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DEVELOP NT JUF MENTAL HEALTH SERVICES IN SOUTH AFRICA WITH SPECIAL REFERENCE TO VICTIMS OF ORGANISED VIOLENCE
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Results of discussions between the ANC Health Secretary Dr.Ralph Mgijima and Dr.Thabo Rangaka and the Swedish Red .Cross/SIDA consultants Dr.Per Borga and Ms Inga-Lisa Tornblom - Johannesburg 10-11/4/1992.

I.The development of mental health services %or the black majority in South Africa has been grossly neglected. The services are insufficient as to their size and moreover unevenly distributed. The rural areas as well as the Bantustans are least covered by psychiatric serv1ces. In the whole 0? the country there are only a handful black psychiatrists serving within the public sector.

II.Conditions in mental health institutions serving the black population are often deplorable. Criticism aired in the newspapers in the Mid 70s was muted by a governmental decree. However, latterly the prohibitions have been relaxed. A clinical lebration of the conditions in mental health institutions is being undertaken by a Non Governmental multiracial and multidisciplinary team (1). The team hopes to br1ng about an improvement in the conditions.

III.An updating of the information regarding the psychiatric care facilities and human resources is necessary at this juncture. The commission mentioned above is urged to make a nationwide situation analysis regarding the mental health resources in the country. It is suggested that the commission should prepare and submit a proposal as to their needs in undertaking the additional task. The mental health group 0% the WHO, the Swedish Psychiatric Association and others have indicated their willingness to cooperate in improving Dsycniatric services in South ATrica.

IV.The state of organised violence presently brevailing in South Africa as well as acts OT organised violence perpetrated in the past by agents of the Bantustan and the apartheid regimes, will undoubtedly bear on the prevalence of psychiatric disorders, especially those associated with trauma lil e Fost Tr-aumatic Stress Disorder (PTSD). The abnormal political situation also leads to increased violence in the private sphere of the inhabitants of the black townships, bantustans, mining areas etc. The exiled population, now returning or recently returned to South Africa, comprise another high risk group exposed to organised violence. Political prisoners recently released are another group which

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1 The team comprises psychiatrists Professor George Hart of the Witwatersrand, Dr.Thabo Rangaka, Dr.Ruth Zwi _and Mr. Mervin Freeman psychologist, Mrs Dawn Joseph matron of Hillbrow hospital and Kerry Gibson social worker in OASSA.

ham boen extensively traumatised.
In all these groups, women, children and the mentally disabled bear the brunt of all the suffering.
V.Bearing the above in mind, it was agreed that there is an obvious need to establish soecialised and comprehensive services in the area 0% Johannesburg for the victims of organised violence. Such a trauma clinic would have the following tasks:
A.Promote awareness cf the trauma problems amongst the community - especially the leaders and the at risk groups.
E.Train primary health care and social welfare workers in counselling methods and skills
G.Provide a consultant service to othew helping agencies,
D.Treat re$erred clients
E.Research
Apart from the above-mentioned tasks, the project would have to be evaluated at different stages.
VI.It was noted that the services would be best delivered by an organisation independent of the ANC, although aligned with the general health policy of the ANC. The facility should preferably be centrally situated and easily accessible. The existing trauma clinic run by the "Project for the study of violence" presently operating from the Witwatersrana University psychology department, was identified as the possible nucleus of the tacility.
VII.Another resource was noted to be helpful in reaching out to clients in their homes, assessing their neeos and referring them to the trauma aclinic. It was the recently established Crisis Service Taam(t) under the ANC health Desk.
VIII.Dther resources now operating or being set up should be consulted to promote optimal cooperation and usage of scarce resources human and material.
IX.It is envisaged that the TRAUMA CLINIC will be staffed by a multi-disciplinary team, including (3) health workers. wel$are
2This team comprises a Clinical Social Worker, A Community Health Nurse and an Office worker cum driver - all from exile, and a psychiatrist. It is financed by SIDA through the ANC Health Desk to reach out to returnees with mental illnesses.
3Psychologists, psychiatrists, psychiatric and community health nurses, physiotherapists and occupational therapists.

wethere, 1&7 Qeuwmmllmwe and lawyere to deal with the legal aspects of victimisation. The need to train and involve black professionals as therapists and counselldrs was stressed.
X.To effectively deal with psychotrauma provoked by violence, the etructure and organisation of the TRAUMA CLINIC would have to be firm and clearly perceived. Supervision of therapists should be supplied on a regular basis. The administration should be of a caring nature; supporting and protecting its employees. Professionalism and high ethical levels should be maintained. The NATIONAL PEACE ACCORD should be made aware of the existence and tunction of the trauma clinic.
XI.The assistance given by SIDA to the ANC Health Department in the care of psychotrauma victims was acknowledged and appreciated. The interest of the IRCT in the support of clinical activities in the psychotrauma area was also noted.
XII.Severa1 institutions and working groups already exist and do good work with the victims of violence. A concerted effort must be made to find and contact such helping agencies to avoid expensive and senseless competition and duplication of services to the same community. To facilitate such a search, participants should be invited to two consecutive workshops with the aim of planning the layout of the trauma clinic. Such work shops should take place within the next three months. One essential task of the workehop would be to find out how the planned trauma clinic would relate to primary health care. Innovative, community oriented health care facilities that exist will especially be invited. Terence Dowdell(MD) who has liaised with the IRCT to plan a trauma clinic in Cape Town will be invited. IRCT representatives would also be helpful in the workshop. Further plans will be developed with the cooperation of the present Swedish Red Cross consultants.
XIII.A draft Budget proposal $or a trauma clinic as envisaged above will be compiled by MP.Lloyd Vogelmah and Dr.Thabo Rangaka, and added to this document.

XIV. BUDGET FOR THE CRISIS SERVICE TEAM 1992-1993.
A.PROVISION OF MATERIAL NEEDS OF RETURNEES:-
1.Soap, tooth brush, washing rag, R 3000
2.Trave11ing allowance for some clients R 6000
3.Pocket money whilst in hospital R 7800
B.TRANSPORTATION OF TEAM MEMBERS:-
1. The maintenance of the vehicle R 5000
2. Petrol costs R 10400
C.SALARIES OF THE WORKERS
l. The Social Worker:
a. Salary 13 x R3700 R 48100
b. Pension and Medical Aid R 7215
2. The Community Health Nurse:
a. Salary 13 x R2700 R 35100
b. Pension and Medical Aid R 5265
3. Office Worker Cum Driver:
a. Salary 13 x R1200 R 15600
b. Pension and Medical Aid R 2340
4. Psychiatrist working part-time (including odd hours):
a Salary 12 x R5000 R 60000
5. CONFERENCES AND WORKSHOPS R 20000
a. This will entail the training of Community Health and Social Services workers in identifying and counselling the Victims of Violence. The Trauma Clinic Social Worker, Mrs Mogale, Will add detail to this section.
6. OFFICE ADMINISTRATION AND COSTS:
a. Office Equipment:
(1) Fax Machine R 4000
(2) Photostat Machine R 10000
(3) Computer R 4000
(4) Printer R 2000
b. Stationery R 6000
c. Telephone Costs R 48000
7. TOTAL AMOUNT REQUESTED FOR 1992-93 R 299820.00