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PROGRESS REPORT AS QT 20/11/91.

I. Since my August PEpDpt, very little concrete preparation for the rehabilitation and care of the returnees with mental illness has occurred.

A. No contact has been maintained with the mentally ill returnees.

B. None of them were reviewed at the Safari Hotel and given a reŕehhal letter to the health ŕacility nearest their home,

C. No report has been received from health workers in the areas where the returnees have become settled,

D. The social worker, Nteiki, whom we were hoping to put in charge of the VDVSA PROJECT has since found another full-time job with the result that we need to approach another one.

E. No contact with either helping agencies - such as 09889, ASSOCIATION OF EX-POLITICAL PRISONERS, THE EEC PROJECT ON RETURNEE REHABILITATION and UNHCR.

II. SUGGESTIONS ON THE 1992 VDVSA PROJECT:

A. That a SOCIAL WORKER be put in charge of following up and reporting on the returned ANC mentally ill, and also on contacting the health workers, still in time to determine the case load still outside,

B. A psychiatrist be retained to cooperate with and supervise the social worker. Also to see any of the mentally ill whenever possible in order to ensure their speedy recovery. Any new victims of organised violence might have to be put on the list of those in need of the services of the psychiatrist and the social worker.

C. The social worker will need transport to enable him or her to reach the relatives and the health workers servicing the clients. A budget for the extensive use of the telephone will need to be voted into being to minimise the trips the social worker might have to make.

D. Liaison with the EEC RETURNEE REHABILITATION AND TREATMENT PROJECT will have to be built. Dr. Mireille Labbeche who needs to work for Medicine De Monde is now heading the project and preparing a proposal for her work. I will be in touch with her to see how our mentally ill may be helped by her project. I

E. The violence in the country, the lack of material support for the returned mentally ill, and the apparent abandonment of the comrades by the ANC Health and Social Services department are factors that militate against the rapid resettlement and recovery of our clients. I would urge that VDVSA should assist the project to get going as quickly as possible, so that the comrades may be reabsorbed into the general mentally ill population with a minimum of trauma and with the retention of as much dignity as possible.

UDVSA REPORT. DR.T.E.RANGAHA 30/11/91 Page: 2

VICTIMS OF DRAGONISED VIOLENCE RETURNEE REPORT.

MENTAL HEALTH CARE

I. RECOMMENDATIONS REGARDING REHABILITATION IN SOUTH AFRICA.

The mentally ill returnees do not come from one area of South Africa. A few of them may need to be admitted to a psychiatric unit for a short time. Here a re-assessment of the clinical condition may take place, and the placement and rehabilitation process set in motion. It would be preferable that a rehabilitation centre be established and run by progressive health workers especially somewhere in the Witwatersrand. Proper occupational therapy and psychological rehabilitation could then be done not only on the returnees, but also on their relatives and on other deserving clients. The majority of the mentally ill returnees can be rehabilitated at their homes with the help of the Welfare Services. It is therefore necessary that the Social Welfare department in collaboration with the psychiatric department do the following:

A. Identify and empower a Social Worker or Welfare Officer or Psychiatric Nurse to supervise the resettlement and the care of the returnees over the next twelve months, % Such a worker should have only the one responsibility of supervising the care of the returnees, and should have his or her committed responsibility to do the work, % Present written reports every thirty days to the psychiatrist and the ANC welfare office. % The worker should be paid by the VDWSA project. The worker will then:

B. Contact the relatives of the returnees and brief them regarding the health of their kinsman,

C. Request the Community Psychiatric Services or the Health Facility nearest to the patient's home to look after the health and social needs of the returnee, and to furnish the worker with monthly progress reports,

D. Collaborate with Social Workers in the areas nearest the client in getting the client adult education, work or some kind of training, and ensure that the clients receive their monthly Stipend or disability grant,

E. Get at least four reports in twelve months from the client themselves on how they are getting on,

F. Organise to get at least two reports in twelve months from the Occupational Therapy service closest to the client's home.

6. Get at least two reports in twelve months from a psychiatrist on the mental condition of the client.

It is hoped that twelve months after they return to South Africa, the mentally ill returnees will have become absorbed into the general population of the country and not need special corrective measures to overcome the effects of having come from exile.

REPORT ON THE PATIENTS SEEN IN TANZANIA AND ZAMBIA

A list of the patients seen, their South African addresses, and the diagnoses is presented herewith.

A summary of the disorders identified is as follows:

Anxiety Disorder .

Conversion Disorder (Hysteria)

.Dysth mic Disorder (Reactive Depression)

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Depression (Major endogenous depression)

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Dementia (Post Alcoholic andealaria)

Post Traumatic Stress Disorder

Schizophrenia

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:Neurological Disorder (Post Traumatic)

'Bipolar Affective Disorder- Manic Illness

.Paranoid Disorder

Epilepsy

iSubstance Use Disorder (Cannabis)

Atypical Psychosis

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Mental Retardation

Schizo AfTective Disorder

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Only FOUR patients needed hospitalisation - three were in fact in hospital at the Chainama Health Centre and the other one was at the Raymond Mhlaba Rehabilitation centre in Dakawa. The rest of the patients needed monthly care at a mental health facility, and periodic, say. three monthly review by a psychiatrist.

I. RECOMMENDATIONS REGARDING REHABILITATION IN SOUTH AFRICA.

The mentally ill returnees do not come from one area of South Africa. For this reason, it is essential that all of them should arrive at the Safari Hotel and give their names and brief detail of their illness. The Health worker Team should then have them examined by medical officers and by a psychiatrist. In this way, continuity in their management would be maintained. A few of them may need to be admitted to a psychiatric unit for a short time. Here a re-assessment of the clinical condition may take place, and the placement and rehabilitation process set in motion. It would be preferable 04 course that a rehabilitation centre be established and run by progressive health workers - especially somewhere in the

Witwatersrand. Proper occupational therapy and psychological rehabilitation could then be done not only on the returnees, but also on their relatives and on other deserving clients. The majority of the mentally ill returnees can be rehabilitated at their homes with the help of the Health and Welfare Services. It is thus necessary that the Social Welfare department in collaboration with the psychiatrists do the following:

A. Identify and empower a Social Worker or welfare 'foicew or Psychiatric Nurse to supervise the resettlement and the care of the returnees over the next twelve months,
1. Such a worker should have only the one responsibility oi supervising the care of the returnees, and should have his or her committed transport to do the work,
2. Present written reports every thirty days to the psychiatrist and the ANC welfare office.
3. The VDVSA PROJECT should be requested to pay the worker.

The worker will then:

5. Contact the relatives of the returnees and briei them regarding the health of their kinsman, -

C. Request the Community Psychiatric Services or the Health Facility nearest to the patient's home to look after the health and social needs of the returnee, and to \$urnish the worker with monthly progress reports,

D. Collaborate with Social Workers in the areas nearest the client in getting the client adult education, work or some kind of training, and ensure that the clients receive their monthly stipend or disability grant. The AEPP should also be requested to help out in this task.

E. Get at least four reports in twelve months from the clients themselves on how they are getting on,

F. Organise to get at least two reports in twelve months from the Occupational Therapy service closest to the client's home.

B. Set at least two reports in twelve months from a, psychiatrist on the mental condition of the client.

It is hoped that twelve months after they return to South Africa, the mentally ill returnees will have become absorbed into the general population of the country and not need special corrective measures to overcome the effects of having come from exile. Very close and efficient cooperation among progressive helping agencies is encouraged.

Report to VDVSA by DR.T.E.Rangaka. 15-9-91.

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641 GITSHAMA RDAD,HABISD,HRUGERSDDRP 0000
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Report Date: September 14, 1991

QC.ND Patient Name Address

Med.Aid Fund Ref.Doctor

#MDOI MR D MASEMDLA 9T HHUDU STREET,ATTERIDGEVILLE,PRETORIA 0000

AFRICAN NATIONAL CONGRESS HAGGAR

#MF01 MR F MATLUU 15068,MMAMELODI EAST,PRETORIA 0001

AFRICAN NATIONAL CONGRESS MABASA

#MI01 MR I MDGOREGI 4309 THABONG LDCATIDN,WELHDM,WELHOM 0000

AFRICAN NATIONAL CONGRESS MABASA

#MJ01 MR J MADIDA 309 HUTUTSA STR,DUBE,SOWETD 1816

AFRICAN NATIONAL CONGRESS MABASA

#ML01 MRS L MTSWENI STAND N0 203/12,LEANDRA,LESLEY 2265

AFRICAN NATIONAL CONGRESS MABASA

#ML02 MR L MDSHESHA BOTSHABELD BLDEMFDNTEIN,BLDEMFDNTEIN,BLDEMFDNTEIN 0000

AFRICAN NATIONAL CONGRESS MABASA

#MMOI MR M MAXAZA 4393 RED LDCATIDN,New BRIGHTON,PDRT ELIZABETH 0000

AFRICAN NATIONAL CONGRESS MABASA

#MN01 MR N MUIHANGDA 1459 SELEPE STREET,DUBE,SDWETO 1816

AFRICAN NATIONAL CONGRESS MABASA

#MSOI MR S MANI 661 HWA ZAHHELE,ELY,CISHEI 0000

AFRICAN NATIONAL CONGRESS MABASA

#MSQE MR SL MAKHAEELA NDDRDKAP STATION,NTC STORE LOCALITY,BARBERTUN 0000

AFRICAN NATIONAL CONGRESS MABASA

#MT01 MR T MAMABDL D LESLEY LOCATION,STANDARTDN,STANDARTDN 0000

AFRICAN NATIONAL CONGRESS MABASA

#MTOE MR T MAKHUBELA ?308 NHANDLA STR,ZONE S,MEADDNLANDS 0000

AFRICAN NATIONAL CONGRESS MABASA

#MVOI MR V MEEEE 2494 ZONE D,EZIBELENI LOCATION,QUEENSTOWN 0000

AFRICAN NATIONAL CONGRESS HABGAR

#ND01 MR D NXUMALU F1276 MPEMBA RUAD,HWA MASHU,DURBAN 0000

AFRICAN NATIONAL CONGRESS MABASA

#NJOI MR J NGOGELA 3817 VEZI STR,DAVEYTON,BENONI 0000

AFRICAN NATIONAL CONGRESS MAEASA

#NKQ1 MR K NDIHI NQAMAKWE VILLAGE,BUTTERNORTH,BUTTERWDRTH 0000

AFRICAN NATIONAL CONGRESS MABASA

#NHOE MISS H NZAMA M10?3,KWA MASHU,DUREAN 0000

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