

# “A ‘small counselling container is delivering big miracles’ in one of SA’s most under-resourced areas”

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Three out of four South Africans suffering from Chronic Mental Illness will not receive sufficient treatment and 82% of all South Africans are not members of medical aid schemes. In Diepsloot an estimated 200 000 - 300 000 people, live in over 70 000 households in an area on the margins of Johannesburg and Tswane with a lack of resources, coupled with problems ranging from Chronic Mental Disorders (e.g. Schizophrenia); high levels of Gender-based Violence; Substance Abuse and Legal difficulties. Diepsloot is a massively under-resourced and over-crowded community. How could South Africa’s largest mental health NGO, SADAG, make an impact here?

The first step is problem identification, so that services can be perfectly pitched. According to Patient reports collected from 2015 to 2017, the top six issues plaguing residents of Diepsloot include: Stress (36.5%), HIV (15.6%), Legal issues for example accessing grants, protection orders (15.1%), Domestic Violence (14.5%), Substance Abuse (11.3%), and Trauma and PTSD (10.2%).

In 2012, Janssen’s donated R42 000 per month so that, SADAG could place a small Counselling Container in the heart of Diepsloot. Staffed by two trained counsellors, this container soon became a safe space for distressed Diepsloot dwellers to visit. Continuous two weekly visits to the two local clinics allowed SADAG counsellors to inform the public about the container. Once a month, SADAG counsellors marketed counselling services at the Diepsloot Mall, whilst visiting local schools, churches and other NGOs to build support networks and spread the word that SADAG-Janssen’s is in Diepsloot to make a difference. Every second month, Sloot FM hosts a SADAG counsellor, to further

market this public service. It’s of critical importance to keep up this information campaign in a community that is constantly growing, changing and yet remaining very distressed.

Feeling vulnerable and stressed is not conducive to seeking help and yet over 2000 Diepsloot residents were willing to make the trip to this container over the past two years. This speaks to the trust that Diepsloot residents have in the Counselling Container. Nearly 50% of the patients were ‘walk-in’ clients, who expected help on demand and received it. SADAG is also trusted by local medical professionals, clinic staff and government officials. OR Tambo Clinic doctors, nurses and government officials at the Department of Social Development are the main organisations that refer Diepsloot inhabitants to the SADAG-Janssen’s container.

Many patients (87%) stated ‘I don’t know what to do’ and this implied a high level of dependency on the SADAG counsellors in their first counselling session. 77% of the patients in this study arrived at the container in distress, with over 30% reporting feeling acutely distressed. Combining high levels of distress and dependence placed an immense emotional and psychological load upon the counsellors, who spent an average of 40 minutes in consultation with 89% of the patients arriving at the container. Trained to recognise the signs of various Mental Health Disorders, ranging from Schizophrenia, Depression and Bipolar to Panic and PTSD, the counsellors also took the time to help patients to normalise their emotions. Moreover, the use of physical exercise in the control of various Bio-Psycho-Social Disorders was very successfully adopted

by patients in need of low-cost, immediate relief. Breathing exercises, journaling and self-control of emotion techniques were also imparted during individual counselling sessions.

At follow-up, nearly 70% of patients reported feeling calm or very calm. Just under 60% stated they felt empowered and were taking independent steps to resolve their own problems and get on with life. This is a victory for the SADAG Counselling Container intervention.

Non-parametric statistical testing, appropriate to this small sample, suggests that patients experiencing new problems ( $p < 0.01$ ), or an intensified persistence of existing problems ( $p < 0.01$ ), are still likely to report distress and dependence at follow-up. New problems cannot be predicted by the counsellors, but problems that persist could be countered through good referrals. An NGO is often only as good as its referrals network, and SADAG is an excellent example of this principle.

Patients cannot be forced to return to the container, nor compelled to seek referred help. SADAG is ever-mindful of this and additional monitoring and evaluation is conducted to discover and neutralise problematic factors. By randomly selecting 100 patients for telephonic interviews, people were given an opportunity to explain why some couldn’t return to the container for follow-up sessions. These reasons included:

- Busy at work (often new employment had been obtained).
- Patient relocation (common to a community in constant flux).
- Patient had been travelling (Diepsloot does boast a large immigrant population).
- Spoke to counsellors at another venue

(at the local clinic, after a talk etc).

- Patient having lost a phone or having lost the SADAG counsellor's contact details.

SADAG counsellors who staff the Counselling Container must be complimented. Part of the problem-solving capacity that SADAG staff has is a holistic and culturally competent point of view. The counsellors provide marital, relationship and family counselling to nearly a quarter of the patients in this sample. Moreover, safe sex (ABCs) counselling accounted for a further 25% of all counselling given. As such, SADAG is family and relationship-oriented and the counsellors are trained to treat the patient as a social being, where social support and healing relationships are key. Added to this is the remarkable degree of cultural competence shown by counsellors when negotiating the grey area between conventional medicine and traditional medicine.

*Thandi mentions that she is feeling very much better. She was able to do the [SADAG suggested] cleansing ceremony for her son who passed away. Since that day she has been able to sleep... and she has been able to concentrate at work thanks to coming to the container. This has given her courage to say goodbye to her seven year-old son one last time without blaming herself.*

In this study, 15 organisations were identified as having the strongest ties to the SADAG container. These were the Children's Court, Social Workers, SAPS, SANCA, Witkoppen Clinic, Men's Forum, Famsa, Lawyers against Abuse, Bona Lesedi, Helen Joseph, Women's Legal Aid, OR Tambo, Randburg Clinic, Sumba Shaba and Africa

Tikkun. What is interesting about these particular organisations is that many strive to provide local, cost-effective services to patients. This shows the intention behind their referral practices. SADAG has a vast network, but has developed strongest ties with organisations that ensure patients are not put off by high costs of expensive

*'I don't know how to thank them. I was practising what to say this morning but when I came closer to the blue container the speech disappeared. Now that I am sitting here I think it will be good to talk about SADAG-Janssens so that people can know what a difference it is making in Diepsloot. Even the [OR Tambo] clinic staff respect them and their referral letter "phambili ge SADAG phambili", "forward with SADAG" ...'* (34-year-old patient, Patience)

consultations or excessive travel expenses or at facilities that may have long waiting lists. This is not networking for the sake of networking. It is purposeful, mindful of patient constraints, and highly effective networking aimed at satisfaction of patient needs at every level.

For a R50 000 per month, Diepsloot residents have access to trained counselling professionals, an accessible and robust referral network, and a caring socially embedded organisation located in a small counselling container which is delivering big miracles. SADAG needs additional funds as the NGO would like to expand this service with three more containers in Diepsloot and two other critical areas. This will be an incredible way for a corporation to contribute to the Mental Wellness of our nation.

