



# Family Support for Schizophrenia

Family Support for Schizophrenia, founded in 1981 as Cape Support for Mental Health, is a support group for the families and carers of people living with schizophrenia

Our goals are

- To give support to the families and carers of people living with schizophrenia
- To enlighten and educate families and the public about schizophrenia and mental illness
- To raise awareness aimed at fostering community support and involvement
- To reduce the stigma associated with schizophrenia and mental illness
- To advocate for the rights of persons with mental illness

Extracts from FSS newsletters August & September 2022

## Understanding the Mental Health Care Act and the functions of the Mental Health Review Board

Elsa van der Watt, Chairperson, Mental Health Review Board

Extract from August newsletter: **Introducing Elsa van der Watt**

Our August meeting will be presented by Elsa van der Watt, Chairperson of the Western Cape Mental Health Review Board. Not everyone is familiar with the powers and functions of this Board, established in terms of the Mental Health Care Act 17 of 2002, so we have extracted some of their duties from their website. These include:

- To make decisions with regard to assisted and involuntary mental health care, treatment and rehabilitation services;
- To consider reviews and make decisions on assisted and involuntary mental health care users;
- To consider applications for transfer of mental health care users to maximum security facilities.

The talk will give an overview of the Act and will cover the requirements and procedures for voluntary, assisted, and involuntary admission to a psychiatric hospital, including practical tips on how to prepare for such admission.

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**Family Support for Schizophrenia**

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**Management Committee**

*Chairperson* Maureen Robinson | *Treasurer* Mark van Wyk | *Secretary* Sue Custers  
*Members* Marijke Littlefield, Lydia Franciscus, Wayne Schonegevel, Leigh Haselau

Elsa van der Watt is well placed to offer this talk. Besides her position as Chairperson of the Review Board, she has an Honours degree in Social Work, a Doctorate in Child Psychology from Upper State New York University, and an Advanced Diploma in Addiction Care from UCT. Her experience includes being a clinical social worker in private practice, an employee wellness coordinator with the City of Cape Town, and the coordinator of a programme for street children. We look forward to drawing on this vast experience!

#### Extract from September newsletter: **Reportback on Elsa's talk**

Elsa van der Watt, Chairperson of the Western Cape Mental Health Review Board, enlightened us about the procedures for hospital admissions under the Mental Health Care Act (MHCA) at our August meeting. Emphasising that the primary purpose of the provincial Mental Health Review Boards was to **protect the user** (i.e. the patient who is being admitted into the mental health care system), she went on to unpack the powers and functions given to the Boards to enable them to fulfil this task.



Elsa explained that every admission under the Act is **documented** using a series of **MHCA forms** which go to the Board for review and decision at key points. The Board must ensure that they:

- Do not admit people who are not supposed to be admitted;
- Support people who feel they should not be in the system and allow them to appeal; and
- Regularly review the care options where care extends to more than 6 months, to make sure that the person gets out of the system as soon as possible.

Any admission under the Act implies some kind of restriction of the user's freedom: this can only be justified after a careful risk assessment. The Board must weigh up whether risks of harm or damage resulting from the mental state of the person do exist, whether they are severe enough to warrant admission to a mental health facility, and whether they continue to warrant the user being in the facility.

Elsa outlined the 3 types of admission under the Mental Health Care Act:

- **Emergency admission:** The **user has lost control** to the extent they are no longer able to keep themselves or others safe. **Any delay** in admission could result in death or irreversible harm to the user or serious harm to the user or others or serious damage to property. This is a temporary admission for up to 24 hours to allow for immediate observation. It is not very commonly used in practice.
- **Assisted admission:** The **user is willing** to accept treatment and care but is not able to make an informed decision.
- **Involuntary admission:** The **user refuses** to accept treatment and care and is not able to make an informed decision.

Where a hospital admission is deemed necessary, the first step is to get your loved one to hospital. In the case of a **Voluntary admission**, the usual hospital admission forms are used, and no MHCA forms are needed. In the case of an **Assisted** or **Involuntary admission**, an MHCA04 and/or an MHCA22 will need to be completed.

Elsa went through the **MHCA04** Application form or **Founding affidavit** in detail. This form is used for either an **Assisted** or an **Involuntary admission** and is the only MHCA form completed by members of the public. The **applicant** (i.e. the person who completes the form) should preferably be a family member or someone who knows the user well. *Section E: Reasons for the Application* is very important, as the Review Board must know exactly what the applicant has been observing that is causing concern, and why the applicant feels the person is at risk or is placing someone else at risk. The form must be signed under oath in the presence of a Commissioner of Oaths, otherwise it will not be valid. Elsa stressed that the MHCA04 is “the critical and most important form” as it initiates the entire admission process. All sections must be completed correctly so that all the further processes can continue properly.

The **MHCA22** SAPS Custody form will be completed by SAPS if your family member is not willing to go to the hospital with you and you need to call on SAPS for assistance. One participant highly recommended visiting the police station beforehand and speaking to a senior officer to alert them to your request and plan for their arrival.

See box below for links to the Mental Health Care Act and Regulations and information on where to get the MHCA04 or MHCA22 forms.

### ***Mental Health Care Act and MHCA forms***

The Mental Health Care Act and Regulations:

- **Mental Health Care Act (MHCA), Act 17 of 2002**  
<https://www.gov.za/documents/mental-health-care-act>
- **General Regulations, Government Gazette 40515, 23 Dec 2016**  
Latest version of MHCA regulations. Contains all MHCA forms for information.  
[https://www.gov.za/sites/default/files/gcis\\_document/201612/40515gon1590.pdf](https://www.gov.za/sites/default/files/gcis_document/201612/40515gon1590.pdf)

Where to get MHCA04 and MHCA22 forms:

- **MHCA 04 form: Application form / Founding affidavit**  
<https://www.safmh.org/wp-content/uploads/2020/09/MHCA-Form-04.pdf>
- **MHCA 22 form: SAPS Custody form**  
<https://www.safmh.org/wp-content/uploads/2020/09/SAPS-Custody-Hand-Over-MHCA-22-form.pdf>
- **Cape Mental Health (CMH), 021 447 9040, [info@cmh.org.za](mailto:info@cmh.org.za), [www.capementalhealth.co.za](http://www.capementalhealth.co.za)**
- **Mental Health Societies in other provinces. Contact South African Federation of Mental Health (SAFMH) for information. 011 781 1852, 086 558 6909, [info@safmh.org](mailto:info@safmh.org), [www.safmh.org](http://www.safmh.org)**
- **All Emergency Centres, all State Hospitals and some Police Stations**

Elsa then showed a flowchart of what happens once your loved one has arrived at the hospital and after the MHCA04 has been completed. The Act prescribes a detailed process and timeframe for observation, assessment, and decision-making by two Mental Health Care Practitioners, the Head of the Health Care Establishment, and the Review Board, which may eventually result in the person's admission to a psychiatric facility. The question at each stage is: "Is it safe for the person to be discharged, or should we continue with care?"

Elsa also discussed the possibility of **Involuntary Inpatient care vs Involuntary Outpatient care**. Involuntary inpatient care would need to continue as long as a high level of risk remained. However, if the level of risk decreases sufficiently, an involuntary inpatient could be discharged into the care of a specific person willing to ensure compliance with treatment and care as laid out in conditions prescribed for that particular user and recorded on an **MHCA10** form, thus becoming an **involuntary outpatient**. This arrangement allows for less restrictive care and frees up a hospital bed. The **custodian** (i.e. the person who accepts care) has the right to return the person to hospital if needed without going through the MHCA04 process again.

### ***Feedback from participants and Q&A***

For some of the 36 attendees, the information Elsa shared with us was totally new. For others, who had "walked through this process before but did not really understand it", seeing the overall context helped to clarify things they had found confusing or overwhelming at the time their family member was admitted.

Issues raised in the Q&A session included difficulties related to drug abuse and mental illness, the lack of supported accommodation options in which people discharged from hospital could be contained and find the stability and care to get better and regulatory obstacles for those trying to provide community health care. Elsa acknowledged that there is a "huge gap between the services we are providing, and the services that are needed." The Board "tries to bring these issues to the forefront where possible", but "advocacy is not a function of the Board". Room for action for us as a support group? See the box on the next page for some rehabilitation and accommodation options recommended by participants at the meeting.

### ***In conclusion***

Our most grateful thanks go to Elsa for a highly informative and helpful session. A copy of her presentation is attached. We acknowledge the work done by the Mental Health Review Board to protect the interests of our loved ones in a difficult climate of scarce resources, and hope that in time South African public mental health care will extend to accommodate the needs of so many who are not currently catered for

## *Some rehabilitation and accommodation options*

Rehab facilities in Cape Town area that will take a mental health patient with a drug addiction:

- **Together We Can**, Residential Rehabilitation Centre, Eendekuil. 084 515 3953, 022 942 1001, Belinda, [info@togetherwecanrehab.co.za](mailto:info@togetherwecanrehab.co.za), [www.togetherwecanrehab.co.za](http://www.togetherwecanrehab.co.za)
- **Hangberg Dreams**, Rehabilitation Day Centre, Hout Bay. 062 291 4713, [info@hangbergdreams.org.za](mailto:info@hangbergdreams.org.za), [www.hangbergdreams.org.za](http://www.hangbergdreams.org.za)

Residential facilities for adults with psychiatric disabilities:

Gqeberha:

- **Care Haven**, Residential & therapeutic care for people with mental illnesses who have been discharged from State or private psychiatric hospitals, Central. 041 585 9334, [info@carehavenpe.co.za](mailto:info@carehavenpe.co.za), [www.carehavenpe.co.za](http://www.carehavenpe.co.za)

Cape Town:

- **Community Mental Health & Psychiatry Foundation (CMHP)**, 7 long term facilities & group homes, Northern Suburbs & Helderberg. 021 981 9850, 082 878 4626, Anél Pienaar, [anel@mentalhealth.org.za](mailto:anel@mentalhealth.org.za), [www.mentalhealth.org.za](http://www.mentalhealth.org.za)
- **St Anthony's Home**, Long term residential care, Mowbray. 021 689 1665, 072 389 1372, [sister@stanthonyshome.co.za](mailto:sister@stanthonyshome.co.za), [www.stanthonyshome.co.za](http://www.stanthonyshome.co.za)



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