch

404. Mr. A. SAVVAGE asked the Minister of Co-operation and Development:

- (1) Whether the Black communities at (a) Doriskraal, (b) Fingo, (c) The Gap, (d) Palmietrivier, (e) Snyklip, (f) Wittekleibosch and (g) Witte-Elsbosch were paid compensation for (i) the land they occupied, (ii) the improvements effected by them and (iii) their houses on such land; if so,

- (2) (a) to whom was such compensation paid, and (b) what was the (i) highest, (ii) lowest and (iii) average price paid, in each case;

- (3) whether the communities concerned were consulted in regard to the amount of compensation paid; if not, why not?

**THE MINISTER OF CO-OPERATION AND DEVELOPMENT:**

- (1)(a) to (g)(i) No.

(ii) Yes.

(iii) Yes.

- (2) (a) to the owners of improvements,

(b) (i) R2 945

(ii) R30

(iii) R429,33

- (3) No. The valuations of improvements were undertaken by valuers of the Department of Co-operation and Development and the valuation reports were considered and approved by the former Department of Agricultural Credit and Land Tenure (now the Department of Community Development).

Doriskraal/Fingo/The Gap/  
 Palmietrivier/Snyklip/Wittekleibosch/  
 Witte-Elsbosch

405. Mr. A. SAVVAGE asked the Minister of Co-operation and Development:

- (1) What is the value of the areas known as (a) Doriskraal, (b) Fingo, (c) The Gap, (d) Palmietrivier, (e) Snyklip, (f) Wittekleibosch and (g) Witte-Elsbosch;

- (2) what is the value of each area of land which was allocated to each group of persons who were removed from each of the above-mentioned areas?

**THE MINISTER OF CO-OPERATION AND DEVELOPMENT:**

- (1) to (2) As the land concerned already vested in the S.A. Development Trust and the State at the time of the removal of the people, it was not necessary to obtain a valuation of the land. It was consequently not necessary to provide compensatory land of

equal pastoral or agricultural value. A valuation of the resettlement area, being Trust owned land at that time, was therefore also not necessary.

*2/4/82*  
 Mental health clinic: staff complement

412 Dr M S BARNARD asked the Minister of Health and Welfare:

- (1) What is the full staff complement of his Department's mental health clinic in Port Elizabeth;
- (2) what was the average number of patients treated at this clinic during each of the latest specified six months for which figures are available?

**THE MINISTER OF HEALTH AND WELFARE:**

- (1) 1 Senior Matron  
 3 Senior Sisters  
 3 Sisters  
 1 Nursing Assistant  
 1 Medical Superintendent. Elizabeth Donkin Hospital

In addition to the aforementioned staff, the Department also makes use of seven social workers provided by the local Mental Health Society;

- (2) 2 102 patients during the period 1 June 1981 to 30 November 1981

*18/3/82*  
 How and Q 6/1 566 -  
 Port Elizabeth: patients who absconded

413 Dr M. S. BARNARD asked the Minister of Health and Welfare

- Whether any patients (a) awaiting transfer to hospitals outside the Port Elizabeth area and (b) en route to such hospitals absconded in 1981; if so, how many in each case?

**THE MINISTER OF HEALTH AND WELFARE:**

The Department does not keep statistics of patients who abscond before admission to hospitals in terms of Act 18 of 1973. As far as it could be ascertained only one Black patient had absconded who was later located and admitted.



888  
RSH 13/4/82

EVERY day at least 10 mentally disturbed patients are admitted to Baragwanath Hospital — but there is no psychiatric unit to receive them.

The lack of a psychiatric unit, doctors say, is astounding in a city where most residents live relatively deprived lives and are therefore more vulnerable to stress, as American studies have shown.

Psychiatrists say deprived people require more psychiatric treatment, but are less able to afford it.

There is a widely held belief that blacks do not suffer from neuroses, but research has proved this is untrue.

# Lack of psychiatric unit 'astounding'

There are no facilities at Baragwanath to treat neuroses or the psychiatric conditions arising out of old age or mental retardation.

Another unfounded belief is that blacks do not have suicidal tendencies. In fact, suicide is attempted in Soweto, but there are no facilities there for immediate psychiatric intervention.

However, there is a psychiatric service at Baragwanath, and two psychiatrists each consult one day a week — seeing at most 20

patients in a session. Between them, they see about 150 patients a month.

There is also a paediatric psychiatrist, who consults one morning a week.

The only other psychiatric service for blacks is a clinic in Triadi.

Acute psychiatric conditions, such as alcohol and 'dagga' abuse, and medium-term cases, such as depressives, are treated at Baragwanath, while long-term patients are referred to the Sterkfontein Hospital in

Krugerdsorp.

All mentally confused patients are treated in Baragwanath's overcrowded medical wards.

Doctors say about 80% of mentally confused patients respond well to treatment, but the more violent ones can become highly disruptive.

One stunned doctor tells of how a mentally confused patient protested against treatment by bundling her up in his arms and

## 'bundling'

carrying her through the ward. She was rescued by other patients.

Although these are the exceptions, psychiatrists say mentally confused patients require a special ward because their needs are different from other patients.

Isolating them is harmful, and they need open spaces, not crowded wards.

They are often ostracised by other patients because of the stigma attached to mental illness.

RAND DAILY MAIL, Tuesday, April 13, 1982

There are only eight black psychiatrists — seven Indians and one coloured — in the country. The first African psychiatrist is in training at Medunsa, and a second African doctor begins psychiatric training at the Hillbrow Hospital next year.

Research into the problems of black South Africans is in its infancy, and black psychiatrists find they are only able to skim the surface of a problem.

A fully-fledged psychiatric unit with two wards, a day room, occupational therapy room, and dining room has already been planned as part of extensions to Baragwanath.

# MP on East Cape mental health tour

(88) E. Post 16/4/82

Post Reporter

DR MARIUS BARNARD, PFP MP for Parktown and Parliamentary spokesman on health, will today visit three hospitals and the Mental Health Society offices in Port Elizabeth.

He is on a two-day visit to probe mental health care in the Eastern Cape.

His visit follows a request by the Port Elizabeth North branch of the Mental Health Society that the PFP investigate facilities for mental care — especially for the coloured group.

Dr Barnard said it was not possible to take facilities for one race group in isolation from other race groups and he wanted to take an overall look at mental health care in the Eastern Cape.

The lack of emergency facilities in Port Elizabeth for black and coloured mental patients has long been a source of concern to the Mental Health Society.

In 1980 two incidents in

which mentally ill people sustained injuries while in police cells were published. One was Mr Daniel Muller who was kept in a Uitenhage cell while awaiting transfer to a mental hospital. He was allegedly assaulted by two prisoners sharing the cell with him. He died in February 1981.

The Minister of Police then issued instructions that mentally ill patients were no longer to be detained in police cells.

Dr Barnard said he also wanted to look into transit facilities.

He will be accompanied by Mrs Molly Blackburn, MPC for Walmer, and Mrs Di Bishop, MPC for Gardens.

Today Dr Barnard will visit Dora Nginza Hospital, Livingstone Hospital, Elizabeth Donkin Hospital and the PE Mental Health Society offices.

Tomorrow he will visit Tower Hospital at Fort Beaufort and Komani Hospital at Queenstown.

88 Hansard Q.61.  
Community psychiatric sisters 625-626  
19/4/82

414. Dr M. S BARNARD asked the  
Minister of Health and Welfare:

9 APRIL 1982

626

(1) (a) How many posts for community psychiatric sisters are there in respect of the Port Elizabeth area and (b) how many of these posts were filled by permanent full-time staff as at 31 January 1982;

(2) for what population numbers are these community psychiatric services responsible?

The MINISTER OF HEALTH AND WELFARE:

(1) (a) 10

(b) 1

(2) According to the census of 1980:

Whites	128 605
Coloureds	115 383
Asians	4 405
Blacks	241 844
Others	1 903

Supreme Court: appeals

447. Mr. P. R. C. ROGERS asked the  
Minister of Justice:

(1) Whether any appeals in the Appellate Division of the Supreme Court were pending as at 31 December 1981; if so, (a) how many and (b) how many of these were (i) civil and (ii) criminal appeals;

(2) how many such appeals have been lodged since 1 January 1982?

The MINISTER OF JUSTICE:

(1) Yes.

(a) 350

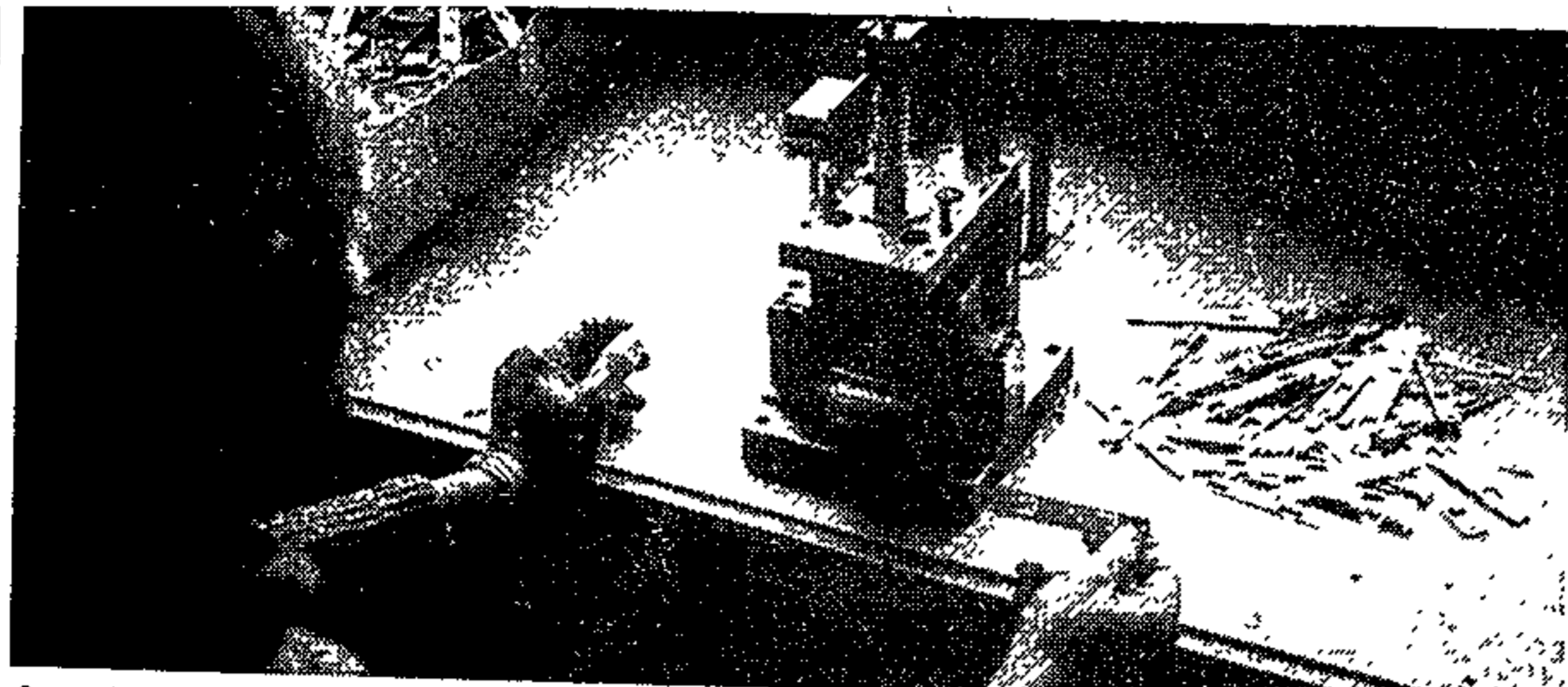
(b) (i) 305

(ii) 45

(2) 58 up to 18 March 1982.

Registration cancelled 8/8/19

WESTERN PROVINCE MEAT TRADE EMPLOYEES UNION



A resident assembles metal binders for files — one of the contracts Gordonia has managed to get.

# A staging post on the road to a full life

RDM  
4/5/82

LIZ MCGREGOR reports on Gordonia, a "three-quarter way house" for mentally handicapped people who do not need to be in mental institutions but are not yet ready for normal society.

THEY move about the room with the slow, stiff shuffle of the drugged — eyes vacant and staring. Some sit steadily working, dusting fluff off pieces of acrylic material or sorting it into piles of different colours and textures.

In another room, two men sit fitting washers into joints for irrigation pipes. Next door, Johan — a big 55-year-old man dressed in a red shirt and black trousers — kneels on a large piece of blue cloth, measuring and cutting out laundry bags.

Concentrating intently, he vigorously measures out pieces of material and slices it with a pair of scissors. His mouth working nervously, he tells how he used to be a bus driver for the Johannesburg municipality and then a crane driver before being admitted to Sterkfontein Hospital.

This is a mid-morning look at the workshop for the Gordonia Centre for the mentally handicapped in Bertrams, Johannesburg. The workshop was opened officially at the weekend by the chairman of the Mental Health Foundation, Justice M Steyn.

The workshop is a series of five interleading, brightly-lit rooms with large windows overlooking a courtyard. The cupboards and doorways are painted dark blue and the tables covered with bright yellow plastic.

Bill, a big, loud-voiced man, bursts in and out of the room at regular intervals shouting "Good morning" and demanding a turn to have his photograph taken.

Later, he settles down to his job — sewing together the laundry bags Johan has cut out.

The Lord had saved him from the fits he used to have, he announced, by "driving out the evil spirits".

He said he was a qualified upholsterer, "although I don't have any papers".

Another man, unshaven and unkempt, dressed in an over-large blue jersey, puts a record on a portable player and stares fixedly at it till the sounds of the last track die out.

Chris sits apart from the others; quietly sketching drawings at a table in a corner of one of the rooms. In contrast to most of the others, he is neatly dressed in a yellow and white striped shirt and jacket.

He once studied fine art part-time at the University of the Witwatersrand. He was admitted to Sterkfontein "because my nerves gave in". After being discharged, he came to Gordonia where he spends most of his time painting.

Chris has a brother in Johannesburg. "He is a very busy man. He only comes to see me occasionally."

Natalie, 32, is on the threshold of re-entering society. She hopes to leave the home at the end of next month. She operates the organisation's switchboard and spends every week-end with her boyfriend, Jack — a relationship which began in Gordonia.

Jack left Gordonia two years ago after spending several years there. He now works as a carpenter for a big company and he lives in a flat in central Johannesburg.

Gordonia is a "three-quarter way" house for mentally handicapped people who do not need to be in mental insti-

tutions but are not yet ready to be assimilated into normal society.

It is run by the Mental Health Society of the Witwatersrand and partly subsidised by the State. The residents receive disability grants — and this is used to pay their R85-a-month fees.

There are privately-run homes for the mentally handicapped but these are expensive. The State runs protective workshops but they only cater for people with a capability for productivity of 50% and higher.

Gordonia tries to fill the gap. According to acting director Mrs Helene Rykaart, it is a "stepping stone to independent living".

Residents are encouraged to organise their own lives as far as possible. The aim of the workshops is to equip them with the skills, discipline and motivation needed to work in an unprotected environment.

In many cases, their families have no interest in them and their only alternative is a return to a mental institution — unless they can be helped to achieve and maintain the psychological and technical capacity to cope with the outside world.

Most have been classified as schizophrenic. All were previously in hospitals for the mentally ill. They are all on medication of some kind — mostly anti-psychotic drugs of a "stabilising" nature.

Productive, remunerative work is a crucial part of this therapy — and obtaining suitable work contracts is a major headache for Gordonia staff.

However, residents are always kept busy. When no contract work is available, they work in the home — in the kitchen, the garden or cleaning.

According to the workshop manager, Mrs Hester Schoeman, the "real struggle is motivating them so we need a large variety of contracts so that we can find jobs to suit their individual capabilities and interests."

"Most of them have a very limited concentration span so we should have a sufficiently wide variety of work to be able to shift them from one job to another. So if a person gets bored or is not suited to a particular job, he or she can change to another job."

The quality of the work they do is high, she said.

"Supervisors check everything they do before it is sent out and we make sure that all the work is properly done."

Residents are supposed to work from 8.30pm to 4.30pm with two 15-minute tea breaks and an hour-long lunch break "but their 15-minute tea break tends to stretch to an hour or they say they have a bad headache and can't work today".

Others, however, are diligent and reliable. Fifteen residents have been able to get work outside the home.

"Initially, we find they are uncertain of themselves and slow at whatever they are doing. But they are going through a process of change," said Mrs Rykaart.

And for most, like Natalie and Jack, it is a successful process. Gordonia — a three-quarter way house, a refuge — is the last stage of the struggle to re-enter society.

the National Union of Wine, Spirits and

LLIED WORKERS UNION OF SOUTH AFRICA

292

28 April 1982

Hansard Q 601.758 - (329)

Commitment of Miriam Hammond Simon

Ngcobo to hospital 760

5/5/82  
Mr G B D McINTOSH asked the Minister of Health and Welfare

- (1) Whether (a) Miriam Hammond and (b) Simon Ngcobo were committed to the Midlands Hospital; if so, (i) when, (ii) by whom were the commitment papers signed and (iii) when were such papers completed.
- (2) whether they were examined prior to being committed, if so, (a) by whom (b) on what grounds were they com

759

WEDNESDAY, 5 MAY 1982

760

mitted and (c) at whose request were they examined;

- (3) whether they died while being patients at the Midlands Hospital; if so, when; if not, (a) where and (b) when did they die?

†The MINISTER OF HEALTH AND WELFARE:

- (1) (a) and (b) Yes;
  - (i) 4 June 1981 and 19 September 1981 respectively;
  - (ii) in the case of Miriam Hammond, the application form (G2/1) was signed by an S.A.P. constable, the two medical certificates (G2/2) were signed by Dr. M Moolley-Smith and Dr. F H. Peer of the Dundee Provincial Hospital and the reception order was signed by Mr. G. D. Cason of the Magistrates Court, Dundee; and  
in the case of Simon Ngcobo the application form (G2/1) was signed by his brother, Mr. Zwelihle Ngcobo, the two medical certificates (G2/2) were signed by Dr. K. M. Pillay and Dr. Kahn and the reception order was signed by Mr. P. A. van Aardt of the Magistrates Court, Port Shepstone;
  - (iii) 3 June 1981 and 18 September 1981 respectively;

(2) Yes;

- (a) Miriam Hammond was examined by Dr. Moolley-Smith and Dr. Peer and Simon Ngcobo by Dr. Pillay and Dr. Kahn;
- (b) it is not general practice or in keeping with medical ethics to make public the diagnosis for which the patient was admitted to hospital;

(c) the South African Police;

- (3) Simon Ngcobo on 19 September 1981 in the Midlands Hospital;

(a) Miriam Hammond died in the Northdale Hospital;

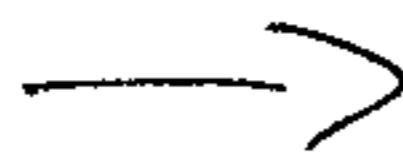
(b) 5 June 1981.

Mr. G. B. D. McINTOSH: Mr. Speaker, arising out of the reply of the hon. the Minister, would he, in view of the fact that both these people are dead, be prepared to give the grounds on which they were admitted to the hospital? I appreciate that if they were alive, it would be correct not to give those grounds.

The MINISTER: Mr. Speaker, the reply would have been the same whether those people were dead or not, because the question whether a person is dead or alive does not affect medical ethics when it comes to publicizing particulars concerning his condition. Those particulars are normally not made public and in this case it will not be done either.

Mr. G. B. D. McINTOSH: Mr. Speaker, further arising out of the hon. the Minister's reply, is he aware that the *post mortem* on Simon Ngcobo indicated that he had suffered injuries four days before he was admitted to the Midlands Hospital?

The MINISTER: Mr. Speaker, that does not concern my department. If there is a problem, the hon. member should take up with the S. A. Police.



# Claims in council: PFP attacks MEC

Cape Times 12/5/82

Membership: 196

Staff Reporter

(1) Mr Loubser, Mr Van der Velde began yesterday's session of the Provincial Council by asking the house to find Mr P J Loubser, MEC in charge of hospital services, in breach of privilege.

(2) Craft Engineering  
Vosa  
Alusaf  
Mckennon Chairs  
Selchain  
Stone Street & Hansen  
Barlows

(3) Mr Loubser, Mr Van der Velde said, had either been "grossly careless" or had "deliberately misled" the House in the previous sitting by saying Groote Schuur Hospital, the Provincial Hospital and Livingstone Hospital in Port Elizabeth all had special psychiatric emergency units attached to their casualty departments which were available for the detoxification of alcoholics. Mr Di Bishop, PFP Gardens, had raised the issue during a debate last August and Mr Loubser had told her he would give a full account of such facilities at the hospitals the next session. Mr Loubser, therefore, had had seven months in which to verify his facts, Mr Van der Velde said.

Recognition:  
Registration:  
Founded: 197  
Area of Operat

## Tribute to Argus

Staff Reporter

THE Provincial Council yesterday congratulated the Argus on 125 years of unbroken news coverage, and expressed the hope that its high tradition would continue.

The motion was introduced by Dr J T Sonnenberg, MPC for Green Point, and unanimously accepted by the House.

Dr Sonnenberg said the Argus had faithfully reflected the Cape scene since its first edition appeared in January, 1857. It had had its failings, but had at all times tried to keep up its standard of excellence and reliability.

Mr P J Loubser, MEC, said: "This side of the House associates itself wholeheartedly with the Honourable Member's motion of congratulations to the Argus on its achievement."

The hard-won struggle for the freedom of the press was something precious in any democratic community, he said. And it was in this spirit that the Nationalist members associated themselves with the motion, although the Argus had definitely not been known for the zeal with which it supported the Nationalist members or the standpoint they represented.

## Visit

However, during a recent visit to Livingstone Hospital, Mrs Bishop had discovered there were no detoxification facilities at the hospital.

Mr Loubser denied he was in breach of privilege. "I made a mistake saying there was a psychiatric unit at Livingstone Hospital," he said.

He said what he thought Mrs Bishop was interested in was whether people in need of such care (as detoxification) were being given it. Of this he had assured her.

Mr J B de R van Gend, PFP Constantia, said Mr Loubser admitted "he made a mistake when he said there was such a unit (for the detoxification of alcoholics) at Livingstone Hospital but our information goes further."

"There is not even a psychiatric unit at Livingstone Hospital. He misled the house by saying there was psychiatric treatment in a specialized form."

Dr J T Sonnenberg, MPC for Green Point, said that according to his information there was not even a psychiatric-trained nurse at the hospital.

The chairman of the House, Dr J J de Jager, said he withheld a ruling on whether or not there was a *prima facie* case for breach of privilege against Mr Loubser till the finding of a select committee on a similar motion was available.

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Report Nov. 1980/81  
Fosatu Annual

8 400
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..
7 000
6 700
3 900
3 900
Total

# Child's plight

ARGUS  
14/5/82

# highlights lack of mental facilities

88  
HPL

By Tim O'Hagan  
Medical Reporter

THERE is no room at the inn for Geraldine Adamson, aged 10, the Woodstock girl suffering from brain damage all her life.

In spite of the intervention by the Director of Hospital Services, Dr R L M Kotze, and private offers of financial help, no institution in the Western Cape has a place for her — where she can enjoy the rudimentary advantages of growing up, and learning to live with other children.

The Argus found this week that there are 262 coloured and 80 black children on the waiting list of the Cape Mental Health Society's training and day centres in the Peninsula.

Because of an acute shortage, Geraldine and many of her little friends are destined to live their lives alone at home.

## INTERVENED

And their mothers, are destined to shoulder alone the burden of children, who through no fault of their own, will not grow up.

When The Argus highlighted the dilemma of Mr and Mrs Gerard Adamson and their daughter, Geraldine, last week, there was an overwhelming public response with telephone calls and financial offers of help.

The Director of Hospital Services, Dr Kotze, intervened and there was hope that Geraldine might be accommodated at one of the training centres run by the Cape Mental Health Society.

Today, however, Geraldine is still in her small Woodstock flat.

In spite of her pathetic condition, she has been on the "waiting list" of the Cape Mental Health Society for six months.



During this time she has had several epileptic fits, injuring herself and her parents' hope for the future.

There is also no indication when Geraldine will be taken into a day care centre because of the lack of facilities.

The Mental Health Society, which is doing admirable work in mental retardation in the Western Cape, is not, however, at fault.

## GRATEFUL

The director of the society, Mr Andre Smit, said: "There is a crying need for more facilities."

Mr Smit said the society had facilities for 275 black and coloured mentally retarded children — which is fewer than the number of children on the waiting list.

He attributed the lack of facilities to a lack of funds although he said the society was grateful

Commercial, Catering and All...  
Catering and Accommodation

Transvaal Retail Meat Trade  
Pretorise Vakbond vir die KI  
National Union of Distributiv  
National Union of Commercial,  
Kimberley Shop Assistants, W

## FLASHBACK — Geraldine alone on a staircase near her home.

for a substantial Govern-  
ment subsidy.

Senior paediatricians and welfare officers agreed with Mr Smit.

A paediatrician said: "There is an appalling shortage of places for mentally retarded children in the community and there are hardships the parents suffer because of this.

"The demand for day care centres far exceeds the supply. It's pretty difficult to get a place for a white child as well, although facilities for whites are better because the white population is smaller.

"A mentally retarded child can be a terrible burden. To get the child into a day centre gives the mother a five or six hour break every day".

The big custodial place is the Dr Stals Hospital. But it's extremely difficult to get a child in there because once a child is in there, he stays there for life.

So his bed is occupied and the places have a limited capacity.

What does the future hold for Geraldine, described this week as a micro-cephalic, severely retarded child? With an IQ of less than 50 she is regarded as uneducable, but not untrainable.

## OVERCOME

According to the paediatrician who has treated her for the past 10 years, Geraldine could certainly benefit by being admitted to a day care centre.

He believes she could be potty trained, taught to play with blocks, maybe learn to speak a little more.

"She will socialise with other children; learn to

feed herself and become more independent.  
"Perhaps a centre will help her overcome her fear of loud noises and electric appliances and help her avoid elementary dangers."  
"Geraldine has to be watched all the time, like any 15-month-old child, who will fall into a fish pond or down the stairs, or stick her finger into a plug if she is not watched."

National  
Metal and  
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Amalgamat  
Amalgamat  
Amalgamat  
CONSTRUCT  
Johannesb  
General W  
ESCOM WOR  
ESCOM Sala  
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Cape Town  
ELECTRICTY  
S.A. Diam  
S.A. Assoc  
Optical Wo  
Jewellers  
Diamond Cutters Union of South Africa

~~88~~ Hansard Q. Col. 930-931  
Police cells: patients with psychiatric  
conditions 28/5/82

\* Dr M. S. BARNARD asked the Minister of Law and Order:

- (1) Whether patients with psychiatric conditions are held in Police cells; if so, how many were so held in 1981;
- (2) whether the South African Police have specialized staff available to care for such patients?

†The MINISTER OF ENVIRONMENT AFFAIRS (for the Minister of Law and Order):

- (1) Yes, 5 679 mentally ill persons pend-

→

931

FRIDAY,

ing their removal to proper institutions.

X (2) No.



FRIDAY, 28 MAY 1982

†Indicates translated version. 28/5/82

For oral reply: 253 88 Hansard Q 61.930

**Prisons: patients with psychiatric disorders**

\*1. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

Whether patients with psychiatric disorders are committed to prisons; if so, why?

The MINISTER OF ENVIRONMENT AFFAIRS (for the Minister of Health and Welfare).

No; it is official policy that such patients shall not be committed to prisons. However it does happen that a magistrate may detain a patient en route to a psychiatric hospital in a police cell, whilst en route to a psychiatric hospital in a police cell, must arranging for transport to the hospital and escorts. Certain psychopaths, convicted of a crime, may be committed in terms of the Mental Health Act, 1973, to a prison hospital for psychopaths.

11/6/82

~~282~~ Hansard Q. 101.1051-1053  
Patients with psychiatric conditions in  
prisons

88) 744 Dr. M. S. BARNARD asked the  
Minister of Justice:

(1) (a) What was the total number of  
days spent in prison by (i) White, (ii)  
Coloured, (iii) Indian and (iv) Black  
patients with psychiatric conditions in  
the latest specified period of 12

1053

FRIDAY, 11

months for which figures are available  
and (b) in which prisons were they  
held;

(2) how many such patients were (a) re-  
leased and (b) committed to institu-  
tions during the said period?

The MINISTER OF JUSTICE:

(1) (a) (i) None

(ii) None

(iii) None

(iv) None

(b) Falls away

(2) (a) and (b) Fall away

(88) (88) NDM 19/7/82

## Two die from gastro-enteritis

By MAURITZ MOOLMAN

TWO patients from the Weskoppies Psychiatric Hospital in Pretoria have died from gastro-enteritis and 16 blacks from the surrounding area — five of whom are confirmed cases — are under treatment at the Kalafong hospital.

Dr J Gilliland, deputy Director General of Health, said yesterday that the condition of all the confirmed cases had improved since the two people died in the Kala-

fong hospital last week.

Tests are still being done on 11 other patients from various areas of Pretoria.

The victims, a man and a woman, died after contracting the highly contagious disease in the Weskoppies hospital. It is believed they were contaminated by a new patient who was admitted while suffering from gastric fever.

They were transferred to the Kalafong hospital and died there.

Dr Gilliland said the situation is under control and steps had been taken to prevent the disease from spreading.

About 5 000 people in South Africa contract the disease every year, though deaths are rare.

● No new cases of polio were notified last week. So far 19 people have died from the outbreak in the Northern Transvaal homelands and two in Pretoria. Altogether, 226 polio cases have been reported.

# Hillbrow Lodge to close

22/1/82 Mail Reporter (88)

HILLBROW Lodge, in Van der Merwe Street, Hillbrow, will cease to operate as a halfway house for former mental hospital patients at the end of this month.

For the past two years the State Health Department Lodge has served as a temporary shelter for people who have been in mental hospitals and are not ready to re-enter society.

The Health Department was negotiating the establishment of a day service to replace the facilities offered by Hillbrow Lodge, Dr P Henning, the department's chief psychiatrist, said yesterday.

Dr Henning said economic considerations and "changing needs" had led to the decision to close the lodge.

2507 30/19/52

## Minister to open centre for retarded

A NEW centre for seriously mentally retarded children is to be officially opened in Pretoria on Friday by the Minister of National Education Dr Gerrit Viljoen, a department spokesman said yesterday

The new training centre was an amalgamation of two similar centres -- the Horison Training Centre and the Muckleneuk Training Centre -- and was in line with the policy of centralising smaller training centres. This was to allow for better functional planning of centres, greater saving in costs and the provision of a greater variety of personnel. — Sapa.

# Driven 'mad' by frustration and despair, Stephen leapt to his death

STEPHEN Crowe, 17, jumped to his death from the fifth floor of a Krugerström building recently, the day he went missing from Sterkfontein Hospital where he had been a patient for six months.

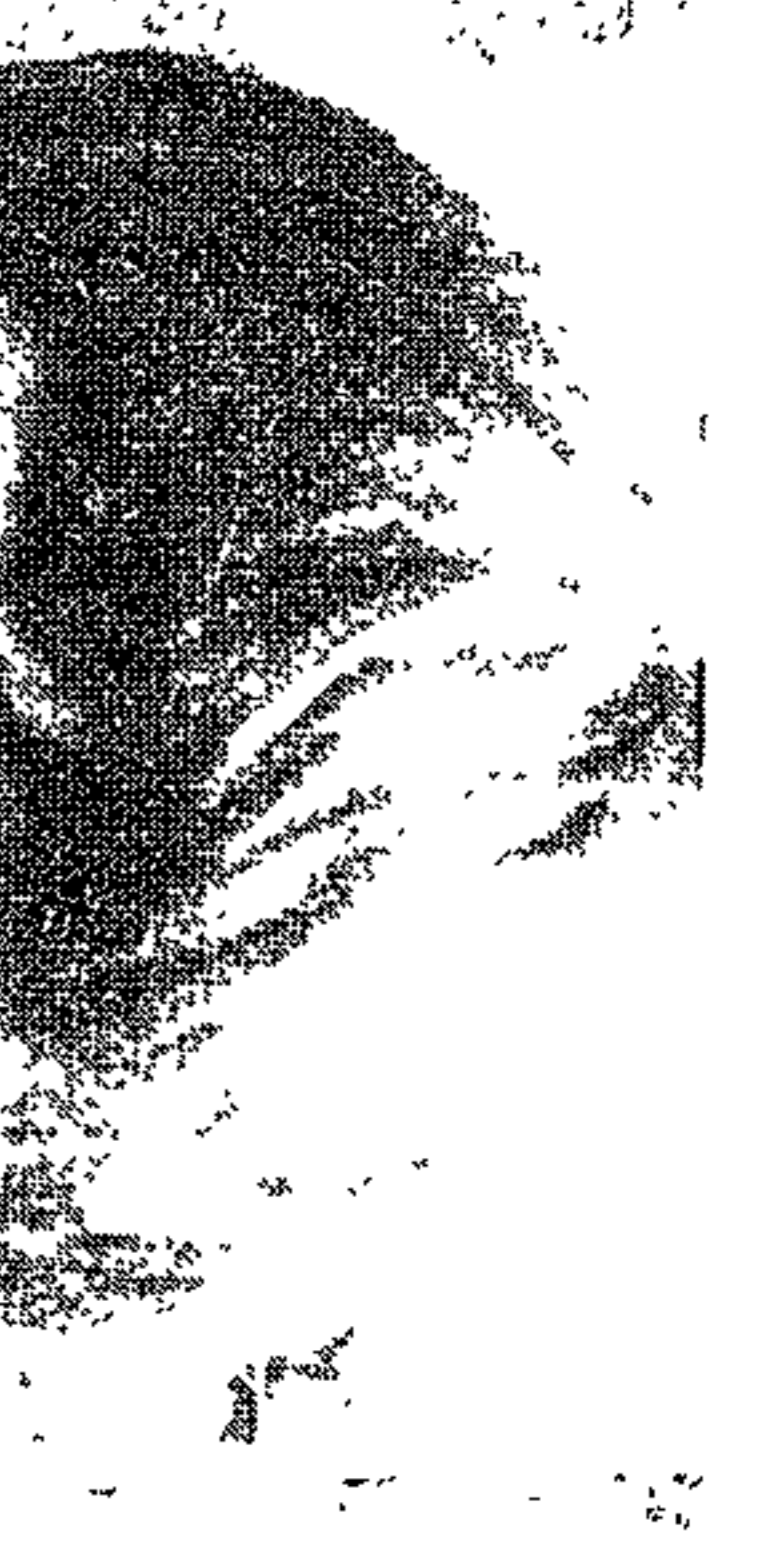
The Crowe family told Stephen's tragic story this week — from his first treatment at a psychiatric hospital two-and-a-half-years before his death — to his agonising and frustrating 12-month wait for a school or an institution to accept him.

Stephen is just one of the many victims of mental illness in South Africa who might have been saved — if there were adequate facilities to rehabilitate former psychiatric patients.

Outrage against the shortage of halfway houses and facilities to cope with violent patients has been voiced by both mental health and suicide prevention experts.

Stephen went missing from the hospital on the morning of September 28. Early that afternoon he was found dead after jumping from a building.

Two-and-a-half years ago Stephen's father, Mr Terry Crowe, first consulted a psychologist as he was worried about his son's "irrational behaviour".



Stephen Crowe... stumbled on the road to being rehabilitated from his mental illness.

TEENAGER Stephen Crowe, a patient at Sterkfontein Mental Hospital, jumped to his death from a Krugerström building last month.

At about the same time Johannesburg's first halfway house for former psychiatric patients — set aside to ease them back into society — closed.

Stephen's story and that of the desperate halfway house situation, is told on these pages today.

be confirmed by the staff at Tara, the H Moross Centre, Sandton.

"The doctor at the centre said my son would be all right if he just kept off daggas," said Stephen's mother, Mrs Margaret Crowe.

According to a Johannesburg psychiatrist, it is almost impossible to make a psychiatric diagnosis unless one is sure that a patient has not been on alcohol or drugs for at least six months.

Stephen spent six months in Ward Seven — the psychiatric-depressive ward at the centre — having been referred there by the psychologist.

For about 12 months afterwards, he was rejected as a pupil by schools and institutions to which his parents had applied.

# Stepping stone removed by Hilbrow Lodge closure

HILBROW Lodge, Johannesburg's first halfway house for psychiatric patients, closed last month after seven years, leaving only one such State-subsidised institution in the Transvaal.

As a halfway house, it was an important step in the rehabilitation of former psychiatric patients and played a vital role in easing them back into society.

The Lodge operated for more than seven years and could accommodate about 40 whites. It was closed because the Department of Health and Welfare had found it no longer economical to run.

According to data supplied by the South African National Council for Mental Health (SANCMH) — a subsidised national welfare enterprise —

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Hilbrow Lodge, once a halfway house for mentally ill patients, now stands empty following its closure by the Department of Health and Welfare. The Department closed it on the grounds that it was no longer economical to run. The Lodge played a vital role in easing former psychiatric patients back into society.

Some people need more protection than others. We have to consider whether the person can live alone, in a flat, in a group house sharing facilities with others, in hotels, boarding houses or with others in the community," said Mrs Dyke Moutho, deputy director of the SANCMH.

"If we received some kind of subsidy, it would make it easier for us to provide a service."

Mr Vrus estimated that only 10% of the people who needed care at halfway houses could afford to pay subsidised rates.

"A large percentage of people go through financial trauma when they are admitted to a psychiatric hospital — they lose their accommodation, are often rejected by their families and have nowhere to go."

Mrs Christina Sibhole, a social worker attached to the Mental Health Society of the Witwatersrand, said there was an urgent need, too, for halfway houses for blacks in the Transvaal.

She said it was particularly urgent in cases where families had rejected the person as a result of the stigma attached to having a psychiatric patient in the family.

Last year, out of 17 025 first admissions into psychiatric hospitals, 9 293 people were readmitted.

One of the reasons for this, according to Mr Vrus, was the lack of supplementary services in the community.

"We would like to see the readmission rate reduced to 10%," he said.

Mr Vrus attributes the shortage of halfway house type facilities to a lack of coordination between the different Health, Welfare and Education departments, a lack of time and a lack of properly trained staff.

Due to fragmentation of services, separate fees and varying black psychologists and psychiatrists, it just isn't work," he said.

He said the burden of the failure of the Hilbrow

Lodge should be shared by the Government and private enterprise.

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# Suicide rate among blacks soars

88  
Sowetan  
28/10/82

By NKOPANE MAKOBANE

THE NUMBER of incidents of suicide among blacks in South Africa is fast approaching that of whites — something which before long may present a major social problem to black people.

So says Mr Sam Bloomberg, founder-chairman of Suicides Anonymous, a voluntary organisation that helps people who contemplate committing suicide.

In an interview with **The SOWETAN**, he said suicide has become the fastest growing form of death in the country. It has reached a stage where it is the third highest cause of death among teenagers.

He said this disease had been unknown to the black community until the migration of the population to major cities. Because of the rapid urbanisation in

these areas, they contracted the city sickness after they had been subjected to the stresses of their white counterparts.

He said although there were no reliable statistics or crucial data for attempt or completed suicide, he estimated that every year 150 000 South Africans considered taking their lives.

Close to 3 000 people commit suicide annually, he said, because they find their life painful, miserable, confused and desperately lonely.

If the economic recession and mounting political pressure continues, resulting in mass unemployment and insecurity, it can be predicted that many people will lose their zest for living," he said.

He explained that drinking and drug abuse

contributed greatly towards suicide.

He said while once the most common form of committing suicide among blacks was by hanging, there had of lately been many cases of gassing and shooting. There have also been cases of car crashing—a form mostly used by whites.

Mr Bloomberg said his organisation was trying its best to reach all population groups. What hampered their progress was the lack of support they received from the community and the authorities.

"I think it is a tragedy that many people have lost the value of life. We are presently living in a society where people are negative about life and just don't care about the future. Instead of solving their social problems, they prefer to get out of them by taking their lives."

Stes 5/11/82 (82)

## New centre for mentally handicapped

### Pretoria Bureau

The new premises of Potchefstroom's Emmanuel Training Centre for mentally handicapped children were opened by the Minister of National Education, Dr Gerrit Viljoen, this morning.

Built at a cost of nearly R1 million, the new centre has facilities for 80 children with secondary retardation.

The physical care of the children will be undertaken by fulltime nursing staff and a fulltime speech and occupational therapist will be in attendance. Seven qualified teachers will put the children through their training programmes.



S. Express 14/11/82 (73)

# Black suicides on the increase

By MOKONE MOLETE

**THERE** is a marked increase in the number of blacks committing suicide — and soon the figures will equal those of whites.

And it is attributable to urbanisation, according to Mr Sam Bloomberg, founder-chairman of Suicides Anonymous.

There are no reliable statistics available, but Mr Bloomberg estimates that there are close to 150 000 attempted suicides every year, with the number of successful suicides estimated to be as high as 4 000.

The migration of blacks from rural areas

to cities had made them vulnerable to stress, problems related to looking for work and commuting, Mr Bloomberg said.

Most blacks who phoned Suicides Anonymous for help were either highly educated people in the 20 to 30 age group who had love problems, or labourers who had work problems. Two thirds were men.

Mr Bloomberg said a greater number of those who attempted suicides were using more sophisticated methods. Previously blacks hanged themselves, but now many jumped from buildings or threw themselves in front of moving vehicles or trains.

# Firm gave police list of workers'

ARGUS 26/11/82

From Brian Stuart  
Religion Reporter

PORT ELIZABETH. — The Ciskei security chief, Major-General Charles Sebe, told wives of Wilson-Rowntree workers that he had detained their husbands at the time of a strike "on the basis of a list he had received from Wilson-Rowntree management"

These and other claims are made in a document made available to Anglican Synod delegates this week by the Diocese of Cape Town's Board of Social Responsibility.

The claims have been denied by the company.

The document, entitled The Wilson-Rowntree Campaign, traces the history of the dismissal of 500 workers at the beginning of last year and alleges.

## "Eviction"

- Jobless workers have been threatened, peremptorily, with eviction for arrear rentals
- Companies have "suddenly" demanded full payment for goods bought on hire purchase
- There has been continual harassment of workers and their union

(SAAWU) by the Ciskeian authorities and Wilson-Rowntree management

The document said. "Wilson-Rowntree, together with other employers, benefits from the repression of independent trade unions and the cheap labour provided by the Ciskei — a service that has been refined by the creation of the Manpower Development Centre in the Ciskei

## Screening

"This is a computerised screening process which weeds out workers who have been active in trade unions, to ensure a submissive labour force for employers"

The synod is due to discuss a motion today which calls on the Anglican church to "actively boycott all Wilson-Rowntree products until the SAAWU is satisfied that the workers have been re-instated"

A spokesman for Wilson Rowntree's head office in East London denied that the company had given a list of workers to the Ciskeian security chief, Major-General Sebe, "or to anyone in the Ciskei police" as alleged in the document presented to the synod

## "Not harassed"

In a statement the spokesman commented further that:

- "We have not harassed the dismissed workers or their trade union.
- "We are not using and have never used the services of the Manpower Development Centre in the Ciskei.
- "We do not and have never used cheap labour. Our wage and fringe benefits are well in excess of those currently being paid in industry in South Africa"

The spokesman also said the company had

of Cape Town Board of Social Responsibility — the body which compiled the document which was presented to the synod

## Authority

"Certainly they have never contacted us to hear our side of the story, and we fail to see how they can comment on the rights and wrongs of this particular industrial relations dispute with any degree of impartiality or authority" said the spokesman.

He said the company believed "with regret" that the board had been "less than fair".

...the hottest day so far this summer as temperatures soared to 33.8°C



concerned readers of the Daily Mail.  
Any money received from you will go to the 1983 fund  
In closing the books for 1982 I leave you with these words from "Good King Wenceslas"  
"Wherefore, Christian men, be sure  
Wealth and rank possessing.

anti-apartheid 15 Cents for the 1982 Thanks to most of us

Witwatersrand Region Development	200.00
Sale of Small Vines	5.00
Rev B S Moss	10.00
P Knights	10.00
In memory of Paul and Dawn	50.00
Jack and Win Cokayne	10.00
Gally and Friends	20.00
M Pinkney	50.00
Dr & Mrs M G L Mills	75.00
A Ramsbottom	15.00
Waddell	15.00
In loving memory of my dear one Elsie	50.00
Malcolm and Gladys Coetzee Foundation	700.00
In loving memory of my dear Ian Stoff	20.00
United Building Society Rosebank Branch	39.00
P P Sinek	25.00
H de Varol	5.00
Anonymous	50.00
C A Enriet	5.00
E L J V Miller	100.00
Western Areas Gold Mining Co Ltd	5.00
Grand Total	56 151.17

# Mental health centre needed

**Mall Reporter**  
A TRAINING centre for mentally handicapped children is greatly needed in Daveyton, on the East Rand, a recent survey by members of the Witwatersrand Mental Health Society's interim committee in Daveyton has revealed.  
The survey, conducted among professional people in the township, has highlighted their concern about the lack of education and training facilities for such children and the problems faced by their parents.  
In an interview with the

Rand Daily Mail at the weekend Mrs Cecilia Ndlovu, a social worker attached to the Mental Health Society, said in an initial survey almost all the parents interviewed said there was a handicapped child or adult in the family.  
She said 8% of the handicapped were from families with one child, 42% came from those families with two or three children, and 50% from families with four and more children. Most of these children were between the ages of six and 18 years.  
"While marital and financial problems were being ex-

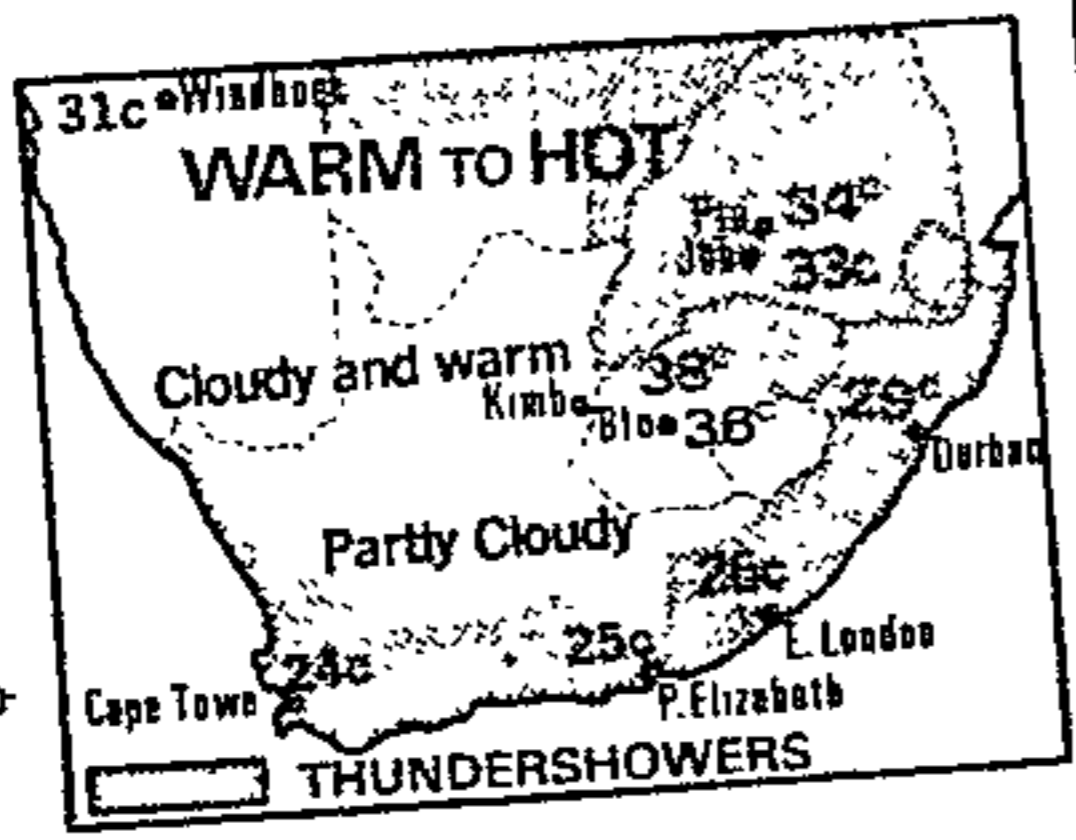
perienced by most families with handicapped children, the survey further indicated that an overwhelming majority of these parents would like to have a training centre established in Daveyton," said Mrs Ndlovu.  
Mrs Dorothy Kunene, secretary of the interim committee, said a report-back meeting would be held today at the Daveyton Community Council Chamber at 4.30pm.  
Another meeting with the parents of the children would be held at the Lionel Kent Centre on Wednesday at 6.30pm.

**Cape blaze**  
CAPE TOWN fanned by strong winds destroyed a servant's near E-weekend  
The holiday River winds  
Mr tary of sional day  
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## Weather Mail

THE Weather Bureau's forecast for today: —  
**TRANSVAAL:** Partly cloudy and hot with isolated thundershowers, except over the northern parts of the eastern lowveld.  
**FREE STATE and CAPE north of the Orange:** — Partly cloudy and very hot with isolated thundershowers.  
**CAPE south of the Orange:** — Partly cloudy and mild to warm along the coast with fog patches at first along the western coastal regions. Over the interior it will be fine to partly cloudy and hot, but very hot in places. Isolated thundershowers are possible over the north.  
**NATAL:** — Along the coast it will be partly cloudy and humid, but over the interior it will be partly cloudy and hot with isolated thundershowers.  
**SOUTH WEST AFRICA:** — Partly cloudy and hot with scattered thundershowers, but very hot over the south where only isolated thundershowers will occur.  
**BOTSWANA:** — Partly cloudy and very hot with scattered thundershowers, but isolated in the south. — Sapa.

Temperatures are Celsius maxima expected for each city  
**Rand Daily Mail Weather Station**  
YESTERDAY Sunday January 9, 1983  
Temperatures:  
09h00 14h00 21h00  
26°C 30°C 25°C  
Humidity:  
42% 21% 40%  
Max temp 32°C  
Min temp 17°C  
Rain 24 hours to 20h00: 5.3mm  
Sunset today: 19h05  
Sunrise tomorrow: 05h25



### SOUTH AFRICA YESTERDAY

Temperatures at 14h00

Bloemfontein	35	Jan Smuts	30	Potchefstroom	35
Cape Town	24	Nelspruit	34	Pretoria	32
Durban	28	Pietersburg	31	Skukuza	36
East London	25	Port Elizabeth	25	Standerton	34

SOUTH AFRICA: Hottest at 14h00: Newcastle 37°C. Coldest at 08h00: Butha Buthe 8°C  
TRANSVAAL: Hottest at 14h00: Ellias 37°C. Coldest at 08h00: Standerton 14°C

## Scuffles as top Nazi pilot is honoured

**MUNICH.** — Scuffles broke out yesterday between anti-Nazi demonstrators and people rallying at Munich's Loewenbrau Keller to honour Nazi Germany's most highly decorated war pilot, who died last month.  
Police said they had to remove 20 young people shouting "Nazis out of Munich" as a crowd of 1 200 gathered in honour of Hans-Ulrich Rudel, a favourite of Adolf Hitler.  
Rudel, who won his reputation as a dive-bomber pilot, especially in anti-tank operations, was a controversial figure after the Second World War because of his Right-

wing views and support for extremist parties.  
After Rudel's controversial burial last month, newspapers showed photographs of mourners giving the Nazi salute and eye-witnesses said Luftwaffe planes overflew the cemetery during the ceremony.  
The Defence Ministry has denied any official participation in the ceremony.  
At yesterday's gathering, the recorded voice of Rudel was played and it was announced that an association to honour the former pilot had been formed. — Sapa-Reuters.

## Big Sunday meal still tops

**PARIS.** — Sunday in France still means a big midday meal at home with the family — chicken, roast lamb or roast beef preferred.  
The newspaper Journal du Dimanche yesterday published a public opinion poll indicating that despite the industrialisation of France, the old tradition of the family Sunday dinner remains.  
Of 1 000 people polled, 600 said the Sunday meal was a bigger affair than on weekdays. Only 10% went to restaurants.  
Forty percent preferred chicken, while 27% voted for roast lamb flavoured with garlic and 25% for roast beef. — UPI.

**His**  
CAPE TOWN  
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## METRO MAIL

### Spare a morning in aid of animal welfare

THE Animal Anti-Cruelty League of Johannesburg urgently needs animal lovers to help with its street collection on Tuesday, January 18. Anyone who can help, even for only an hour, is asked to phone the league at 26-9226. All animals come under the Animal Anti-Cruelty League's care and horses are one of its special concerns. Continuous work is carried out in areas such as Soweto where draft animals are still used and funds are needed to carry out this essential work.

### US study tour

MR ALECK Goldberg, executive director of the SA Jewish Board of Deputies, recently returned from an extensive lecture and study tour in the United States. He also spent a fortnight in Israel where he consulted with officials of Beth Hatefutsoth, the Museum of the Jewish Diaspora, about a photographic exhibition on the SA Jewish community due to open at the museum early in March.

### Kenya's wildlife

AN EXHIBITION on Wildlife in Kenya will open at Fountain Court, Sandton City, today and will run until January 15. Go and see lion cubs today and on Friday and Saturday and learn more about this fascinating country.

### 1983 directories

A NEW telephone directory for Pretoria will be available at all Pretoria Post Offices from today. The regional director of the Department of Posts and Telegraphs in the Transvaal, Mr Johan van Rensburg, has asked tele-

phone subscribers to collect their new directories as soon possible. For control purposes, the cover of the old 1981/82 directories must be handed in in exchange for the same number of new directories. The old 1981/1982 directory will have to be used until January 15, however, for several thousand new numbers listed in the new directory will only come into operation on that day. These include the new 323 numbers. Other numbers due to change during 1983 have been marked with a black dot, and a list of the old and new numbers appears in the front section of the new directory.

### 188km SA record

THE SOUTH African long-distance hang-gliding record has been broken by Matthew Stubbs, of Pineslopes, Sandton. He recently flew from Graaff Reinet to just beyond Steynburg, a distance of 188km, in five hours.

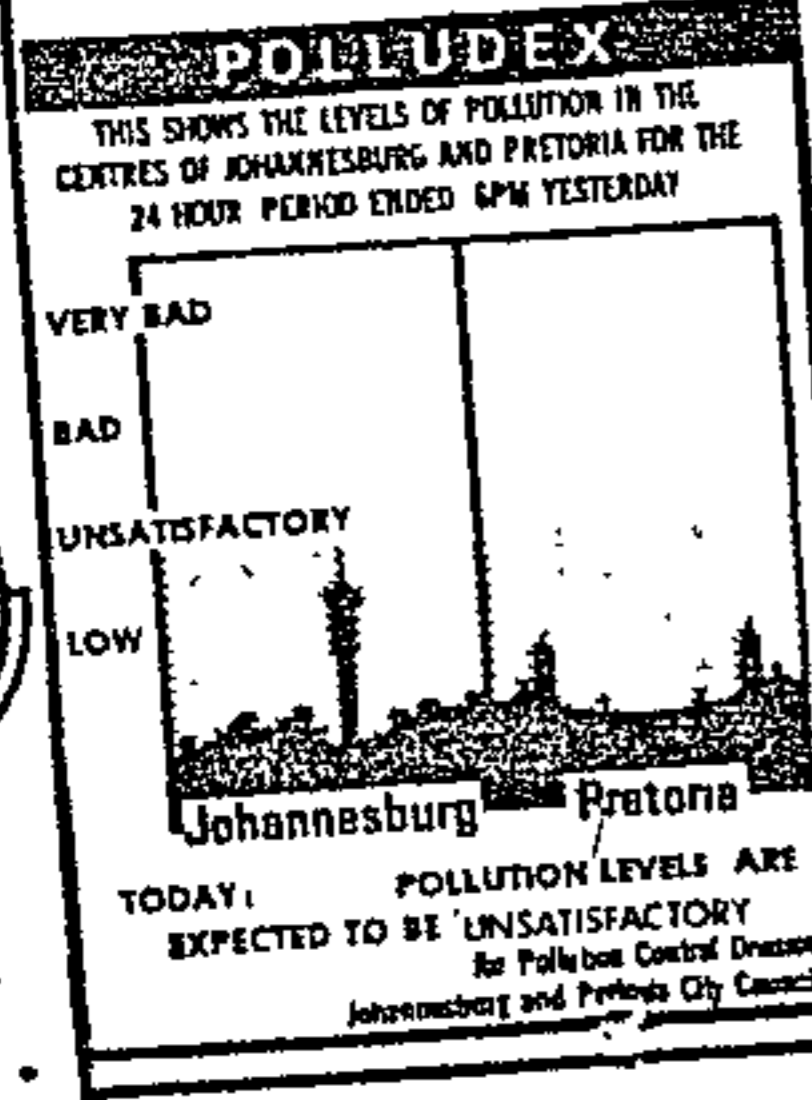
### New SATS man

THE SA Transport Services headquarters in Johannesburg has announced the appointment of Dr W N Coetzee, former professor in Mercantile Law at the University of Pretoria, as legal adviser in the Transport Services legal team, under the leadership of Mr A L Malherbe.

METRO MAIL is YOUR column about happenings in YOUR area. Pass on any snippets of a local or community interest you come across to the News Editor's Secretary, Rand Daily Mail, P O Box 1138, Johannesburg 2000. Or phone her on 710-9111 or 710-2510 after 11am. For Pretoria the number is (012) 383-1111 and the East Rand 56-2534.

## THE WORLD YESTERDAY

	Min	Max	Weather
	°C	°C	
Amsterdam	4	8	Drizzle
Athens	6	14	Clear
Berlin	3	6	Rain
Brussels	1	4	Rain
Buenos Aires	21	31	Cloudy
Chicago	-4	2	Cloudy
Hong Kong	11	13	Cloudy
Jerusalem	2	8	Cloudy
Lisbon	4	13	Clear
London	6	11	Cloudy
Los Angeles	14	25	Clear
Madrid	-1	11	Cloudy
Miami	20	24	Cloudy
Montreal	-2	2	Clear
Moscow	1	2	Cloudy
New York	3	8	Cloudy
Paris	2	8	Cloudy
Rio de Janeiro	21	26	Sunny
Rome	8	10	Rain
San Francisco	6	7	Clear



# Mysterious disease being investigated

(88) 9. Post 29/1/83

By GARTH KING

A STRANGE and mentally-destructive "black African" condition — "aMafufunyana" ("running-about disease") is being investigated by a Rhodes University theologian who believes its equivalent among whites is a nervous breakdown.

Dr Felicity Edwards, a lecturer in systematic theology in the Department of Divinity stumbled on "aMafufunyana" while studying independent black churches such as Grahamstown's Apostolic Holy Church in Zion.

Church "prophets" and

"aMafufunyana healing specialists", were treating the hysterical condition, which Dr Edwards says is characterised by an initial lethargy and physical weakness which increases progressively.

"The patient reaches a crisis point and loses all control of himself, running around in great agitation for hours until he collapses — overwhelmed by exhaustion."

After a later ravaging and incessant hunger, the real sign of "aMafufunyana" is "voices speaking in Zulu from the victim's stomach".

Many blacks believe this is because the "disease" originated from Zululand, where evil spirits were first ingested into the stomachs of original "aMafufunyana" sufferers.

Dr Edwards said the victims say that after the attacks the spirits lie dormant in their stomachs.

The research she is doing is still in an early stage and is part of a project Dr Edwards is doing on the life of people in independent church communities.

She believes the illness is very similar to a clinical condition known as "brief reactive psychosis" — or a nervous breakdown.

# Doctor: many Xhosa need help in court

D. Dispatch

88

17/2/83

CAPE TOWN — Well-informed social workers should be at court to explain proceedings to "confused and anxious" people, a delegate told the University of Cape Town's conference on forensic psychiatry.

Dr V Buhrmann, a senior psychiatrist at the university, was speaking on transcultural psychological factors in crimes of violence committed by Xhosa people. She referred to the belief in witchcraft which many of her patients had shown

"I was very saddened by the way these patients speak of their confusion at a court appearance.

"They can lose contact with reality and the findings of the judge must be explained in detail.

"There should be social workers at the courts — people should not have to wait for years in a mental hospital before they are sorted out," she said.

The defence of insanity had been turned into a scapegoat for the shortcomings of the criminal law system, a legal and psychiatric expert told the conference.

Professor Ralph Slovenko, professor of law and psychiatry at a Detroit University, said a "chorus of voices" was urging American society to abandon or modify the insanity defence, believing its abolition was a way of fighting violent crime.

Professor Slovenko said the defence of not guilty by reason of insanity was often a rich man's defence.

He said the trial of world-be assassin John Hinckley had reportedly cost the United States Government more than \$300 00 for medical experts, and had cost Hickley's parents nearly one-million dollars for legal and expert fees.

Professor Slovenko cited the case of Edmund E. Kemper III, who was acquitted by reason of insanity of murdering his grandparents in 1964, and released five years later as "cured."

He later murdered six students, his mother and one of her friends — for which he was found guilty.

The plea of not guilty by reason of insanity did offer an "element of flexibility in an otherwise rigid system," although it was a "last ditch defence."

One proposal for change was the creation of the verdict of "guilty but mentally ill." — SAPA.

22

# Anglo cash for kids

**THE first centre to cater for the needs of mentally retarded children on the East Rand, will be established in Katlehong near Germiston next year — if all goes according to plan.**

Recently, the Anglo-American Corporation donated R19 000 to the Zimeleni Training Centre for mentally retarded children in Katlehong.

The centre, which is using the Katlehong Methodist Church for conducting lessons for the children, was founded by Mrs Doreen Selekane in 1981. Mrs Selekane had been a nursing sister at the Natalspruit Hospital.

The only teacher at the centre, Mrs Selekane said: "The Department of Education and Training has promised to build a proper centre for us next year and we hope to furnish the centre and provide facilities with some of the money donated by the Anglo-American Corporation. Presently we have 43 mentally retarded children who attend lessons at the centre daily and another 40 are on the waiting list".

Mrs Selekane told **The SOWETAN** the centre only catered for children from Katlehong, Thokoza and Vosloorus, but it hoped to admit more children from nearby townships.

When the centre was opened in 1981 the lessons were conducted on Wednesday only, and it was only last year that Mrs Selekane quitted her job to run the centre full time.

She said the donation from Anglo-American would be used to employ more teachers.

Zimeleni is affiliated to the Mental Health Society. A spokesman for the DET in Pretoria confirmed plans were at an advanced stage for the building of the centre.

88 Sowetan 9/3/83

# Police shoot mental patient

THE FAMILY of a mentally retarded man who was shot dead by a policeman last month is bitter about the incident.

Mr Colin Seleke (31), of Dobsonville, was shot dead after police broke down the door of his home in which he had barricaded himself for two days.

Colin, who was an out-patient discharged from the Sterkfontein Mental Hospital in July last year, had been ordered by a psychiatrist to attend a clinic and he was also under the care of social workers.

Trouble started for the family when they returned home from work on February 18 to find all the windows and doors of their home closed. Colin was inside and refused to let them in. Frantic attempts by his family to persuade him to open the door proved fruitless and they had to spend the night with their neighbours.

The following morning they phoned social workers who told them they did not work on weekends and suggested that the family should phone the police. "Because we were afraid that Colin might damage our furniture and in the process injure himself, we called the local police who failed to per-

By ALI MPHAKI

suade him to open the house and consequently left," said his younger brother, Gordon.

"We then decided to call the Wrab police who also failed to persuade him to open the door. We then went to Mr Don Mmesi, who just looked around the house and went away. Finally we approached the Dog Unit in Roodepoort, who sprayed tear-gas into the house through a broken window and broke the door down. Colin came out after being shocked by the fumes," added Gordon.

He said that when Colin came out of the house he asked the police what they wanted and then requested them to leave his home. They told him to surrender and to put down a screwdriver and what appeared to be an arrow he was carrying. He refused and after a long argument with the police he spat at the policeman next to him who then fired about three shots at him.

"He died on the spot," said Gordon.

"We are very bitter about his death because we did not ask the police to shoot him but to hold him until social workers could take him to the hospital for treatment," Gordon added.

Brigadier D J D Jacobs, Divisional Head of the Police, said that the policeman fired in self-defence as the man had been armed with dangerous weapons. "He had no option but to shoot," said Brig Jacobs.

88 Howard Q. Col. 626  
Mental Institutions  
11/3/83  
440. Dr. M. S. BARNARD asked the  
Minister of Health and Welfare:

- (1) What was the total cost to the State of mental institutions administered by (a) his Department and (b) other agencies for the financial year 1981-'82;
- (2) whether the total cost to the State in respect of these institutions will be increased for the financial year 1982-'83; if so, by what amount?

The MINISTER OF HEALTH AND WELFARE:

- (1) (a) R67 967 664  
(b) R18 468 383
- (2) Yes;  
R20 345 000



Doctors campaign to expel SA

# Psychiatrists linked 'to political abuse'

By BRUCE STEPHENSON  
London Bureau

LONDON. — A heated controversy over a campaign to have South Africa expelled from the World Association of Psychiatrists for allegedly abusing psychiatry for political ends, as in Russia, is raging in Britain.

The campaign, being conducted through the letters columns of the British Medical Journal, The Lancet, and of the Guardian newspaper, follows the withdrawal of Soviet practitioners from the world association after charges by the British Association of Psychiatrists (BAP), which had accused the Russians of abusing their profession to serve the aims of their political masters by treating political dissent as mental illness.

Dr S P Sashidharan of the Department of Psychiatry, Royal Edinburgh Hospital, sparked off the row in a letter to The Lancet on January 15. He said that while he had seen no evidence of psychiatric abuse in South Africa of the type reported from Russia, South African newspapers last year described six cases in which detainees were alleged to have needed psychiatric help as a result of interrogation or detention.

The six people were Mr Thozamile Gqweta, president of the black South African Allied Workers' Union (SAAWU), Dr Liz Floyd, common-law wife of Dr Neil Aggett, Mr Sam Kikine, SAAWU secretary, Mr Pravin Gordhan, an executive member of the Natal Indian Congress, the Rev D Farisani, a clergyman detained for political reasons in Venda, and Ms Esther Levitan, a Black Sash member.

Dr Sashidharan charged: "The refusal by South African psychiatrists to condemn police malpractice, the psychiatric consequences of which they have seen, raises major ethical issues."

In reply to Dr Sashidharan, a Dr Theodore Pearlman of Houston, Texas, wrote to The Lancet on February 19 saying Dr Sashidharan had failed to say if there had been other possible factors for the patients' mental disorders.

"It is ethically right to condemn repressive laws — in South Africa or any other country, and whether or not these laws produce, in individual cases, mental illness — but it would be entirely improper for psychiatrists to conclude that the detainees Sashidharan referred to suffered mental disorder because of alleged police malpractice, unless other possible causes of mental illness had been properly evaluated or excluded," he said.

A South African doctor living in England, Dr D'Albert Mathoko, wrote to the Guardian on February 22, calling on the British association to turn its attention to South Africa, "where medicine in general and psychiatry in particular, are used to further the aims of the apartheid regime".

Dr Mathoko quoted a "tragi-comical" occasion when an unnamed professor of surgery and Dean of the Faculty of Medicine at a Cape university told a graduation ceremony at the University of the Western Cape that coloureds should not intermarry with Africans because most Africans suffered from clinically "identifiable schizophrenia".

In another letter to the Guardian this week, Dr Sashidharan took his attack further, saying there was published evidence of "a close parallel to practices in the Soviet Union".

The World Health Organisation had already severely criticised the South African Government for setting up "rehabilitation, treatment and training" institutions for "improving the physical, mental and moral condition" of ordinary pass-law offenders, Dr Sashidharan said.

This clearly blurred the distinction between the penal and health-care systems. The South African medical profession had also abused one of medicine's greatest traditions "by compromising with a government that deliberately perpetuates an iniquitous health policy based on the patient's skin colour".

It is understood that a group of South African psychiatrists have written to The Lancet replying to the various accusations, but a spokesman for the journal could not confirm receipt of a letter.

88 *Hausand*  
Police cells: patients with psychiatric conditions  
Q. 61. 704 - 705 16/3/83  
489. Dr. M. S. BARNARD asked the Minister of Law and Order:

- (1) How many patients with psychiatric conditions were held in police cells in 1982;
- (2) what is the average length of time for which such patients are held in police cells?

705 THURSDAY, 1  
The MINISTER OF LAW AND ORDER:  
(1) 5 940.  
(2) 2,5 days

gated the feasibility of making beds available to Black psychiatric patients in the Elizabeth Donkin Hospital in Port Elizabeth; if not, (a) why not and (b) where are such patients to be hospitalized; if so, what is the outcome of such investigations;

- (2) whether any funds have been made available for the provision of beds for Black psychiatric patients in Port Elizabeth; if not, why not; if so, what amount?

The MINISTER OF HEALTH AND WELFARE:

- (1) Yes;
  - (a) falls away;
  - (b) negotiations are in progress with the Director of Hospital Services, Cape Provincial Administration to provide a psychiatric service in terms of section 16(c) of the Health Act, 1977, utilizing beds in the Elizabeth Donkin hospital;
- (2) No; but in the perennial estimates provision is made for—
  - (a) approximately R800 000 for 40 beds at Dora Nginza Hospital in 1985/86 by the Cape Provincial Administration; and
  - (b) approximately R56 million in 1988/89 for a 930 bed psychiatric hospital and care and rehabilitation centre at Port Elizabeth by the Department of Health and Welfare.

80 Hansard Q. Col. 727-28  
 Port Elizabeth: beds for psychiatric patients

18/3/83  
 \*21. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

- (1) Whether his Department has investi-

# Psychiatric facilities: plans for PE blacks

88  
E. Port  
By BRIAN POTTINGER  
Political Correspondent  
CAPE TOWN — The Government has confirmed several long-term projects for the provision of psychiatric facilities for black people in Port Elizabeth.

Dr Nak van der Merwe, Minister of Health, told Parliament that negotiations were still under way about turning some of the beds at the Elizabeth Donkin Hospital into use for black psychiatric patients. He also revealed that, on the forward planning budget, R800 000 was being allocated by the

19/3/83  
Provincial Administration for 40 beds at Dora Nginza Hospital for psychiatric patients.

Another R56 million is budgeted in 1988/89 for a 930-bed psychiatric hospital and care and rehabilitation centre in Port Elizabeth by the Department of Health and Welfare.

Mrs Molly Blackburn, PFP MPC for Walmer, said she was unaware the amount of R800 000 had been placed on the provincial budget. The real question now was whether they could be held to spending it.

The R56-million hospi-

tal had been announced earlier and the most serious reservation was the long time-lag before construction began. "The situation is critical right now", she said.

Mrs Blackburn said the negotiations over using beds at the Elizabeth Donkin had been mooted more than a year ago and there was still no finality.

She revealed that Dr Marius Barnard, the PFP's chief spokesman on health, and Mrs Di Bishop, the MPC for Gardens, would be arriving next week for another tour of provincial hospitals in the area.

(88) thousand 061 818  
Prisoners in mental institutions

25/3/87  
603 Mr. A. B. WIDMAN asked the Minister of Justice:

How many sentenced prisoners were transferred to mental institutions in 1986?

The MINISTER OF JUSTICE:

Forty one (41) of whom twelve (12) have completed their sentences. Six (6) have been re-admitted to prison to complete the unexpired part of their sentences.

In addition to these forty one (41) cases, another four (4) sentenced prisoners have been certified as psychopaths and were transferred to hospital prisons for psychopaths.

Hillbrow police station area: offences

604 Mr. A. B. WIDMAN asked the Minister of Law and Order:

How many cases of (a) murder (b) rape

P. Dispatze 9/4/83 (88)

ed

# Financial crisis faces Mental Health

The council refused to consider the construction of a tidal pool adjacent to the Bulugha resorts. This followed the road engineer's recommendation that it should not

The suggestion for the tidal pool was put forward by Mr W. J Stone, a resort owner, who said many holidaymakers flocked to the area during the season. The only two possible swimming beaches were at Bulugha and Queensberry Bay. The rest of the coastline was unsuitable for bathing.

It was pointed out that in the view of a report by the CSIR such pools were not successful.—DDR

EAST LONDON — The East London Mental Health Society may have to close its day training centre in Parkside the director, Mr Patrick Young, said yesterday.

The society was facing a "financial crisis" and unless money could be raised to cover operating expenses, the centre might close at the end of the month, he added.

The society received some government backing, but was heavily dependent on private donations from the local community

Funds received from private donations had been "insufficient", said Mr Young, who became director of the Mental Health Society here in January.

The society operates four other facilities for mentally handicapped children and adults — a day training centre and "protective workshops" in Duncan Village and Cecil Lloyd Township, and a Toy Library in Cambridge.

In addition, the society employs several social workers and an occupational therapist.

All of these services might have to be cut back this year if the society was not able to raise approximately R7 000 a month for the next 12 months, Mr Young said.

A few of the society's staff members and one of its protective workshops are subsidised by government funds, but the subsidies covered only a small fraction of the society's total operating costs, according to Mr Young.

Further government subsidies, which were substantial, had been approved, but they would not be paid out until funds were available.

"I hope to be able to arrange bridging finances to hold us over until next financial year, when the government may be able to give us more help," Mr Young said

The society was considering launching a "massive fundraising drive", and might also seek help from the South African National Council for Mental Health. — DDR



Lynn Norman, the only female competing in the motor racing here today.

## Claims: no lifeguards on duty

people at the beach, and it made me angry that no lifeguards were on duty."

Mr L. Branfield, East London's beach manager, said a municipal lifeguard was on duty at Nahoon Beach until 2 pm after which a voluntary lifesaver was supposed to take over

"The incident must have occurred during the change over," he said.

The East London Surf Lifesaving Club could not be contacted for comment last night. — DDR

Acc 9/4/83  

## Envelopes

responsible. If the source of handwritten envelopes could be identified, "we will take the strongest possible disciplinary action against this sort of anonymous, scurrilous activity" he said. — DDC.

## Fire destroys shack

EAST LONDON — A shack in Duncan Village was destroyed by fire last night.

## Further curbs loom

EAST LONDON — Further water restrictions would be imposed if the desired reduction in the water consumption rate was not achieved, the senior deputy city engineer, Mr Frazer Martin, said yesterday.

The public would have to adhere to the present restrictions if they did not want more to be imposed, he added.

The administration engineer for Eastern Cape operation division of the Department of Water Affairs, Mr P. C.

dle Drift dams.

The Nahoon Dam was 22 per cent full and Bridle Drift 36 per cent full.

When the Nahoon Dam stops supplementing the Bridle Drift, the Laing Dam will then start supplementing it, Mr Bradley said.

The Laing Dam, which is a reserve dam, is 93 per cent full and is presently supplying six areas with water. — DDR

# Mdantsane man fined for drunken driving

EAST LONDON — The manager of a security firm here told the magistrate's court yesterday how he raced from Mdantsane to East Lon-

ing at a "very" high and unsteady speed.

Mr Solani almost collided with a bus in Duncan Village, Mr White said. He added that "he

just had a "slight" headache

He denied that he had stopped at two places in Duncan Village that morning to drink, as a

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~~SP took my patient, says psychiatrist~~ (88) MOM 27/9/83  
**SP took my patient, says psychiatrist**

A DURBAN psychiatrist has written to the South African Medical and Dental Council complaining that a detainee he was treating was removed from his care by the Security Police.

They did not inform him, consult him or ensure his patient continued to take the psychiatric drugs prescribed, he said.

The SAMDC, at its meeting

in Pretoria yesterday, agreed to refer the matter to the Director-General of the Department of Health and Welfare and ask him to bring the incident to the attention of the relevant authorities.

The SAMDC found this behaviour by the Security Police unacceptable.

Dr Colin Levisohn, a Durban psychiatrist, wrote to the Medical Officer of Health in Durban, Dr P Buchan, on

April 7 last year.

In the letter he said: "I learnt officially today my patient, Mr Sam Kikine, detained under Section 6 (of the Terrorism Act), has been removed from my care ..."

"Mr Kikine was suffering from a reactive psychosis," the letter said. "It is my opinion he may suffer a relapse ..."

Mr Kikine was later released on bail. — Sapa

Psychological illnesses and marital conflict are growing problems among urban black people and efforts must be made to find ways of helping this community.

This was the view of two psychologists at a conference of the South African Institute of Marital and Family Therapy being held at Sun City today.

Conference delegates gave two primary causes for the increase in psychological disturbances. These were:

● The urban black community is exposed to a great deal of stress and frustration in South African townships. There is overcrowding

# 'Mental ills in townships are on the increase'

and unemployment — two factors internationally recognised as affecting psychological health.

● The community is in a state of change. Women, traditionally house-keepers, are now being expected to find jobs while maintaining their inferior status.

Seeing the more liberated Western woman, they were now challenging the situation, and this caused marital conflict.

After consulting black nurses and social workers the psychologists believed family therapy could be used effectively in townships.

The psychologists told the conference their job was to train black psychologists, social workers and nurses to conduct family therapy. White psychologists did not have a complete understanding of black society and also might arouse distrust among black families.

"Instead of only treating crisis situations we should try and prevent the problems and this can be done with community work including therapy with groups of families.

"The need for action has been recognised, clinics established and now a lot of research must be done and new methods introduced."

88 Stan 5/7/83



2504 88 1004  
16/2/83

# Unemployment causing psychiatric disorders in children, says doctor

**BLOEMFONTEIN.** — The mental health needs of children in South Africa could scarcely be met by the existing mental health professionals, Dr B A Robertson, of the Child and Family Unit, Red Cross Children's Hospital, Rondebosch, said yesterday.

Speaking at the national convention of the South African Association of Occupational Therapists, he said the increasing number of single-parent families and rising unemployment rate in South Africa caused psychiatric disorders in children.

English studies quoted a prevalence of 6-12% for children and 12-20% for adolescent disorders.

Dr Robertson said the child psychiatrist was the traditional leader of the multi-disciplinary team that provided services to meet the

mental health needs of children.

Treatment aimed to restore the child and family to optimal development and growth.

Dr Robertson said child psychiatry catered for a wide range of emotional disorders in children and adolescents.

Early infantile autism and schizophrenia were examples of serious disorders, whereas school phobia, attentional deficit disorder and learning disability were examples of less serious conditions.

Children with milder disorders were those where emotional problems complicated pre-existing physical handicaps or conditions such as cerebral palsy or temporal lobe epilepsy.

Prevention in child psychiatry included identification

of children at risk for mental health problems, such as children from low income families, institutionalised children, and single-parent children.

Professor W J Schoeman, of the Department of Psychology, University of Orange Free State, said the child, in its mid-childhood years, had to master

- Development of the necessary physical and motor skills
- Development of a healthy self-image.
- Formation of peer group relationships.
- Acquisition of the male or female gender role
- Acquisition of basic skills in reading, writing and reckoning.
- Acquisition of moral and ethical values.
- Acquisition of more personal independence. — Sapa.

## Boycott

## really hurts'

THE International sports boycott against South Africa is worthwhile because it is hurting that country, Commonwealth Secretary-General Shridath Ramphal said yesterday.

"Because it has hurt South Africa, they are going to huge efforts to beat it by paying big rewards to lure foreign sportsmen there," he told a news conference in New Delhi.

Gary Player, on the other hand, has called on South Africans to boycott Swedish products to retaliate against the ban on local golfers in the Scandinavian Open.

Speaking in Southport on the eve of the British Open, he said: "... I sincerely think we should no longer buy products manufactured in Sweden."

## RHODES TRUST SCHOOLS' SCHOLARSHIPS

Pupils of high academic promise in Standard 5, 6 or 7 are invited to apply for Rhodes Trust Scholarships. The Scholarships are tenable at private schools in 1984. The value of each scholarship will, if necessary, include the full cost of tuition, boarding, books and school uniforms. The Scholarship will be awarded to a limited number of gifted but needy pupils.

Further particulars and application forms are obtainable from:

THE SECRETARY,  
RHODES TRUST SCHOLARSHIPS,  
BOX 41468, CRAIGHALL, 2024.

Completed application forms must be submitted not later than 30th September, 1983

Court record withheld from public

# NAMELESS DETAINEE MYSTERY DEEPENS

By KOS COZIE, Port Elizabeth

THE MYSTERY has deepened over the unnamed detainee sent by a Port Elizabeth magistrate to a mental institution for observation this week.

The court ruled that the detainee must not be identified, and that the prison at which he had been held and the mental institution to which he has been sent cannot be named.

The detainee ap-

peared in court on charges of treason, murder and contravening the Internal Security Act.

And on Wednesday PE's assistant chief magistrate, Mr P de Wet, told City Press a ruling had been made under the Criminal Procedure Act that the public would have no access to court records, although the Press had been allowed to report on the case.

City Press has also established that Port Elizabeth relatives of the detainee - who had live in Benoni before his detention in PE - were not given the correct time for his appearance in court, and did not attend.

Reliable sources told City Press there was considerable con-

sternation in court when members of the Press arrived.

Relatives said they had only been informed of his detention on July 7, although he had by then been held for "some time". No date was mentioned.

The detainee, who had lived alternately in Benoni and the Transkei, is in his late 20s.

Giving evidence this week district surgeon Dr Benjamin Tucker, one of the doctors involved in the inquest into the death of black consciousness leader Steve Biko, said he had treated the detainee for multiple lacerations on his scalp on June 19.

He had seen him again towards the end of June, when he

found the detainee "uncommunicative".

He had been told by other doctors that the detainee had admitted the injuries were "self-inflicted".

It was possible that the accused was suffering from mental illness and he had recommended that the accused be examined by a team of psychiatrists and psychologists, Dr Tucker said.

Security cop Major H du Plessis said he had seen blood on the walls and on the toilet handle of the detainee's cell on June 19.

The detainee later told him he had no reason to live.

And Eastern Cape security police chief Gerrit Erasmus said this week the accused had injured himself.

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## MALATJI: DPSC CONCERN

THE Detainees' Parents Support Committee (DPSC) has expressed "deep concern" over the death in police custody of Paris Molefe Malatji.

Mr Malatji, a book salesman, was shot dead at Protea Police Station, Soweto, last week. A white policeman has been suspended and a top-level police investigation is underway. According to the police, he had been held under the Criminal Procedure and Evidence Act.

The DPSC said the circumstances of Mr Malatji's death were alarming. He was apparently shot in the forehead.

It also expressed its concern over the fact that Mr Malatji's family had not been informed of his arrest - he was taken into custody at a friend's home.

(88) Page D. Dispatch  
28/7/83

# Government accused of psychological terrorism

WASHINGTON — A South African psychiatrist this week accused the government of committing "psychological terrorism" against blacks and urged that South Africa be expelled from international medical bodies.

Dr John Dommissie, a former Medical Officer of Health in Worcester now practising in Portsmouth, Virginia, levelled his charge at a meeting of the World Federation of Mental Health in Washington.

Describing the mental effects of apartheid, he said "if you hit a dog with a stick sufficiently often, it will cower just when you raise the stick.

"Apartheid has a direct result on the ego and self-esteem of its victims, it makes them feel they are naturally

inferior," he argued before a panel entitled "institutionalised violence and the responsibility of mental health professionals."

"It also makes whites arrogant and gives them a grandiose, false sense of power.

"Torture and solitary confinement have caused many breakdowns, suicides and other more subtle mental effects," he said.

Mental illness among black South Africans could also be attributed to malnutrition and a lack of proper medical care.

"Malnutrition causes poor brain development and preventable deficiency diseases may bring on psychotic disorders.

"This year," he said, citing a study by the World Health Organisation published in April,

"60 000 black South African children will die from malnutrition or related diseases. Yet South Africa produces 112 per cent of its food needs."

Dr Dommissie, whose family traces its roots in the Cape back to Governor Willem Adrian van der Stel, was fired as Worcester MOH in 1974 when he criticised the treatment of black tuberculosis cases.

He also recently appeared before the World Psychiatric Association meeting in Vienna which has been considering the expulsion of Soviet doctors.

Asked whether he thought South Africa should be treated the same way, he said bluntly, "the Soviets lock up thousands of dissidents in psychiatric institutions. Apartheid affects millions." — DDC.

# World body told of SA's psychological terrorism'

By SIMON BARBER  
Washington Bureau

A FORMER South African psychiatrist this week accused the Government of committing "psychological terrorism" against blacks and urged that South Africa be expelled from international medical bodies.

Dr John Dommissie, a former Medical Officer of Health in Worcester now practising in Portsmouth, Virginia, levelled his charge at a meeting of the World Federation of Mental Health in Washington. Describing the mental effects of apartheid, he said. "If you hit a dog with a stick sufficiently often, it will cower just when you raise the stick

"Apartheid has a direct result on the ego and self-esteem of its victims, it makes them feel they are naturally inferior," he told a panel in an address entitled "Institutionalised Violence and the Responsibility of Mental Health Professionals.

"Torture and solitary confinement have caused many breakdowns, suicides and other more subtle mental effects," he said.

"This year," he said, quoting a study by the World Health Organisation published in April, "60 000 black South African children will die from malnutrition or related diseases"

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He appeared recently before the World Psychiatric Association meeting in Vienna, which has been considering the expulsion of Soviet doctors.

"The Soviets lock up thousands of dissidents in psychiatric institutions. Apartheid affects millions," he said.

88 E-Post

18/8/83

# Mental illness in PE on increase — report

By LESLEY LAMBERT  
STATISTICS showed a 13% increase in mental illness in Port Elizabeth during the past year, the retiring chairman of the Port Elizabeth Mental Health Society, Mr A Braude, said last night.

"This statistic is a barometer of the present state of mental health in this city and in the world," he said.

Mr Braude said the society had conducted 38% more interviews with mentally disturbed people this year and that, according to a doctor, 75% of most general practitioner's patients suffered from a mental as opposed to a physical illness.

He said this was evidence of the increasing inability

to cope with the stress of rising unemployment, high inflation rates and escalating costs of living.

"I believe that in the future, the society will be called upon to render greater services and must be geared to meet the challenges of the times," he said.

Attempts to focus public attention on the need to preserve mental health were highlighted by the successful "Give your brain a breather" campaign, which, initiated by the Witwatersrand Mental Health Society, was accepted as a national campaign.

Mr Braude said the society's most costly project ever undertaken in Port Elizabeth, the Luvuyo Training Centre in Zwide,

had been completed. It provided special training facilities for 150 retarded school children in the black community.

He said although the society had facilities like the Rainbow and Hope Workshops, providing protective employment services for the handicapped, these facilities were grossly under-provided.

Protective employment had not been able to keep pace with the escalation in the provision of training facilities for mentally retarded children.

"This leaves us in a situation where thousands of rands are being spent to train such children but, at the age of 18 when they leave the training centre, there is no place where

they can use the skills they have acquired," he said.

He thanked the community psychiatric staff, doctors, nursing staff and psychologists for their daily involvement and the Community Chest, the departments, the companies and service clubs who shared the financial burden.

Mr Braude, chairman of the society for 24 years, decided this year to stand down and was replaced by vice-chairman Mr Brian Matthew, with Mr H Israelstam as vice-chairman.

Other committee members are Dr J N Sher and two newly-elected members, Mr P Sullivan, a city councillor, and Mr Vernon Sack.

Mr Braude remains a committee member.

Ciskei. Admitted under section 42A of the Mental Health Act, 1973 (Act No. 18 of 1973),

- (c) he was detained from 17 August 1983 until 23 August 1983;
- (2) no; section 42A provides for the receiving into an institution of a person for the purposes of examination of and report on the mental condition of the person concerned. Maj.-Gen. Minnaar did not show any sign of mental disorder during his stay at Weskoppies Hospital and therefore did not require any treatment;
- (3) Yes;
- (a) 23 August 1983.
- (b) by order of the Supreme Court of the Transvaal.

**Maj.-Gen. Taillifer Minnaar: citizenship**

\*21. Mr. S. S. VAN DER MERWE asked the Minister of Internal Affairs:

- (1) Whether Maj.-Gen. Taillifer Minnaar is a South African citizen; if not, what is his nationality;
- (2) whether he is in possession of a valid South African passport; if not,
- (3) whether he is in possession of a foreign passport; if so, from which country;
- (4) whether he has been in the Republic recently; if so, (a)(i) how and (ii) where did he enter the Republic and (b) what travel document did he use?

†The MINISTER OF INTERNAL AFFAIRS:

- (1) Yes. (2) Yes.
- (3) Falls away.
- (4) The Department of Internal Affairs has no information in this regard.

*Hansard Q. Col. 2004*  
 Weskoppies Hospital; Maj.-Gen. Taillifer Minnaar  
 88 31/8/83  
 20. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

(1) Whether Maj.-Gen. Taillifer Minnaar was admitted to Weskoppies Hospital on or about 17 August 1983; if so, (a) who authorized his admission, (b) under what statutory provision was he admitted and (c) for what period was he detained there;

(2) whether he received any treatment; if not, why not; if so, what was the nature of the treatment;

(3) whether he has been released; if so, (a) when and (b) on whose authority?

†The DEPUTY MINISTER OF HEALTH AND WELFARE:

(1) Yes;

(a) authorized by the Director-General: Health and Welfare of the request received from the Department of Health and Welfare Ciskei,

(b) in accordance with the agreement between the RSA and the

88 / Staw 7/9/83

# Mental home patients not forgotten, says psychiatrist

The accusation that people are incarcerated in mental institutions and forgotten is not true, says the chief director of psychiatry of the Department of Health and Welfare, Dr P H Henning.

In an interview, Dr Henning spoke candidly about the position of State President's Patients (SPDs), staff shortages in mental institutions and the dilemma of doctors and officials responsible for releasing such patients into the community.

Following allegations by 10 State President's Patients of unethical treatment at Weskoppies Psychiatric Hospital, Sheryl Raine of The Star's Pretoria Bureau spoke to Dr P H Henning, chief director of psychiatry of the Department of Health and Welfare.

chiatry. "Ideally we would like to have 27 psychiatrists and doctors in training at Weskoppies," said Dr Henning. "I do not believe, however, that our present staff ratio prevents us from supplying a quality service."

Of the 18 posts for psychologists and interns at Weskoppies only one was vacant.

The hospital had nine qualified psychologists and eight interns.

No one could be declared a SPD unless a plea of insanity was advanced by the patient himself or his defence counsel in court.

It was logical that a person who had himself declared an SPD should not appeal against his own motivation.

There are now 1 377 SPDs in State institutions, 250 of them at Weskoppies Psychiatric Hospital, Pretoria. Only about 50 are housed in the maximum-security ward at Weskoppies.

"The tendency over the last five years has been to release and reclassify as many of these patients as possible," said Dr Henning. In 1977 there were 1 461 SPDs in institutions. The number dropped to 1 306 in 1981.

At Weskoppies there were 436 SPDs in 1977 and 262 in 1981.

About 122 SPDs had been discharged in the past five years and 56 had been reclassified.

Last year 60 SPDs absconded or discharged themselves from the hospital. None of them was considered dangerous.

Conceding that there was a shortage of staff at Weskoppies and most psychiatric hospitals in the country, Dr Henning emphasised that the shortage at Weskoppies was not, to his mind, critical.

The Department of Health, however, was concerned that suitable male staff to work in maximum-security wards was decreasing because of the lack of recruits.

The ratio of white nursing staff to white patients should be 10 staff for every 28 patients. In reality the on-duty staff ratio at any one time was 10 staff to every 57 patients.

Westkoppies had 24 psychiatrists and doctors in training for its 1 600 patients, an on-duty ratio of one psychiatrist or doctor in training for every 150 patients.

Half of the 24 medical staff had qualified in psychiatry.

## Pleading insanity is not the easy way out — expert

An accused person who pleaded insanity in court and was declared a State President's Patient (SPD) was "taking the easy way out" as far as the man in the street was concerned, a Department of Health and Welfare expert said this year at a Forensic Psychiatric Congress in Bloemfontein.

The department's chief director of psychiatry, Dr P H Henning, also said the declaration as an SPD was seen by some as an opportunity to put away for good someone with awkward problems. However that was not the department's view.

However, legal experts have found the special provisions laid down for the discharge or reclassification of SPDs are generally sound. But anomalies did exist.

A University of South Africa legal expert, Professor S A S Strauss, said the Mental Health Act was "specific and fair".

"One could argue, however, about giving the right to a judge in chambers to order the release of an SPD," Professor Strauss said.

So who are these State President's Patients?

They are people detained in a psychiatric hospital or prison by order of a court pending the decision of the State President.

The order to detain a person under these conditions is issued only if the submission of satisfactory evidence by the accused or his defending legal representative that he was mentally ill when he committed a crime.

A declaration as a SPD is not a punishment. It is a measure to protect the public and to provide for the treatment of the accused.

There is not supposed to be any direct relationship between the offence and the detention of an accused as a SPD.

Due to the risks involved, getting a SPD reclassified or discharged is not easy.

In the case of a SPD committed for a non-violent crime, the hospital board of a mental institution may conditionally or unconditionally discharge a SPD after getting a decision from the Attorney General.

If the board refuses to discharge such a patient he has no right of appeal except that he may write to the State President, Minister of Health or Minister of Justice stating his case.

In the case of an SPD who has committed murder, culpable homicide or a crime involving serious violence, the Minister of Health can recommend to the State President that a SPD be released.

The Minister can do this only after getting reports from the superintendent of the institution where the SPD is being held, two doctors of whom one must be a psychiatrist, the Attorney General and a judge in chambers.

In terms of the law the Attorney General is not required to pass on to a judge the superintendent's or the doctors' reports advocating the release of a SPD if he disagrees with the recommendation.

A judge in chambers who refuses to recommend the release of a SPD is not required by law to set a time limit for the review of the case.

There are other legal anomalies in the Mental Health Act and Criminal Procedures Act which have raised the eyebrows of some legal experts.

Section 29 of the Mental Health Act sets the procedure for the release of all SPDs irrespective of whether they are accused of committing a dangerous crime.

No provision is made for an application for discharge to be brought by the patient himself, or by a friend or relative on the patient's behalf in cases where the patient was charged with less serious crimes.

Section 20 of the Act provides that a SPD who is declared dangerous in terms of Section 27 may have access to a judge.

However, South African law journals point out that, ironically, the more dangerous SPD has easier access to a judge than a non-dangerous SPD.

The Criminal Procedures Act states that any accused who is found criminally not responsible for his act must be detained as a SPD.

One case recorded in the law journals revealed that even people who were temporarily insane at the time of a crime but otherwise "normal" had to be committed as SPDs even though this was not necessarily in the accused's interests.

The SPD, although found not guilty of any crime because of insanity, had to face the fact that his could be a life sentence if his illness did not respond to treatment.

The family of such a patient was often disillusioned because there was no time limit to their relative's detention and no way to appeal by law against a decision taken by the patient and his legal counsel at the time of his trial.

Criticism has been levelled at the Mental Health Act of 1973 on several occasions because it gave inadequate provision for an aggrieved SPD to lay his case before a judge. It also did not allow a judge to order an SPD's release.

But anomalies did exist.

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# She is breaking down the barrier of ignorance surrounding mental health

By Lynne Cornfield

Mrs Makgoboketsa Christina Sithole is a woman with a cause, and with vision.

The cause is mental health among black people and, through her vision, mental health facilities that never existed before have been established in Soweto.

The vehicle through which she works is the Witwatersrand Mental Health Society where she is supervisor of black social work services.

But her care and concern for others do not end when she leaves her office — her door at home is always open to her neighbours who want help, advice or comfort. Her husband, too, brings his friends' problems home to her as do her children.

Their support and understanding, and the willingness of the mental health agency to put her projects into practice, have inspired Mrs Sithole and given her the energy and resources to take on an ever-increasing workload.

"There is so much to be done and not enough people to do it. So I do it myself because I want to see it happen," she says.

And so much has happened in Soweto because of Mrs Sithole. One of her more outstanding achievements has been the establishment of a protected workshop for mentally retarded adults — the first such workshop for blacks in the Transvaal.

Through her involvement with two day care centres for mentally retarded children in Soweto



**MAKGOBOKETSA CHRISTINA SITHOLE** — through her vision mental health facilities have been established in Soweto.

Mrs Sithole realised that once they turned 18 they had nowhere to go and ended up on the streets where they were exploited and abused.

Through the research she did for her Honours degree in social work she identified the need for a protective workshop. Two pilot projects were set up by the agency in 1982 and this year they were combined into a fully-fledged place of work and hope for the mentally retarded which has been called Tswelopele, meaning progress.

Mrs Sithole's special attention has been directed at mental retardation in the black community and at present she is

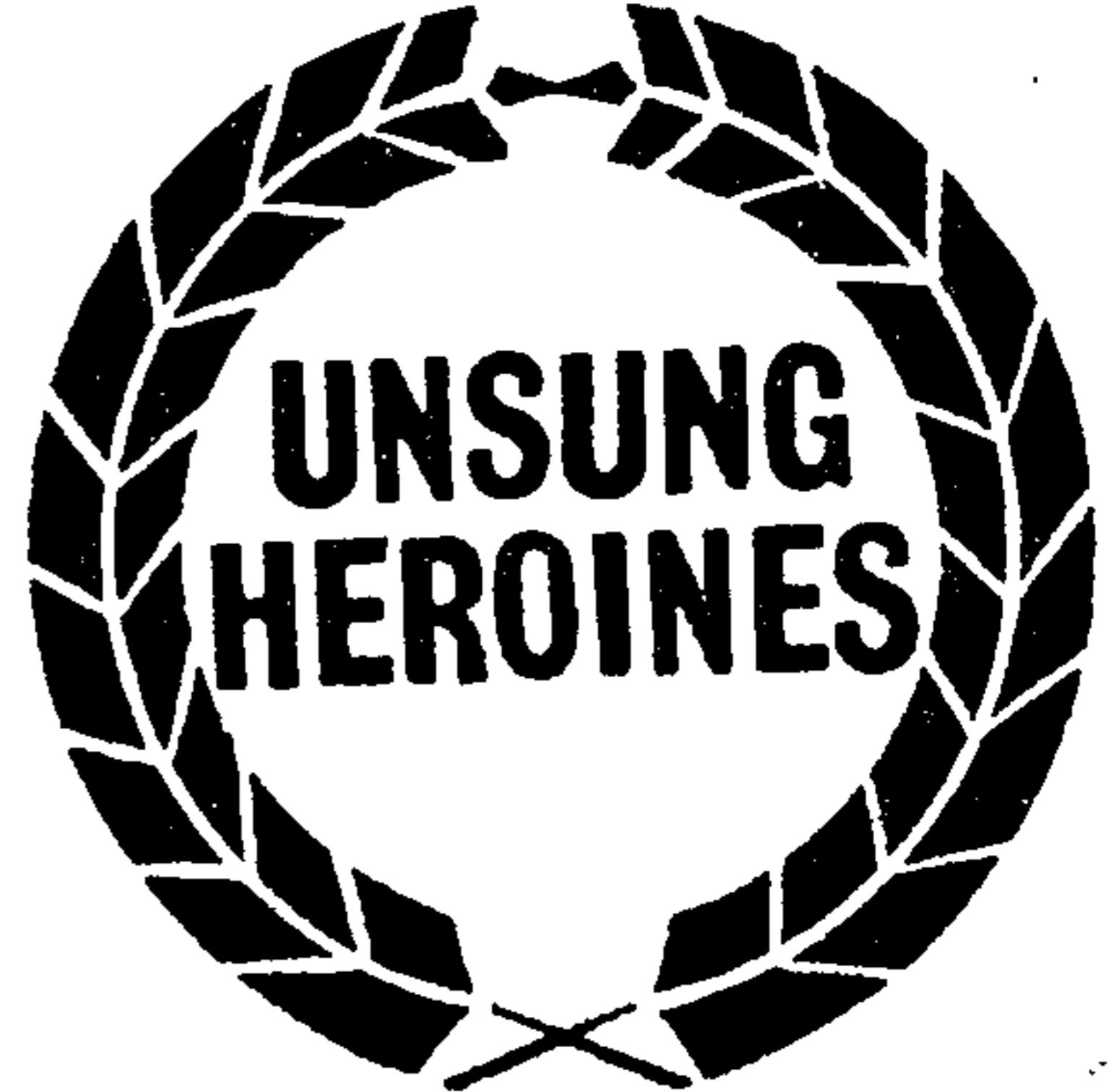
doing an MA dissertation in mental health on the attitude of black parents to their mentally retarded children.

She has spent a great deal of time and effort in counselling parents of such children, helping them to come to terms with the situation and to cope.

Now she is turning her energies into the creation of a stimulation centre for children still too young to go to school.

She also wants retarded children to have the opportunity to develop to their full potential.

The facilities she seeks to provide are not for Soweto alone. Her sphere of influence and interest



Mrs Makgoboketsa Christina Sithole is our third Unsung Heroine for 1983. This special category of the Woman of the Year award features women selected from the many suggested by our readers, who feel that their good works deserve wider recognition.

They and their sponsors will be among the guests of honour at a gala lunch in Johannesburg on December 6. The winner, to be chosen by senior members of The Star, will receive a cheque for R500 and her sponsor will receive R50.

incorporates the East and West Rand where, through her initiative, mental health offices have been opened and other facilities provided.

Central to Mrs Sithole's concern is educating the public about mental health.

"I want my people to know what mental health is and to know that there is no need to struggle on with negative symptoms," she told The Star.

To achieve this objective Mrs Sithole has appeared on television and regularly spoken on radio, a media she feels is very important in reaching the black population. She also liaises with newspapers.

Her presentations are always thorough. "I won't undertake such a thing at short notice," she said, "because I want to be sure that people understand my message."

Although she had never been trained in public speaking or media appearances, Mrs Sithole found she was never nervous. What she wanted to say was too important. Her efforts are paying off in a change in attitude among black people towards mental retardation in particular and mental health in general.

Her philosophy is a combination of believing that nothing is impossible and that nothing ventured is nothing gained.



# A 400-bed psychiatric hospital planned for PE

*88 E. Post 22/3/74*

By SHIRLEY PRESSLY

THE Chief Director of the Department of Health's Mental Health Services, Dr P H Henning, announced today that a 400-bed psychiatric hospital was being planned for Port Elizabeth.

Dr Henning said in an interview with the Evening Post that the hospital would provide for 150 psychiatric patients and 250 mentally retarded people.

He said it was the intention, if a suitable site could be found, that 150 beds for coloureds and Asians would also be provided at the same hospital.

No date for the start of the project was available at

this stage.

The new proposal would not affect plans for a 932-bed hospital for black psychiatric patients in the city.

Dr Henning said the black psychiatric hospital was still scheduled for 1988 and negotiations were under way to buy a site which had already been chosen.

The department agreed that patients from the Port Elizabeth area should be treated as close to their community as possible.

Family contact was important and was the accepted modern psychiatric approach.

The rates of outpatient attendances in the Eastern

Cape for all race groups were significantly higher than in other parts of the country and this reflected an extensively-developed community psychiatric service.

Dr Henning said much of the credit for this should go to community participation and, in particular, the Mental Health Society.

He confirmed that an 18-bed acute unit for the treatment of coloured psychiatric patients had been in operation at the Elizabeth Donkin Hospital since February. These beds were primarily for coloureds and Indians but Africans could also be admitted in emergencies.

# R22m being spent on

# psychiatric hospitals in E Cape

By SHIRLEY PRESSLY

BUILDING programmes are under way at three large mental hospitals in the Eastern Cape at a cost of R22 million and by the end of next year there will be an estimated 3 000 beds for all races available in Eastern Cape psychiatric institutions.

Also on the drawing board is a hospital for whites in Port Elizabeth with 150 psychiatric patients and 250 mentally retarded people. If a suitable site can be found, 150 beds for coloureds and Indians will be provided at the same hospital.

The proposed 932-bed hospital for black psychiatric patients in Port Elizabeth is still scheduled for 1988 and a site has been chosen.

This was announced this week by the Chief Director of the Department of Health's Mental Health Services, Dr P H. Henning, in an interview with Weekend Post.

The lack of facilities for the long-term coloured psychiatric patient in Port Elizabeth has long been a source of concern to the chairman of the Port Elizabeth North Mental Health Society, Mr Franklin Weideman.

Mr Weideman said there was also a desperate need in Port Elizabeth for a hostel for mentally-retarded coloured children to serve the Eastern Cape. There was also no facility for black patients.

Dr Henning said that although the facilities for accommodation of psychiatric patients in the Eastern Cape were not yet considered ideal, much progress had been made especially in the provision of facilities for blacks contained in the present building programme.

In making the public aware of psychiatric services it was essential to emphasise the importance of treatment within the community and the contribution that the community itself could make.

Dr Henning confirmed that an 18-bed acute unit for the treatment of coloured psychiatric patients had been in operation at the Elizabeth Donkin Hospital since February.

These beds were primarily for coloureds and Indians but blacks could also be admitted there in emergencies should alternative satisfactory accommodation not be available while waiting admission to Tower Hospital, Fort Beaufort.

Black mentally-ill patients who arrived after hours and needed accommodation in hospital were kept overnight at Livingstone Hospital. The next day the community psychiatric staff from Elizabeth Donkin Hospital were available to assess these patients on referral.

Black patients were referred to Dora Nginza Hospital and coloured patients to Elizabeth Donkin Hospital for this assessment. Every effort was made to check the patients on the same day.

Dr Henning was replying to allegations that mentally-ill patients were being kept lying on stretchers in casualty at Livingstone Hospital for up to three days.

Extensions to Tower Hospital, at a cost of R6 million were due to be completed at the end of 1984, said Dr Henning.

There would be 800 beds for black patients once the building programme was completed. In the long term it was intended that there be 700 beds for psychiatric patients and 250 beds for mentally retarded people.

The present phase of the R10-million reconstruction programme at Fort England Hospital in Grahamstown was due for completion at the end of 1985. On completion there would be 350 beds for white patients and 120 beds for black patients.

The long-term plan was to extend the black facilities to a mainly coloured unit for 250 psychiatric patients and 250 mentally-retarded people.

The present phase of the reconstruction programme at

Komani Hospital, Queenstown, was due for completion at the end of 1984. The approximate initial total cost was R6 million and there would be 460 beds for white patients and 600 beds for black patients, of which 120 beds would be exclusively for mentally retarded patients.

In the long term it was intended to extend the black facilities to 600 beds for psychiatric patients and 240 beds for the mentally retarded.

Dr Henning confirmed that Tower Hospital did not have a permanent social worker on its staff at present. Two applications for employment from social workers had recently been received by the hospital and forwarded to the Department of Co-operation and Development and these two people had been appointed.

The bucket system was still in use at Kowie Hospital and plans to renovate the ablution facilities had been shelved pending a final decision on the hospital's imminent closure.

The patients would be transferred to Kirkwood Sanatorium which already had 400 beds which would be extended by an additional 100 beds for black psychiatric patients and 200 beds for black mentally retarded patients.

The proposed extensions at Kirkwood Sanatorium would also serve the need for facilities for mentally retarded people from the Port Elizabeth region and would cater for Africans and coloureds.

Asked what the department's policy was with State President's patients and whether efforts were made to return them to the community, Dr Henning said every effort was made to rehabilitate patients and return them as useful members to the community.

Mr Weideman was asked by the parents of a 39-year-old man who was a State President's patient at Tower Hospital to visit him because they were worried about him.

Their son was a qualified carpenter and had nothing to occupy him at Tower. Mr Weideman asked that the man be transferred to Nelspoort Sanatorium and this was done despite some initial resistance to the transfer by the Tower Hospital staff who feared the man would try to run away from Nelspoort which is an "open" hospital.

Earlier this month Mr Weideman went to visit the man at Nelspoort and found him to be "quite happy" and working in the carpentry shop. There was a marked change in his condition.

Mr Weideman praised the facilities at Nelspoort and said he wished that there were more institutions like it.

Dr Henning said the department was proud of its facilities at Nelspoort Sanatorium, about 52 kilometres from Beaufort West. Patients were carefully selected for referral to Nelspoort and an important criterion was that the individual patient also had to express his willingness to be transferred.

The departmental annual report for 1983, submitted to Parliament, reported that 1 471 State President's patients in departmental institutions and 645 others were discharged back to the community during the course of the year.

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E. Post

24/3/84

ARGUS 28/3/80 (88)

# Behind the success of Fountain House

MIMI HARTLEY is sprightly and bright-eyed. Her accent is charmingly Viennese. She has twice married Viennese psychiatrists; her first husband discovered insulin therapy, one of the few treatments effective for schizophrenia.

In New York he was approached by a group of philanthropic women who were helping a group of former mental patients set up home. They bought a small house with a fountain in its patio to use as a social club which is now financed by private and State funds.

Clear thinking and hard work has built Fountain House's success. The ex-patients are members and have the major voice in its running. They do the bulk of the work — clean, cook the meals, run the switchboard, print the daily news-sheet, wait at table, run the snack bar — along with the social workers, counsellors and psychologists on the staff.

## FRIENDLY SETTING

"It is a process of slow recovery," said Mimi. "The members help others. They see if somebody gets restless. If somebody doesn't come for a few days, a member will go along and persuade the patient to come back to Fountain House. They are never alone. This can prevent a return to hospital."

It represents the opportunity to live normally. Many learn basic housekeeping skills for the first time in a friendly setting, preparing real meals for real people. Their work also saves the costs of domestic and maintenance staff.

In 1970 Fountain House received the President's Award for encouraging and promoting employment of the handicapped. One of its most important functions is to provide work for its members. By working for a short while every day in the

kitchen, office or other part of the club, sharing work-places with other ex-patients and staff, newly discharged patients start their journey into the outer world.

Fountain House has an excellent scheme for the next stage. It has contracts to staff departments such as the mail room at a department store. Under the direction of social workers, members start working there for short periods, having none of the stress of daily time-keeping, long hours or responsibility.

But being among accepting, caring colleagues they do a "real" job, being paid at the market rate.

## RELIABLE WORKERS

The next stage may be a shared job, two members filling one post, one in the morning, one in the afternoon. A staff member first evaluates the job, then teaches it. And if a member can't complete an assignment, someone on the staff will. The job is guaranteed by Fountain House.

Members can take part in the transitional employment programme for as long as they need before taking outside work, or stay in it. Companies like having Fountain House members working for them: they find them reliable.

With references from such employers, some of the members may go on to full-time jobs, visiting Fountain House for evening and weekend social activities. But even this is made easier. There is no blame attached to "failing". It is often a step on the way to overcoming a disability.

An important product of the employment scheme is the saving it represents in cost of supporting the members as in-patients or recipients of state aid. To increase its income Fountain House runs thrift shops.

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Prisoners transferred to mental institutions  
Hamard Q. 601-763 28/3/84  
671. Mr A B WIDMAN asked the Minister of Justice:

How many sentenced prisoners were transferred to mental institutions in 1983?

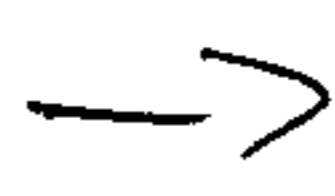
The MINISTER OF JUSTICE:

Twenty eight (28).

Eastern Cape/Border: psychiatric hospitals

708. Mr E K MOORCROFT asked the Minister of Health and Welfare:

- (a) How many psychiatric hospitals for Blacks are there in the Eastern Cape and Border areas and (b)(i) where are these hospitals situated, (ii) how many patients can each such hospital accommodate and (iii) what in each case is the present bed/



28 MARCH 1984

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patient occupancy rate expressed as a percentage?

The MINISTER OF HEALTH AND WELFARE:

- (a) 4 Departmental hospitals and 1 private hospital.
- (b) (i) Kowie hospital—Port Alfred.  
Tower hospital—Fort Beaufort.  
Fort England hospital—Grahamstown.  
Komani hospital—Queenstown.  
Kirkwood Sanatorium—Kirkwood.
- (ii) Kowie hospital—320.  
Tower hospital—661.  
Fort England hospital—475.  
Komani hospital—869.  
Kirkwood Sanatorium—400.
- (iii) Kowie hospital—86%.  
Tower hospital—123%.  
Fort England hospital—85%.  
Komani hospital—106%.  
Kirkwood Sanatorium—99%.
- X

Mental health:

AK445 28/3/84

88

# Is there life after institutions?

TODAY'S  
WOMAN

**If a psychiatric patient stays too long in a hospital, this in itself becomes an illness. So the policy in South Africa is to keep in-patient periods as short as possible.**

**After discharge, however, many patients still need care. Many, sadly, do not have loving families to return to. For some, their families represent part of the problem they are striving to solve.**

**The type of care needed varies. Some patients can cope with the world and its stresses quickly; many need to be reintroduced gradually to work and independence.**

**Several methods of providing post-discharge support have been tried and one of the most successful is the Fountain House club in New York. ANNE TAYLOR reports.**

THE Cape Support Group, a team of parents who have been providing post-discharge activities for psychiatric patients, plan fund-raising to enable the Cape Mental Health Society (CMH) to start a similar service here to Fountain House.

The members of the group were excited by a recent visit from Mimi Hartley, who has been associated with Fountain House since its inception by her psychiatrist husband 40 years ago.

CMH plan to send a staff member to New York to take the three-week training course on how the club is run and then to teach its methods here. They hope to buy a small house near public transport to start Cape Town's version and then let it grow as needs manifest themselves.

Needs already apparent are those for funds to start and run the club, and opportunities from businesses in providing transitional employment for members.

André Smit and Jenny Herbert of Cape Mental Health spoke enthusiastically about the project.



Mimi Hartley

"We have decided in principle to go ahead in Cape Town and provide a similar service," said André. "We are going to undertake research so that we can plan for the right number of members and their needs.

"The programme must be constructed in conjunction with clients. They must have the right motivation and activities must be what they want, and be adaptable. It will be a learning experience for the society."

"We shall apply for State aid, but even then we

shall be heavily dependent on the community for funds."

Jenny Herbert added: "It will be very important for us in starting a Fountain House to get the co-operation of commerce and industry and get employers who are prepared to give us a chance to try it. If we can only start with two or three placements...."

It has worked in Pakistan, in Poland and in Sweden. There seems no reason why this method of bringing people productively into society should not work in South Africa.

# Appeal to the public on mental health



MISS MALEVU: Solving conflicts.

THE black community was at the weekend asked to participate in identifying with mental health problems, and to be actively involved in seeking possible solutions that will enhance the well-being of all in the community.

By MZIKAYISE EDOM

The black community was at the weekend asked to participate in identifying with mental health problems, and to be actively involved in seeking possible solutions that will enhance the well-being of all in the community.

This appeal was made by Miss N Malevu, a social worker with the Witwatersrand Mental Health Society at a symposium held in Katlehong, Germiston. The

The theme of the gathering was — "Mental Health, a community concern" — and about 100 people attended. Miss Malevu, who spoke on community involvement, said: "The purpose of promoting community involvement

in mental health is to help community members to manage their life circumstances effectively, to cope effectively with stressful situations and to be able to solve personal and interpersonal conflicts successfully."

These problems. "Through early detection and prompt treatment, mental disorders could be prevented from becoming more serious. Many of the people who have been affected by mental illness are lonely and ostracised by their friends and family," she

added. "Community members could help by visiting and befriending such people, taking them out shopping or to the movies and even inviting them to church. The community can also support rehabilitation programmes emotionally and financially as, without community support, these programmes may collapse," said Miss Malevu.

Other speakers included, Mrs A Moshesh, a social worker based in Katlehong, Mrs J Gumbi and Mrs G T Phaleng, both nursing sisters at Natalspruit Hospital.

## Backing for Bishop Tutu

The executive committee of the South African Council of Churches (SACC) has issued a statement refuting the major allegations of the Eloff Report and re-affirmed its confidence in the leadership of general secretary Bishop Desmond Tutu.

The executive committee held a two-day meeting at which the Eloff Report was discussed. The meeting, endorsed the February 24 statement of the presidium of the SACC, agreed on a response refuting the major allegations of the Eloff Report which will be disseminated widely among member churches; and passed resolutions of support

courageous witness and assures him of its wholehearted support and its prayers."

The committee also recorded its full confidence and admiration for Dr W Kistner and totally rejected the construction which the Eloff Commission placed on his massive theological contribution to the cause of justice and peace in South Africa.

"This council holds Dr Kistner in the highest regard and fully endorses his interpretation of the church's role in society. The view of the Eloff Commission that Dr Kistner is a sinister academic who prepares documents as a blueprint for subver-

**Right where you live**



**100 National 2-Band Radios**

**Black & White Portable Television Sets**

**AND 100 National 31cm 20TVs - 100 RADIOS MUST BE WON!**

**IN THE GREAT GEISHA/LUCKY 7 COMPETITION**

**ERASTER SPECIALS!**

**100 National 2-Band Radios**

**Black & White Portable Television Sets**

**AND 100 National 31cm 20TVs - 100 RADIOS MUST BE WON!**

**IN THE GREAT GEISHA/LUCKY 7 COMPETITION**

Here's all you have to do to win a prize. Answer these two questions.

1. What shape is the Geisha toilet soap?  
2. What is the size of the National portable TV screen?



two unopposed members resigned, creating a further vacancy. The six vacancies which then existed were to be filled in terms of regulation 63 of the Election Regulations. During February 1984 nominations were invited and five candidates were nominated unopposed leaving one vacancy for which nomination have been invited again.

(b) The present councillors are—

Messrs H V Makubalo, G F Magawu, J Badi, I M Moile, N Tsoho and Mrs C. Skweyisa.

\*14. Mr P H P GASTROW—Law and Order—Reply standing over.

Wentworth

\*15. Mr P H P GASTROW asked the Minister of Community Development:

- (1) Whether his Department intends to upgrade Wentworth; if so, (a) when will the work on the project commence, (b) what will the upgrading entail, (c) how much will it cost and (d) when will the upgrading be completed;
- (2) whether he will make a statement on the matter?

The MINISTER OF COMMUNITY DEVELOPMENT:

- (1) At this stage the improvement of conditions in Austerville is receiving priority whilst the upgrading of Wentworth is still being investigated.
  - (a), (b), (c) and (d) Fall away.
- (2) I hope to be able to make more details in this regard available in the near future.

†The hon member is welcome to discuss this matter further when my Vote is discussed.

Mr D W WATTERSON: Mr Speaker, arising out of the reply of the hon the Minister, can he tell me whether Wentworth forms part of the City of Durban and whether the people living there pay rates to the city council?

The MINISTER: Mr Speaker, I do not know off-hand, but I shall ascertain what the position is.

*88 Q. Col-1028 27/4/84*  
 Eastern Cape: facilities for mentally retarded Black children  
 †16. Dr M S BARNARD asked the Minister of Health and Welfare:

- (1) Whether there are any facilities in the Eastern Cape at present for mentally retarded Black children who cannot be cared for at home; if not, (a) why not and (b) where are these children accommodated; if so, (i) where are these facilities located and (ii) how many children can be accommodated in them;
- (2) whether there are plans to extend these facilities; if not, why not; if so, (a) what is the nature of these plans, (b) where will these extensions be effected, (c) when is it anticipated that they will be completed and (d) how many children will they be able to accommodate upon completion?

†The MINISTER OF HEALTH AND WELFARE:

- (1) No;
  - (a) thus far retarded children in the Eastern Cape were accommodated in Randwest Sanatorium in Krugersdorp and in Waverley

Sanatorium in Germiston because of financial constraints on available funds;

(b) in Randwest Sanatorium in Krugersdorp and Waverley Sanatorium in Germiston;

(2) no;

(a) there are no plans at present to extend the facilities at Randwest or Waverley Sanatoria;

(b), (c) and (d) falls away.

*88 Q. Col-1029 27/4/84*  
 Port Elizabeth: hospital for Black psychiatric patients  
 †17. Dr M S BARNARD asked the Minister of Health and Welfare:

- (1) Whether a hospital for Black psychiatric patients is to be built in the Port Elizabeth area; if not, why not; if so, (a) where will it be built, (b) when is it due to be completed, (c) what is the total estimated cost involved and (d) how many beds will be provided;
- (2) whether he or any member of his Department has received any representations concerning the siting of this hospital; if so, (a) when, (b) from whom and (c) what was (i) the nature of the representations and (ii) his response thereto?

†The MINISTER OF HEALTH AND WELFARE:

- (1) Yes;
  - (a) Missionvale;
  - (b) 1990;
  - (c) the provisional estimate is R56 million;

(d) 932;  
 (2) No.

SABC: discussions on internal memorandum

\*18. Mr D J DALLING asked the Minister of Foreign Affairs:

Whether (a) he, (b) the Deputy Minister of Foreign Affairs, (c) any member of his Department and/or (d) any member of the Government had discussions with any officer of the SABC on any of the main points set out in an internal memorandum issued by the SABC on 11 April 1984 and headed "Radio Services in Black Languages: Complete Radio Coverage" (Reference No JHB/cv/0087); if so, (i) when did these discussions take place, (ii) who were parties to the discussions, (iii) what aspects of the contents of the memorandum were discussed and (iv) what was the outcome of the discussions?

†The DEPUTY MINISTER OF FOREIGN AFFAIRS:

(a), (b), (c) and (d): no.  
 (i), (ii), (iii) and (iv): fall away.

Mahatma Gandhi Memorial Trust

\*19. Mr R A F SWART asked the Minister of Health and Welfare:

- (1) Whether he has taken any steps in respect of the collection of funds for the Mahatma Gandhi Memorial Trust; if so, (a) what steps, (b) when and (c) why;
- (2) whether he has received any representations in this regard; if so, (a) when, (b) from whom and (c) what was (i) the nature of the representations and (ii) his response thereto;

## Society gives reasons

Dr Allen Zimble, a vice chairman of the Witwatersrand Mental Health Society, has given his point of view on the retrenchments.

"This year we have experienced devastating problems with fund-raising," he said. "We had losses on our major Christmas and Easter fund-raising events.

"We tried to save the situation for as long as we could but our bank overdraft reached such alarming proportions that had we carried on with our full staff we would have been bankrupt by the end of September.

"We just do not have, nor can we get, the money we need.

"We decided the best way was to retrench the entire staff, including the director, and restructure the society.

"We now have a proposal to allocate posts in a restructured format — for example, for our black social workers to work in a branch in Soweto. We are trying to get out of this terrible situation by cutting down the head office structure and moving people into existing, and still to be set up, community-based structures.

Dr Zimble added: "It is not true that we are trying to get rid of people. We were very sensitive to the facts of retrenchment and the devastating effects this would have on the people who work with us."

Dr Zimble said that the society had been so restructured that all the retrenched workers could reapply and every one of the 26 would have been re-employed.

# Mental health service in peril

88  
Star  
5/9/84

By Olga Horowitz

**The Witwatersrand Mental Health Society is facing collapse because of the retrenchment of 26 social workers and 14 administrative staff from the end of this month.**

This means that help for 1 700 clients a month, of all races, will cease on that date.

Six social workers will be re-employed on October 1 in a new structure in which clients will not receive direct counselling.

Several social workers told *The Star* that they had been threatened with "instant dismissal" and loss of accrued benefits if they approached the Press with details of the "troubling events that have occurred recently".

The social workers were told that services had to be curtailed because of lack of money.

About 75 percent of the salaries of people who work for the society are subsidised by different Government departments. The society has to find the balance.

"Even though we were told we were being retrenched because of lack of finance, the society, together with Channel 702, set up a crisis centre in Hillbrow in August.

"This centre is intended to be multiracial but we feel it cannot satisfy the needs of the black people who live far from Hillbrow."

### Insensitive

The staff, they said, felt the management had handled the matter insensitively "with no regard for personal and professional integrity, nor for the needs of the people who depended on their skill and knowledge."

They added that despite the society being offered a loan, interest free, from the National Council for Mental Health to subsidise salaries, the staff were asked to consider working without pay for the month of October without any guarantee of future employment.

The condition that the National Council had placed on the loan was the rescinding of the retrenchments.



S. Express 16/9/84 (88)

# Cash crisis hits mental health care

THE National Foundation for Mental Health, founded three years ago by Mr Justice M T Steyn, Mr Nicholas Oppenheimer, and other people, is being disbanded.

At the same time the SA Council for Mental Health, for which the foundation was acting as a fund-raising arm, is facing serious financial difficulties.

This has been put down to large discrepancies in the ad-

By CHERILYN IRETON

ministrative subsidies provided by the state.

Mr Lage Vitus, director of the council, said in Johannesburg this week that all 17 branches of the society were experiencing serious financial difficulties.

This, it appears, is because of substantial differences in the administrative allowances which the state gives the council for its white and

black workers.

Mr Vitus said a maximum salary subsidy of R9 000 a year was provided for every white social worker but only R5 000 for every black worker. "In addition we are forced to bridge the differences in the 75% salary subsidy which we get from the government. This is because we adopted a policy of equal pay for all our employees."

The maximum administrative subsidy provided for each white worker is R11 616 a year, while for each black worker it is R10 725,44 a year.

Mr Vitus said there were several reasons why fund-raising was so difficult. "The public find it hard to identify with mental illness, they prefer to support more tangible causes. We're also a service which is regarded as unpopular by most."

Mr Justice Steyn, chairman of the foundation, said the council had decided to handle all future fund-raising efforts because it was difficult to co-ordinate the activities of both organisations.

"But our efforts were not in vain because we had two very advantageous years," he said.

## Bankruptcy

The Witwatersrand Mental Health Society, facing bankruptcy because of the extra financial burden, has decided to re-employ the 24 social workers who were retrenched two months ago.

The society can no longer afford to keep on its administrative staff. According to the vice chairman, Dr Allen Zimmler, the society is living on overdraft and has had to restructure its organisation to alleviate some of the financial pressure.

The society serves more than 1 700 clients of all races a month. It recently set up a walk-in Crisis Centre in Hillbrow with Channel 702 radio station. "This should make our services more visible to the public," he said.

It is estimated that 2.5 million South Africans suffer from some form of mental disability.

DOM 8/11/84

88

# SOS to Govt by Transvaal furniture men

By PRISCILLA WHYTE

FURNITURE manufacturers are to seek Government aid, according to Dr Winston Smith, director of the Transvaal Furniture Manufacturers' Association.

Dr Smith says: "The tough hire purchase measures implemented by the Government in August have taken their toll on the industry, which is working short time in medium and small factories. Many could be insolvent by February or March next year."

Shorter working weeks of four days or shorter working days are commonplace in the industry.

Dr Smith says furniture factories are not allowed to retrench staff unless four weeks of short time have occurred.

Much depends on whether there is a Christmas upsurge in trade.

Small and medium size companies represent 60% of the firms in the Transvaal and 90% of the workers.

"The situation in the Transvaal is symptomatic of what is happening throughout the country," says Dr Smith.

"Dr Dawie de Villiers, Minister of Commerce and Industries, will be presented with the facts affecting the furniture industry."

"Then Mr Barend du Plessis, Minister of Finance, will be informed of the situation so that something can be done about the hire purchase burden."

In August, HP deposits on furniture were increased from 10% to 15% and the repayment period contracted from 24 months to 18 months.

According to Dr Smith, the Transvaal has a 60% slice of the furniture trade, Natal 15% - 20%, the Cape 17% and the Orange Free State 2% - 3%.

He says sales in the Transvaal sales have nosedived 30% this year. He believes a similar situation is developing throughout the country.

In 1983, ex-factory furniture sales were estimated at R741m.

Monthly sales are in the R50m - R70m range.

Dr Smith says: "In my 11 years of personal experience I have never known the furniture industry to be in direr straits. Others have told me it is approaching the proportions of the problems in the industry in 1968 - 1969."

Dr Smith says the Transvaal Furniture Manufacturers' Association represents 90% of the workforce in the furniture industry in the Transvaal, numbering some 14 000 - about 60% of the workers involved countrywide in the industry.

Its members represent 400 of the 800 firms in the Transvaal furniture industry.

HEALTH & DISEASE - MENTAL HEALTH

1986 - 1987

MARCH - OCT \* FEB - OCT.

# surrender R347-m in policies

By TOM HOOD,  
Financial Staff

CASH-STRAPPED families, who surrendered their insurance policies and bonuses for cash, were paid out a record R347-million by South African companies last year.

This is a jump of 63 percent over the previous year's R214-million and reflects the harder bite of recession and retrenchments.

The annual report of the Life Offices Association of SA says today: "This feature, which flows from the adverse economic situation, is of great concern to the industry since surrenders directly result in the deprivation of insurance cover for beneficiaries."

The report also indicates workers are hanging on to their jobs and thinking twice before leaving with their insurance and pension contributions.

Another R250-million was paid out to people leaving their jobs and withdrawing from group schemes, a rise of 7,3 percent, but a slowdown on the 46 percent increase in the previous year.

This indicates a smaller staff turnover as a result of the uncertain economic conditions.

The industry paid out more than R11-million every working day to beneficiaries of all kinds.

In comparative terms, this represents the cost of building close on 200 modest-sized homes every working day, says Mr Pierre Steyn, chairman of the association.

"What would millions of beneficiaries have done in the absence of the services rendered by the industry," he says in his annual report.

Thirty percent of the payout went on death and disability claims — R659-million, a rise of R159-million.

The industry's total premium and investment income rose by 20 percent to R9 889-million after a growth of 27 percent in 1984.

However, total assets jumped by 27 percent to R36,6-billion and, at the year-end, insurance companies had R5,5-billion available for investment.

# US an destruc



Princess Caroline of Monaco  
Stefano Casiraghi pose with  
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# Familial suicides in SA 'a cause for concern'

By Don Holliday

People who displayed both suicidal and homicidal tendencies should be regarded as dangerous and their threats to kill themselves as well as others should never be taken lightly, said Mr Sam Bloomberg, head of Suicides Anonymous.

Mr Bloomberg was reacting to the Dowling crossbow killings, in which a Bryanston businessman apparently killed his two sons and wife with a crossbow before setting his home alight and shooting himself with a pistol.

He said it was difficult for him to comment on the Dowling killings as he did not have all the facts at his disposal. Mr Dowling may have had

an insanely possessive nature. He could have seen his family as possessions and decided to take them with him to the grave, especially his wife.

"It is clear he must have been very desperate."

Mr Bloomberg said he did not know to what extent alcohol played a role in the killing, or whether family members might have contributed to their own deaths by unwittingly provoking a violent reaction from Mr Dowling.

The desire among suicidal people to kill others, especially those close to them as well, was a known phenomenon. However, such personalities were usually far more psychot-

ic than the average person who committed suicide.

Some people committed familial suicides — as the Dowling killings were termed — from a "screwed-up religious viewpoint" and killed to remove the victims from what was seen as a hostile world. This did not appear to be the case in this instance.

## FAMILY SUICIDES

South Africa's white population had reason for concern about the unusually high number of people who displayed both homicidal and suicidal tendencies, which was reflected in the regularity with which familial suicides in this country were reported.

Almost all suicides were preventable, predictable and recognizable, Mr Bloomberg said in reaction to the apparent suicides of five schoolboys in the Transvaal in the last week.

Three of the boys were found with gunshot wounds in their heads and the others were found hanged.

The seeds of suicide involving young teenage schoolchildren were mostly to be found in the home and at school.

A person up to the age of about 17 years could discover the manipulatory powers of suicide and threats to commit suicide without fully realising the finality of death, Mr

Bloomberg said.

In situations such as these, the term "protesticide" was perhaps more apt than suicide. The person could be protesting against developments at school or at home, he said.

The impulse to commit suicide was usually of short duration and induced by panic reaction to a situation, whether it be sexual awakening, parental discipline or fear of criticism.

The most common methods among people of this age group were shooting, hanging and "scratching" of wrists. The wrist scratchings usually reflected an insincere desire to terminate the person's own life and was a way of attracting attention, Mr Bloomberg added.

# Desperate mother has to lock up child

By Pat Devereaux,  
Star Line

A shortage of mental health care facilities for blacks has forced an Atteridgeville mother to lock her seven-year-old mentally retarded daughter up alone while she goes out to work.

"Since my mother died on July 4 this year I don't know where to get help for my child Rebecca who is like an infant," said Miss Jaqueline Mantsho, a single parent.

Miss Mantsho said that in 1984 she asked the social worker at the nearest hospital to find a school for Rebecca, but had heard nothing since.

"I work awkward hours as a cleaner and my only option is to lock my daughter in the bedroom until I come

home," said the worried mother in a letter to Star Line.

A doctor's report says Rebecca developed meningitis at six months. Complications led to her being deaf and dumb and suffering from epilepsy.

Replying to Miss Mantsho's application to Sterkfontein Hospital the medical superintendent, Dr G S Withinshaw said: "The waiting list is long and most cases are associated with appalling social circumstances."

He suggested Miss Mantsho apply for a single care grant through the social worker which would enable her to employ someone to look after the child.

Director of the South African National Council for Mental Health, Mr Lage Vitus said: "Only six to seven per cent of the needs of handicapped black

children are being met.

The Government spends too little on facilities for the black mentally handicapped and those in need of psychiatric care. Sterkfontein is the only State-run institution of its type on the Witwatersrand. The others are private concerns."

Many children were neglected because of lack of facilities.

# Apartheid 'a danger to mental health'

Weekend Post Reporter

IN a hard-hitting statement this week, the Institute for Clinical Psychology warned of the "enormous consequences" for the mental health of South African society caused by the implementation of apartheid.

With the country having "entered an era of unprecedented social and community turmoil", the statement says, "we are concerned that the psychological damage to people resulting from the present unrest will impair mental health for generations".

The following factors are cited as having a "detrimental effect" on the mental well-being of South Africans:

- Apartheid, which results in "repression and domination on all levels".

- Violence, which was initially caused by certain needs that were not met.

"In the absence of sincere negotiation and meaningful reform aimed at addressing the root causes," the statement says, violence will escalate and lead to "mutual destruction".

- Indefinite detention without trial and solitary confinement, which are "two kinds of psychological torture" and destroy basic trust in justice.

- Detention of children was "a particularly serious form of psychological abuse which will have far-reaching traumatic consequences ... both now and for future generations".

- Media restrictions and the state of emergency, which failed to "address the primary issues which underlie the present unrest in SA", but rather "deflect attention from the major problems of apartheid ... and have damaging consequences for mental health".

CAP TMS 21/9/87

More common in SA than rest of world

# Afrikaans link 88 in family killings

By PETER DENNEHY

FAMILY murders are more common in South Africa than anywhere else in the world, according to a theologian who has studied 218 cases in this country since 1983.

The Rev Jan van Arkel, a senior lecturer in practical theology at the University of South Africa, said yesterday that family murders "seem to be a predominantly Afrikaans phenomenon".

About 200 of the cases he had studied involved families who spoke mainly Afrikaans.

Last week, the bodies Mrs Leonora Davis, 33, and her children Jana, 16, and Desmond, 9, were found shot dead in their beds in Rustenburg. The body of Mr Whitley Reynecke, 49, who lived with them, was found in Port Elizabeth some days later with a bullet wound in the head.

Earlier this month, 44-year-old Commandant Hennie de Bruyn, officer commanding Air Force Headquarters in Pretoria, left his wife at a party and went home to

shoot dead his four-year-old son Marius and blast his own brains out with a shotgun. His wife described him as "very possessive".

"It would be simplistic to say that Afrikaans families tend to be more patriarchal. One cannot point to a single cause," Mr Van Arkel said.

Yet a factor common to many family murderers was the "authoritarian conviction" that they were entirely responsible for their families.

"I define a family murder as an extended suicide," Mr Van Arkel said.

One of several factors which provided fertile ground for a family murder was a very close-knit family with an authority figure who had a strong conviction that life after death was better than life here.

"English-speaking families tend to be less close-knit, and the boundaries around the family — preventing people from moving into or out of it — tend to be less rigid."

Incidents triggering a family

murder varied, but the murders were committed in circumstances where the break-up of the family seemed imminent.

The authority-figure in the family then thought that "a solution for himself could be extended to others".

Another reason why South Africa had so much "fertile ground" for family murders was that so many people owned guns.

"Family murderers are very often not violent people. In many cases, they have never before shot anything.

"But they usually have a weapon, which they use to methodically kill their spouses and one child after another. It seems it is planned and executed in a such a way that there cannot be any mistake.

"You never get a prior failed suicide attempt, to draw attention and cry out for help, in family murder cases."

Mr Van Arkel will discuss his findings on family murders on television this evening in the programme "Vra wat Pla".



# 'UNREST CAN RUIN MENTAL HEALTH'

CLINICAL psychologists, fearing violence and political turmoil will impair mental health for generations, have called on the Government to take note of the "irrevocable consequences" of its measures, including apartheid and the state of emergency.

The Institute for Clinical Psychology, the largest element of the Psychological Association of South Africa which, meeting in Cape Town, has adopted a major policy statement on the political situation.

It said members, as health professionals, felt they had an ethical duty to the community and could no longer stand by as silent observers.

"We are concerned that psychological damage resulting from the present unrest will impair mental health for generations."

The statement said areas of concern were apartheid — "the institutionalisation of racial discrimination"; violence; indefinite detention without trial and solitary confinement; detention of children; media restrictions and the state of emergency.

## Detention

The statement said indefinite detention without trial and solitary confinement were psychological torture as defined in the Declaration of Tokyo.

"Solitary confinement remains an inexcusable form of torture and primitive punishment."

The practice had been allowed to continue in South Africa in spite of the huge amount of evidence that it was harmful to mental health.

The Children and Child Care Act had come about through the recognition of the vulner-

### SOWETAN Correspondent

ability of children, but the emergency regulations overrode the Act and detained children were deprived of its protection.

Restrictions on the media resulted in increased personal anxiety, alternating with a false sense of security.

The institute called on the State to take cognisance of the effects of its measures and legislation and to "be aware of the irrevocable consequences to a society subjected to these psychological pressures".

"We wish it to be known that as mental health professionals we renew our commitment to our ethical and professional code," said the statement.

The code compelled psychologists to:

- Continue to monitor these effects on society;
- Continue to inform people of the psychological consequences of oppression, violence and increased stress; and
- Offer their professional services to all levels of society to promote communication, conflict resolution and the amelioration of suffering.

The institute called for the removal without delay of all apartheid structures, the immediate end to indefinite detention without trial and solitary confinement, the reianstatement of freedom of speech and the removal of media restrictions.



"I SHOT the sheriff" is a popular song by the reggae singer Bob Marley. Tebogo Fassie, singer Linda Fassie's son, seems to be reporting the crime. Photographer MBUZENI ZULU did not venture near Tebogo to find out if the gun was for real.

(S) SMI

# Mental illness still invokes horror

By Toni Younghusband  
Medical Reporter

For centuries, diseases of the mind have remained behind locked doors, fearfully ignored by a society where mental illness is unacceptable and misunderstood.

Schizophrenia is such an illness — a disease which strikes fear and suspicion in the minds of the uninformed.

Schizophrenia is fatigue and confusion.

It means having to separate every experience into reality and unreality and at times not knowing where the edges overlap.

It means thoughts are continually being sucked out of your head.

For a young man or woman just entering into adulthood, contracting schizophrenia seems like a death sentence.

"Self-esteem is crushed and hope for a future becomes an impossible dream," says the California Alliance for the Mentally Ill — a relatives' organisation in America.

## SECOND CLASS

A spokeswoman for Associated Psychiatric Services — an inter-disciplinary, inter-organisational group of psychiatric professionals working in community-based settings in South Africa — said those labelled "mentally ill" were being openly relegated to second-class citizenship.

She said that social workers found that setting up a treatment programme, a half-way house or a board-and-care facility in "decent" suburbs provoked the residents there into a state of near hysteria and the "not-in-my-backyard" syndrome.

"It is for this very reason that society must learn about this disease, must come to understand its problems and limitations.

"We can stop looking at schizophrenia as though it were contagious. It is not.

"We can stop being afraid of schizophrenics as though they were violent individuals.

"The most important thing that we can do is to accept them as members of our society who need help, because that is exactly what they are," the spokeswoman said.

What is schizophrenia? It is the name given to a group of mental disorders which cause a dramatic disturbance in the way a person's mind functions.

Instead of working in harmony, the parts of the mind which control thinking and feeling are at odds with one another.

The person starts to experience the world around him in a different way from other people and his behaviour changes strikingly.

One form of the disease usually develops during adolescence. The person has difficulty concentrating and in conducting relationships with other people.

He cannot seem to think straight, loses interest in outside events and expresses inappropriate emotional reaction.

Sometimes a patient suffers from hallucinations, hears voices and becomes deluded. Others swing violently between great excitement and complete withdrawal.

There are a number of relatives' support groups operating throughout South Africa. Similar groups are being planned in Johannesburg.

"In order for the continued development of appropriate and effective services, the community and the mental health professionals need to work hand in hand," the spokeswoman said.

The Associated Psychiatric Services is holding a public meeting for family members and friends of schizophrenics.

The meeting, which is open to all races, will be held on Saturday at 2 pm, 9th floor, Armadale Place, 261 Bree Street.

# Doctors link migration to mental illness

PSYCHIATRISTS have long known that the rates of serious mental illness like schizophrenia among West Indian immigrants in Britain are disproportionately high — some three to four times that of white Britons.

This has been put down to the stresses of migration, because most immigrants in any country in the world — irrespective of their colour — have a high incidence of mental illness.

The children of immigrants, however, usually do much better: their mental health is likely to be much nearer to the norm. But for the black community in Britain, there is now new evidence that this does not seem to be so.

Research soon to be published by a team in London, which includes Dr Roland Littlewood, a consultant psychiatrist at Middlesex Hospital, reveals that black people actually born in Britain to West Indian parents are three times more likely to be taken into hospital and diagnosed as schizophrenic than black immigrants; and a startling 12 times more likely than white Britons.

It is supported by another recent study in Birmingham, which suggests that first-admission rates for schizophrenia among British-born

16-22/10/87 WJ mail  
**Schizophrenia is more common to immigrant blacks in Britain than indigenous whites. DAVID BERRY reports**

black women are some 13 times higher than for white women;

Put together with the strong impression among these professionals that black people are heavily overrepresented in regional 'secure units' and 'high security units'.

"If nothing is done about this issue, the implications are far too serious to contemplate," says Dr Sashi Sashiduran, a consultant psychiatrist at All Saints Hospital in Birmingham. "What is happening is that a large number of young Afro-Caribbeans are being inducted into a psychiatric career."

Littlewood's research strongly discounts any suggestion that black people are inherently "madder" than whites. But a clear difference of opinion has emerged amongst professionals.

Some argue that psychiatrists misdiagnose black distress and anger as mental illness because they do not understand black culture or the economic pressures black people face. And once black patients are "inside"

the psychiatric system, they are treated more harshly than whites, and are perceived as more "dangerous".

The evidence offered to support this view includes the fact that black patients find it much more difficult to get counselling and therapy help in the National Health Service, rather than physical or chemical forms of treatment.

But Littlewood, for one, is sceptical about this "misdiagnosis" explanation: "I think there is a tendency to view acute stress reactions in black people as symptoms of schizophrenia, but we did look at our notes for the patients in the latest study and in very few cases did we want to change our original diagnosis."

He argues that it is the experience of blacks born and brought up in Britain which causes not just distress, but serious mental illness

"It's not just a question of poverty. It is a question of racism. A large proportion of people in any society are vulnerable to mental illness but many of them live with stresses without becoming ill. My strong feeling is that black people are being driven psychotic by our society, that racism is indeed causing these high rates of mental illness."

— The Guardian, London

(88) DD 22/10/87

# Mental treatment: outcry as patients face new charges

by JILL JOUBERT

**GRAHAMSTOWN** — Thousands of people who suffer from some form of mental sickness are now faced with paying for their own medication as long as they are on medical aid — or have incomes of more than R276 a year.

This applies to patients in all state hospitals and should have been enforced from April, although some hospitals delayed implementing it.

Fort England Hospital here delayed introducing the new ruling until last month.

Many outpatients, of which there are about 3 000, could be affected.

Since 1983, inpatients have been paying an admission charge and daily rate on a reducing scale depending on their length of stay.

After 180 days they are exempt from payment, the hospital secretary, Mrs G. R. Bosman, said.

Short-term patients

are required to pay R38 a day, depending on their circumstances, she said.

Indigent outpatients and those whose medical aid runs out would continue to receive their medication free.

The costs, however, to the private sector were difficult to calculate.

Clinical psychologists here said it had been estimated that as many as 30 per cent of the population would suffer at some point in their lives from depression strong enough to disturb normal functioning.

A widely used anti-depressant now costs a patient or medical aid as much as R60 a month.

"Unfortunately most medications used in treating mental sicknesses are sophisticated drugs and commensurately more expensive," said a pharmacist.

This was because the active ingredient had to be imported.

Costs were related to the exchange rate which had caused all medication prices to escalate more so in the last 18 months.

Conversely pharmacists were facing liquidity problems. Costs escalated during shelf life.

Fort England Hospital holds clinics throughout the region — in Somerset East, Cookhouse, Bedford, Adelaide, Port Alfred and Alexandria — as well as from the hospital.

The move to make some patients pay for their drugs is deplored by psychiatrists and clinical psychologists.

"It is part of the pattern of deteriorating health services throughout largely due to bad planning," said one.

With patients going off with their own prescriptions, patient numbers checking for treatment would drop, another said.

"The next thing is the state will want to know the reason why and we'll be back to square one," another said cynically.

SS SMC 26/10/87

Psychologist calls for aid programme

# Racial tensions and rat-race pressure are ruining SA's health

Own Correspondent

CAPE TOWN — South Africa has one of the most psychologically ill societies in the world and everything must be done to obliterate the causes by investing heavily in providing a clinical psychology programme to reach all communities.

Mr Hendrik Kotze, director of the Unit for Clinical Psychology at the University of Stellenbosch, said in an interview this week the problem had reached alarming proportions and was manifesting itself in frightening statistics:

### 107 000 PEOPLE A DAY IN JAIL

- South Africa's divorce rate was among the three highest in the world.
- Coronary disease was among the five highest in the world.
- Until recently the suicide rate among the Indian community was the highest in the world.
- The number of motor accidents was among the highest in the world.
- There were more than 107 000 people a day in jail.
- The use of drugs was among the highest in the world, especially in the Western Cape.

Mr Kotze said investigations had shown a high

incidence of depression, tension and uncertainty among South African communities.

"The symptoms of inter-personal and inter-group conflict are evident daily, with painful consequences and brutal aggression a tragic way of life."

### GENERATION OF DISTURBED CHILDREN

Mr Kotze identified root causes which had to be reduced. Among them were:

- The socio-political climate, which placed such tremendous pressure on South Africans that SA Institute of Clinical Psychology has warned of a generation of maladjusted children.
- A materialistic lifestyle among whites striving for a high standard of living and consequently placing too many demands on themselves.
- Pressure placed on whites to obtain management positions while too few people were available.
- Pressure to excel, which meant that children particularly were driven too hard.
- Conditions of poverty and often social disorder. These were particularly severe among black and coloured communities.
- The experience of these communities was that they are still unacceptable to part of the white community.

There were other, more general, factors contributing to the situation, but Mr Kotze said the important point was that strategies had to be worked out to counter the deteriorating rate of mental health.

"If you consider that there are only about 2 000 clinical psychologists and psychiatrists in the country serving 30 million and that local universities are only turning out about 100 new graduates a year, you begin to appreciate the problem," Mr Kotze said.

At the moment the medical profession was treating only "the tip of the elitist iceberg" and priority would have to be given to expanding mental health facilities.

Mr Kotze said the Psychological Association of South Africa had appointed a committee to investigate the whole issue of mental health in South Africa.

# Suicides in West Cape increase by 60 percent

## Crime Reporter

THE number of recorded suicides in the Western Cape rose by 60 percent last year.

Police said the 136 suicides in 1985 included four children.

Mr Sam Bloomberg, founder-chairman of the South African Suicide Prevention Centre in Johannesburg, said the increase was worrying and might lead to his organisation setting up an office in Cape Town this year.

Mr Bloomberg said 45 percent of South Africa's suicides occurred on the Witwatersrand. This was because the Witwatersrand had "no sea, no rivers — no atmosphere in which to unwind".

According to police figures there were 85 recorded suicides in 1984, of which 44 were white men. Last year 70 white men died, 34 as the result of drug overdoses and jumping from buildings.

## Society more violent

Police said 29 men shot themselves. No black women committed suicide.

Mr Bloomberg said the number of deaths showed society was becoming more violent and the fact that more men had died was not surprising as men were more aggressive.

The increase in suicides among coloured people could be linked to increased urbanisation. People were less likely to commit suicide in a small rural situation.

The economic recession could also play a part. Last year had been more stressful, with people losing their businesses and jobs.

Mr Bloomberg said children did not normally have access to methods to kill themselves and they showed suicidal behaviour by being more accident-prone.

~~88~~ 88

# Policies 'hamper quality of life'

CAPE TIMES 15/3/85

THERE was sufficient evidence that influx-control laws, the policies of homeland consolidation and the "forced removal of people" negated or seriously hampered attempts to improve the quality of life of the poor, according to the Second Carnegie Inquiry into Poverty and Development in Southern Africa (SCIPDSA).

The first post-conference report issued by the SCIPDSA — based on the research of more than 400 academics, professional people and community workers countrywide, and drawn from discussion at last year's Carnegie Conference — was compiled by Mr R Fincham, the author of "Food and Nutrition in South Africa: Assessment and Policy Recommendations".

"It is hoped that this report (The Food and Nutrition Group, FNG) has outlined in sufficient detail the dimensions of the nutrition problem facing the country, and that it will facilitate dialogue between academics, community workers and decision-makers," he said.

The FNG — under the chairmanship of Professor John Reid, deputy vice-chancellor of the University of Cape Town — calls for:

- "Health programmes that are not imposed from above, but actively involve the community at grassroots level.

- "Clean drinking water for all. This, in itself, may be sufficient to prevent diarrhoea.

- "Health education, especially for mothers, and more effective use of available medical personnel in promoting immunization and breastfeeding.

- "A countrywide food-stamp system which can be targeted at the most needy groups in society like the aged, unemployed, tuberculosis sufferers, those who live on disability grants, pre-school children and selected pregnant mothers.

- "Diet supplements for pre-school and schoolgoing children, especially at schools identified as having significant numbers of underweight children, and

- "Regular monitoring of the growth of all schoolchildren and the compulsory notification of all those below 60 percent of expected weight for age without specific disease causes."

Mr Fincham argued that the proposed short-term recommendations for improved nutrition could not be separated from long-term policy changes.

"Sufficient evidence exists to support the contention that influx-control laws, together with policies of homeland consolidation and the forced removal of people, negate or seriously hamper all attempts to improve the level of living of the poor.

"It is therefore recommended that the severe restriction on the process of urbanization of the poor, paralleled by significant rural development and the curtailment of the repatriation of people to the homelands, are the most important long-term policy changes that could provide for improvements in nutritional status," he said.

Drawn on the findings of the Carnegie Conference papers, Mr Fincham found that nutritional conditions varied geographically. Homelands were the worst areas to raise children, and severe malnutrition — kwashiorkor and marasmus — were a major problem in resettlement areas.

Community surveys of pre-school children in the Elim Hospital area of Gazankulu and the Driefontein Tribal Trust Area showed one-third of children to be underweight.

Half the children in Gelukspan, Bophuthatswana, were underweight, and 10 percent of pre-school children surveyed in Tsweletswele, Ciskei, had signs of kwashiorkor.

A study in Natal and Kwazulu showed that rural adults tended to be more stunted in growth than their urban counterparts — about a quarter of rural men were underweight. In contrast, a fifth of rural women were obese, and in urban areas this rose to a third.

Mr Fincham concluded that obesity — the result of a diet high in carbohydrates and lacking sufficient protein — was a serious nutritional problem, especially among urban women.

"State policies which bring about the resettlement of substantial numbers of people, restrict the freedom of individuals to seek employment where they want to, and other facets of apartheid are restraints on better standards of living and nutrition for the poor," he said. — Sapa

ARGUS

88 19/5/86

# Stress of apartheid behind SA suicides?

The Argus Correspondent

JOHANNESBURG. — Psycho-social stresses of apartheid may be why South Africa has a high incidence of suicide and family murders, delegates to a conference in Johannesburg on apartheid and mental health have been told.

Mr Lloyd Vogelmann, chairman of the Organisation for Appropriate Social Services in South Africa, which convened the conference, said apartheid may be another factor which can assist in explaining why whites have the highest rate of coronary disease in the world.

"For the dominant (white) group political power has produced a sense of omnipotence, arrogance and superiority.

"The growing threat of revolution and the possibility of losing privilege will probably lead whites to suffer injury to their narcissistic illusion," Mr Vogelmann said.

He said factors leading to stress were the four-million without jobs in South Africa — it is estimated that 2 000 jobs a day must be created if the country is to rid itself of unemployment — and the likelihood that blacks who have work earn a monthly wage of only R300 or less.

## Wretchedness

"Added to this are apartheid, society repression, racism, resettlement and super-exploitation," he said.

"The negative impact of oppression and exploitation had led to a feeling among blacks of 'wretchedness on earth' — depression, passivity and powerlessness."

The present climate of militant strength and the proclamation of people's power in township life will change this.

"Nevertheless, there is still a daily degradation that many blacks suffer which must cause stress, frustration, a sense of inferiority and anger — all of which are anathema to psychological wellbeing."



# Apartheid<sup>TRK</sup> stress blamed<sup>9/5/86</sup> for murders and suicides<sup>88</sup>

By Joe Openshaw,  
Medical Reporter

Psycho-social stresses of apartheid may be why South Africa has a high incidence of suicide and family murders, delegates to a conference in Johannesburg on "Apartheid and Mental Health" heard at the weekend.

Mr Lloyd Vogelmann, chairman of the Organisation for Appropriate Social Services in South Africa and convener of the conference, said:

"For the dominant (white) group, political power has produced a sense of omnipotence, arrogance and superiority.

"The growing threat of revolution and the possibility of losing privilege will probably lead whites to suffer injury to their narcissistic illusions," he said.

## NEGATIVE

Two factors leading to stress are the four million without jobs in South Africa and the likelihood that the blacks, who have work only, earn a monthly wage under R300.

"Added to this are apartheid, repression, racism, resettlement and super exploitation.

"The negative impact of oppression and exploitation had led to a feeling among blacks of 'wretchedness on earth' — depression, passivity and powerlessness," he said.

The present climate of militant strength and the proclamation of people's power in township life would change this.

"Nevertheless there is still a daily degradation that many blacks suffer which must cause stress, frustration, a sense of inferiority and anger — all of which are anathema to psychological well being."

● See Page 13.

# I'm going to kill myself

Suicides in SA four times the official figure — counsellor



Mr Sam Bloomberg

**MICHAEL DOMAN,**  
Weekend Argus Reporter  
*"I'M just calling to say goodbye. This is the last day of my life."*

This is what the typical caller to Suicides Anonymous in Johannesburg says, and it is surprising to learn that most people who want to end their lives try to tell someone about it first.

"That's because each suicide reflects someone not having support in the critical time of his or her life," says Sam Bloomberg, founder of Suicides Anonymous.

*"I've got an insurance policy — my family will be alright."*

*"My business is insolvent and I can't face court action. I'll lose the house."*

*"We are having marital squabbles at home."*

These are other problems raised by would-be suicides, and they indicate that almost twice as many South African men than women kill themselves and that the slump in economic fortunes has increased the suicide rate.

### Critical hours

"Our objective when speaking to a caller like this is to get him or her through the critical hours," says Mr Bloomberg.

"The people with the highest risk are critical for only a couple of hours. After that they are normal but we always follow up calls with visits by counsellors.

"I might start by asking if I can speak to the spouse. I would try to convince the person that setbacks like losing a job or a house needn't mean the end."

The firearm has become the No 1 suicide weapon and callers to help services even fire practise shots so that counsellors can hear that they are serious.

"One wrong word can send the caller in the wrong direction, so one has to be careful about what one says."

In South Africa many more women threaten suicide than men, but more men actually kill themselves.

### Bigger number

And Mr Bloomberg says that the published statistics of suicides need to be multiplied by four to give the true number of people killed by their own hands.

"That's because so many people are recorded as having been killed in 'accidents'.

"I would say about one-third of road accidents are wilful suicide attempts. One caller told me he had tried five times to kill himself in a motor accident!

"Others admit on the phone that they intend to shoot themselves but make it look as though they were cleaning their guns. That way they don't have problems with the insurance companies."

One of Mr Bloomberg's theories is that hardships make a better person — which seems to be borne out by the low number of Africans who commit suicide.

### Family killings

"Our population is emotionally inferior and weak because for the past 30 years people have grown up without major trouble."

Women's liberation and the pressures which go with an urban lifestyle also play a role in pushing people to suicide.

"The husband is no longer necessarily the head of the house, both in earnings and in the bedroom, and some just can't cope with that situation."

A fairly new trend is the family killing, where one member, often the father, wipes out his entire brood because of the above factors combined with the economic depression and the political situation in the country.

"We used to have one family killing in 20 years, now they are happening all the time."

### Second chance

"But the gun itself has contributed to the rise in the number of suicides.

"Many people own guns and reach for them to settle arguments. And the tragedy is that with a gun one doesn't have a second chance.

"If people try to kill themselves by taking an overdose there is a chance they can be saved if found in time."

SP

# South Africans 'living in fear, uncertainty'

W/14 (88) Mercury Reporter 12/6/86

WORSENING township violence and the economic recession have taken their toll on the mental health of South Africans.

Anxiety, depression, uncertainty and fear have become common complaints for an ever-increasing number of people of all races during the past two years, psychologists say.

Dr Tina Jonker, director of the Durban Mental Health Society, said there had been a marked increase in the number of people coming to the society for help, although no statistics were available.

Among township blacks, there was 'fear all the time'.

'People tell us they never know what's going to happen the next moment,' she said.

'They say it's quiet one moment, then the next thing they see is smoke and flames. There is also a lot of worry among parents who don't know where their youngsters are or who feel they've lost control of their children.'

'The end result, without any doubt, is anxiety and depression.'

Other race groups were also affected, even though they might be spared the day-to-day experience of conflict, she said.

'There's uncertainty about the future, which causes a lot of anxiety among Indians, whites and coloureds too.'

She said the continuing recession was having serious effects on mental health in all groups.



Cape Times 12/6/86 (88) 28

# From Cradock to Crossroads

THE changing face of South Africa, seen through the eyes of the children of Crossroads, is a living nightmare.

For some it is a long, black tunnel with no light at the end. A world outside the realm of the average middle-class South African. This fact was brought home forcibly last weekend when three frightened children of the ghetto knocked on a door in the white suburb of Oranjezicht.

Three sisters from Crossroads, they cowered on the steps, sheepishly following my host through to the kitchen to join us for supper.

The oldest was 17 years old. The visible flesh on her arms, legs and neck was disfigured by burn marks.

All three toyed with spaghetti, but she ate little, preferring to talk about her future, which she seemed to have mapped out.

Briefly she outlined Plan A.

"I'm going to walk away from this place. I was born in Cradock and in Cradock I will die, not here in Crossroads."

Plan B was a dream she hoped one day to realize.

"I'm just going to walk and walk and walk ... far away from South Africa to a place where everything is quiet and there is peace in the land. South Africa is a bad place."

Her sisters just giggled behind their hands. "She's got no money. She can't go anywhere," the 13-year-old offered in explanation, her wide eyes wrinkled in laughter.

The oldest sister planned to put Plan A into effect the next day. Her slight frame was lost in the depths of her seat.

"I am going to the funeral of Phumzile Dossie at Nyanga, where I will meet my friends from Cradock. They will come to the funeral in a big bus and I will buy some bread and milk and I will jump on to that bus and hide away when they go back to Cradock."

Her sisters took this plan more seriously. They, too, wished to hide away on the big bus

## focus



A forlorn trio, with nowhere to go.

bound for Cradock. Their mother, a domestic worker, lived in Cradock. "We don't need any money for that bus," said the 16-year-old, shyly fingering her light perm.

Ignoring her protestations that she was going it alone, the younger sisters said they were going with her, whether she wanted them to or not. The oldest swore she would die alone. "I will only look after myself because if I die, I will die

as I was born. On my own."

Their mother in Cradock belonged to all three of them, they said, although they did not know the whereabouts of their three different fathers.

It was when trouble flared up in Cradock in 1983 that the sisters were sent to Cape Town by their mother to live with their grandmother. Their mother had been sending money for their schooling to the grandmother. The three sisters had been living with their grandmother in a friend's home in Nyanga Bush.

"But then the people said that this friend was an informer and they burnt down our home. Now they are after her to necklace her. We have no clothes, just what we are wearing," the small child said softly.

None of the sisters would even discuss going back with us to the Crossroads area to seek refuge in Zolani Centre in Nyanga East, alongside their grandmother who was being sheltered there.

(This encounter took place before relief posts such as Zolani Centre in Nyanga East were destroyed this week.)

It was too dangerous, they said. Nor would they consider taking money for train fare straight through to Cradock. All three sisters were determined to go to the funeral of Phumzile Dossie the next day.

"We do expect trouble, but we must go to pay our respects," they all agreed.

After a hot bath, a few hours' sleep, much laughing and clowning around in the big double spare bed, they were taken to the Mowbray Station and put on a bus to Nyanga.

There were roadblocks around Nyanga the next day. Teargas was fired at the funeral procession by police.

No big buses from Cradock were noted by a photographer friend present at the funeral of 30-year-old Phumzile Dossie.

Plan A must have failed.

GLYNNIS UNDERHILL

Cape Times 12/6/86

# Violence and economy take mental toll

**Own Correspondent**  
DURBAN. — Worsening township violence and the economic recession have taken their toll on the mental health of South Africans.

Anxiety, depression, uncertainty and fear have become common complaints for an ever-increasing number of people of all races during the past two years, say psychologists.

Many of those who can are getting out. Overseas removal firms are doing brisk business, with one major firm reporting a 40 percent increase in the number of families moving abroad this year.

## Need help

Dr Tina Jonker, director of the Durban Mental Health Society, said there had been a marked increase in the number of people coming to the society for help, although no statistics were available.

Among township blacks, there was "fear all the time".

She said: "People tell us they never know what's going to happen the next moment."

"They say it's quiet one moment, then the next thing they see is smoke and flames."

"There is also a lot of worry among parents, who don't know where their youngsters are, or who feel they've lost control of their children."

"The end result, without any doubt, is anxiety and depression."

Other race groups were also affected, even although they might be spared the "day-to-day" experience of conflict, she said.

## Anxiety

"There's uncertainty about the future, which causes a lot of anxiety among Indians, whites and coloured people, too."

She said the continuing recession was having serious effects on mental health in all groups.

The "higher socio-economic group" seemed most affected by job insecurity and unemploy-

ment, perhaps because poorer people were "more used to the struggle".

Other psychologists also reported an increase in the number of patients whose mental problems had been caused or exacerbated by the political and economic situation.

## Quitting

Meanwhile, Mr Brian Goldie, managing director of a major overseas removal firm and chairman of the South African Furniture and Warehouseman's Association, said about 40 percent more families were moving abroad this year.

Sixty percent of emigrants went to Britain. Most of them were British nationals who had immigrated to South Africa, some of them many years ago.

The second most popular destination was Australia, which took about 30 percent of emigrants.

The remaining 10 percent went to a variety of countries in Europe and North America.

"As the political problems here increase, more and more people are taking the decision to leave," said Mr Goldie.

Other removal companies reported similar, or bigger, increases in business.

## Passports

And, the scramble for British passports continues.

Describing the Johannesburg British Consulate-General as having "the busiest passport section outside a Commonwealth country", a spokesman said about 20 000 British passports had been issued last year.

A British Home office estimate last week put the number of South Africans with the right to claim residence in Britain at about 800 000.

About 1 000 000 more with British connections were expected to be able to put pressure on the government to allow them to settle.

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# Mentally handicapped in W Cape 'need more aid'

Education Reporter

THERE was a pressing need for more facilities and services for mentally handicapped children and adults of all races in the Western Cape, delegates at a University of Cape Town conference have been told.

Services and facilities were not only grossly unequal, but contained weaknesses which affected all ethnic groups, Professor V M Grover of the Western Cape Forum for the Mentally Handicapped said at the conference.

A survey found "very marked differences" in the provision of facilities for black, white and coloured mentally handicapped people.

Only 5,4 percent of the needs of the black community were met. Only three out of five types of facilities existed and these in "a very limited way", Professor Grover said.

For the coloured community, where all five types of facilities existed, only

36 percent of overall needs were met.

In the white community 86 percent of needs were met.

Continued support was necessary when dealing with the mentally handicapped.

However, weaknesses existed which affected all groups:

- Although proper early stimulation was important for later training, only 17,5 percent of children in need were attending a special pre-school because there were not enough.

- There were insufficient work and occupation centres to accommodate adults or young people who left training centres each year. Protective workshops met less than 40 percent of the need;

- There were not enough day care facilities for the severely handicapped. Only 2,8 percent of "special care" centres had day facilities and these were ~~only~~ for children.

CAP Times  
22/7/86

## Pretoria's 70th <sup>(88)</sup> suicide

PRETORIA. — The bodies of a man and his three-year-old son were found in a gas-filled vehicle in the basement parking area of a central Pretoria block of flats yesterday, bringing to 70 the total number of apparent suicides reported in the city so far this year.

They were Mr Ockert Stephanus Luther, 27, of Schubart Park Flats, and his son, Stefan.

A hosepipe was connected to the exhaust pipe of the vehicle.

Police took possession of a note. Foul play is not suspected.

The other 68 apparent suicides reported in the city so far this year involved 35 shootings, 17 hangings, six gassings, three poisonings, two electrocutions, four people who jumped from buildings and another who smothered himself.

Two suicides  
in Pretoria

PRETORIA — Two women died of bullet wounds — one in the head and the other in the stomach — at the weekend, bringing to 74 the number of apparent suicides reported in the city this year.

Mrs Elma Roux, 38, of the Willows, was found dead by her husband on Sunday with a bullet wound in the right temple. A .22 revolver was lying next to the body.

Mrs Magdalena Petronella du Plessis, 21, of Christinahof Flats, Souter Street, Pretoria West, died in the H F Verwoerd Hospital early on Saturday after being shot in the stomach with a .38 revolver on Friday night.

In both cases no notes were left behind. Police took possession of a firearm and, in the second incident, an empty shot-gun cartridge. Foul play is not suspected in either case. — Sapa



88) 00579/86

# Mental society vows to arise

Dispatch Reporter

EAST LONDON — The East London Mental Health Society has vowed to "rise from the ashes" of political unrest which resulted in the destruction of three society projects in Duncan Village last year.

The society's chairman, Mr George Lord, said in his annual report the Sophila Protective Workshop, the Khayaletu Day Training Centre and an unoccupied building, which would have been used for the Parkside Day Care Centre, were destroyed.

The executive committee, however, had vowed that, as soon as the unrest ceased and suitable premises could be found, the three institutions would "arise from the ashes", Mr Lord said.

Attendance figures at various centres had been "drastically affected" by unrest.

Another cause for concern was the depressing state of the economy, which had an adverse effect on the society as the state had cut social welfare spending to the absolute minimum. It was impossible to procure larger premises and expand services, Mr Lord said.

"Our ultimate dream is to have an all-encompassing mental health centre of which East London could be proud — and our aim is to, in future years, make this dream a reality."

Continued lack of funds was going to have a detrimental effect on the quantity and quality of services rendered by the society.

Mr Lord said under the present workload of the society professional staff found it increasingly difficult to carry out their duties in "a manner befitting high standard".

Care should be taken that the workload did not adversely affect the health of social workers.

In September last year, the society was informed the late Mr Arthur Foden, who used to be an electrical engineer with the municipality in the 1950s, had left nearly his entire estate to the society and the Red Cross Society.

The house was now being fixed to enable it to be used soon.

Another bequest, from Mr A. Wightman, of R17 527, had also boosted the morale of the society.

Presentations of service were handed out to people who had done much for the society. The head of the Ballet department at the East London Technical College, Miss Hazel Tennant, Mrs Cathy Mackie, Mrs Elsabe Komten, the Beacon Bay Lady Lions and Mr Lord received a silver candelabrum.

The candelabrum belonged to the late Mr Foden and had been left to the society.

The director of the society, Mr Patrick Young, said the candelabrum would in future be presented to any group or individual for outstanding work and service to the society. He added it would not necessarily be presented every year.

Mr Lord had been closely involved in the society for 28 years, and the vice-chairman, Dr Leon Albert, had been involved for about 19 years.

In his report Mr Young said he was concerned there were only four social workers to cover the Border area.

"It is frightening and horifying how our cases shot up, because of the political and economical pressures on us all beginning to take their toll, particularly on children," Mr Young said.

He appealed to the society to employ more staff.

Mr Young thanked staff members for their continuous support throughout unrest, and especially those who had to face many dangers in evacuating children from buildings during the trouble.

Can Times 9/10/86 (2) PP

# Dentists top suicides, second in sick leave

Medical Reporter

SOUTH AFRICAN dentists are going through tough times, according to the executive director of the Dental Association of South Africa, Dr Helmut Heydt.

Speaking at a dental congress in the city yesterday, Dr Heydt said the suicide rate among dentists was 25 percent higher than among members of any other profession.

Dentistry, he said, was one of the professions in South Africa with the highest loss of man-

hours because of illness.

About 10 percent of the deaths among dentists since 1941 could be attributed to suicide.

Research findings indicated that a drop in cavities, the over-supply of dentists in affluent areas, financial pressure and the inability of some patients to pay dentists "contracted out" of medical-aid schemes were among the reasons for the high incidence of stress in the profession.

High stress levels also had other negative effects: Dentists

were second only to land surveyors in the most sick leave taken each year, said Dr Heydt.

They also suffered from a 50 percent higher incidence of mental illness than did doctors. Research had indicated that the profession's high suicide and mental illness rates were linked.

The most significant cause of stress was the concern among dentists about their role in society because of the over-abundance of practitioners in urban areas and their extreme shortage in rural areas, said Dr Heydt.



WHAT will happen to these children?

YESTERDAY's Focus indicated that black policemen are experiencing stress that has led many murders and suicides among them. Today, a psychiatrist says that entire communities are being affected by stress as the unrest takes its toll on the health of blacks in the townships.

# Disease of violence

## Threatens all communities

**T**HE unrest that has been sweeping the country since September 1984 is taking its toll on the health of blacks in the townships, according to a psychiatrist.

Dr Patrick Mokhuane, of the Medical University of South Africa (Medunsa), says that the number of patients he is treating for stress-related diseases is on the increase.

He says that Vaal residents, for example, are one community that is living under great psychological stress.

### Anxious

Residents in the six townships have not been paying rent since 1984, and according to Dr Mokhuane, they are anxious and uncertain about their future.

"Although the rent boycott in the Vaal is a result of community action, the psychological effects might be seen

By THEMBA MOLEFE

when authorities take action against individual families," he says.

### Rage

Some react violently to stress, letting out the rage that has built up inside them, while others accept their fate meekly, says Dr Mokhuane.

He points out that stress causes illnesses such as hypertension, ulcers and psychological conditions such as depression.

"However if people experience stress as a group, they become stronger and react as a unit," he says.

"There is little doubt

# FOCUS

that too much stress at once, or even a little stress for too long, can impair physical and emotional well-being," says Dr Mokhuane.

A Johannesburg daily newspaper recently reported that some black children are so disturbed by the activities of the security forces that they are afraid to leave their homes.

The sight of uniforms or military or police vehicles make them flee in terror.

### Sandbags

Psychologists say that some white children are so disturbed by recent bombings that they believe they will end up behind sandbags in their suburban homes.

Psychology lecturer, Mr Leslie Swartz, of the University of Cape Town, said that some township children were showing symptoms of post-traumatic stress, commonly found among victims of war and disasters, such as anxiety, phobias, regression to more child-like behaviour and serious sleeping problems.

### Worsened

Such children are among hundreds treated by psychologists for problems which started or have worsened since the start of the state of emergency.

Psychologists said the psychological problems of black children have followed detentions, shootings, killings and security forces' activity in the townships.

Parents in the townships have expressed concern about the grow-

ing rift between themselves and their children, mostly those aged from 10 to late teens.

### Freedom

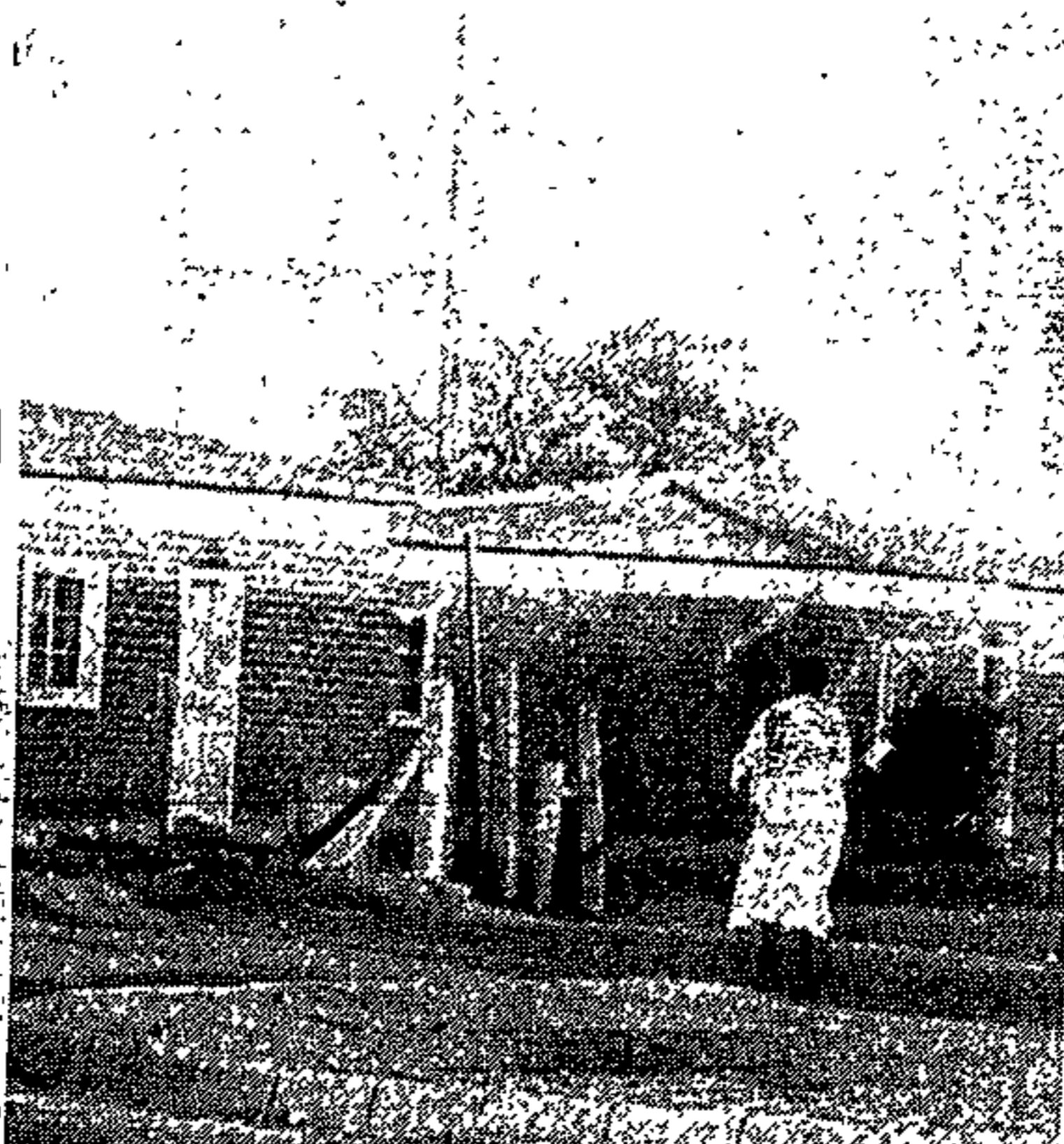
A parent told the *Sowetan* her 15-year-old son believes freedom is around the corner and identifies with many political organisations.

"Education for my child seems to have taken a backseat as he talks about 'comrades going forward with the struggle' while disregarding my pleas for him to go to school," the mother said.

Black teachers are also experiencing strain. Some are worried about their jobs if children stay away from school and the authorities close the schools down.

Township residents are anxious about the future of the country.

In the Vaal, Soweto, and other townships, people ask: "What is going to happen to us, to our children?"



SHARPEVILLE . . . the place where the current unrest started in September 1984.

Staff Reporter

THE South African National Council for Mental Health has deplored any form of "harmful detention of minors" and "unnecessary violence by any persons or agencies dealing with children".

Council chairwoman Mrs R B Crouch said yesterday that this had emerged from a number of motions adopted at the biennial general meeting of the SANCMH earlier this month.

In a statement, the council said it was "greatly concerned about the impact of present circumstances on the mental health of children, and their

88  
Cape Times, Thursday, October 16, 1986 11

## Mental-health body deplores 'harmful' detention of minors

present and future psychological and social development".

"The mental health and attitudes of our children are our hope for the future healthy relationships between our people, and this type of damage has resounding effects now and later," the statement said. The SANCMH is concerned

with matters relating to social welfare, and the psychiatric state and education of mentally ill and handicapped people.

The council statement said "our work is much hindered by the difficulties arising from separate State departments for these matters". At the meeting the council

strongly recommended single departments of Health, Welfare and Education and parity in services and facilities for all South Africans.

"We believe that the council, under present circumstances in South Africa, through its services, can play a vital role in improving relationships between groups of people and in counteracting the harmful effects of inter-group tensions and polarization."

However, the council body said "this requires a welfare policy that allows it to determine its own structure and functioning on national, regional and local levels".

THE PSYCHOLOGY OF UNREST

# CHILDREN of VIOLENCE

Is a Khmer Rouge element emerging in South Africa? Will bands of undisciplined, dehumanised youths tyrannise the townships much like those brutal youngsters graphically depicted in the recent film on the Cambodian experience, 'The Killing Fields'?

By JO-ANN BEKKER



Two symbols... On the left, black youths at a mass funeral brandish wooden models of AK-47s

AS black children of the Eighties grow up amid increasing civil violence, with three years of disrupted schooling behind them and little hope of employment in the future, many observers are questioning whether a Khmer Rouge element is emerging in South Africa.

From a historical viewpoint, however, University of the Witwatersrand political science lecturer Tom Lodge dismisses the analogy.

"In every sense the Khmer Rouge was a vile movement which saw a holocaust of three-million killed, but what its adherents did is light years away from what is happening here," he said.

"Contrary to popular belief, the Khmer Rouge was not a group of alienated, intellectually emasculated young children wreaking their bitterness on adults. It was a movement led by French-trained Marxists who had a specific vision of how to bring about revolutionary change in Cambodia. The black youth here, while motivated by a vaguely conceived understanding of revolutionary transfer of power, are not subjected to a hierarchy of leadership and I don't see a complete and vindictive nihilism in their actions."

But Lodge, like others, is concerned about the breakdown of parental and organisational discipline, a factor aggravated by mass detentions.

In a situation where about one fourth of the 20 000 people estimated detained under the Emergency regulations are younger than 18, and

allegations of torture are commonplace, do brutalised children become brutal adults?

Saths Cooper, a Wits psychology lecturer who is doing pioneering research into the issue believes the potential exists

"When you traumatise a community through repression, through siege of townships, when you brutalise children who simply objected to the education which is preparing them for a servile

ONCE YOU TAKE A NINE-YEAR-OLD INTO DETENTION, YOU'VE AGED HIM IN AN INSTANT

status in society... then you can appreciate there is a very small gap between being a victim of, or witnessing, brutalisation and modelling that aggressive behaviour," he said

"There's nothing in the prior socialisation of those youths to suggest such personal dehumanisation and brutalisation. It is clearly the result of living in a racist environment."

When children see how their elders have been humiliated and denigrated, and have no hope or aspirations for their own future, violence can be cathartic, Cooper added.

"The level of repugnance for the system is so great that very little is required to spark off a need

for a cathartic expression (a violent act) to purge oneself and one's community of what is seen as just an extension of the system, if not the system itself"

The Reverend Paul Verryn, a Methodist minister who is active in the Detainees' Counselling Service, said given the decades of brutality to which the entire black community had been exposed, it was surprising "an irredeemable pathology" was not already in existence "There is no telling what the human potential can really survive," he added.

But in the last three years, repression and resistance have moved into a new dimension: Children are regularly exposed to mass funerals of unrest victims, many of whom are children; the Security Forces have invaded black neighbourhoods and schools, while, on the other hand, there is a renaissance of political mobilisation

"My experience as a youngster is incomparable to what my younger brother grows up with," commented South African Council of Churches worker Saki Macozoma, 29, who was imprisoned on Robben Island for five years after being convicted of planning a march on Port Elizabeth in 1976.

"On an average weekend before the Emergency, my brother would attend a mass funeral. Several thousand people would be singing freedom songs

and sloganeering. That was not the case when I grew up. A funeral was a very solemn occasion barred to children. We were scared of dead people. Also," he went on, "although many of my friends' fathers were imprisoned and then deported to the Ciskei after the African National Congress was banned in 1960, people never mentioned the organisation, they would say 'So-and-so's father was deported after the Big Thing.'

OFTEN CHILDREN ARE FASCINATED BY VIOLENCE ... AND THEY'RE USUALLY FAR MORE ADEPT AT IT

We didn't speak about the ANC as if it was, you know, Orlando Pirates or Kaizer Chiefs"

Perhaps the most significant experience for the children of the Eighties, according to Verryn, is detention

"Once you take a 13-year-old or a nine-year-old into detention, and away from his routine of parental discipline, you've exposed him to the big wide world and aged him in an instant," he said. "And when you torture him and expect from him the psychological sophistication you might not expect of a 40-year-old, then you've begun a process which must be very, very difficult to undo, and it will be almost impossible for parents

to resume their reaction of violent aggression motivation society.

"There's being exposed yet very often usually far more adept at it

So how do "necklacing" the victim, cope with the

Cooper says blunting of

"Behind the consequences result in a psychic hate would be

Verryn said acts saw defence. "They had been Most see the

Whether irreparably years time, backs, if they suicidal, we consequences.

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"As the appears easy to the violence are part of community."

He believes ensuring the think the conclusion, privilege and where we

The unemployed those able to economy for the 21.

What there become a Macozoma are "out of describe the "I think" never ever its grey areas unstrategic where they

## THE WORLD THROUGH THE EYES OF YOUNG POETS

### FREEDOM FOR THE PEOPLE

Life in nowadays is like a sick butterfly. To many of us it is not worth living when it is like this. What is going on in the world around us There are people dying There are sign of freedom everywhere There are SADF everywhere you look They are either playing soccer with the children or they are having war with them They little kids don't understand why they have been put (thrown) into jail The people demand freedom for their loving nation So many people have died because they have fought for freedom Schools, shops, houses have been burnt because they want freedom The population of the world is surely decreasing. Every hour, minutes and seconds there is someone dying. The SADF has tried to bring peace but they have brought more chaos into the townships Maybe one day the freedom of the people will be given to them

BOTHALE, 12 years

(Published in Ravan Press's *Two Dogs and Freedom*, writings and drawings by township children during the 1985 State of Emergency and compiled by The Open School, a cultural education programme which runs workshops for young people.)

### What's happening in the townships

In Soweto there are a lot of beggars, children beggars because they say they want freedom. They say they want equal rights between whites and blacks. They don't want the SADF in the townships. They say when they are begging all the children must be in the struggle and when you are not in the struggle they treat you. And they don't want our parents to buy in town because that money wasted in town is the one that buys the guns that kill the children in Soweto. And when you disobey they make you drink fish oil that you have bought by force or they burn you alive.



White power and black anger — a page from *Two Dogs and Freedom*

### CENTENARY

A hundred fists are clenching

but our skies are quiet and if theirs flame it is no concern of ours and if their hearts flame then it is no concern of ours either for our skies are quiet and it is enough that we can close our eyes

A thousand fists are clenching

our skies are still quiet but the TV and the newspapers burn with news of their flaming hearts and skies and we close our eyes for it is enough that our skies are quiet

Ten thousand fists are clenching

ten thousand angry feet running, storming through the front pages of the evening

news, through our TV screens and stereo speakers We begin to feel the heat of their flaming hearts and skies And our skies are still quiet but our eyes do not close as easily as before

A hundred thousand fists are clenched a hundred thousand angry feet running storming through our streets and parks a hundred thousand hate-filled voices shouting our names in every suburb come to share their flaming hearts and skies with our bodies: And our ears will open (and hear a country dying) And our hearts will open (but they will open too late) And our mouths will open (to scream with fear) Then our eyes will open and stare motionless into eternity.

ROBYN HIRSCH

Northcliff High School, Johannesburg

(From *English Alive '86*, writings from High Schools in Southern Africa. Published by the Western Cape Branch of the South African Council for English Education.)



Flags of AK-47s right, white children at a Conservative Party rally in Pretoria wave the flag of white South Africa

Pictures: JO-ANN BEKKER and TREVOR SAMSON, AFP

when I to resume their former disciplinary control " occasion of dead reaction of those brutalised by detention was not of my violent aggression, but a deep depression which then included symptoms of self-debasement, lack of National motivation and a withdrawal from people and never society

say "So- "There's something very wrong about children Thing." being exposed to brutality," Verryn said. "And yet very often they're fascinated by it, and they're usually far more adept at it."

So how does a child who has participated in a "necklacing" — in which a tyre is placed around the victim, doused with petrol and set alight — cope with the experience?

Cooper says he has observed a "blocking off and blunting of emotions".

"Behind the facade of macho behaviour, the consequences are denied, because if faced they can result in a shattering of the personality. The psychic turmoil, extreme conflict, guilt and self-hate would be enormous," he said

Verryn said most children involved in violent acts saw them as acts of justice, even of self-defence. "They come to terms with it believing they had been good soldiers and killed the enemy. Most see the situation as one of war"

Whether their deeds would scar children irreparably would only be evident in about five years time, Verryn added. "If they have call-backs, if they find themselves demotivated, and suicidal, we might be able to discover the full consequences"

As former head of the Azanian People's Organisation, Cooper is particularly worried about the "cauldron of youth revolt" turning in on itself, resulting in intra-community violence, such as the bloody clashes between youths claiming allegiance to black-consciousness Azapo, and its ideological opponent, the non-racial United Democratic Front (UDF) in recent years

"As the enemy often becomes inaccessible and appears unassailable," Cooper explained, "it is easy to create a witchhunting pattern and deflect the violence towards those more accessible, who are part of the oppressed and exploited community."

He believes the authorities have "a direct hand in ensuring the community violence continues I think the system is looking at a very stark conclusion, saying can we allow the death of white privilege and power, or do we create a situation where we maintain control, however ephemerally and confusedly."

The growing numbers of uneducated, unemployed youths will also be fertile ground for those able to pay vigilantes to sow further division in communities. Economists believe the declining economy incapable of reproducing sufficient jobs for the population, half of whom is younger than 21.

What then can be done to ensure the youth do not become a law unto themselves?

Macozoma — who does not believe the youth are "out of hand" — believes it is crucial not to describe the youth itself as the problem.

"I think the broad liberation movement should never ever allow the alienation of the youth from its structures," he stressed "There will be a lot of grey areas and the youth are going to take a lot of unstrategic decisions, but they should be shown where they've made a mistake and wowed back

into the fold, much more than writing them off as thugs.

"Because they can become thugs, and they can become government thugs, and that's what we should bear in mind all the time

"The youth should understand that basically the whole political debate is give and take," he said "There should be a preparedness to bargain, an understanding of the political situation as one where we sit and talk and differ and still go together and be comrades even if we differ on certain issues, without having to resort to violence against one another."

While most of the black community has been



Death is part of a black child's life; Fikile Radebe, 12, with a cartridge found near her mother's body in Soweto.

politicised around slogans and has a simplified understanding of the political situation, Macozoma believes this education should go deeper.

"The tendency, in an alliance like the UDF, has been to avoid moving to a coherent ideological position, because it would bring to light too many political tendencies. But I believe if we really want the youth in our hands we have to give them ideological grounding. Experience has taught us a level of sloganeering is not sufficient for the long haul."

Cooper believes the solution lies in a "a brave, strong, creative leadership" and the speedy accommodation of the demands of the youth — "demands which any normal society would have long accommodated: political access, educational freedom, social and economic aspirations"

"If in the next couple of years there is not central intervention to begin to realistically and very seriously attempt to address the issues thrust forward by this youth revolt, and personally I can't see that happening, then the problem is going to be much more serious than it is now," he said.

"I don't believe people are completely dehumanised yet. But if in the next couple of years certain things are not redressed, then the dehumanisation will be total"

## Young, white and ignorant

"WE have lots of troubles because blacks are rioting. The Prime Minister should have a day when everybody can collect a gun and just kill one of them so they might just stop all this fighting."

That was 13-year-old Marco's considered response to what he would do if he were president, a question posed on a Radio 702 talk-back show last week.

"People here are becoming too soft for the blacks and the blacks are taking advantage of the whites," the non-black Johannesburg boy added.

Marco's "solution" to his country's problems was the most violent advocated during the hour-long radio programme devoted to opinions of the under-20s.

Of the 18 callers who phoned in, only two were black and very few advocated one-person-one vote or approved of desegregating all schools. In fact, the show's host, John Berks, was audibly shaken by the deep conservatism of most of the callers.

"We must give them equal rights, but we mustn't let them vote quite yet," cautioned a confident Jenny, 14, of Randburg. "Because they're not ready to vote yet. They will be one day and then maybe we can let them run the country as well."

Damelin student Ray, 16, said white there should be gradual changes in education, these should not happen too fast. "I mean my friends wouldn't accept a black in my class. They would do something very nasty to him I'm sure."

Judy, 14, of Krugersdorp, was all in favour of extending racial segregation. "The blacks are allowed in our towns but if we go to their towns then they want to kill us," she said. "So black people should not be allowed in our towns. I think they should live in their own towns. And if I were president I would open one beach for blacks and let the others stay just for white people."

Eleven-year-old Kerry of Morningside, Johannesburg, was the only white caller who had regular contact with black children through his mother's work with an African self-help scheme. "I think the black people and white people should not be judged by the colour of their skin because it makes no difference. They've still got the same feelings and they're still humans," he said.

Others, like Robert, 14, held more expedient reformist views. "We must be multi-racial; that will solve all our problems," he said. "And I think blacks should be allowed to live where we live. Most of them can't afford to live here anyway, so, what the hell, why not let them come here."

Others were burdened by a deep sense of guilt.

"We've been taking advantage of blacks ever since the white man moved into South

A radio programme calls on children to tell what they'd do if they ran the country ... and exposes an alarming racist streak

Africa in the first place," a teenager called Debbie mused. "We can't oppress them for so long and not expect them to do something about it."

"I wouldn't want to be president of South Africa in the first place. I'd rather leave this country. All the people of South Africa, especially all the youth, represent apartheid; we are what makes apartheid and I rather wouldn't be part of a system that does that to a group of people."

"I don't think leaving is a solution, but as far as I can see there is no answer. You can't suppress a person for so long and not expect them, like, to rise."

What the talk show demonstrated is that more than two years of spiralling civil strife has shaken white children out of the

THE BLACKS ARE ALLOWED IN OUR TOWNS. BUT IF WE GO INTO THEIR TOWNS THEY WANT TO KILL US

allegory, which could turn out to be blinkered, apolitical world of privilege enjoyed by past generations.

English Alive '86, a collection of poems and essays from high school pupils, similarly reflected young white guilt, fears of bloody reprisals from the voteless majority, and pleas for reconciliation and understanding before it is too late.

A Sunday newspaper reported that the Emergency had heightened anxiety problems among white school children; many had developed a neurotic fear of bomb attacks on white schools.

"I sometimes wonder who's really oppressed in this country, when you take a look at the white community who sits behind bars, chains and steel doors," said Paul Verryn, a Methodist priest who counsels both white and black people.

"White children truly are affected. There is such a sad fear and hopeless misinformation that they are actually so crippled they are afraid to spread their wings," he said.

"Amongst the white people I counsel my major area of therapy is self-esteem — whether they're 40 or 10, the first area that always has to be addressed is the issue of their self concept."

"I think what you're finding is a very inflexible, deeply psychologically disturbed white population which has lost its sense of fun. So in a sense both white and black children have lost their youth."

'Society is not adapting to changing roles of women'

# Emancipation and depression

The emancipation of women may be a factor contributing to the higher incidence of depression among women than men, because society is not adapting to changing roles.

This is the view of Dr Michael Ewart-Smith, a psychiatrist at Sterkfontein Hospital and psychiatry lecturer at the University of the Witwatersrand's medical school.

Dr Ewart-Smith is giving a series of four lectures on women's mental health in times of change, at the university's Centre for Continuing Education, starting tomorrow night.

He will discuss female sexuality, depression, the changing role of the female and the biological aspects of being female.

Research worldwide has repeatedly shown a higher incidence of depression and related psychiatric and emotional disturbances in women than men, Dr Ewart-Smith says.

The reasons for the disparity may be pressures facing women which men do not face to the same extent, biological differences between the sexes and women's changing status in society.

Society is undergoing an uncontrolled "social explosion", Dr Ewart-Smith says, and drastic changes are necessary to support women and prevent them from being its first victims.

"We are producing rapid social change without much thought or planning for the consequences," Dr Ewart-Smith says.

Change requires raising children in preparation for the new society and making men aware of their responsibilities and need to change.

Too little account, he says, is taken of biological differences between men and women, which

More women than men suffer from depression and related psychiatric disorders, according to research. A Johannesburg psychiatrist, who will speak tomorrow on women's mental health in times of change, gives MARIKA SBOROS some interesting reasons for this disparity.



**SUPER-STRESSES:** The pressure on women to perform inside and outside the home is greater now than it has ever been before — and psychiatrists are dealing with the results.

feminists have tended to play down.

Biological stresses like menstruation, childbirth, breast-feeding, post-natal depression and menopause, which men do not have, affect women's mental health.

"We are still uncertain of the biological aspect of the depression women suffer during these crises, but many women suffer unnecessarily when treatment can be successful," Dr Ewart-Smith says.

The pressures on women to fulfil themselves through a career outside the home, are more extreme now than ever before. But radical social change is not necessarily good for women

unless society adapts to the new conditions, Dr Ewart-Smith says.

Psychiatrists are treating women who appear to be suffering from "change in society", Dr Ewart-Smith says.

The media contribute to the stress on women by producing conflicting and incompatible demands by encouraging women to be all things to all people.

Role models put across by the media make it difficult for women to reconcile new roles with the demands of the traditional female role.

Women are made to feel guilty if they enjoy performing the important and crucial task of homemaking and child-

rearing — which can lead to the "I'm just a housewife/mother" syndrome.

Sexual activity and promiscuity are promoted (although the worldwide threat of AIDS may be dampening that a little), yet women are still expected to take on monogamous adult roles.

Many women are dissatisfied with their sex lives, Dr Ewart-Smith says, and the role of the sex therapist should be looked at for this common problem.

Is the answer more sex therapists?

Would not relationship therapy and education for more successful relationships be a better solution than the apparent repair jobs done by sex



MICHAEL EWART-SMITH

therapists, he asks.

Divorce and the single life are often portrayed positively and attractively in the media.

This may have the unfortunate effect of encouraging people to opt out instead of honouring a commitment.

"We are living in a society where more than a third of all marriages end in divorce, yet people are brought up to consider marriage a lifelong commitment," Dr Ewart-Smith says.

The family is the most important factor in many people's lives, so it should not be surprising that the high incidence of breakdown in family life is affecting people's mental well-being, women often more severely than men.

After divorce, women usually have custody of children, which makes it even more difficult for them to compete in the labour market on equal terms with men.

And as women continue to play a greater role in the market-place, attention must be given to who is going to care for the children, if stress on women is to be reduced.

"Is it society's duty to provide excellent day-care facilities? If not, then whose?" Dr Ewart-Smith asks.

● For more information on Dr Ewart-Smith's lectures, telephone (011) 716-5509.

# Suicide rate in Defence Force 'not high' says expert

Expert Mr Sam Bloomberg does not believe the suicide rate in the Defence Force is particularly high.

And the SADF says suicides and attempted suicides "represent only the smallest fraction of one percent of the Defence Force's daily strength".

This week Defence Minister General Magnus Malan stated that a total of 24 uniformed personnel had committed suicide last year, 18 of whom had been national servicemen. Another 429 members of the military had attempted to kill themselves.

In response to a question from the PFP, General Malan said 362 national servicemen had attempted suicide last year.

A total of 56 Permanent Force members and 11 Citizen Force members and Commandos had attempted suicide. Four Permanent Force members and two Citizen Force/Commandos had actually killed themselves.

SUE LEEMAN, PRETORIA BUREAU

Of those national servicemen who had tried to take their own lives, 270 had taken an overdose, 58 had slashed their wrists, ten had shot themselves, eight had tried to hang themselves, four had swallowed glass, four had stabbed themselves, three had tried to gas themselves, three had swallowed razor blades, one had jumped from a building and one had drunk poison.

Mr Bloomberg said most of those who had committed suicide had begun their military service already "infected" with suicidal tendencies.

"They are taken out of a familiar environment and placed in a more stressful environment and they react immediately. Many cannot cope with the feeling of captivity and the fact that they can no longer manipulate those around them so easily." Some merely committed suicide sooner than they

would have on "civvy street". He added that suicide in teenagers was "infectious" and there was often a rash of suicides or suicide attempts after one person had killed himself.

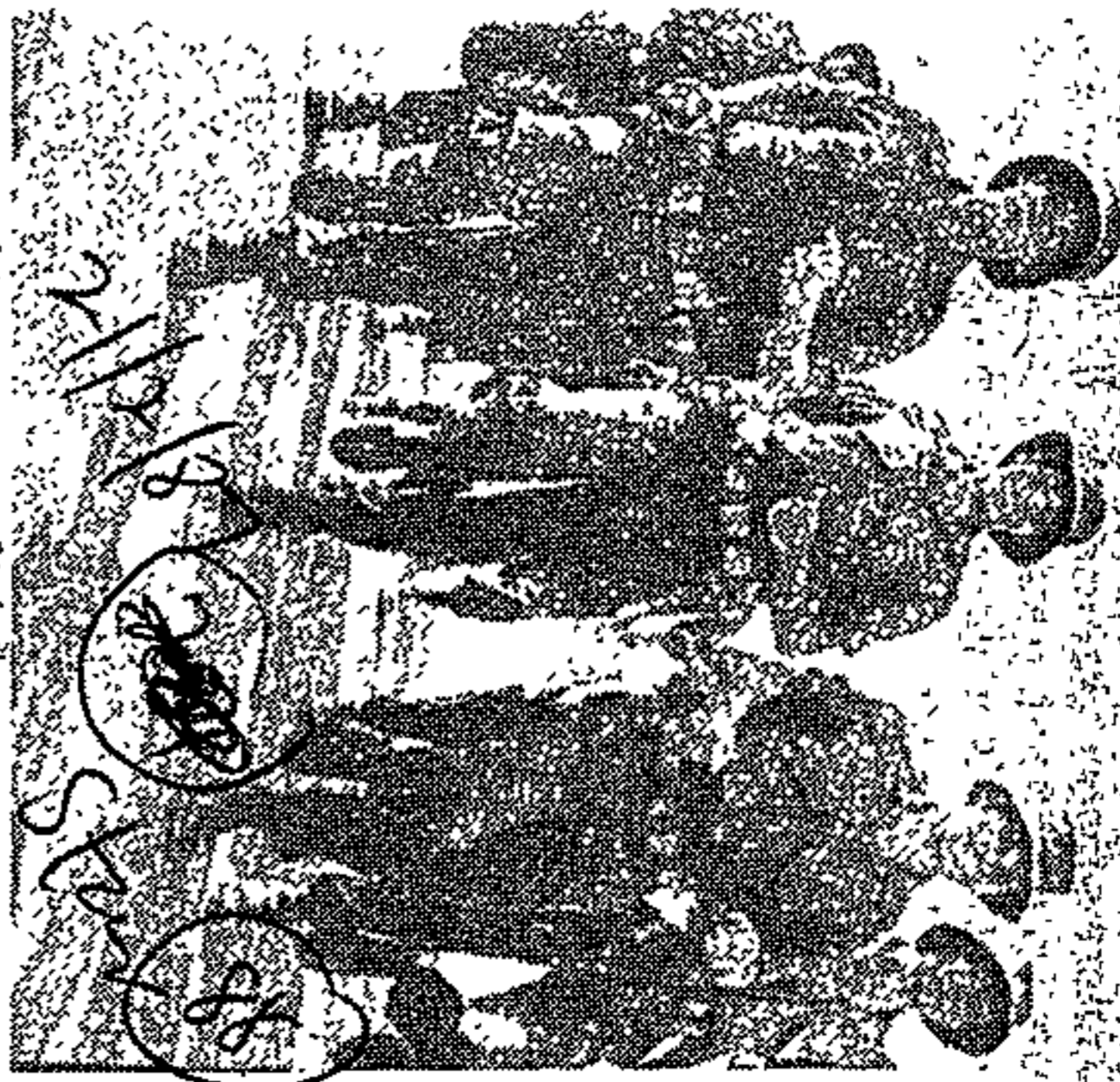
The SADF said it was a microcosm of South African society and therefore inherited a number of society's problems, including suicide.

Most national servicemen were around 19 years old — well within the high-risk suicide category which included youngsters between 17 and 19.

All suicides and attempted suicides had to be reported immediately to the SA Medical Service.

"A team made up of doctors, psychologists, psychiatrists, social workers and chaplains is involved in the treatment of a patient."

In addition, the SADF's "leader element" was taught to recognise the symptoms of stress and to refer soldiers who appeared to exhibit these symptoms to the multi-disciplinary team.



Fun to some, "bundu bashing" may be a suicide-inducing stress element of army life.



# Psychologists call for new SA

By Sue Leeman

25/2/87

Psychologists have expressed concern over what they call "the continuing hostility and violence in the country" and have called for the removal of degrading legislation, the formation of a "free and open society" and equal education for all.

Following a recent meeting of the Psychological Association of South Africa (Pasa), the association's chairman, Professor Werner Meyer, said psychologists were also offering their help in trying to normalise the situation.

He pointed out that on the one hand there were acts and allegations of violence by the security forces, while on the other there was the unrest situation in the townships.

The country had become caught in a spiral of violence, with aggression breeding aggression. Such a cycle was not easily broken.

Children, in particular, were seeing violence all around them and many were seeing violence as a means of addressing social and political problems.

Every human being, he said, built up for himself a "hierarchy of responses". For many people in South Africa today, violence was high on the list.

He said this ongoing situation would hasten the disintegration of family and community life, and in the shorter term anger and hostility would destroy physical and mental health in South Africans of all ages and race groups. Incidents like last week's attacks by a group of young whites on blacks in Waterkloof could be a manifestation of this overall feeling of aggression and uncertainty.

Members of Pasa called on:

- The Government to accelerate the abolition "of all legislation in which the dignity of the individual is not recognised, which we consider essential for meaningful reduction in social tensions".
- All political, religious, community, educational or professional leaders to work for a free and open society.
- For "an equitable educational system sensitive to the varied and changing needs of South African society".

The association said it had asked its branches and institute groups to form panels of experts who would offer their help.

Among the services that psychologists could provide were individual therapy for those suffering from violence, including parents of detainees.

# Psychologists call for open SA society

26/2/87  
DVE post

**JOHANNESBURG** — South Africa's psychologists have offered their help in trying to normalise the "continuing hostility and violence in the country", and have called for the removal of legislation seen to be degrading, the formation of a free and open society and equal education for all.

This follows a meeting of the Psychological Association of South Africa (Pasa) at which the association's chairman,

Professor Werner Meyer, said psychologists expressed concern about the situation in the country.

The country had become caught in a spiral of violence, with aggression breeding aggression. Such a cycle was not easily broken.

Children, in particular, were seeing violence all around them and many were seeing violence as a means of addressing social and political problems.

# High toll of emotional disorders

Report: Early recognition of emotional disorders are important to help troubled employees — and to save employers money

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Mental illness is one of the world's most critical social and health problems, an article in a forthcoming issue of ILO Information, says.

The International Labour Organisation publication said mental illness affected more lives and wasted more human resources than any other disabling condition.

Its costs were enormous.

The article gave the following statistics:

- One in every four people in industrialised countries may develop emotional disorders at some point in their working life.

- A three-year survey among employees of a steel company in the US found psychiatric illness accounted for 61 per cent of absenteeism from work.

- These disorders can last more than a year and the stays in hospital are longer than for other disabilities.

Affiliation: International U Associations (IUF).

A British study of young administrators who left their positions early in their careers found emotional disturbance was twice as severe among those leaving within the first year than among those who remained.

The early leavers also recorded lower scores on tests measuring job performance, satisfaction and motivation.

Mental disorders are a burden on the national economy. Recent US estimates put the cost in terms of lost payment at \$20 500 million a year.

Some 80 to 90 per cent of all industrial accidents are thought to be related to personal problems.

The proportion of workers dismissed because of personal problems rather than for incompetence, for example, was estimated at between 65 and 80 per cent.

Early recognition of emotional disorders was important to help troubled employees, the article said.

Disorders ranged from mild anxiety and depression to chronic mental illness and frequently resulted from stressful situations inside or outside the workplace, according to a study by Miss Mary Jansen, published by the ILO.

Job stresses included high levels of noise, dangerous situations, extreme supervision pressure and impersonal attitudes towards workers.

There was a growing awareness of the costs of mental disorders to employees, families and the workplace.

It was important to help employees return to the workplace, the article said.

"Returning employees to the job is not only a humanitarian solution but it may also be the most cost-effective in the long run."

A US study found 65 per cent of individuals with severe emotional disorders who resumed work after receiving rehabilitation treatment remained with the first employer with whom they were placed.

"Despite all evidence that prevention and rehabilitation pay off, there is still reluctance to develop adequate in-plant and out patients services for workers in mental distress."

"Rather, they are sent for institutional treatment which is more costly and carries more of a stigma."

# Mental health: Just who should be responsible?

By Kate McKinnell

The opening of a plush new private psychiatric clinic in Johannesburg last year has spurred several professionals to question whether this is what South Africa needs right now.

It is what the Government wants, as it fits in with a drive to spend less on hospitals and to encourage private enterprise to share the burden of health services in this country.

The idea is that people needing psychiatric care should be treated at hospitals run for profit by private companies, which would gradually replace the large State-run institutions operating at present.

The hospital fees, it is envisaged, would be paid by individuals themselves. They would be able to afford the payment by claiming from the medical insurance funds they belong to privately or at work.

A concern now being voiced is that privatisation and private clinics would benefit only a small section of South Africa's population. Another question is whether the private clinic provides the kind of service needed to promote psychiatric health.

## 'Can't afford it'

A senior clinical psychologist working in a psychiatric hospital believes a private mental health service would not address the major health needs in South Africa.

"Privatisation benefits those who are being paid and subscribe to health insurance funds. But people who have no earning power cannot afford it.

"The majority of South Africans do not belong to medical insurance funds, many are unemployed and most could never begin to afford private health services.

Dr Aubrey Levin, director of mental health at the department of Health Services and Welfare, delivered a paper on privatisation in mental health services at the recent South African Psychiatric congress in Cape Town. He answered questions:

● **Why is the Government encouraging privatisation of mental health services?**  
It is not financially possible for the State to provide health care for the entire population without increasing the tax burden and enlarging the public service.

We need to spread the burden more evenly between the private and public sector thereby releasing more money to upgrade those services for which the State is responsible.

It is Government policy that private health care should be provided as far as possible for those who are medical aid beneficiaries and can afford private treatment.

● **Can you expect private clinics to carry out services to prevent mental illness — and therefore**

the need for hospital admission — when it is in their financial interest to have patients admitted?

Increasingly private health care includes prevention as well as treatment. In the United States private psychiatric services include community projects such as mental health education and promotion, counselling services, out-patient facilities as well as crisis intervention. I believe private clinics in South Africa will follow the US model.

● **Do you see limitations to the effectiveness of privatisation?**

Yes. To start with, only 19 percent of total population are covered by medical aid. Not all of these 19 percent receive full cover and there is a tendency to discriminate against psychiatric illness and a reluctance to cover these disorders. Secondly, there are not yet enough private facilities available. Thirdly, the private facilities are not necessarily on the level established in State facilities.

● **Does privatisation mean the State will withdraw?**

No, the State can never abdicate its responsibility to provide health services to those in need, or for statutory services. On the other hand the days of huge State mental hospitals are nearing an end, but these will never be closed so long as there is a need for them.

● **What moves are being made to privatise State hospitals?**

A contract system has long been established whereby the State pays for patient care in private facilities. The State is already subsidising more than 10 000 beds in private psychiatric clinics. Privatisation of existing hospitals or part of their operation are now being investigated.

● **What role will the Government be left with if its privatisation drive is successful?**

The State will continue to provide certain services, especially for the needy. It will set standards, license, inspect and ensure a proper mix of

"They rely on the limited free or low-cost State health services that are at present available to them. I believe what we need most is an extension of these services," says the psychologist.

He says a significant increase in mental and adjustment problems in South Africa is being predicted, associated with significant population growth, rapid urbanisation and gross unemployment.

This will lead to a large pool of people needing psychiatric support — a population that will more than likely be unable to pay for the services.

"We are facing a challenge which has been unparalleled in Western Europe and I don't think we are preparing for that.

## Worldwide trend

"In Soweto, for example, we only have one hospital, and this has only just opened a psychiatric unit which is still operating with a very small staff," says the psychologist.

He points out that the privatisation drive in South Africa is also promoting the opening of more hospital facilities at a time when the recognised trend worldwide in mental health care is towards community based care.

"A preferable goal in this country might be for local government and State to provide a whole barrier of consultation services and community clinics between hospitals and all population groups — rich and poor.

"Privatisation in health services would only be fair if large corporations were prepared to finance health services for a wider population," says the psychologist.

Mr Lloyd Vogelman, chairman of the Organisation for Appropriate Social Services in South Africa (OASSSA) says privatisation suggests that if individuals want health, they must pay for it.

He points out that private hospitals would only be available to middle class South Africans, providing sophisticated and expensive treatment. OASSSA, however, stresses the need to create more services so that more South Africans have access to health resources.

He says the Government has spoken about the need for more extensive community services but continues to spend only about four percent of its annual health budget on preventative services.

Mr Vogelman estimates that 81 percent of all doctors, psychologists and psychiatrists work in urban areas.

"I believe all professionals should attempt to work in rural areas for a period at least.

"And training needs to be changed so that professionals have an understanding of South Africa's specific problems and needs," says Mr Vogelman.

# Govt aims to privatise mental health services to spread the load

psychiatric facilities. It will also promote mental health by supporting voluntary organisations running health programmes, initiating these programmes, stimulating the involvement of the community and subsidising the services of organisations working in the area or individual patients.

● **What about accusations that the provision of psychiatric services is grossly disparate for different race groups?**

Services and beds are provided in accordance with bed norms for the entire population although influenced by each community's needs. There is a shortage of professionals and a shortage of money, but I believe the amount of money being spent on each group is fair.

● **Are services in rural areas adequate?**

We are attempting to improve rural services, but it is difficult to provide effective services in rural areas where distances are great and in the face of a shortage of health professionals.

# THE 90-MINUTE session which can change an injured mind

By JO-ANN BEKKER

PSYCHOLOGISTS treating township victims of the country's ongoing civil conflict have developed once-off counselling sessions — a technique which contradicts many fundamental tenets of psychology.

Lloyd Vogelman, head of the Organisation for Appropriate Social Services in South Africa (Oassa), says mental health care professionals were finding much of their training inappropriate for dealing with people who had been detained, tortured or subjected to state violence.

"We were trained never to give advice, for example, but often we have to."

Vogelman, a clinical psychology and community mental health care lecturer at the University of the Witwatersrand, said torture rehabilitation centres in Europe removed survivors from the environment in which they had been persecuted. In South Africa, however, victims of state violence not only returned to townships virtually occupied by Security Forces, but often engaged in political activity which increased the threat of further persecution.

Most township patients were seen only once by Oassa's voluntary counsellors. "We don't know when they'll be back, they could be redetained, or killed," Vogelman commented.

So in a single 90-minute session a counsellor has to win the confidence of a traumatised person — usually by going over the general circumstances surrounding, for example, a person's arrest and the number of days in detention.

And while a counsellor would generally build up to the stage where a patient undergoes a cathartic release of pent-up feelings, Oassa counsellors have to ensure their township patients undergo this release in a single session.

Vogelman says victims of repression cannot be left with their defences down. In one-off sessions there is none of the breaking down of defences commonly associated with analysis.

"It's important for the person to be left with a sense of control. We say: you may be picked up again, you may be tortured — how are you going to deal with that? The philosophy is if a person can predict the future, it generates a sense of control. Generally, when people expect detention and are aware of the dangers, they can survive better once they get out."

"We encourage people to develop obsessive compulsive behaviour patterns — like a rigid daily routine — as a means of developing some control over their lives."

Some former detainees say they could endure torture by detaching themselves from their bodies, by losing integration.

Vogelman said Oassa found the single counselling sessions had succeeded in relieving patients of many behavioural symptoms — such as insomnia and nightmares — for a period of time, but long-term research into the results had not been completed. However, similar techniques were used in Nicaragua during the war which brought the Sandinista government to power.

"I don't think anyone can endure torture and detention and not be unscathed," he said. "And the after effects, defined as Post Traumatic Stress Disorder, should more accurately be called continual stress disorder."

Oassa was formed in 1983, after a group of psychologists boycotted a family and marital therapy conference held at Sun City. Initially the group conducted research and ran education courses for groups, but its activities turned more and more to counselling after the Vaal uprising in September 1984, as requests from township civic organisations flowed in.

16/19/87

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# Back inside: The man in the hospital ward

A DURBAN man, at the centre of a legal wrangle in 1985 over his mental fitness to be interrogated, has again been detained, this time while he was in hospital undergoing psychiatric treatment.

Shirish Soni was detained under section 29 of the Internal Security Act in June 1985. His mental condition deteriorated and he spent most of his detention in hospital for psychiatric treatment.

An application was brought for his release and during the case a Natal Supreme Court judge said if a person held under this section was incapable of being interrogated, the detention of that person was unlawful.

A number of experts were to give evidence. The state psychiatrist and senior lecturer in psychiatry at Natal University's Medical School, Dr Angelo Lasich, said Soni was unlikely to recover from his mental disorders unless he was released from detention. "Further interrogation would serve no purpose as his mental health prevents him from giving any answer which can be regarded as reliably satisfactory in any respect."

Soni was released in February 1986, shortly before the date for the court to hear oral evidence from the experts. The then Minister of Law and Order, Louis le Grange, wrote to Soni saying his detention would be pointless as "the psychiatrists are of the opinion that your further detention and interrogation could harm your psychiatric condition".

This week an application was brought on behalf of Soni asking that his latest detention be declared unlawful.

His lawyers claim he was in St Aidan's Hospital, after being admitted on June 9, suffering from "severe anxiety bordering on psychosis". In the court papers, one doctor claimed he was "gravely ill".

On June 14 police came to the hospital and told Soni he was being de-

**A detainee who was freed last year during a row over his psychological condition, has been detained again — a week after being admitted to a psychiatric ward. CARMEL RICKARD reports**

tained under section 31 of the Internal Security Act — this relates to the holding of potential state witnesses.

The state attorney told family lawyers they wanted Soni to give evidence in the (Transvaal) case of Acton Maseko in which ANC operative Ebrahim Ebrahim is one of the accused. Lawyers said they believed he had made a statement during his previous detention which could be related to this case.

The police removed Soni from the general ward and placed him in a semi-private ward under police guard.

Soni's father said his son's psychiatrist, Dr Ashwin Valjee, who treated him during his previous detention, feared the detainee's condition indicated he was a "candidate for a mental breakdown which could result in brain damage".

The day after his detention, Valjee was asked by Durban's chief district surgeon whether Soni could be moved from St Aidan's Hospital and transferred to the Transvaal.

While Valjee rejected the idea, the family said they believed another psychiatrist had examined him and said he would recommend Soni could be moved under "certain conditions".

The Soni family asked for a second order — preventing the state from moving him without Valjee's permission.

The order was not granted this week, however, because the state made undertakings which temporarily satisfied the Soni family.

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# Drama at terror case

CONDITIONS under which security detainees were being kept in the country may leave some of them with permanent psychological disorders, a Cape Town psychologist, Professor Donald Foster, said in the Pretoria Regional Court yesterday.

Professor Foster, who is author of a book *Detention and Torture in South Africa*, was testifying for the defence during a trial of Mr Abdul Aziz Kadar (27) of Cape Town.

Mr Kadar is a member of Qibla, a muslim organisation, and has refused to testify against the seven alleged members of the Pan Africanist Congress and Qibla who are facing charges of terrorism.

The psychologist told the court that his evidence was based on the legal aspect of detention under Sections 29 and 31 of the Internal Security Acts. He said these provided for indefinite detention, solitary confinement, removal of personal support and allowed lengthy interrogation.

"Detention under these sections results in impaired reasoning ability and motivational functioning and increased susceptibility, solitary confinement in itself causes severe psychological stress and lack of control on the possibility of prediction," he said.

The witness said the effects of the conditions operative under the South African detention would be disturbed mental conditions. He added that an organism could not control reliable psychological consequences once it experienced trauma.

Quoting the findings of a research he conducted among South African former security detainees, the psychologist said several psychological consequences were identified after detention. He said these included sleeplessness coupled with nightmares and that most former detainees suffered psychological disorders for considerable periods and others permanently.

(Proceeding)

HEALTH & DISEASE — MENTAL HEALTH  
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- (e) determine that any unexpended moneys appropriated by Parliament in respect of the financial year ending 31 March 1989 in connection with the administration of a provision of the Ordinance, and in respect of a matter mentioned in paragraph (a), shall be deposited in the Revenue Account: House of Assembly, referred to in section 2 (1) (b) (i) of the Exchequer and Audit Act, 1975 (Act No. 66 of 1975);
- (f) amend the Ordinance mentioned in paragraph (a) to the extent indicated in the Schedule;
- (g) determine that this Proclamation shall come into operation on 1 April 1989.

Given under my Hand and the Seal of the Republic of South Africa at Cape Town this Twenty-ninth day of March, One thousand Nine hundred and Eighty-nine.

P. W. BOTHA,  
State President.

In relation to paragraphs (a), and (c) to (g), inclusive, of this Proclamation: By Order of the State President-in-Cabinet:

J. C. HEUNIS,  
Minister of the Cabinet.

#### SCHEDULE

#### AMENDMENT OF ORDINANCE

1. The Hospitals Ordinance, 1971 (Ordinance No. 8 of 1971) (Orange Free State) is amended—

- (a) by the deletion in subsection (3) of section 3 of the words "who shall be appointed by the Administrator in accordance with the provisions of this Ordinance"; and
- (b) by the substitution for section 24 of the following section:

#### "Delegation of powers

24. (1) The Minister may, subject to such conditions as he may determine, delegate any of his powers under this Ordinance, except the power to promulgate regulations, and assign any of his duties in terms of this Ordinance, to a person employed by the Administration.

(2) A delegation under subsection (1) shall not prevent the Minister from exercising such power or carrying out such duty, as the case may be, himself."

No. 41, 1989

DECLARATION OF CERTAIN MATTERS TO BE OWN AFFAIRS OF THE WHITE POPULATION GROUP AND ASSIGNMENT OF ADMINISTRATION OF THE PROVINCIAL HOSPITALS ORDINANCE, 1961 (ORDINANCE No. 13 OF 1961), OF THE PROVINCE OF NATAL, TO THE MINISTER OF HEALTH SERVICES AND WELFARE: HOUSE OF ASSEMBLY

Under subsection (3) of section 98, read with subsection (4) of that section, and section 16, of the Republic of South Africa Constitution Act, 1983 (Act No. 110 of 1983), I hereby—

- (a) declare, after consultation with the Executive Committee of the Province of Natal, that the provisions of Part IV of the said Constitution Act,

- (e) bepaal ek hierby dat enige onbestede gelde wat deur die Parlement ten opsigte van die boekjaar wat op 31 Maart 1989 eindig in verband met die uitvoering van 'n bepaling van die Ordonnansie, en ten opsigte van 'n aangeleentheid, in paragraaf (a) vermeld, bewillig is, in die Inkomsterekening: Volksraad, bedoel in artikel 2 (1) (b) (i) van die Skatkis- en Ouditwet, 1975 (Wet No. 66 van 1975), gestort word;
- (f) wysig ek hierby die Ordonnansie in paragraaf (a) vermeld in die mate in die Bylae aangedui;
- (g) bepaal ek hierby dat hierdie Proklamasie op 1 April 1989 in werking tree.

Gegee onder my Hand en die Seel van die Republiek van Suid-Afrika te Kaapstad, op hede die Nege-entwintigste dag van Maart Eenduisend Negehonderd Nege-en-tagtig.

P. W. BOTHA,  
Staatspresident.

Met betrekking tot tot paragrawe (a), en (c) tot en met (g), van hierdie Proklamasie: Op las van die Staatspresident-in-Kabinet:

J. C. HEUNIS,  
Minister van die Kabinet.

#### BYLAE

#### WYSIGING VAN ORDONNANSIE

1. Die Ordonnansie op Hospitale, 1971 (Ordonnansie No. 8 van 1971) (Oranje-Vrystaat), word gewysig—

- (a) deur in subartikel (3) van artikel 3 die woorde "wat deur die Administrateur ooreenkomstig die bepalings van hierdie Ordonnansie aangestel word" te skrap; en
- (b) deur artikel 24 deur die volgende artikel te vervang:

#### "Delegering van bevoegdhede

24. (1) Die Minister kan, behoudens die voorwaardes wat hy bepaal, enige van sy bevoegdhede kragtens hierdie Ordonnansie, uitgesonderd die bevoegdheid om regulasies uit te vaardig, delegeer, en enige van sy pligte ingevolge hierdie Ordonnansie, opdra, aan 'n beampte in diens van die Administrasie.

(2) 'n Delegering kragtens subartikel (1) belet nie die Minister om die betrokke bevoegdheid of plig, na gelang van die geval, self uit te oefen of uit te voer nie."

No. 41, 1989

VERKLARING VAN SEKERE AANGELEENTHEDE TOT EIE SAKE VAN DIE BLANKE BEVOLKINGSGROEP EN OPDRA VAN UITVOERING VAN DIE ORDONNANSIE OP PROVINSIALE HOSPITALE, 1961 (ORDONNANSIE No. 13 VAN 1961), VAN DIE PROVINSIE NATAL, AAN DIE MINISTER VAN GESONDHEIDSDIENSTE EN WELSYN: VOLKSRAAD

Kragtens subartikel (3) van artikel 98, saamgelees met subartikel (4) van daardie artikel, en artikel 16, van die Grondwet van die Republiek van Suid-Afrika, 1983 (Wet No. 110 van 1983)—

- (a) verklaar ek hierby, na raadpleging van die Uitvoerende Komitee van die provinsie Natal, dat die bepalings van Deel IV van vermeldde Grond-

1958 (Ordinance No. 14 of 1958) (Transvaal), with the exception of Chapters V and VI, in so far as that Ordinance relates to—

- (i) the White population group; and
  - (ii) the provincial hospitals known as J. G. Strijdom, Johannesburg; Paardekraal, Krugersdorp; Vereeniging; Far East Rand, Springs; Andrew McColm, Pretoria; Bernice Samuel, Delmas; Bloemhof; Brits; Delareyville; Duiwelskloof; Edenvale; Elsie Ballot, Amersfoort; Evander; F. H. Odendaal, Nylstroom; Gen. de la Rey, Lichtenburg; Groblersdal; H. A. Grove, Belfast; Hendrik van der Bijl, Vanderbijlpark; Kempton Park; Louis Trichardt Memorial Hospital; Ontdekkers Memorial Hospital, Roodepoort; Phalaborwa; Pretoria West; Sannieshof; South Rand, Johannesburg; Sybrand van Niekerk, Carltonville; Van Velden Memorial, Tzaneen; Ventersdorp; Voortrekker, Potgietersrus; Warmbaths; Waterval Boven; and Willem Cruywagen, Germiston;
  - (iii) the aided hospitals known as the Zuid-Afrikaanse Hospital, Pretoria, and the Daspoort Polyclinic; and
  - (iv) the subsidised hospitals known as the Bond van Afrikaanse Moeders, Pretoria; Coligny Clinic; Ottosdal Nursing Home; and the Pongola Hospital;
- (b) assign the administration of the provisions of the Ordinance mentioned in paragraph (a), to the extent indicated in that paragraph, but excluding sections 1 (2), 2, 3, 4 (2) (a) and (e), 7, 14, 65, 66 and 69, to the Minister of Health Services and Welfare: House of Assembly;
- (c) determine that in the application of a provision of the Ordinance assigned under paragraph (b) in so far as the administration thereof is assigned, unless clearly inappropriate, any reference in such provision—
- (i) to the Provincial Administration, shall be construed as a reference to the Administration: House of Assembly;
  - (ii) to the Administrator, shall be construed as a reference to the Minister of Health Services and Welfare: House of Assembly;
  - (iii) to the Department of Hospital Services, shall be construed as a reference to the Department of Health Services and Welfare: Administration: House of Assembly, except in regulation 13 of the Regulations relating to Hospitals Boards published by Administrator's Notice No. 637 of 1958;
  - (iv) to the Director of Hospital Services, shall be construed as a reference to the Head of the Department of Health Services and Welfare, Administration: House of Assembly, except in section 6, 22 (2), 37 and 73, regulation 13 of the Regulations relating to Hospitals Boards published by Administrator's Notice No. 637 of 1958, regulation 14 of the Regulations relating to the Safe Custody at Provincial Hospitals of Effects and Valuables of Patients published by Administrator's Notice No. 649 of 1958, regulation 9 of the Regulations

nansie op Hospitale, 1958 (Ordonnansie No. 14 van 1958) (Transvaal), met die uitsondering van Hoofstukke V en VI, vir sover die Ordonnansie betrekking het op—

- (i) die Blanke bevolkingsgroep;
  - (ii) die provinsiale hospitale bekend as J. G. Strijdom, Johannesburg; Paardekraal, Krugersdorp; Vereeniging; Verre-Oosrand, Springs; Andrew McColm, Pretoria; Bernice Samuel, Delmas; Bloemhof; Brits; Delareyville; Duiwelskloof; Edenvale; Elsie Ballot, Amersfoort; Evander; F. H. Odendaal, Nylstroom; Gen. de la Rey, Lichtenburg; Groblersdal; H. A. Grove, Belfast; Hendrik van der Bijl, Vanderbijlpark; Kempton Park; Louis Trichardt-gedenkhospitaal; Ontdekkers-gedenkhospitaal; Roodepoort; Phalaborwa; Pretoria-Wes; Sannieshof; Suid-Rand, Johannesburg; Sybrand van Niekerk, Carltonville; Van Velden-gedenkhospitaal, Tzaneen; Ventersdorp; Voortrekker, Potgietersrus; Warmbad; Waterval Boven; en Willem Cruywagen, Germiston;
  - (iii) die ondersteunde hospitale bekend as die Zuid-Afrikaanse Hospitaal, Pretoria, en die Daspoort Polikliniek; en
  - (iv) die gesubsidieerde hospitale bekend as die Bond van Afrikaanse Moeders, Pretoria; Coligny-kliniek; Ottosdal-verpleeginrigting; en die Pongola-hospitaal;
- (b) dra ek hierby die uitvoering van die bepalings van die Ordonnansie in paragraaf (a) vermeld, in die mate in daardie paragraaf aangedui, maar met die uitsondering van artikels 1 (2), 2, 3, 4 (2) (a) en (e), 7, 14, 65, 66 en 69, aan die Minister van Gesondheidsdienste en Welsyn: Volksraad op;
- (c) bepaal ek hierby dat by die toepassing van 'n bepaling van die Ordonnansie kragtens paragraaf (b) opgedra, vir sover die uitvoering daarvan opgedra word, tensy dit klaarblyklik onvanpas is, 'n verwysing in so 'n bepaling—
- (i) na die Provinsiale Administrasie, uitgelê word as 'n verwysing na die Administrasie: Volksraad;
  - (ii) na die Administrateur, uitgelê word as 'n verwysing na die Minister van Gesondheidsdienste en Welsyn: Volksraad;
  - (iii) na die Departement van Hospitaaldienste, uitgelê word as 'n verwysing na die Departement van Gesondheidsdienste en Welsyn, Administrasie: Volksraad, uitgesonderd in regulasie 13 van die Regulasies betreffende Hospitaalrade afgekondig by Administrateurskennisgewing No. 637 van 1958;
  - (iv) na die Direkteur van Hospitaaldienste, uitgelê word as 'n verwysing na die Hoof van die Departement van Gesondheidsdienste en Welsyn, Administrasie: Volksraad, uitgesonderd in artikels 6, 22 (2), 37 en 73, regulasie 13 van die Regulasies betreffende Hospitaalrade afgekondig by Administrateurskennisgewing No. 637 van 1958, regulasie 14 van die Regulasies betreffende die Veilige Bewaring van Persoonlike Besittings en Kosbaarhede van Pasiënte by Provinsiale Hospitale afgekondig by Administrateurskennisgewing No. 649 van 1958, regulasie 9 van die

(h) determine that this Proclamation shall come into operation on 1 April 1989.

Given under my Hand and the Seal of the Republic of South Africa at Cape Town on the Twenty-ninth day of March, One thousand Nine hundred and Eighty-nine.

P. W. BOTHA,  
State President.

In relation to paragraphs (a), and (c) to (h), inclusive, of this Proclamation: By Order of the State President-in-Cabinet:

J. C. HEUNIS,  
Minister of the Cabinet.

#### SCHEDULE

##### AMENDMENT OF ORDINANCE

1. The Hospitals Ordinance, 1946 (Ordinance No. 18 of 1946) (Cape), is amended—

- (a) by the substitution in section 3 for the word "Administration" of the word "Administrator";
- (b) by the substitution for section 11 of the following section:

*"Vesting of immovable property in State*

11. (1) The ownership and control of all immovable property which, immediately prior to the date of commencement of the Proclamation under which the administration of this Ordinance has been assigned to the Minister of Health Services and Welfare: House of Assembly, vested in hospital trustees, mentioned in this section as it existed before the substitution thereof by the said Proclamation shall from that date vest in the State.

(2) The immovable property referred to in subsection (1), shall be transferred to the State without payment of transfer duty, stamp duty or any other fees or costs, but subject to any existing right, obligation or trust on or over that property.

(3) The officer in charge of a deeds office or other office where immovable property referred to in subsection (1) is registered, shall, on the submission to him of the title deed concerned, make such endorsements on that title deed and such entries in his registers as may be necessary so as to effect the transfer of the property concerned, to the State."; and

- (c) by the deletion in subsection (1) of section 30 of the words "including the appointment of nursing staff (other than matrons and sister-tutors), and all staff to posts in the Genral Division of the Hospital Board Service".

No. 40, 1989

DECLARATION OF CERTAIN MATTERS TO BE OWN AFFAIRS OF THE WHITE POPULATION GROUP AND ASSIGNMENT OF ADMINISTRATION OF THE HOSPITALS ORDINANCE, 1971 (ORDINANCE No. 8 OF 1971), OF THE PROVINCE OF THE ORANGE FREE STATE, TO THE MINISTER OF HEALTH SERVICES AND WELFARE: HOUSE OF ASSEMBLY

Under subsection 3 of section 98, read with subsection (4) of that section, and section 16, of the Republic of South Africa Constitution Act, 1983 (Act No. 110 of 1983), I hereby—

- (a) declare, after consultation with the Executive Committee of the Province of the Orange Free State, that the provisions of Part IV of the said

(h) bepaal ek hierby dat hierdie Proklamasie op 1 April 1989 in werking tree.

Gegee onder my Hand en die Seël van die Republiek van Suid-Afrika te Kaapstad, op hede die Nege-entwintigste dag van Maart Eenduisend Negehonderd Nege-en-tagtig.

P. W. BOTHA,  
Staatspresident.

Met betrekking tot paragrawe (a), en (c) tot en met (h), van hierdie Proklamasie: Op las van die Staatspresident-in-Kabinet:

J. C. HEUNIS,  
Minister van die Kabinet.

#### BYLAE

##### WYSIGING VAN ORDONNANSIE

Die Ordonnansie op Hospitale, 1946 (Ordonnansie No. 18 van 1946) (Kaap), word gewysig—

- (a) deur in artikel 3 die woord "Administrasie" deur die woord "Administrateur" te vervang;
- (b) deur artikel 11 deur die volgende artikel te vervang:

*"Vestiging van onroerende goed in Staat*

11.(1) Die eiendomsreg en beheer van alle onroerende goed wat, onmiddellik voor die datum van inwerkingtreding van die Proklamasie waarkragtens die uitvoering van hierdie Ordonnansie aan die Minister van Gesondheidsdienste en Welsyn: Volksraad opgedra is, berus het by hospitaaltrustees vermeld in hierdie artikel soos dit voor die vervanging daarvan by bedoelde Proklamasie bestaan het, berus vanaf daardie datum by die Staat.

(2) Die onroerende goed bedoel in subartikel (1) word aan die Staat oorgedra sonder die betaling van hereregte, seëlregte of enige ander gelde of koste, maar onderworpe aan enige bestaande reg, verpligting of trust op of oor daardie goed.

(3) Die beamppte in beheer van 'n aktekan-oor of ander kantoor waar onroerende goed bedoel in subartikel (1) geregistreer is, moet, by die voorlegging aan hom van die betrokke titelbewys, die endossemente op daardie titelbewys, en die inskrywings in sy registers, aanbly bring wat nodig is ten einde die betrokke goed aan die Staat oor te dra."; en

- (c) deur in subartikel (1) van artikel 30 die woorde "insluitende die aanstelling van verplegingspersoneel (met uitsondering van matrones en suster-instruktrises) en alle personeel in betrekking in die Algemene Afdeling van die Hospitaalraadsdiens" te skrap.

No. 40, 1989

VERKLARING VAN SEKERE AANGELEENTHEDE TOT EIE SAKE VAN DIE BLANKE BEVOLKINGSGROEP EN OPDRA VAN UITVOERING VAN DIE ORDONNANSIE OP HOSPITALE, 1971 (ORDONNANSIE No. 8 VAN 1971), VAN DIE PROVINSIE DIE ORANJE-VRYSTAAT, AAN DIE MINISTER VAN GESONDHEIDSDIENSTE EN WELSYN: VOLKSRAAD

Kragtens subartikel (3) van artikel 98, saamgelees met subartikel (4) van daardie artikel, en artikel 16, van die Grondwet van die Republiek van Suid-Afrika, 1983 (Wet No. 110 van 1983)—

- (a) verklaar ek hierby, na raadpleging van die Uitvoerende Komitee van die provinsie die Oranje-Vrystaat, dat die bepalings van Deel IV van ver-

Constitution Act, 1983, shall apply to the Hospitals Ordinance, 1971 (Ordinance No. 8 of 1971) (Orange Free State), in so far as that Ordinance relates to—

- (i) the White population group; and
  - (ii) the Voortrekker Hospital, Kroonstad; the Provincial Hospital, Bethlehem; the Provincial Hospital, Sasolburg; the Provincial Hospital, Jagersfontein; and the Provincial Hospital, Zastron;
- (b) assign the administration of the provisions of the Ordinance mentioned in paragraph (a), to the extent indicated in that paragraph, to the Minister of Health Services and Welfare: House of Assembly;
- (c) determine that in the application of a provision of the Ordinance assigned under paragraph (b) in so far as the administration thereof is assigned, unless clearly inappropriate, any reference in such provision—
- (i) to the Provincial Administration, shall be construed as a reference to the Administration: House of Assembly except in regulations 342, 366 (1), 370 and 371 of the Hospital Regulations published by Administrator's Notice No. 63 of 1941;
  - (ii) to the Administrator, shall be construed as a reference to the Minister of Health Services and Welfare: House of Assembly;
  - (iii) to the Directorate Hospital Services, shall be construed as a reference to the Department of Health Services and Welfare: Administration: House of Assembly, except in section 21;
  - (iv) to the Director of Hospital Services, shall be construed as a reference to the Head of the Department of Health Services and Welfare, Administration: House of Assembly, except in section 10, 11 (a) and (c) and 21 and in regulations A.2 (1) (a) (vii) and A.6 (1) (a) (ii) of the Regulations relating to Hospital Fees published by Administrator's Notice No. 249 of 1987, in which excluded cases such a reference shall be construed as a reference to the Minister of Health Services and Welfare: House of Assembly;
  - (v) to the Provincial Council, shall be construed as a reference to the House of Assembly; and
  - (vi) to the Provincial Secretary, shall be construed as a reference to the Director-General, Administration: House of Assembly;
- (d) determine that the Minister of Health Services and Welfare: House of Assembly and the Department of Health Services and Welfare, Administration: House of Assembly shall for all purposes be deemed to be the successor in title to the Administrator and Provincial Administration of the Province of the Orange Free State, respectively, in respect of all immovable assets, liabilities, rights and obligations which immediately prior to the coming into operation of this Proclamation under, in terms of or by virtue of a provision of the Ordinance assigned under paragraph (b) vested in the said Administrator or Administration, as the case may be;

melde Grondwet, 1983, van toepassing is op die Ordonnansie op Hospitale, 1971 (Ordonnansie No. 8 van 1971) (Oranje-Vrystaat), vir sover dié Ordonnansie betrekking het op—

- (i) die Blanke bevolkingsgroep; en
  - (ii) die Voortrekker-hospitaal, Kroonstad; die Provinsiale Hospitaal, Bethlehem; die Provinsiale Hospitaal, Sasolburg; die Provinsiale Hospitaal, Jagersfontein; en die Provinsiale Hospitaal, Zastron;
- (b) dra ek hierby die uitvoering van die bepalings van die Ordonnansie in paragraaf (a) vermeld, in die mate in daardie paragraaf aangedui, aan die Minister van Gesondheidsdienste en Welsyn: Volksraad op;
- (c) bepaal ek hierby dat by die toepassing, van 'n bepaling van die Ordonnansie kragtens paragraaf (b) opgedra, vir sover die uitvoering daarvan opgedra word, tensy dit klaarblyklik onvanpas is, 'n verwysing in so 'n bepaling—
- (i) na die Provinsiale Administrasie, uitgelê word as 'n verwysing na die Administrasie: Volksraad, uitgesonderd in regulasies 342, 366 (1), 370 en 371 van die Hospitaalregulasies afgekondig by Administrateurskennisgewing No. 63 van 1941;
  - (ii) na die Administrateur, uitgelê word as 'n verwysing na die Minister van Gesondheidsdienste en Welsyn: Volksraad;
  - (iii) na die Direkoraat Hospitaaldienste, uitgelê word as 'n verwysing na die Departement van Gesondheidsdienste en Welsyn, Administrasie: Volksraad, uitgesonderd in artikel 21;
  - (iv) na die Direkteur van Hospitaaldienste, uitgelê word as 'n verwysing na die Hoof van die Departement van Gesondheidsdienste en Welsyn, Administrasie: Volksraad, uitgesonderd in artikels 10, 11 (a) en (c) en 21 en in regulasies A.2 (1) (a) (vii) en A.6 (1) (a) (ii) van die Regulasies betreffende Hospitaalgelde afgekondig by Administrateurskennisgewing No. 249 van 1987, in welke uitgesonderde gevalle so 'n verwysing uitgelê word as 'n verwysing na die Minister van Gesondheidsdienste en Welsyn: Volksraad;
  - (v) na die Provinsiale Raad, uitgelê word as 'n verwysing na die Volksraad; en
  - (vi) na die Provinsiale Sekretaris, uitgelê word as 'n verwysing na die Direkteur-generaal: Administrasie: Volksraad;
- (d) bepaal ek hierby dat die Minister van Gesondheidsdienste en Welsyn: Volksraad en die Departement van Gesondheidsdienste en Welsyn, Administrasie: Volksraad vir alle doeleindes geag word die opvolger-in-regte te wees van, onderskeidelik, die Administrateur en die Provinsiale Administrasie van die Provinsie die Oranje-Vrystaat ten opsigte van alle onroerende bates, geld, laste, regte en verpligtinge wat onmiddellik voor die inwerkingtreding van hierdie Proklamasie kragtens, ingevolge of uit hoofde van 'n bepaling van die Ordonnansie kragtens paragraaf (b) opgedra, by vermelde Administrateur of Administrasie, na gelang van die geval berus het;

REPUBLIC  
OF  
SOUTH AFRICA



REPUBLIEK  
VAN  
SUID-AFRIKA

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PRETORIA, 31 MARCH 1989  
MAART 1989

No. 11802

## 88 PROCLAMATIONS

by the

State President of the Republic of South Africa

No. 39, 1989

DECLARATION OF CERTAIN MATTERS TO BE OWN AFFAIRS OF THE WHITE POPULATION GROUP AND ASSIGNMENT OF ADMINISTRATION OF THE HOSPITALS ORDINANCE, 1946 (ORDINANCE No. 18 OF 1946), OF THE PROVINCE OF THE CAPE OF GOOD HOPE, TO THE MINISTER OF HEALTH SERVICES AND WELFARE: HOUSE OF ASSEMBLY

Under subsection (3) of section 98, read with subsection (4) of that section, and section 16, of the Republic of South Africa Constitution Act, 1983 (Act No. 110 of 1983), I hereby—

- (a) declare, after consultation with the Executive Committee of the Province of the Cape of Good Hope, that the provisions of Part IV of the said Constitution Act, 1983, shall apply to the Hospitals Ordinance, 1946 (Ordinance No. 18 of 1946) (Cape), in so far as that Ordinance relates to—
  - (i) the White population group; and
  - (ii) the William Slater Hospital, Cape Town; the Volks Hospital, Cape Town; the Provincial Hospital, Port Elizabeth (including the Allan Nash Clinic and the Algoa Park Clinic); and the Walvisbay Hospital (Whites);
- (b) assign the administration of the provisions of the Ordinance mentioned in paragraph (a), to the extent indicated in that paragraph, but excluding sections 4 to 7, inclusive, 9, 12, 13, 15, 31 (1) and (2), 32 to 38, inclusive, 42, 43, and 49 to 50bis, inclusive, to the Minister of Health Services and Welfare: House of Assembly;

## PROKLAMASIES

van die

Staatspresident van die Republiek van Suid-Afrika

No. 39, 1989

VERKLARING VAN SEKERE AANGELEENTHEDE TOT EIE SAKE VAN DIE BLANKE BEVOLKINGSGROEP EN OPDRA VAN UITVOERING VAN DIE ORDONNANSIE OP HOSPITALE, 1946 (ORDONNANSIE No. 18 VAN 1946), VAN DIE PROVINSIE DIE KAAP DIE GOEIE HOOP, AAN DIE MINISTER VAN GESONDHEIDSDIENSTE EN WELSYN: VOLKSRAAD

Kragtens subartikel (3) van artikel 98, saamgelees met subartikel (4) van daardie artikel, en artikel 16, van die Grondwet van die Republiek van Suid-Afrika, 1983 (Wet No. 110 van 1983)—

- (a) verklaar ek hierby, na raadpleging van die Uitvoerende Komitee van die provinsie die Kaap die Goeie Hoop, dat die bepalings van Deel IV van die vermelde Grondwet, 1983, van toepassing is op die Ordonnansie op Hospitale, 1946 (Ordonnansie No. 18 van 1946) (Kaap), vir sover die Ordonnansie betrekking het op—
  - (i) die Blanke bevolkingsgroep; en
  - (ii) die William Slater-hospitaal, Kaapstad; die Volks-hospitaal, Kaapstad; die Provinsiale Hospitaal, Port Elizabeth (met inbegrip van die Allan Nash-kliniek en die Algoa Park-kliniek); en die Walvisbaai-hospitaal (Blankes);
- (b) dra ek hierby die uitvoering van die bepalings van die Ordonnansie in paragraaf (a) vermeld, in die mate in daardie paragraaf aangedui, maar met die uitsondering van artikels 4 tot en met 7, 9, 12, 13, 15, 31 (1) en (2), 32 tot en met 38, 42, 43 en 49 tot en met 50bis, aan die Minister van Gesondheidsdienste en Welsyn: Volksraad op;

# Caring, it's all in the family

By DAVID YUTAR  
Staff Reporter

MORE than 30 000 people in the Western Cape alone could be suffering from schizophrenia and there is only one community-based facility for re-integrating such people in this region. That is Fountain House.

Statistics have shown that about one percent of the world's population suffers from the illness of schizophrenia. In a city the size of Cape Town, it is quite possible that as many as 30 000 people might be victims of this disturbance about which there is still much ignorance.

Fountain House looks like any modest home in Observatory from the outside. It is one of a neat-looking row of semi-detached houses in Lower Main Road, a few doors away from Bloomsbury's restaurant and opposite the Lion Match Company.

Inside the house is a family — albeit a rather large one at 130 members — and there's even the family cat, Checkers, and a dog called Tara who is not often at home.

Fountain House is a rehabilitative day centre run by the Cape Mental Health. It actually has a daily capacity of 30 people so it's not difficult to imagine how cramped it has become. It is bursting at the seams and it has even become impossible for all the "members" and staff to sit down

## Fountain House — where the struggling learn to cope again

enjoy a meal at the same table.

Fountain House is designed to assist people who have been in and out of mental institutions or have been diagnosed as suffering from schizophrenia and other mental disorders.

### With dignity

It is based on the belief that such people need a chance to prove they are capable of making a real and valuable contribution to society, despite their problems. They are often able to overcome these problems when treated with dignity and respect as human beings in their own right.

Fountain House is modelled on the original Fountain House which started in Manhattan, New York, 41 years ago. The only facility of its kind in the Western Cape it is one of only three throughout the country.

It is also part of an international network of more than 250 club houses. This is what one 29-year-old member of Fountain House in New York, who had spent 10 years in a state psychiatric hospital since the age of 10, had to say about the house: "I wish that everyone who believes that chronic patients are totally chronic could see all the things our members do each day and hear all of the things they have to say."

"Some day, I hope we'll have a book of what they think, and then people can be more hopeful and not use the word 'chronic' for anybody, at least until we've given them opportunities they and all people need."

### Nerve centre

Home co-ordinator of the local Fountain House, Erna Prinsloo, who has extensive experience in psychiatric care, describes the Manhattan clubhouse as the "nerve centre of the whole movement".

It supports the various affiliated clubhouses all over the world with resources and literature and also runs a training programme for both staff members of the organisation

and ordinary members from all over the world.

"We are essentially a community-based social club for folk who have become socially and vocationally disabled as a result of severe mental illness."

She says that the house, which opened its doors in April three years ago, has about 130 members, the vast majority of whom are diagnosed as schizophrenic or suffering from various forms of manic depression.

There are five members of the professional staff. They include a psychiatric nurse, an occupational therapist, two social workers and one "para-professional" who works two days a week and the rest of the time is based at Khayelitsha.

As we are talking a contented-looking cat ambles into the room. Erna tells me it's the residential cat, "Checkers".

### Egalitarian

"We also have a dog that comes in every day with one of our staff. It gives the place a homely atmosphere."

There are two aspects that Erna stresses about the home and its philosophy. The one is its egalitarian structure and the other is that is not just a social club but endeavours to help its members in their search for meaningful work.

"The club belongs to all our members. We never refer to anyone as anything other than members. This is central. We are not a clinic or a day care centre but a clubhouse run by and for members."

The clubhouse holds weekly meetings at which decisions are made by all the members. The members are involved in every aspect of the running of the centre and they work side by side with staff members, and not under them.

"Members probably draw more from each other than they do from the staff. People are often amazed at how much nurturing they get from other members."

Members work wherever

they are best suited. While one helps at the reception and takes calls another runs the second-hand clothing store and yet others manage the catering which means doing the shopping, preparing, serving and cleaning up after the meals.

Many of the members of Fountain House are immensely creative and there are a number of active artists. A few members have recently exhibited at a minor life exhibition at the Baxter and two others will be part of a group of artists who will exhibit their work at the Baxter later this month.

### Statistics

"One member is a professional artist who undoubtedly earns more than staff members," laughs Erna.

Fountain House even has a member who is a wizard at statistics and assists the club in keeping records of attendance (which are needed for subsidy purposes), while others help with the accounts. Members assist to produce a clubhouse magazine.

Members come from all over the Peninsula. There are some from Noordhoek and others from Guguletu. Erna emphasises that the house is non-racial although regrettably only its white members still enjoy a subsidy which means that only 50 percent are subsidised.

"The facility is now much too small. There is literally not enough places for people to sit at lunch time."

The goal that underlies every aspect of the running of Fountain House is, in Erna Prinsloo's words, "to empower people and give them back their dignity as human beings."

Members participate in the training of medical students as well as student nurses and occupational therapists.

"Members sit in at workshops and actively contribute. It is our definite policy that when we run workshops for students, that a member is always included in the training seminar."

### Graduates

Erna says that the members come from a great diversity of backgrounds although there is "a surprisingly high percentage of graduates and lots of matriculants".

But the one thing that all the Fountain House members do have in common, says Erna, is

what she calls a "hospital career".

"Most have had repeated admissions. The vast majority have had six to eight or even more admissions."

"Some have had hospital careers that span a period of 25 years or longer."

The mornings are devoted to the so-called "pre-vocational programme" which is designed to provide members with useful work that best utilises their skills.

"One thing distinguishes Fountain House from other similar institutions. We don't allow purely 'artificial work'. The work done must be generated by the actual needs of the house."

Fountain House also runs an employment project that is designed to assist members find meaningful work in the outside community. About 30 members have either full-time or part-time jobs.

### Ill-disposed

"A surprising number of members are able to get work when one considers that most employers are so ill-disposed to people with a background of mental illness."

The house has a policy of keeping up a liaison between members and their employers and has an arrangement that whenever a particular member misses work, for whatever reason, the house will provide that employer with a replacement employee, "even if it means a member of staff having to stand in for the absent worker".

"Once a month there is a 'supper club' for only those members who are in employment. It's quite an intimate group and there is a great deal of mutual support."

The house has also devised a programme to cater for those members who haven't been employed for a substantial time. It is known as the "transitional employment programme".

"Some members haven't worked for 15 to 20 years. Such members are given the opportunity of working in a temporary placement of between three and six months. Thereafter they move on and another unemployed member is given the same opportunity."



KITCHEN SCENE: Betty Travill, Mark Adams and June Marks. In the background is Bobby Calitz.



AT WORK: In the office, Michael Kimber (editor of the house's magazine) with Marlyn Miller, the house secretary.

## Help is needed to foot the bill for extra accommodation

FOUNTAIN HOUSE faces a deadline that is both exciting and nerve-racking.

It needs R200 000 by August 20 if it is to alleviate its chronic accommodation shortage, expand its activities and take on new members.

The Lions Head branch of the Soroptimists, an all-women's service organisation which is similar to Rotary, has found a beautiful 11-roomed Victorian home in Observatory that is for sale and which would be ideal for Fountain House's purposes.

The Soroptimists would like to buy the premises for Fountain House.

However, there has been a lot of

interest in the house and the Soroptimists have been given until August 20 to come up with the necessary finance to put in an offer.

A well-known bank has offered to assist by granting a 100 percent bond and delaying the payment of interest for a year.

But unless the R200 000 is raised by August 20, Fountain House will lose a golden opportunity.

An appeal is being made to anyone, including commercial companies, who would like to assist this project, to do so without delay.

● If you are able to help, please telephone Ms Tony Tickton on 47-9040, Mrs Rosy Bennett on 20-2256 (both numbers during office hours) or Dr Jill Lazard on 44 5607.

# Asylum bars racism but psychiatry's rooted in it

W/E Mail 10/8/85 2/8/9

The issue of racism in the treatment of the mentally ill will not be overcome by simply desegregating wards. The legacy of segregation involves psychiatry itself as it clings to the concept of separate cultures.

By DEIRDRE MOYLE

**A**FTER almost a century of racial segregation, a Cape Town psychiatric hospital has integrated its wards. It is fitting that Valkenberg Hospital in Cape Town should be one of the first mental hospitals in the country to desegregate. It holds two other firsts in South African psychiatry — it was the first asylum opened for the sole treatment of the mentally ill and the first for white patients only.

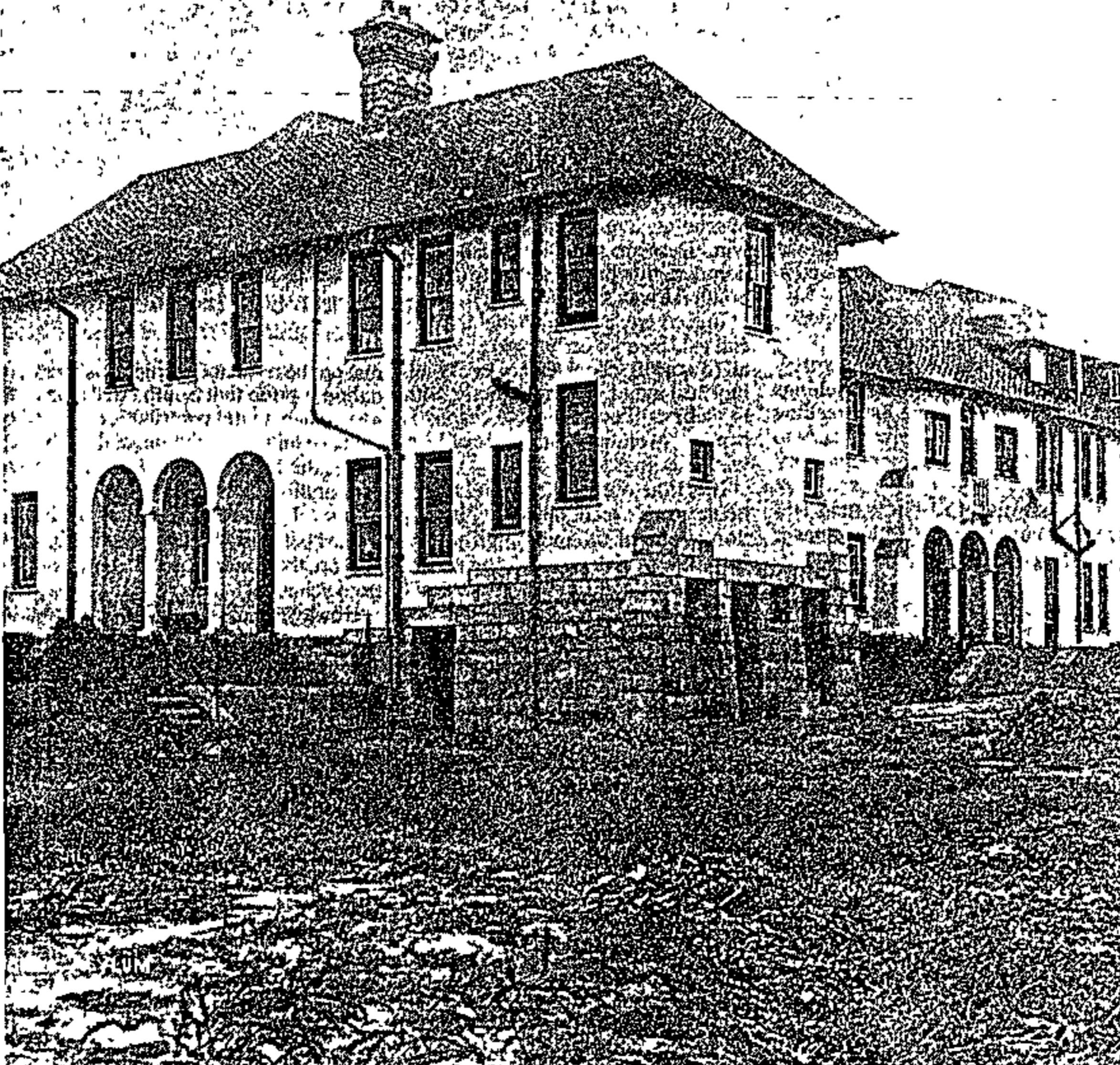
The new head of psychiatry at the UCT Medical School, Brian Robertson, spearheaded the decision to reintegrate Valkenberg soon after his appointment last year, as "it was not acceptable to discriminate psychiatric patients on the basis of race".

Besides the ethical reasons, it also had a practical basis, according to Robertson, as everything had to be duplicated and "the non-whites" always came off worse as services weren't developing as well on the "black side".

Valkenberg has, since it opened in 1981 on the site of the old Valk family farm, become two hospitals known as the "white" (or, more politely, the "Observatory side") and "black" (or "Pinelands side") sections, divided by the Black River Parkway.

Up to 1985, the division was largely between white and coloured patients. Africans were not seen as part of the population of the Western Cape and thus excluded from official planning. But the extent to which they had become domiciled in the Western Cape and influx control had collapsed, became apparent when the coloured patients were moved to Lentegeur Hospital in 1985 under the jurisdiction of the House of Representatives. Official planners believed that the opening of Lentegeur would result in the closure of the "black side" of Valkenberg. The 200 vacant beds were quickly filled by African patients, whose number at the hospital has since doubled.

Robertson had the full support of the hospital board in his desire to see Valkenberg desegregated. It was known at the time that from the director general down, the Department of Hospitals and Health Services was also keen to remove discrimination. Formally the racial segregation of hospitals was scrapped with the Separate Amenities Act this year. However, this does not mean all hospitals will automatically open as some fall out of the ambit of the act and under



When the first inmates arrived at Valkenberg they were first housed in the old farm buildings until the new building was completed

the various Own Affairs departments.

The move at Valkenberg away from segregation has been further endorsed by the executive of the Society of Psychiatrists, which at its March meeting took a policy decision in favour of desegregation.

The first eight black patients were moved to the "white side" of Valkenberg on May 4 this year. The patients were from a ward known as the "therapeutic milieu" — less severely dis-

turbed patients in the neuro-clinic with a better prognosis than the psychotic patients in the locked or closed wards.

This move is the beginning of the restructuring and integration of the entire hospital which will result in the "white side" caring for acute patients and the "black side" dealing with chronic care as well as the forensic section.

But the legacy of segregation will

not end with the reintegration of wards at psychiatric hospitals. The ideas that informed the decision to segregate Valkenberg in the first place are tied to the emergence of South African psychiatry today.

While formal psychiatric training started in South Africa in the 1930s, the foundations of its practice had already been established in the previous century. The ideas that the experience of madness differs, according to race,

remains part of the discourse of psychiatry today largely through the adherence to concepts of culture that assume the existence of discrete groups, each with a separate identity.

Reviewing the four major approaches in mainstream South African psychiatry, Don Foster and Leslie Swartz of the University of Cape Town's psychology department found that all of them have a notion of black culture as an organic archaic essence which is contrasted with the fragmented alienated Western culture.

A doctor interviewed at an Eastern Cape hospital at the end of last year illustrates the breadth of this continuum of opinion in psychiatry. He argued that black people do not suffer from depression and that most of the patients in the hospital were schizophrenic, even though they may not manifest it now.

But Robertson is optimistic about the future as he sees the differences between patients as socio-economic.

"We can work with people from different cultures as people have more in common as human beings than what is different." But he adds that psychiatry must take into account differences and traditional practices.

Francois Daubenton, the head of Community Services at Valkenberg who has been overseeing the restructuring of the hospital, said the process has gone remarkably smoothly. The largest problem at the outset was the fear and the lack of understanding by white and black patients and the staff, but constant communication has overcome some of the problems.

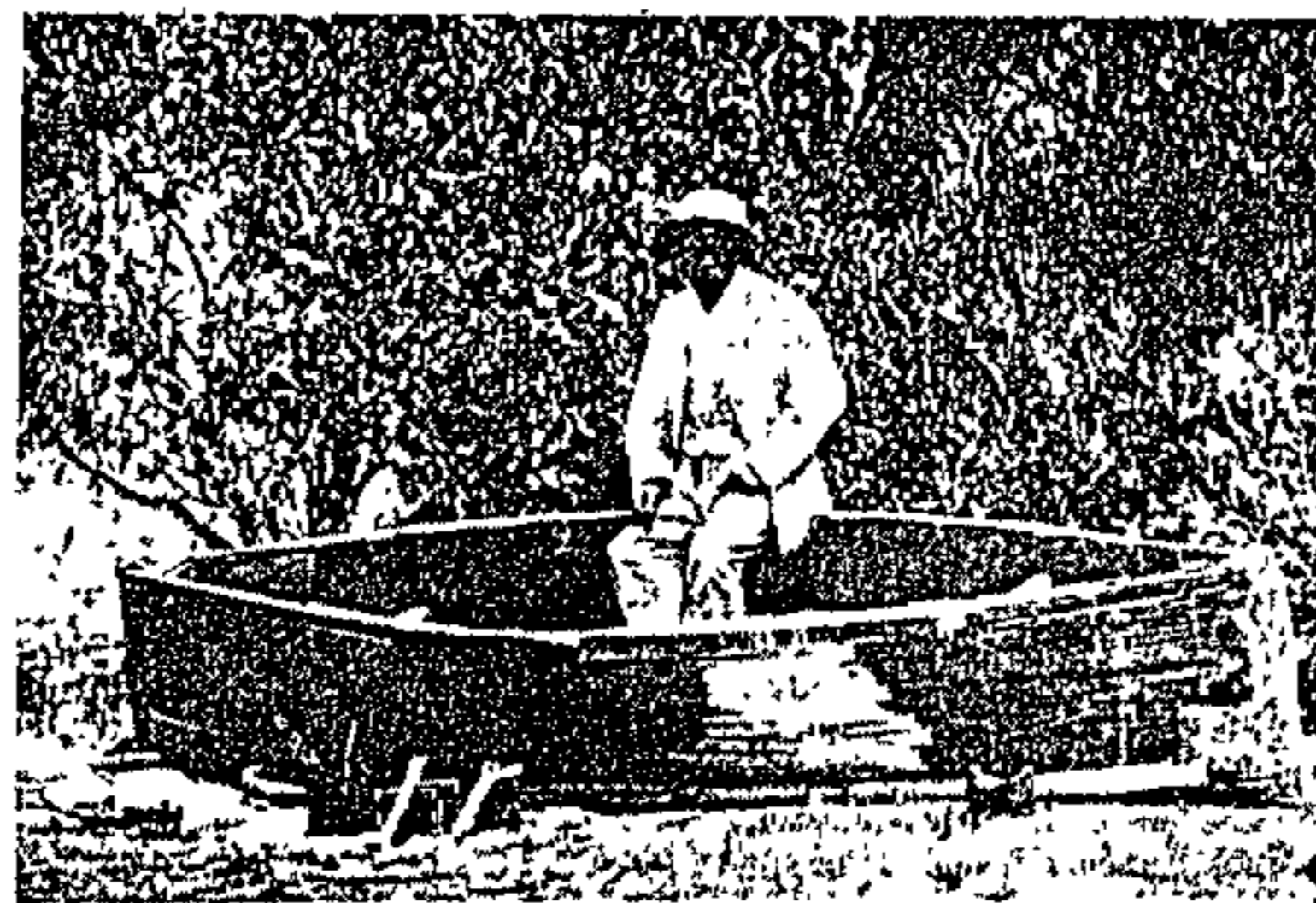
Others have required restructuring of ward programmes and staff arrangements as the differences on the two sides of the hospital became apparent. One example was that therapy sessions on the "black side" concentrated on dream work, while that was never used on the "white side". Daubenton said that the staff would also be watchful of problems of chronic patients with racially-based delusions and be prepared to intervene.

However, the one immediate problem facing Valkenberg is language. Robertson said it could become the new barrier as everything has to be translated and repeated and it takes twice as long. Daubenton added that language was also an important issue between patients as they generally give each other support outside formal therapy time.

But learning to cope with different languages in the same ward is also exciting, Robertson argues, because these are the problems that all South Africans are facing.

He added that some psychiatrists and patients will find it harder than others — but the many benefits will offset the difficulties.

"We will now remove the effect of discrimination in psychiatry which must be negative to the patients. There will be more openness as we have introduced a new experience into the patient's care. That can be a microcosm for the new South Africa — what is involved to live together. We are advanced where South Africa is still in its early days."



A 'lunatic' known only as Plaatjies dreamed of leaving the island

Plaatjies had a dream of reaching the mainland so he built boats and made coins of brass to spend once he got there. He never realised his dream as the authorities destroyed his boats of box wood. But he never gave up — each time he simply built another one

# Mental illness costing SA R10,5m a day

CAA-88  
11/9/89

JOHANNESBURG. — Mental illness costs South Africa R10,5 million a day in treatment and loss of production, according to the National Council for Mental Health's latest newsletter.

Mental Health News says medicines worth R800m are prescribed annually for treatment of mind disorders.

"However, medicines are too often seen as a permanent solution rather than as a temporary crutch to lean on while the afflicted person learns new strategies to cope with life."

The newsletter states that psycho-social rehabilitation was slow to get off the ground in SA for three reasons:

- Mental health institutions were sceptical of de-institutionalisation.
- Mental health workers were too pre-occupied with the mentally handicapped.
- The government did not plan to establish support systems in the community when community psychiatry was introduced.

Welfare organisations discovered government subsidies were not available for facilities for the mentally ill.

The Department of Health and Welfare tried to overcome this by making subsidy schemes intended for mentally handicapped people available to the mentally ill, but this was terminated with the introduction of the own-affairs government system.



# Commission to inquire into sexual deviancy

CAPL TINK  
8/2/90

## Political Staff

JUSTICE Minister Mr Kobie Coetsee last night announced the appointment of a commission of inquiry into sexual deviancy.

Mr Coetsee told Parliament the cabinet had decided yesterday morning that attention should be given to crimes of violence against children by sexual deviants.

The commission would be asked to examine the sentences imposed on offenders, when they should be released and even their possible continued detention after expiry of sentence.

In addition the commission would investigate whether psychopathy should be included as a certifiable disease in terms of the Mental Health Act, and would make recommendations on the further handling of this kind of person.

Mr Coetsee also gave more details on government's new policy regarding the death penalty.

He said that in future a superior court would be able to impose the death penalty only if, after taking into account all factors that could be regarded as extenuating or aggravating circumstances, it found it to be an appropriate sentence.

If Parliament approved changes to the law, in future all people sen-

tenced to death would have an automatic right of appeal.

Because murder was to be treated in the same manner as other crimes for which a death sentence might be imposed, and because of the increasing work load of the Supreme Court, regional courts would in future be able to try murder cases.

Regional courts would not be able to impose a death penalty but might be able to order terms of imprisonment not exceeding 15 years for cases of murder.

Mr Coetsee said also that in terms of the envisaged changes to the judicial process, the state would be granted the right to appeal against the imposition of particular sentences.

He said a body of experts would be appointed to investigate every case of a person now on death row. If the body found that even under the new dispensation the death penalty was still an appropriate sentence, the matter would be passed on to the Appellate Division which would also investigate the case in the light of the new criteria.

Where a court found that a death sentence was not appropriate but still regarded an offence as serious, new realistic sentences would be imposed. This would include a mechanism which would ensure that a life sentence meant exactly that.

# R50-m upgrade for Alex Centre

CAPL  
Trent  
24/3/90  
88

## Political Correspondent

THE Alexandra Care and Rehabilitation Centre for the mentally handicapped in Maitland is to be upgraded at a cost of R50,4 million, the Minister of Health Services and Welfare, Mr Sam de Beer, announced yesterday.

An amount of R3 038 000 has been allocated for the current financial year for the first phase of the project, which

includes a ward with 63 beds.

Introducing the debate on his white own affairs budget vote, Mr De Beer said it was envisaged that the upgrading project would be done in five phases over a period of five to seven years.

The completion date would depend on the availability of funds. An advertisement for tenders would appear on April 27, after which a contractor would be appointed, probably in the middle of this year.

Mr De Beer noted that mentally handicapped patients had been treated at the centre for the past 70 years and it was the only fully-fledged training hospital of its kind in the country.

The hospital had been built in 1906 and no longer complied with present-day standards for the treatment of these patients.

Obsolete buildings would be replaced and a number of existing buildings would be renovated.

# Stress, tension, safety fears could cause higher SA suicide toll

AKGAS  
3/5/90

**M**OUNTING paranoia about personal safety, increasing financial burdens and high stress levels are factors which could contribute to a rise in suicides in South Africa in future.

While suicide is not on the increase countrywide, Suicides Anonymous founder Mr Sam Bloomberg points out that South Africans live in a violent society, filled with conflict and tension.

On average, five to seven people commit suicide every month in metropolitan Cape Town alone. In May there have already been seven suicides — three on one day.

"Suicide is directly related to the stress of day-to-day living which is pressing more and more South Africans these days," said Mr Bloomberg.

"Uncertainty about the security of the country and financial difficulties which become more and more acute, make a pessimist see eternal gloom with death the only way out."

Although most people commit suicide by taking a drug overdose, the ever-increasing presence of firearms in the home invites suicidal people to be more reckless.

Police liaison officer Captain Attie Laubscher confirmed that most people commit suicide by shooting themselves or swallowing pills. Others hang or gas themselves or jump in front of trains and off buildings.

The most alarming fact about suicides in South Africa is the decreasing age of suicidal people who threaten or attempt or succeed in ending their own life, said Mr Bloomberg.

"It is very worrying that the youth have been contaminated by suicide — it should really be called experimenticide as they don't really appreciate the finality of their actions," he said.

Captain Laubscher said people who committed suicide were either very young — on average between the ages of 17 and 21 — or elderly — from the age of 45. Few middle-aged people took drastic steps to end their lives.

Mr Bloomberg insists people do not "just commit suicide" — there are several phases — like considering, preparing, attempting — which can run on for months or even years in adults.

While there are a multitude of causes, the breakdown of a relationship between two people is usually the central problem in suicidal adults,

**IN greater Cape Town, five to seven people end their own lives every month.**

**Last week three people committed suicide on one day.**

**Staff Reporter SHARON SOROUR**

with sex a major factor.

"If a person is happy at home and their biological needs are met, they can cope better with other problems in life," Mr Bloomberg said.

According to Mrs Ethel Jones of Lifeline, 346 people telephoned the organisation in 1988, threatening to commit suicide — 188 women and 158 men.

Last year 203 women and 101 men — a total of 304 people — threatened to commit suicide while this year there have already been 92 attempts of which 52 were women and 40 were men.

According to State Mortuary statistics, 99 percent of all suicides are committed by whites. Captain Laubscher said:

Mr Bloomberg agreed. Blacks are mainly homicidal — their aggression is turned outward while aggression in whites is intrapunitive.

Generally, although cold, rainy weather is not a suicide deterrent, the number of suicides decreases in the winter months for several reasons, Mr Bloomberg said.

"People are not as restless in the winter months, they sleep more and drink less — alcohol and drugs are goading factors as far as suicide is concerned," he said.

However, the isolation brought on by rain and wind which force people to stay indoors can lead to suicide. Ironically, most suicides occur in spring. Attempts and threats reach a peak in the hot summer months.

Depression — which leads to feelings of degradation and self-hatred — and other factors like sleep problems also lead to a desperation some feel only death can alleviate.

But Mr Bloomberg insists that most suicidal people do not want to die, they simply want to escape from their problems and fears temporarily, not realising the finality of suicide.

He said: "Most suicides are accidental

investigates the alarming facts about suicide, and how it can be prevented, in our country, where more and more whites are arming themselves with guns and notions of a new South Africa instill hope in some and fear in others.

friends left shattered by the stigma, guilt, confusion and blame suicide elicits.

Mr Bloomberg said: "In most families where there has been a suicide attempt, other family members have also been contaminated."

But the futility of suicide — and the horror of people maimed by unsuccessful attempts — is frightening.

Many people who have tried to shoot themselves have ended up blinding themselves or confined to wheelchairs for life. Others who took an overdose spend the rest of their lives getting bi-weekly hospital treatment on dialysis machines.

"Nobody wants to die," said Mr Bloomberg "they only want to escape from themselves for a while".

vented, according to Mr Bloomberg.

"I believe that every suicide committed signifies the absence of loved ones in the most critical moment in a person's life

Another distressing fact is that more than 250 000 people harbour suicidal thoughts and for every suicide committed, there are 50 to 100 unsuccessful attempts.

But the victims of suicide are the family members and



**Mr Sam Bloomberg**

with his promotion to Chief of the Navy came his promotion to the rank of Vice-Admiral.

## Mental illness costly for SA

MENTAL illness costs SA about R10,5m a day in treatment and lost production.

TANIA LEVY

Medicines worth R800m are prescribed annually for treatment of mind disorders. The National Council for Mental Health says at least three million people in SA will need psychiatric treatment at one time or another.

Every year about 18 000 people are discharged from SA's psychiatric hospitals but most are readmitted because of insufficient support systems and inadequate knowledge about mental illness.

The council's public awareness campaign during July aims to promote an understanding of the nature and cause of mental illness — particularly teenage violence, teenage suicide and depression.

Suicide is SA's third highest cause of death in the 15 to 24 age group the council says. About 150 000 South Africans try to kill themselves every year.

Only 10% of teenage suicides are caused by behavioural disorders. More than half are the effect of broken homes.

### NATAL UNREST DEATHS

September 1987 — January 1989.....	668
February 1989 — June 28 1990.....	1 081
Past 72 hours' official toll.....	1
<b>TOTAL:</b> .....	<b>1 750</b>

FOGUSON WALKENBERG: A MICROCOSM OF PSYCHIATRY IN SA

UP to 1870 all patients, then known as lunatics, were sent to either old Somerset Hospital or Robben Island, and kept with paupers, the chronically sick and criminally insane. There was no discrimination and most of these early patients lived out their lives in these institutions.

After numerous commissions of inquiry and public outrages from 1834 over the appalling conditions at old Somerset Hospital and Robben Island, a government commission was established in 1879 to investigate the establishment of an asylum on the mainland.

The commission reported in 1880 that a proper system of classification was a priority so that violent and criminal patients could be separated from lunatic ones, as well as paying from non-paying patients.

From the Island to Valkenberg. And beyond

W E New 10/8

88

The commissioners had no problem in accepting that Robben Island should continue to function as an asylum for dangerous criminal and/or violent lunatics of all races, but argued that separate and improved provision should first be made for "the better class of patients" (the paying patient). The next priority were those deemed to be amenable to treatment and finally "the others". This grading was taken up later when deciding which lunatics would be transferred to Valkenberg.

The commission also considered the "difficult question" of racial classification, but argued that this "cannot be completely accomplished consistently with the wider and more neces-

sary classification of symptoms". Furthermore, they argued that for violent or incurable patients "not amenable to treatment or sensitive to surrounding influences" it was not necessary. But the commission was not unanimous on this point.

A commissioner, W Fleming, was in favour of complete separation because "some higher and different course of treatment would be required to produce an amelioration of the conditions of the Europeans". While he accepted that kindness and humanity were important for all patients, "the better classes are more amenable to such influences as those of scenery than the lower classes would be". The medical superintendent of Robben Is-

land, Francois Bicaard, was not in favour of segregation as "I should like to see the noisy ones kept apart from the quiet ones, without reference to race".

The decision to place the asylum on the old Valk family farm in Observatory was taken later by the first Inspector of Asylums, W J Dodds. His 1889 report was met with resistance by Rondebosch residents who feared the asylum would "diminish the value of property".

Pressure was put on Robben Island doctors to "classify" patients racially. Valkenberg's first 36 patients, 24 men and 12 women, arrived on February 20 1891. Their only common

factor was their race as they were from all classes and professions, paying and non-paying. Only three recovered and were discharged, one was discharged "relieved" while eight others were transferred to institutions for the chronically ill. The majority died in Valkenberg.

In 1981 there were 26 direct admissions and by the end of the first year Valkenberg was filled to capacity with 75 patients. In 1894 the Valkenberg Act was passed, allocating £40 000 for the construction of a new institution. The building was opened in 1898 with 310 patients, who were all white. The coloured patients on Robben Island returned to the mainland in 1916 when the Old Plague Camp on the Pinelands side of the Black River was bought and wards erected.

HEALTH & DISEASE — MENTAL HEALTH

1988

# 15% of city pupils have 'disorders'

Cape Times 14/1/80

## Education Reporter

BEHAVIOUR disorders are widespread among children in Peninsula schools, according to a report in the latest SA Medical Journal.

A study conducted by the child and family unit at Red Cross Children's Hospital showed that up to 15% of pupils have behaviour disorders, but the incidence could be much higher as no special schools were included in the study.

### Among boys

According to parents' reports, 21% of the 10-year-olds and 17,6% of 13-year-old children met the criteria for behaviour disorder. The percentages according to teachers' reports were 9,5 and 10,5 respectively.

The study found behaviour disorders occurred with greater significance among boys, pupils older than the expected age for their standard, pupils with an intelligence quotient below 100 and pupils who had a learning disability.

Six English-medium primary schools and 12 English-medium secondary schools in the southern suburbs of Cape Town took part in the study.

### Treatment facilities

Parents and teachers filled in questionnaires in which they were asked to rate items of behaviour on a three-point rating scale as to whether various types of behaviour were absent, present, occasionally or in marked degree.

The report concluded that the mental health needs of children and adolescents in South Africa required comprehensive documentation with a view to the provision of adequate treatment facilities.

It was questionable whether current guidance and school psychological services were able to cope with the numbers of children and families requiring assistance, the report said.

# Women seen as depressed loonies

D1B 14/1/68

Too many family doctors dismissed women patients as depressed loonies and let serious illness pass undiagnosed, a senior health campaigner claims.

And if women went to the surgery with a sex-related problem they were likely to be told it was all in the mind, said Miss Margaret Wilde, a newly elected vice president of the College of Health, which is linked to the Consumers' Association.

Men got a better deal from their doctors, she claimed.

Miss Wilde said: "There is overwhelming evidence that in many cases women are dismissed as neurotics when in fact they are suffering from physical illness which gets worse as a result."

"Sex-prejudice is a major factor in doctors failing to investigate and treat women's problems."

She continued: "Nausea in pregnancy, pain in labour, and painful periods are typical of the problems doctors dismiss as having a psychological cause and that's drivel."

cal cause and that's drivel.

"We are getting a lot of women who have been made into chronic invalids and given lives of pain for no other reason than sex prejudice."

Miss Wilde, 48, a member of Mensa, the club for people with a high IQ, went on: "The medical oppression of women has a long and well documented history."

"And in sex related illnesses there is an overwhelming tendency for doctors to blame psychological causes when proper examination would reveal physical troubles which could be treated."

Miss Wilde said she was compiling a dossier of cases to present to medical bodies and the Equal Opportunities Commission.

In it was the case of the 44-year-old Newcastle woman who suffered severe period pains for 21 years but who was not examined by her doctor for the first five. Instead she was given anti-depressant tablets.

She was later found to be suffering from a

readily diagnosed disease of the lining of the womb, which is treatable by prompt action.

Another case was a 59-year-old Lancaster woman who had difficulty in walking but was dismissed by her doctor and told she should expect it at her age.

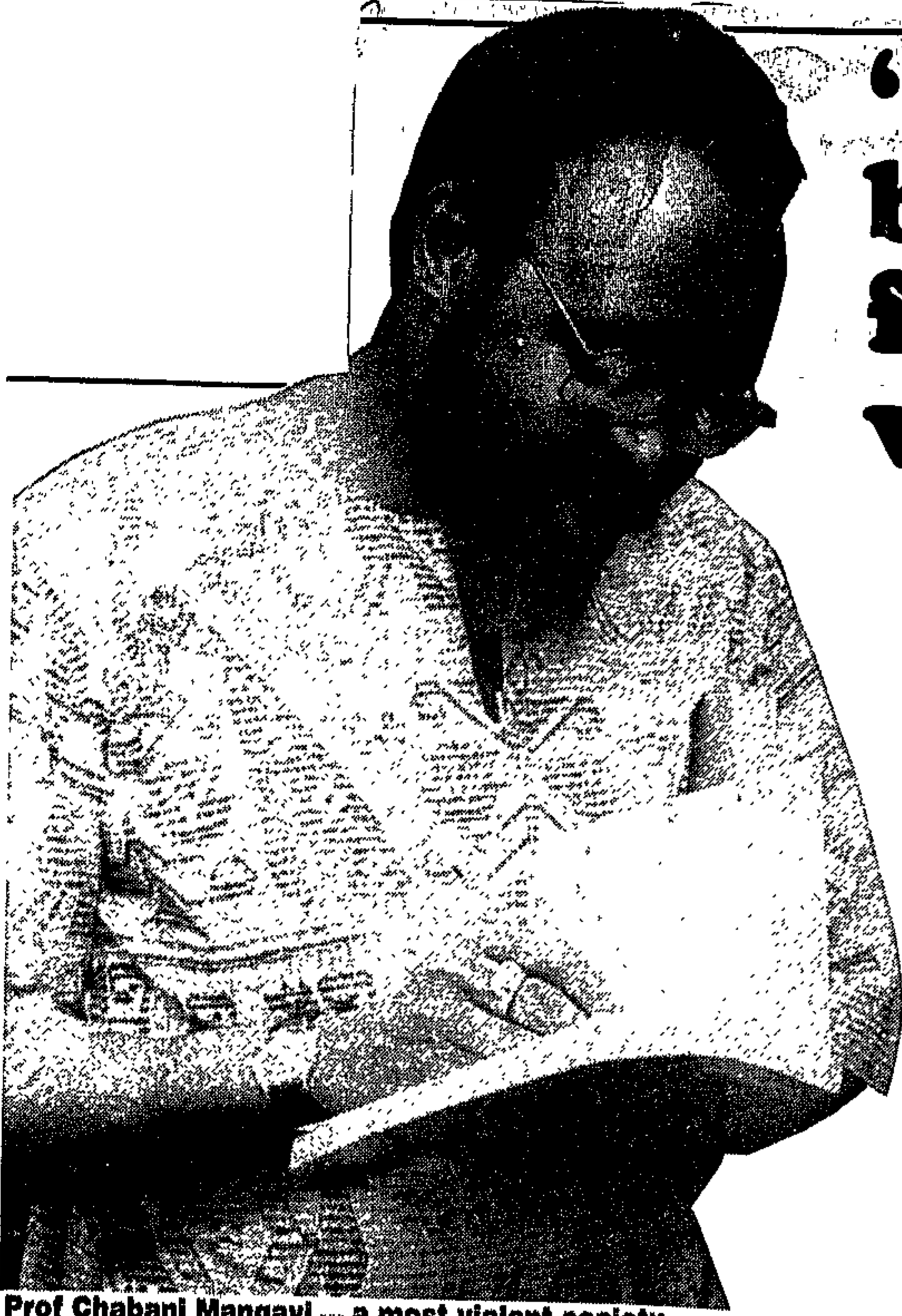
Dr Bill Styles, a spokesman for the Royal College of General Practitioners, said that one in three family doctors was female and the proportion of women in medicine was rising.

Most group practices had at least one woman doctor that patients could see if they wished.

Dr Styles went on: "Of these allegations the one we find most worrying is that of sexual bias against women and we would be interested to examine the evidence and act on it as appropriate."

Psycho-sexual and interpersonal aspects of medicine were being increasingly included in the doctors' vocational training, he added.





**Prof Chabani Mangayi ... a most violent society.**

# 'Crisis' blamed for SA violence

*C/Pres*  
17/1/88  
88

**CP Correspondent**

AN abnormal psycho-social climate had been created in South Africa's black communities by the "crisis in our national life", a professor in psychology told the Grahamstown Supreme Court this week.

Prof N Chabani Mangayi, professor and senior research-fellow at the University of the Witwatersrand, was giving evidence in mitigation for seven Hanover residents who were last year found guilty of murder.

Mxolisi Ncapayi, Nontlupheko Mdola, Vusumuzi Jack, Elvis Nelani, Magi Siyoko, Samson Booyesen and Bennet Sonamzi were convicted in June last year of the murder of Albert Nkumbi, who was stoned to death at Kwezi township on December 24, 1985.

Ncapayi, Mdola, Jack, Siyoko and Sonamzi were also found guilty of public violence in that they had stoned and thrown petrol bombs at Nkumbi's house.

An eighth accused, Richard Yebe, was convicted of culpable homicide and public violence.

All eight pleaded not guilty to the charges.

Acting Judge Le Roux, sitting with two assessors, gave his judgment in June last year.

The trial was postponed until this year for argument on extenuating factors.

Pointing out that more than 1 000 people had lost their lives by February 1986, Mangayi said South Africa had become one of the most violent societies in the world.

The Kwezi black residential area in Hanover was no exception, he said.

Mangayi suggested that an adequate accounting of extenuating circumstances, under prevailing conditions, required consideration of individual and contextual influences.

When asked under cross-examination whether criminal behaviour could not be an alternative explanation for the violence perpetrated by the accused, Mangayi said alternative explanations were always possible. - Ana.

HORIZONTAL REFERENCE LINE 10'

FIELD USE ONLY

MODE	1	2	3	4	5
MAG. %	101.2	85.0	75.0	70.7	61.5
REG.	0.506	0.425	0.375	0.354	0.308

TOLS ±0.030 INS. MEASURED FROM LEAD EDGE TO HORIZONTAL REF.

HORIZONTAL REFERENCE LINE 10'

# SA psychiatry in midst of an identity crisis

By Marika Sboros

Psychiatry in South Africa is undergoing an identity crisis, says Dr Michael Ewart-Smith, senior psychiatrist at Johannesburg's Serikfontein Hospital.

Dr Ewart-Smith, who will speak on the role and relevance of psychiatry in society at the Wits University Centre for Continuing Education today and next Tuesday, said the profession's ability to do its job was being undermined by several factors. They included unrealistically high community expectations, so-called liberal anti-psychiatry lobbies and the use of psychiatric institutions as dumping grounds for untreatable social misfits.

"Apart from the horrific shortfall in the black community, even in the white community there is a serious lack of facilities to deal with social problems.

"One's heart bleeds for desperate families exposed to the disruptive influence of difficult people. But psychiatric hospitals, although possibly giving temporary relief, may not be the best solution in the long run for families, society at large, or even the people who have these problems."

There was a grave danger of psychiatric facilities being used to hide away social problems for which psychiatrists could offer no treatment. The more this was the case, the less it was possible to apply modern rehabilitative techniques or to create

a therapeutic milieu for patients who really warranted psychiatric care, he said.

The Government was not entirely to blame as it also had to cope with the so-called liberal anti-psychiatry lobby which often sabotaged efforts that the health administrators did make, he said.

These lobbies, with built-in opposition to methods like drugs and electro-convulsive therapy, had not come up with better or even workable alternatives, Dr Ewart-Smith said.

The profession was also hampered by charismatic churches which tended to attract people with psychiatric disorders. They played a disturbing role in undermining the efficacy of psychiatric treatment, Dr Ewart-Smith said.

"A large percentage of admissions to mental hospitals have tried charismatic churches to cure them," he said.

Some patients had had their treatment sabotaged by fellow church members, who believed that somehow their faith was enough.

"We have had the tragic situation where rehabilitated people are persuaded to stop psychiatric treatment and inevitably land up back in hospital, in a worse state than they first entered."



Dr Ewart-Smith... serious lack of facilities.

A high priority for the psychiatric profession should be helping seriously disturbed patients, Dr Ewart-Smith said. But scarce resources were being drained by the chronically unhappy, dissatisfied patient, who felt that psychiatrists had the answer to eternal happiness.

"There is a need for an ongoing debate on the extent to which these people have a claim on our limited resources," Dr Ewart-Smith said.

Such patients could divert help away from the high priority group of people who were seriously dis-

urbed, but could be helped. "We have to ask ourselves what it is we're supposed to be skilled in, and who we really should be treating."

The identity crisis facing the profession meant that many professional people who had been filled with enthusiasm and optimism in training became despondent and emigrated or were driven into some sort of private psychiatry, he said.

"We are left with a shortage of trained people for those who need them most."

This was not to suggest that private psychiatrists did not achieve a great deal, but the need to face up to the issue of priorities could not be avoided.

Dr Ewart-Smith said he did not believe that the community was really interested in helping psychiatrically disturbed people.

Community psychiatry was really nothing more than taking people out of institutions and at best relegating them to some sort of out-patient care.

The community had to decide on what resources they were prepared to make available for psychiatrically ill people and other social misfits.

"I would hope that the decision would be based on an informed appreciation of the issues at stake and not on 'utopian theories and expectations from other branches of the behavioural sciences and poorly informed media,'" Dr Ewart-Smith said.

HORIZONTAL REFERENCE LINE 10'

3.0 5.2 8.1

0.3 5.2 8.1

EDGE

LEAD

HORIZONTAL REFERENCE LINE 10'

FIELD USE ONLY

MODE	1	2	3	4	5
MAG. %	101.2	85.0	75.0	70.7	61.5
REG.	0.506	0.425	0.375	0.354	0.308

TOLS ±0.030 INS. MEASURED FROM LEAD EDGE TO HORIZONTAL REF.

HORIZONTAL REFERENCE LINE 10'

3.0 5.2 8.1

EDGE

LEAD

- (3) (a) As prescribed by the National Building Regulations.  
 (b) R12.50 per month.  
 (4) (a) Site C — 167 ha.  
 Village 3 and 4 of Town 1-240 ha.  
 (b) Government land — R242 016.

**Applications to train as nurses**

900. Dr M S BARNARD asked the Minister of Constitutional Development and Planning:

Whether any applications to train as nurses at institutions for the training of (a) White, (b) Coloured, (c) Indian and (d) Black nurses were not accepted in the current year; if so, (i)(aa) how many, and (bb) why, in each case, and (ii) in respect of what date is this information furnished?

**The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:**

This information was furnished by the different Provincial Governments:

- (a), (b), (c) and (d) Yes.  
 (i)(aa).

**TRANSVAAL**

- White — 597  
 Coloured — 216  
 Indian — 132  
 Black — 877

**CAPE PROVINCE**

- White — 486  
 Coloured — 3 589  
 Indian — 232  
 Black — 6 890  
 (Charlotte Searle College does not keep statistics in this regard).

**ORANGE FREE STATE**

- White — 61  
 Coloureds, Indians and Blacks — 6 415  
 (These are regarded, for training purposes, as one group).

**ORANGE FREE STATE**  
 Yes, for the period 1 January 1987 to 31 December 1987.

Race	Resignations according to year of study			
	1st year	2nd year	3rd year	4th year
(a) White	52	27	6	3
(b) Coloured	—	—	—	—
(c) Indian	—	—	—	—
(d) Black	5	6	—	1

**TRANSVAAL**  
 Yes, for the period 1 January 1987 to 31 December 1987.

Race	Resignations according to year of study			
	1st year	2nd year	3rd year	4th year
(a) White	211	82	74	12
(b) Coloured	9	13	1	—
(c) Indian	3	—	1	—
(d) Black	41	47	23	—

**NATAL**  
 Yes, for the period 1 January 1987 to 31 March 1988.

Race	Resignations according to year of study			
	1st year	2nd year	3rd year	4th year
(a) White	34	31	2	—
(b) Coloured	—	1	—	—
(c) Indian	4	22	—	—
(d) Black	9	11	—	—

**Hospital beds**  
 978. Dr M S BARNARD asked the Minister of Constitutional Development and Planning:

- How many hospital beds are there at the (a) Groote Schuur, (b) Red Cross War Memorial, (c) Tygerberg, (d) Woodstock and (e) New Somerset Hospital;
- whether any of these hospitals are racially integrated; if so, which hospitals;
- whether any of these hospitals are racially segregated; if so, how many beds are reserved for (a) Whites, (b) Coloureds, (c) Blacks and (d) Asians in each such hospital;
- what is the average bed occupancy in each of these hospitals in respect of each race group?

**The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:**

This information was furnished by the Cape Provincial Government:

- (a) 1 467
  - (b) 347
  - (c) 2 106
  - (d) 175
  - (e) 437
- 2, 3 and 4.

There is no stipulated restriction placed on the utilisation of provincial hospital facilities purely for one specific population group only at the relevant hospitals. For example, the official allocated beds for White and non-White at the three academic hospitals are utilised in such a way that maximum benefit is achieved and an acceptable health service is rendered to all population groups within the framework of policy laid down. There are, however, wards in the five hospitals for the predominant use of a specific population group in accordance with stated policy, whilst at the Groote Schuur, Red Cross War Memorial, Tygerberg and New Somerset Hospitals central bed facilities are available which can be utilised for all population groups according to medical criteria. Separate statistics are, however, not kept for Coloureds, Asians and Blacks. A distinction is made only between White and non-White.

In order to illustrate these comments, the following statistics are provided:

(a) Allocated bed occupancy

Hospital	White		Non-White	
	Beds	% Occupancy	Beds	% Occupancy
Groote Schuur	492	50,17	975	103,40
Red Cross War Memorial	60	41,46	287	119,96
Tygerberg	799	54,68	1 307	90,87
Woodstock	35	51,93	140	69,47
New Somerset	162	63,94	275	92,79

(b) Actual bed occupancy

Hospital	White		Non-White	
	Beds	% Occupancy	Beds	% Occupancy
Groote Schuur	311	79,36	1 156	87,21
Red Cross War Memorial	24	103,64	323	106,59
Tygerberg	742	58,89	1 364	87,07
Woodstock	35	51,93	140	69,47
New Somerset	162	63,94	275	92,79

## Eastern Bloc countries: value of imports

991. Mr C J DERBY-LEWIS asked the Minister of Economic Affairs and Technology:

- (1) What was the value of imports into South Africa from Eastern Bloc countries for the (a)(i) 1978-79 and (ii) 1982-83 financial years and (b) latest specified financial year for which figures are available;
- (2) whether he will furnish details of the (a) countries and (b) categories of imports involved; if not, why not; if so, what are the relevant details in respect of each of the above financial years?

The MINISTER OF ECONOMIC AFFAIRS AND TECHNOLOGY:

- (1) and (2) The information is unfortunately not available for publication. It should be explained that South Africa maintains a policy of neutrality with regard to the origin or destination of its foreign trade. However, in the circumstances of the increasingly complex situation that South Africa faces internationally, particulars of the country's foreign trade are regarded as sensitive information and it is not considered advisable to divulge an analysis thereof in any form. This obviously applies in particular also in respect of any trade between South Africa and Eastern Bloc countries.

## HOUSE OF DELEGATES

Indicates translated version.

For oral reply:

Own Affairs:

Arena Park, Chatsworth: School hall built

\*1. Mr M RAJAB asked the Minister of Education and Culture:

- (1) Whether a school hall was built in the Arena Park area of Chatsworth in 1987; if so, (a) at which school and (b) at what cost was it built;
- (2) whether this hall is ready for use; if not, (a) why not and (b) when is it expected to be ready;
- (3) whether any complaints and/or reports have been received in regard to leaks in the roof of this hall; if so,
- (4) whether any repair work has been undertaken; if not, why not; if so, what was the (a) nature and (b) cost of these repairs;
- (5) whether his Department has laid down any conditions in respect of the use of this hall; if so, what are these conditions?

The MINISTER OF EDUCATION AND CULTURE:

- (1) Yes.
  - (a) Arena Park Secondary School.
  - (b) R1,34m
- (2) Yes.
  - (a) and (b) Fall away.
- (3) Yes.
- (4) Yes.
  - (a) Installation of protective cowls over roof ventilators in order to prevent roof leakage.
  - (b) None. The cowls have been provided by the company that installed the roof ventilators.
- (5) No. The Department is still finalising the conditions for the use of the hall.

Mr P IDEVAN: Mr Chairman, arising out of the answer provided by the hon the Minister, may I ask him whether he motivated the cost of this

building? Moreover, does he not consider the sum of R1,34 million for a single school hall to be too much? Lastly, we are given to understand that this is to serve as a committee hall. May I ask the hon the Minister whether all negotiation with the local authority was exhausted before the education department resorted to the construction of this hall?

The MINISTER: Mr Chairman, at this stage I can reply as follows: R1,34 million was regarded as a fair price for the contract for that hall, in comparison with R1,8 million in Phoenix. The department took into consideration the use to which this hall will be put. May I say that I foresee that it will be used by the Arena Park Secondary School itself in the first instance, as well as by primary and secondary schools in the area for their year-end functions and cultural functions, and also by the community in the area.

I therefore consider that the money was well spent.

Mr P I DEVAN: Mr Chairman, further arising from the answer of the hon the Minister, were all negotiations with the local authority regarding a hall in the area to suit the purposes of the community exhausted before the department started this project?

The MINISTER: Mr Chairman, I am aware of the fact that investigations did take place before my department went ahead with this project. I am not certain about all the negotiations but I can make the information available to the hon member.

Housing Development Board/executive committee meetings

\*2. Mr Y MOOLLA asked the Minister of Housing:

- (1) (a)(i) On how many occasions have the (aa) Housing Development Board and (bb) executive committee of this board met since its inception and (ii) in respect of what date is this information furnished and (b) what decisions were taken by these bodies at these meetings;
- (2) whether any decisions taken by the said executive committee were implemented prior to approval having been obtained from the Housing Development Board; if so, (a) why, (b) on whose authority was

Howard

1639

FRIDAY, 27 MAY 1988

1640

HOUSE OF DELEGATES

Indicates translated version.

For written reply:

General Affairs:

Passports: withdrawals

63. Mr M RAJAB asked the Minister of Home Affairs:

- (1) Whether any passports were withdrawn by his Department in (a) 1986 and (b) 1987; if so, how many in each case;

 THE MINISTER OF HOME AFFAIRS:

- (2) whether he will furnish the (a) names of the persons whose passports were withdrawn and (b) reasons for the withdrawal thereof; if not, why not; if so, (i) what are their names and (ii) what were the main reasons?
- (1) Yes.
  - (a) 1.
  - (b) 3.
- (2) No. It is not policy to furnish reasons for the withdrawal of passports or to disclose the names of the persons involved.

Howard

1641

MONDAY, 30 MAY 1988

1642

HOUSE OF DELEGATES

Indicates translated version.

For written reply:

Own Affairs:

Savannah Park: development delayed

80. Mr P I DEVAN asked the Minister of Housing:

- (1) Whether the development of Savannah Park Phase 1 has been delayed; if so, (a) why, (b) how long is this delay expected to last, (c) when will development be (i) resumed and (ii) completed and (d) what does this phase comprise;
- (2) whether tenders were invited for the development of Savannah Park; if not, why not; if so, (a) when, (b) in what publications, (c) how many tenders were received and (d)(i) who were the successful tenderers and (ii) what was the amount tendered by each;
- (3) how many (a) dwellings will be constructed in this area and (b) plots of land will be made available for development by individual applicants?



- tial sites.
    - 1 General residential site (± 50 units).
    - 3 Group-housing sites (10 units each).
    - 1 High School site.
    - 2 Primary School sites.
    - 4 Commercial sites.
    - 3 Crèche sites.
    - 3 Religious sites.
    - 2 Local authority sites.
    - 1 Garage site.
    - 8 Open space sites.
  - (2) Yes, but for services only.
    - (a) September 1983.
    - (b) State Tender Bulletin.
    - (c) Nine.
    - (d) (i) D E Classen (Pty) Ltd.
      - (ii) R3 280 480,93.
  - (3) (a) Initially approximately 150 low cost dwellings.
    - (b) No definite decision has been taken in this regard.
- Psychiatrists/psychologists
94. Mr M RAJAB asked the Minister of Health Services and Welfare:
- (1) How many (a) psychiatrists and (b) psychologists are employed by his Department;
  - (2) whether there are any vacancies for (a) psychiatrists and (b) psychologists in his Department; if so, (i) how many in each case and (ii) what steps have been or are to be taken to fill these vacancies;
  - (3) in respect of what date is this information furnished?
- The MINISTER OF HEALTH SERVICES AND WELFARE:
- (1) (a) Two.
    - (b) One.
  - (2) (a) No.
    - (b) Yes.
  - (1) Four in respect of psychologists only.

(ii) Vacant posts were advertised throughout the Republic and candidates were interviewed during April 1988. The posts will be filled shortly.

(3) 30 April 1988.

**Greenfield/Valley View Place of Safety**

98. Mr M RAJAB asked the Minister of Health Services and Welfare:

(1) (a) How many children are accommodated at the (i) Greenfield and (ii) Valley View Place of Safety and (b) in respect of what date is this information furnished;

(2) what is the complement of each specified staff category at each of these institutions;

(3) whether he will furnish the House with the detailed costs of running each of these institutions; if not, (a) why not and (b) what is the total cost of running each institution; if so, what are these details?

**THE MINISTER OF HEALTH SERVICES AND WELFARE:**

(1) (a) (i) 66.

(ii) 58.

(b) 30 April 1988.

**(2) Greenfield:**

1 Superintendent; 1 Social Worker; 1 Senior Health and Welfare Administration Clerk; 1 Health and Welfare Administration Clerk; 1 Professional Nurse; 2 Care Officers; 16 Care Assistants; 15 General Assistants and 2 Cooks.

**Valley View:**

1 Superintendent; 1 Assistant Superintendent; 1 Nurse; 11 Care Assistants; 3 General Assistants and 1 Cook.

(3) Yes.

(a) Not applicable.

(b) Not yet available in respect of Greenfield. The total cost of running Valley View for 1987/88 was R277 002, details of which are as follows:

Personnel Expenditure	: R170 891
Administrative	: 5 893
Expenditure	: 86 238
Stores	: 6 083
Professional and Special Services	: 6 371
Equipment	: 1 526
Other	: :

**HOUSE OF ASSEMBLY**

Indicates translated version.

For written reply:

General Affairs:

**Black population numbers**

159. Mr P G SOAL asked the Minister of Constitutional Development and Planning:

What was the (a) adult (i) male and (ii) female and (b) child population of each specified Black (aa) local authority area and (bb) township as at the latest specified date for which figures are available?

**THE MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:**

Reply bound in Annexures of House — see M/287-1988.

**Overseas visits**

566. Mr P G SOAL asked the Minister of Home Affairs:

(1) Whether he undertook any overseas visits in 1987; if so, (a) which countries were visited and (b) what was the purpose of each visit;

(2) whether he was accompanied by any representatives of the media on these visits; if so, (a) what were the names of the journalists involved, (b) which newspapers or radio or television networks did they represent, (c) to which countries did each of these persons accompany him and (d) why;

(3) whether any costs were incurred by his Department as a result; if so, what total amount in that year?

**THE MINISTER OF HOME AFFAIRS:**

(1) No, not in my capacity as Minister of Home Affairs.

(a) and (b) Fall away.

(2) Falls away.

(3) Falls away.

**National Housing Commission: functions/ members**

947. Mr C J DERBY-LEWIS asked the Minister of Constitutional Development and Planning:

(1) As at the latest specified date for which information is available, (a) what were the functions of the National Housing Commission, (b) who were the members serv-

ing on it and (c) (i) for what period and (ii) by whom had each of them been appointed;

(2) (a) from what source was the Commission financed, and (b) what funds were available to it, in each of the latest specified five years for which information is available?

**THE MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:**

(1) (a) The powers and duties of the National Housing Commission are defined in the Housing Act, 1966 (Act 4 of 1966) as amended.

(b) Mr C H Kozé (Chairman)

Mr F H Gronjé (Vice-Chairman)

Mr K A Finlayson

Mr D J F Higgs

Mr L C Koch

Mr M N van Zyl

Mr L P van S Moolman

Mr J H Opperman

Mr L S Peteni

Mr A M Shipalana

Mr A G Magubane

Mr R P Molelela

Mr H M Matsie

Mr L E Moekelesi

(c) (i) 1 June 1987 to 31 May 1988.

(ii) The Minister of Constitutional Development and Planning.

(2) (a) The Commission being a statutory policy making body has, as such, no funds at its disposal but considers housing projects in terms of existing norms and standards.

(b) Falls away.

**Black residential areas proclaimed**

966. Mr J J WALSH asked the Minister of Constitutional Development and Planning:

(1) Whether any Black residential areas have been proclaimed in the (a) Caledon, (b) Ceres, (c) De Kuilen, (d) Durbanville, (e) False Bay, (f) George, (g) Helderberg, (h) Malmesbury, (i) Mossel Bay, (j) Paarl, (k) Pletberg, (l) Swellendam, (m) Tygerdal, (n) Wellington and (o) Worcester constituencies; if so, (i) what are the names of these areas in each case and (ii) what was the estimated population in each such area as at (aa) the latest specified date for which information is available and (bb) a date five years previously;

(2) whether any residential areas for Blacks

# Black mental illness care is inadequate

## Traditional healers could help

By STAN MHLONGO

**T**HERE is an urgent need to establish a model for Africa in psychiatric care, according to Dr Cliff Allwood, head of the Department of Psychiatry at the University of the Witwatersrand and senior psychiatrist at Baragwanath Hospital.

In an interview published in the latest SA Institute for Race Relations newsletter, Allwood highlights the question of mental health.

He also stresses the need for traditional healers like inyangas and sangomas to become involved in such a model.

In SA, facilities for mentally-ill blacks lag far behind the provision of other mental facilities, says Allwood.

"I think it is true to say that in the white population and in other population groups, psychiatric facilities are fair. But when it comes to caring for Africans, anything which is provided is grossly oversubscribed, understaffed and overloaded."

He said provision needed to be made for the acutely mentally-ill patient.

A close relationship would have to be developed with the community to combine services for the acute patient and the long-term psychiatric patient.

"If this happens, some of the patients who have recovered would be able to go back to work and others would be able to live in the community.

"This would keep them off the streets and occupied. Some could be trained to do skills which would enable them to earn money and be able to provide towards their keep."

People in Soweto had a comparatively high acceptance of the mentally-ill patient - possibly higher than some European societies, Allwood said.

"We want to avoid some of the problems which developed in America

when official policy was to empty mental institutions.

"Recent surveys show these patients are now a big social problem, filling jails. This illustrates that there is a significant population of mentally-ill people who need to be kept in institutions for their own safety."

Allwood raised a controversial point: "We would need to think about some of the traditional healers - sangomas and inyangas - being involved.

"There is no question that the patients are caught between two or more systems of treatment - between a Western medical management and a traditional religious system. These concepts need to be addressed in psychiatry."

He pointed out that in Zimbabwe discussion was taking place with traditional healers in an attempt to establish what part they could play in the management and the improvement of care to patients.

"Traditional healers seem to be able to address some sicknesses more adequately than we can because they work within the world view of the patients they treat," said Allwood.

Turning to the provision of services for children, Allwood said it was generally known that nearly half the population of the townships was under the age of 15. This had an important consequence in establishing an African model for psychiatric services.

"We have found there are no adequate child-guidance or educational-guidance facilities in Soweto.

"The education system provides nothing, or so little that it does not make any difference. Psychiatry and other disciplines have been providing child-assessment clinics at Baragwanath for some years and find that most of the children who come have educational problems," Allwood said

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a hospital, but a community health centre does exist which provides the normal clinic facilities and where 18 beds for maternity cases are also available.

(b) Philadelphia at Denilton

(i) to (ii) (cc) Fall away.

(iii) The Department of Health and Welfare, KwaNdebele Government Service.

(iv) May 1988.

Cape Town: air pollution

1218: Mr K M ANDREW asked the Minister of National Health and Population Development:

What was the average recorded atmospheric (a) lead level, (b) sulphuric acid level and (c) level of other specified significant pollutants measured at the monitoring points in the Cape Town area in winter and summer, respectively, over the latest specified 12-month period for which figures are available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Monitoring of pollution levels in the Cape Town area is done by different methods and at various sites.

The levels of pollution have been found to be very low, and therefore only the results of the station that recorded the highest levels of lead, ozone and nitrous oxides namely at Cape Town City Hall are hereby reported.

The results are all reported in micrograms per cubic metre and the seasons are defined as follows:

SUMMER: October 1986 to March 1987.  
WINTER: April 1987 to September 1987.

(a) Lead: Summer 87, Winter 87, 86/87 0,95, City Hall 1,4

(b) sulphuric acid concentrations in the air are not monitored as such, but the following concentrations are those of sulphur dioxide a precursor to the formation of sulphuric acid.

	Summer 86/87	Winter 87
City Hall	21	47
Foreshore	7	10,5
Drill Hall	9	10,3
Epping Market	2,5	6,8

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Pardenelland 5,25 1,6  
Salt River 8,6 discount.

(c) (i) Ozone and nitrous oxides are pollutants resulting from motor vehicle emissions, and may lead to photochemical smog formation.

Summer 86/87 87  
Winter 87  
City Hall 154 315  
Nitrous oxides 27 13  
Ozone

(ii) The following concentrations reflect the presence of particulate matter in the air.

	Summer 86/88	Winter 87
Foreshore	18,2	37,2
Drill Hall	15	27
Epping Market	16,2	48,3
Pardenelland	13,2	32,6
Salt River	11,75	discount.
Greenpoint	9,6	discount.
Tamboerskloof	7	discount.

Due to the low levels of pollution measured, economic considerations and the fact that all coal fired power stations in Cape Town were closed down, it was decided to discontinue the monitoring of sulphur dioxide and particulate matter at certain sites.

Self-governing territories: overseas loans

1226: Mr C J DERBY-LEWIS asked the Minister of Education and Development Aid:

(1) (a) What overseas loans were negotiated by the South African Government on behalf of each of the self-governing territories during the latest specified period of 10 years for which information is available and (b) what were the conditions of repayment in each case;

(2) whether any of these loans have been repaid; if so, (a) how many were repaid by (i) the South African Government and (ii) these states themselves and (b) in respect of what date is this information furnished?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

(1) (a) None.

(b) Falls away.

(2) Falls away.

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†Indicates translated version.

For written reply:

General Affairs:

- (1) (a) and (b) 67 persons
- (c) 306 persons
- (d) 19 persons
- (2) 1984/85 373 persons
- 1986 628 persons
- 1987 120 persons

Group Areas Act: complaints regarding offences

946: Mr C J DERBY-LEWIS asked the Minister of Law and Order:

- (1) (a) How many complaints regarding offences in terms of the Group Areas Act, No 36 of 1966, were (i) received and (ii) investigated by the South African Police in 1982, 1984 and 1985, respectively, and (b) (i) in how many cases were the Police investigations into such complaints completed, and (ii) what action was taken in respect of uncompleted investigations into such complaints, in each of these years;
- (2) how many members of the South African Police were involved in investigating complaints of this nature in each of the above-mentioned years?

The MINISTER OF LAW AND ORDER:

	1982	1984	1985
(1) (a) (i)	823	662	596
(ii)	823	662	596
(b) (i)	823	662	595
(ii)	1 case has been referred to the Department of Constitutional Development and Planning.		

The MINISTER OF LAW AND ORDER:

- (1) (a) 17 police districts which fall under the command of the Divisional commissioners.
- (b) WITWATERSRAND DIVISION

Johannesburg  
Johannesburg North  
Randburg  
WEST RAND DIVISION  
Krugersdorp  
Vereeniging  
Roodepoort  
EAST RAND DIVISION  
Springs  
Brakpan  
Benoni  
Kempton Park  
Germiston  
Heidelberg  
SOWETO DIVISION  
Soweto West  
Soweto East  
N. TRANSVAAL DIVISION  
Pretoria

Necklacing murders

967: Mr P G SOAL asked the Minister of Law and Order:

- (1) How many persons died by way of the so-called necklacing method in (a) 1984, (b) 1985, (c) 1986 and (d) 1987;
- (2) how many persons were charged with murder resulting from such deaths in each of these years?

The MINISTER OF LAW AND ORDER:

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Pretoria North  
Pretoria Moot

(2) These 17 police districts are divided into 113 police station areas. To compile the information required by the honourable member for each station area is not only a time-consuming task, but also so comprehensive that it cannot be accounted for economically. Therefore, compounded statistics for each of the five Police Divisions, which are readily available, are furnished:

	(i)	(ii)
Witwatersrand	1982/83	1987
West Rand	478	673
East Rand	465	602
Soweto	1088	848
Northern Transvaal	707	780
(b) Witwatersrand	228	280
West Rand	520	468
East Rand	721	816
Soweto	1020	1083
Northern Transvaal	914	846
(c) Witwatersrand	481	522
West Rand	620	761
East Rand	853	1156
Soweto	1318	1375
	1170	1464

NOTE St Francis Bay has a mobile police station which is in the Humansdorp police area.

Debt: long-term/short-term

1118. Mr C J DERBY-LEWIS asked the Minister of Economic Affairs and Technology:

(1) What was the total long-term and/or short-term debt of his Department as at the end of the (a) (i) 1982-83 and (ii) 1984-85 financial years and (b) latest specified financial year for which figures are available;

(2) how much of this debt in each such financial year was attributable to foreign exchange losses?

The MINISTER OF ECONOMIC AFFAIRS AND TECHNOLOGY:

(1) (a) (i) and (ii) Nil

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Northern Transvaal

(d) Witwatersrand  
West Rand  
East Rand  
Soweto  
Northern Transvaal

(e) Witwatersrand  
West Rand  
East Rand  
Soweto  
Northern Transvaal

Offenses

1085. Mr D J N MALCOMMESS asked the Minister of Law and Order:

How many cases of (a) murder, (b) culpable homicide, (c) assault with intent to do grievous bodily harm, (d) common assault, (e) rape, (f) robbery, (g) theft of vehicles and cycles, (h) malicious damage to property, (i) housebreaking with intent to steal and theft and (j) possession of drugs were reported at each specified police station in the Krom River/St Francis Bay area in 1987?

The MINISTER OF LAW AND ORDER:

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
HUMANSDORP	13	5	140	48	12	13	26	36	150	60
ST FRANCIS BAY	2	3	12	8	3	0	7	3	116	18
KAREEDOUW	2	0	64	32	2	0	4	0	38	0

(b) Nil

(2) Falls away.

1139. Mr C J DERBY-LEWIS asked the Minister of Law and Order:

How many (a) Whites, (b) Coloureds, (c) Indians and (d) Blacks were employed by the South African Police as at 31 December 1982?

The MINISTER OF LAW AND ORDER:

(a) to (d) 38 623 members of all races

Assessors: senior citizens

1147. Mr C J DERBY-LEWIS asked the Minister of Law and Order:

(a) How many white senior citizens were criminally assaulted in the Republic in each of the latest specified five years for which figures are available, (b) how many of these assaults occurred in White residential areas and (c) how many of these citizens were murdered in such assaults in (i) White residential areas and (ii) the Republic?

The MINISTER OF LAW AND ORDER:

Statistics are not kept in respect of the age of crime victims and the specific area where the crime was committed.

Departmental documents: custody

1157. Mr C J DERBY-LEWIS asked the Minister of National Education:

(1) Whether his Department issues guidelines to Government Departments in connection with the safe custody of departmental documents; if so, (a) what precautions are taken to ensure that such documents are not removed or destroyed without permission and (b) for what period are these documents retained by the Departments concerned;

(2) whether, after the period referred to above, departmental documents are transferred to the archives falling under his Department; if so, (a) what categories of documents are so transferred, (b) (i) who decides on the categories of documents to be kept or destroyed and (ii) what are the criteria applied in this regard, (c) what system is used in classifying these documents, (d) (i) for what period are such documents closed to public scrutiny and (ii) why was this period decided upon and (e) what method is used to ensure that no documents are removed without permission;

(3) whether his Department has made a study of the procedure followed in other western countries in regard to the periods for which departmental documents are closed to public scrutiny; if so, (a) what other countries were involved and (b) how do these periods compare with the practice followed in South Africa;

(4) whether there is a central register enumerating and detailing records of all current documentation in each Government Department; if not, why not; if so, what are the relevant details?

The MINISTER OF NATIONAL EDUCATION:

(1) Yes. Directions in this connection are contained in instructions issued by the Director of Archives in accordance with section 3 (2) (a) and (b) of the Archives Act, 1962 (Act 6 of 1962), to offices falling under the Archives Act.

(a) The instructions mentioned above, require the head of an office to take the necessary measures for the safe custody and care of its archives until they can be transferred to the appropriate archives depot or until they may be destroyed under an authority issued by the director of Archives in terms of section 3 (2) (b) of the Archives Act. Staff of the State Archives Service also periodically carry out inspections to ensure that the instructions are carried out.

(b) Section 6 of the Archives Act provides that archives that are thirty years old or older shall be transferred to an archives depot. In terms of section 6 (a) (i) the Minister of National Education may, however, authorize the head of an office to retain his archives, or a part thereof, for a certain period. In terms of section 6 (b) (i) the Director of Archives may, in turn, defer the transfer of archives until such time as he deems fit, besides which he may in terms of section 6 (b) (ii) authorize the transfer of archives that are less than thirty years old.

(2) Yes, with the exception of those archives which the Minister of National Education has authorized the head of an office in terms of section 6 (a) (i) to retain for a certain period and those the transfer of which the Director of Archives has deferred in terms of section 6 (b) (i).

(a) All documents which, in the opinion of the Director of Archives, should be preserved permanently, except those whose retention for a longer period in the offices concerned has, as indicated above, been authorized. At the lapse of these authorities, the documents of such offices adjudged worthy of preservation are also transferred to an archives depot.

(b) (i) The Director of Archives. In

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the whole scene has undergone for sure, you're never too young to start.

Munro Kenrick, 14, who finished 10th in

# SUICIDES BY WHITES, INDIANS ALARMINGLY HIGH, SAYS DOG

*W/KA6us 3/9/88*

Weekend Argus Correspondent  
DURBAN. — No less than 2,2 percent of deaths among white South Africans are caused by suicide every year, among Indians the figure is 1,2 percent.

These figures were given yesterday by Dr Aubrey Levin, the director for mental health, Department of Health Services and Welfare, House of Assembly, who was one of the speakers at the Southern African Conference on Suicidology.

"These are alarming figures, particularly the figure for whites, which is more than double the British figure," said Dr Levin.

He said that an "unbelievably low" 0,6 percent of blacks and coloureds took their own lives each year: "Out of every 100 000 blacks, only 2,8 commit suicide every year, while 4,7 out of every 100 000 coloureds take their own lives annually." Citing possible reasons for

**MEDICAL and psychological experts from throughout South Africa met yesterday at the first Southern African Conference on Suicidology. Under discussion at the two-day conference is one of the biggest health problems in the modern western world, and, indeed in South Africa — suicide. Delegates will try to come up with ideas on how to decrease the incidence of this most catastrophic, irreversible act a human being can commit. According to experts, an alarmingly high proportion of South Africans commit suicide every year. The suicide rate is particularly high among whites and Indians; among the black and coloured populations, it is virtually negligible.**

Dr Levin said there were several: "The lack of social bonds, destruction of the family or diminishing strength of family life, the effects of urbanisation and the stresses of modern living are among the reasons.

"A lack of religious faith is another possibility, but one of the most important reasons for suicide is an inadequacy of mechanisms to cope with everyday problems.

He added: "The kindest thing parents can do is to teach their children that pressure, strain and adversities are inevitable parts of life.

"They should teach their children emotional resources to cope with life's bad times — and, indeed, with the successes of life, too.

"People of this modern age are fast becoming technological wonders, but this is sadly at

the cost of developing their coping and social skills. Respect for life is something that cannot be stressed enough."

Dr Levin added that another problem was that there was an inadequate use of psychological help: "There is such a stigma attached to seeking psychiatric treatment that many people would rather go off and silently kill themselves than seek help." Another cause was depression.

"Ironically, depression is often brought on by medication. Many treatments for high blood pressure and other disorders bring out depression, which can lead to suicide," said Dr Levin.

Dr Levin said that while suicide was a "catastrophic act" for the person involved, the repercussions for family and close friends who were left behind was probably just as bad.

"They often bear lifelong burdens of guilt, forever asking themselves: 'Could I have prevented it? Why was I not there when it happened? Perhaps it was my fault' — and they carry this heavy weight around with them for years," said Dr Levin.

His advice to people contemplating the act: "Seek help. Nothing is ever as hopeless as it seems. Discuss your problem with someone. Every crisis in life has an answer."