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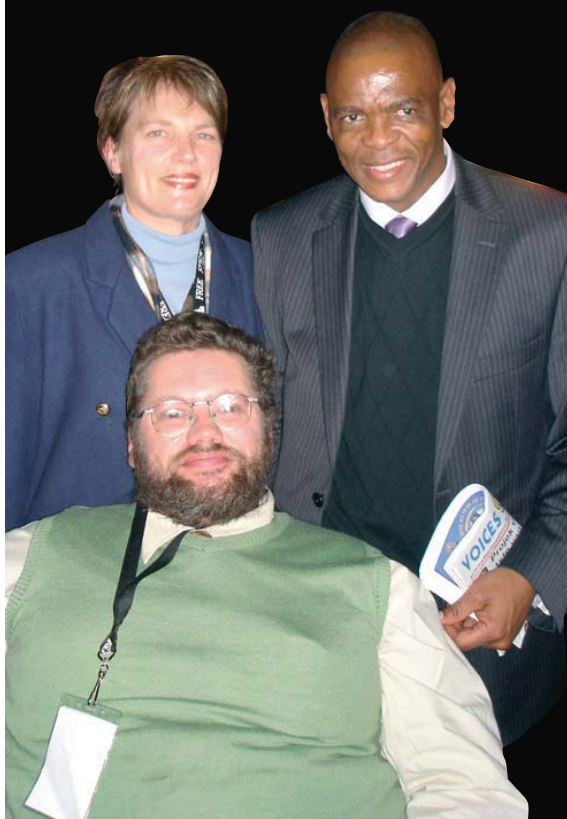
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Afrikaans

English

Sotho

Please Premier! Disability rhetoric must be made reality



The Premier of the Free State, Ace Magashule (right) with Magteld Smith, disabled medical-social researcher from the Faculty of Health Sciences, University of the Free State (left) and Philip Marais (front) from QuadPara Association of South Africa

– Photo by Marianna Truter

We are fed up to be an object of charity, a silent exile for people with disabilities need to stop

Free State Premier, Ace Magashule, has launched 'Operation Hlasela' and 'Operation Clean Audit' aimed broadly at eradicating poverty, laziness, corruption and fraud. He made the announcement during his first State of the Province Address in Bloemfontein.

Among those attending the Address were ordinary citizens such as people with disabilities and Voices of Change Project from

• **Magteld Smith**

the Faculty of Health Sciences, University of the Free State, Ministers, Deputy-Ministers, Premiers and LOC chairperson, Dr. Irvin Khoza. Magashule announced that highly skilled professionals will be recruited as a matter of urgency to assist struggling municipalities. Louis Batty, a person with a disability made the following statement in 1939.

"The cripple is an object of Christian charity..."

...a socio-medical problem, a stumbling nuisance, and an embarrassment to the girls he falls in love with. He is a vocation for saints, a livelihood for the manufacturers of wheelchairs, a target for busybodies, and a means by which prosperous citizens assuage their consciences. He is at the mercy of overworked doctors and nurses and under-worked bureaucrats and social investigators.

He is pitied and ignored, helped and patronized, understood and stared at. But he is hardly ever taken seriously as a man-for reasons I have tried to indicate."

continues on p.3

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Major Depressie - nie sommer net nukke nie

Mees algemene psigiatrisiese toestand (onsigbare gestremdheid)

Major depressie is een van die mees algemene psigiatrisiese toestande van ons tyd. Dit affekteer so baie mense en hulle families.

Soos die hart, is die brein ook 'n orgaan. Die groot verskil is dat wanneer die hart 'n siekte opdoen, die simptome maklik sigbaar is, maar wanneer die brein siek raak lyk die pasiënt die meeste van die tyd gesond; daarom die verlies aan begrip vir die siekte toestand. Die gevolg is 'n gevoel dat die betrokke pasiënt hom/haarself tog net moet reg ruk. Die werklikheid is egter dat daar strukturele veranderinge in die brein plaasvind wat die sieketoestand veroorsaak. Soos 'n mens byvoorbeeld hart-

versaking kan opdoen, so ook depressie! Daarom is daar medikasie en ander terapie beskikbaar vir die hantering van major depressie – daar is dus 'n **fisiese** fout wat moontlik reggestel kan word!



Dr CF du Plessis

Vandag is daar in sommige wêreldsentra funksionele brein skanderings beskikbaar wat die anatomiese patologiese areas in die depressiewe pasiënt se brein kan uitwys.

Die brein het die vermoë om aan die breinselle te 'snoei', nuwe oordragpunte (sinapse) tussen breinselle te vorm en om selfs van die oorbodiges ontslae te raak. By hierdie punte word chemiese stowwe (neuro-oordragstowwe) vrygestel wat impulse van sel tot sel oordra en so gedagtes vorm; dit lei weer tot gedrag. Wanneer baie negatiewe stimuli voorkom, veral by

Oorsake van major depressie

'n persoon wat geneties geprogrammeer is om makliker depressief te raak, is daar meer breinselsnoeiing wat lei tot wanfunksionering van breinselle en die gevolglike verandering in die afleiding van die betrokke oordragstowwe in die brein. Dit lei dan tot 'n chemiese wanbalans en gevolglik die simptome van depressie.

Major depressie is 'n gemoeds-toestand wat geassosieer word met simptome soos 'n gevoel van te-neergedruktheid, waardeloosheid, verandering in die slaappatroon, eetlusversteuring, gewigsverandering, vermindering in motivering en plesierervaring. Ook kan daar oormatige skuldgevoelens wees, lusteloosheid, verminderde vermoë om te dink en te konsentreer. Gedagtes oor die dood en selfs selfmoord kan prominent wees.

Hierdie simptome moet vir 'n minimum van twee of meer weke teenwoordig wees en lei tot veranderinge in die pasiënt se vermoë om die normale dagtake te verrig. Ten minste een van die simptome moet 'n depressiewe gemoed of 'n gebrek aan plesierervaring wees.

Die voorkoms van major depressie is meer by die vroulike geslag, terwyl mans tussen 5 en

12% kans het om in hul leeftyd depressief te raak.

Die oorsaak van major depressie word altyd wyd gedebateer; maar die spesifieke rede verskil waarskynlik van persoon tot persoon. Genetiese vatbaarheid is 'n belangrike faktor. So speel omgewings faktore, bv. sosio-ekonomiese omstandighede, spesifieke insidente soos die dood van 'n geliefde, verliese (bv. afdanking), verandering van omstandighede (soos om te verhuis, 'n nuwe werk, die geboorte van 'n kind, 'n kind wat die huis verlaat, ens.), ook 'n belangrike rol. Mense beskik oor verskillende vaardighede om hierdie moeilike omstandighede te kan hanteer. Dit maak die algemene publiek se persepsie van depressie soms so onbillik, want daar word nie altyd gedink aan die belangrike biologiese oorsake van major depressie nie. In die algemeen word bespiegel: veroorsaak negatiewe gedagtes depressie of veroorsaak depressie die negatiewe gedagtes (en dan ook negatiewe gedrag). Dit is egter baie moeilik om te besluit watter één die hoender en watter één die eier is. Dit blyk egter dat die een die ander beïnvloed.

Bestuur van gemoedsversteurings uiters belangrik

Wat is die behandeling? 'n Spanpoging. Die rol van antidepressante is om die chemiese wanbalans te herstel, maar tydens die depressiewe fase van die siekte beweeg impulse in negatiewe bane in die brein. Hierdie paaie word diep getrap, soos wanneer perdekarre op 'n nat grondpad in die rondte jaag. Die paaie moet eers opgevolg en dan in 'n positiewe rigting verlore word. Die medikasie help met die op vul, maar dan is dit nodig dat die pasiënt die rigting moet verander. Dit is baie moeilik vir enige mens om ou gewoontes af te leer, veral as die siekte 'n gebrek aan motivering en probleemoplossingsvaardighede veroorsaak. Nou is professionele hulp, in die vorm van sielkundige berading, baie belangrik. Moet nie vergeet dat die ondersteuning van die mense naaste aan die pasiënt waarskynlik net so belangrik is nie. Dit is egter baie moeilik om die pasiënt te verstaan en, indien daar swak vordering is, nie self moedeloos te raak nie. Daarom word aanbeveel dat die onmiddellike familie, en selfs vriende, hulle skool in die hantering van die depressiewe pasiënt deur soveel as moontlik daaroor te lees, ondersteuningsgroepe by te woon en deel te neem aan gesintherapie

onder leiding van professionele persone. Die goeie nuus is dat wanneer die pasiënt hierdie positiewe breinoefening volhou, die rigting wel kan verander na 'n positiewe gedagte-wêreld, maar dit is 'n lewenslange stryd (in 'n mindere of meerdere mate). Soms is dit nie nodig om langtermyn met medikasie vol te hou nie, maar indien 'n major depressie ontstaan het, is daar 'n groot kans vir 'n latere terugval. Hierdie bly 'n maraton, maar aan die eindpunt is daar 'n wenstreep.

Dit is belangrik dat 'n depressiewe gemoed vroeg gediagnoseer moet word, veral as daar 'n genetiese verhoogde vatbaarheid bestaan. Die rede: dan kan die negatiewe breinbaan vinniger gebreek word en sal dit lei tot vinniger herstel van die siekte proses – chronisiteit word so verminder.

Dit is belangrik dat daar begrip vir die siekte van major depressie ontwikkel moet word. Die belangrikste is bloot om te verstaan dat depressie 'n brein siekte is (en nie 'n nuk van die pasiënt nie). Dat dit behandelbaar is, maar ook dat dit (in die meeste gevalle) 'n langtermyn siekte is wat in verskillende grade presenteer. ■



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"Please Premier!... continued from p.1

What changed since 1902 till 2009?



Since 1902 up to 2009, not much has change for people with disabilities in South Africa.

Voices of Change project from the Faculty of Health Sciences, **main goal is increasing awareness about disability on a medical-social model.**

The Honourable Ms. Nolutshando Mayende-Sibiya, Minister for Women, Children and Persons with Disabilities to The National Assembly, said on the 24th of June 2009, that the strategic thrust of the Ministry is to advance policy and achieve measurable milestones on mainstreaming gender, children's rights, and disability considerations into the programmes of government and other sectors of society in line with international and regional commitments made in these areas.

Magteld Smith says, impairment and chronic illness co-exist and they sometimes pose real difficulties for us. Voices of Change comprises those people with a disability and supporters who understand that we are, regardless of our particular disability, subjected to a common oppression by the non-disabled world. We are of the view that the position of people with disabilities and the discrimination against us are socially created. This has little to do with our disability and impairments. As people with disabilities we are often made to feel it's our own fault that we are different. The difference is that some part, or parts, of our body or mind are limited in their functioning. This is a disability or an impairment.

This does not make us less suitable to participate in society...

...but most people have not been brought up to accept us as we are. Through fear, ignorance and prejudice, barriers and discriminatory practices develop which disable us even more. The understanding of this process of disablement allows us as people with disabilities to feel good about ourselves and empowers us to fight for our human rights in a social-medical context. ■

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DEPARTEMENT HANDELSREG BIED DIE VOLGENDE KURSUSSE AAN:

1. SERTIFIKAAT IN ARBEIDSREG

Die praktykgerigte kursus wat oor ses maande strek sluit wetgewing wat die diensverhouding tussen werkgewer en werknemer raak in en omvat ondermeer die volgende wette:

- Wet op Arbeidsverhoudinge
- Wet op Basiese Diensvoorwaardes
- Wet op Gelyke Indiensneming
- Wet op Vaardigheidsontwikkeling

Onderwerpe wat hanteer word sluit in:

- Werkure, verlof, vryheid van assosiasie, vakbonde, bedingingsrade, kollektiewe ooreenkomste
- Ontslag, onbillike arbeidspraktyke, stakings
- Diskriminasie en regstellende aksie

Die kursus word weekliks in Afrikaans en in Engels aangebied.

Evaluerings:

Werkstukke gedurende die jaar, praktiese werk tydens lesings en eksamen in November 2009.

Koste van kursus:

R4 000 – ingesluit 'n handboek en alle kursusbateriaal.
R1 000 moet by **registrasie** betaal word met **afskrif van ID dokument** en die balans voor of op 31 Oktober 2009.

Inskrywings:

Laaste datum vir registrasie 27 Julie 2009.

Toelatingsvereistes:

Graad 12 of bewys van voldoende voorafleer.

Lesings:

Elke Maandagaand vanaf 17:00 – 18:00
Lesings neem 'n aanvang op **Maandag 27 Julie 2009** in CR Swartgebou op UV kampus.

Verdere Inligting:

Skakel Prof JV du Plessis, tel: 051 – 4012409 of
Mev Y Pieters, tel: 051 – 4013734/2618.

Lesings sal volgens 'n spesifieke program Vrydagmiddae in Qwaqwa en Saterdagoggende in Welkom aangebied word.

Studente wat hierdie sesmaande kursus volg en slaag kan in die volgende semester inskryf vir die Gevorderde kursus in Arbeidsreg wat ook 'n sesmaande kursus is. (Studente wat agtereenvolgend vir beide kursusse inskryf, sal vir die Gevorderde Kursus net R3 000.00 betaal.)

SETA BEFONDSING / VAARDIGHEIDSONTWIKKELINGSFONDS: HEQC/HO6/LAW/CLL

2. GEVORDERDE KURSUS IN ARBEIDSREG

Die program is ontwerp om persone te ondersteun om in Arbeidsreg te spesialiseer. Die kursus wat oor ses maande strek word deur akademiese en praktisyne aangebied. Wetgewing wat in diepte bestudeer word is:

- die Wet op Arbeidsverhoudinge, 1995
- die Wet op Basiese Diensvoorwaardes, 1997 en
- die Wet op Gelyke Indiensneming, 1998.

Onderwerpe wat hanteer word sluit werkure, verlof, vakbonde, bedingingsrade, ontslag, onbillike arbeidspraktyke, stakings en diskriminasie in. Aandag word ook aan nuwe ontwikkelings gegee.

Koste van kursus:

R4 000.00 – sluit alle kursusbateriaal in. R1 000 moet by registrasie betaal word met afskrif van ID dokument en die balans voor of op 31 Oktober 2009

Inskrywings:

Laaste datum vir registrasie, 30 Julie 2009

Lesings:

Elke Donderdagaand van 17:00 – 19:00 en twee Saterdagoggende van 08:30 – 13:00. Lesings neem 'n aanvang op Donderdag 30 Julie 2009 in die CR Swartgebou op die UV kampus.

Toelatingsvereistes:

Sertifikaat in Arbeidsreg of enige voorafleer in Arbeidsreg.

Evaluerings:

Werkstukke gedurende die semester, praktiese werk en eksamen in November 2009.

Verdere inligting:

Skakel Prof J V du Plessis, tel: 051-4012409 of
mev Y Pieters, tel: 051-4013734/2618

Lesings sal volgens 'n spesifieke program Vrydagmiddae in Qwaqwa en Saterdagoggende in Welkom aangebied word.

SETA BEFONDSING / VAARDIGHEIDSONTWIKKELINGSFONDS: HEQC/HO6/LAW/ACL



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**Belastingkorting vir adverteerders
en skenkers ingevolge Artikel 18
van die Inkomstebelastingwet.**



Psychosocial impact and stigmatisation associated with mental illness

• Prof PJ Pretorius,
Head: Department of Psychiatry

Despite being one of the major world wide causes of medical disability, mental disorders remain under-diagnosed, under treated and are highly stigmatised amongst the general public, medical practitioners and health policy makers. This often leads to unfair discrimination against patients suffering from severe and potentially treatable mental illnesses. Mental illnesses include a spectrum of disorders having a wide range of impact on the patient's level of functioning. It is associated with a high level of personal suffering. It may also impact negatively on individuals' family relationships, work performance and general physical health if left untreated.

According to the World Health Organization, 4 of the 10 most common medical diseases associated with a loss of years of being productive, are psychiatric in nature. The onset of psychiatric disorders is often during adolescence or early adult life and therefore needs early interventions to ensure optimum outcomes and to prevent it from becoming chronic. The majority of people with treatable mental disorders appear completely normal to the outside world and is able to function quite well for

extended periods of time. However during acute relapses there may be short episodes of decreased ability to function optimally.

Management of mental illness

Management of these conditions usually focuses on getting the patient well or treating the patient to prevent future relapses. Reasons for under diagnosing of mental disorders are complex but may include the following:

- denial of the mental problem by the patient or family
- embarrassment associated with reporting/acknowledging mental problems
- non-recognition of own symptoms as a treatable medical condition
- viewing own symptoms as a character flaw or personal weakness that should be overcome by sheer willpower
- stigmatisation of mental illness in the media

- unreasonable fear of "drugs" or other treatments used in the management of mental illness.
- failure to recognise that mental illness is not a single disorder but consist of a variety of illnesses which require different treatments with a big variation in terms of outcomes.

Physical symptoms associated with mental illnesses

Prominent physical symptoms associated with mental illnesses are often more readily reported to medical practitioners than the underlying emotional problems. This may lead to the real problem going unrecognised and left untreated in favour of symptomatic treatment. The quality of the relationship between patients and their medical practitioner is of vital importance. A trusting, empathic environment is essential to facilitate reporting of issues which patients may regard as potentially embarrassing.

continues on p.6

Thulano le nyefolo menahanong le kamanong ya mmele le tikoloho ya moo re phelang teng, tse amahanngwang le bohloko ba hlooho

Prof PJ Pretorius
Translated by
Frans Makhele

Bohloko ba kelello le hae le bo bong bo ka sehloohong ho bakeng boqhwalafatsheng ka bophara, kgaello e teng ya hore bo sibolwe le ho hlalosa hantle, ha bo phekolwe hantle, mme hape bakudi ba bohloko bona ba fuwa lebitso le lebe setjhabeng ka kakaretso, le ho basebeleletsa ba tsa bongaka, hape le ho ba etsang molao wa tsa bophelo bo botle. Sena se atisa ho etsa kgethollo e nang le leeme bakuding ba kulang haholo le ba ka phekolwang kelellong. Mahloko a kelello a akaretisa mefutafuta ya mahloko a nang le kgahlamelo e pharalletseng boemong ba ho phetha mosebetsi. Taba ena e amahanngwa le boemo bo phahameng ba kutlo-bohloko/mahlomola bothong. Hape sena se ka ba le kgahlamelo e mpe dikamanong tsa mokudi le ba lelapa la hae, tshebetso e ka ba mpe mosebetsing, mme

hape se ka ama le bophelo bo botle ka kakaretso, ha feela bo tlhelwa bo sa phekolwe.

Ho ya ka Mokgatlo wa Bophelo bo botle wa Lefatshe, bone (4) leshomeng (10) ba mahloko a atileng haholo a hlokanngwang ya bongaka, a amahanngwang le tahlehelo ya dilemo-lemo ya ho ba le pelehi, a hlolwa ke bohloko ba kelello. Qaleho ya bohloko ba hlooho e atisa ho ba nakong ya bohlankana/borwetsana kapa qalong ya bophelo ba ho kena bohlong, mme ka hoo re hloka ho nka karolo qalong e le ho etsa bonnete ba katleho phekolong le ho thibela bohloko ho ba bohloko bo sa phekoleng. Bongata ba batho ba nang le bohloko ba hlooho bo phekoleng, ba hlalaha ka hohle e le batho ba phetseng hantle bathong ba sa tsebeng, mme ba kgona ho sebetsoa haholo bolelele ba nako. Le ha ho le jwalo, nakong eo bohloko bo befiling ho ka ba le diketsahalo tse kgutshwane

tsa ho theoha ha bokgoni ba ho sebetsoa ka nepo.

Management of mental illness

Taolo ya maemo ana e atisa ho ba ya hore mokudi a fole kapa ya ho tshwara mokudi ka ho mo sireletsa hore bohloko bo se be teng nakong e tlang. Mabaka a kgaello ya ho sibollwa le ho hlalosa ha bohloko bona ba kelello a mangata-ngata empa a ka kenyelletsa a latelang:

- kgano ya mokudi ka bo-yena kapa ya ba lelapa la hae ya hore bothata boteng kelellong
- tlontlollo e amanang le ho etsa tsebiswa/ho amohela hore bothata bo teng kelellong
- ho se amohela/elellwa matshwao a hao a ho kula jwaloka maemo a ka phekoleng
- ho sheba matshwao a hao jwaloka bokodini ba botho

kapa ba mmele bo ka hloilwang ka matla a thato ya hao

- ho nyefola bohloko ba hlooho masedinyaneng
- tshabo e se nang mabaka ya meriana kapa phekelo e nngwe e sebediswang talong ya bohloko ba hlooho
- ho hloleha ho elellwa hore bohloko ba hlooho hase bohloko bo tsamayang bo le bong, empa bo na le dikarolwana tse ding tsa mahloko tse hlokanngwang phekelo e sa tshwaneng, hape tse nang le diphepho tse fapaneng haholo.

Physical symptoms associated with mental illnesses

Matshwao a bonahalang mmeleng, a amahanngwang le bohloko ba hlooho, a atisa ho tsebiswa dingaka ho

feta mathata a maikutlo a ipatileng. Sena se ka isa tabeng ya hore bothata ba nnete bo fete bo sa lemohuwe, mme bo tlhelwe bo sa phekolwa mohaung wa phekelo ya matshwao feela. Boleng ba dikamano pakeng tsa bakudi le dingaka tsa bona ke ba bohlokwa haholo. Tshepo le sebaka se fanang ka bolokolohi ba dipuisano, di bohlokwa ho ka nolofaletsa bakudi ho tsebiswa dingaka ditaba tseo ba ka di nkang e le tse hlabisang dihlong.

South Africa has the 9th highest rate of anxiety disorders in the world

Thuto e hlakisitsweng haufinyane tjena ka hare ho Lesedinyana la tsa Bongaka

continues on p.7



UV mediese studente "Walk the Talk"

• Elrize Louw

Die inwoners van huis Mooihawe se lewensboeke is klaar geskryf en vir soveel van hulle is die boek geopen by die slot-hoofstuk van hul lewe. By hierdie laaste mylpaal kan sommige terugkyk op 'n vol lewe en dankbaar wees. Ander weer se terugblik is gevul met hartseer en eensaamheid en leef hulle in die herinneringe wat hulle agtergelaat het in die lewe.

Om hierdie negentien mense van die tehuis wat so verstandelik en/of lig-

gaamlik gestrem is se lewenskwaliteit saam te hulle lewensverwagtings te probeer verbeter, het ons groepie mediese studente entoesiasies gepoog om met die min fondse tot ons beskikking die meeste te vermog. Ons het 'n hele aantal projekte geloods en hard gewerk om 'n positiewe verskil in hierdie hulpbehoewende mense se lewens te maak.

Vir ons as derdejaars studente van UOVS was dit 'n voorreg om 'n paar kilometers van hul lewe

met die inwoners van Mooihawe saam te loop en 'n positiewe bydrae te probeer lewer om die lewenskwaliteit vir elkeen te verbeter. Ons bedrewe almal van hierdie tehuis is dat hulle op die bergtoppe van hul lewe sal staan en die heerlike vrede van die Here sal geniet en ook ee dag soos Paulus sal kan sê:

Ek het die goeie wedloop afgelê,

Ek het die wenstreep bereik,

Ek het gelowig end-uit volgehou. ■

Uitverf van die gang en badkamers

'n Hardware winkel van Bothaville het aan ons verf verskaf waarmee ons die badkamers, deurskosyne en die gang van saal A kon uitverf. Ons groep het 'n verwerf gehuur maar ook ons eie arbeid aangebied om sodoende die koste te verlaag. Dit het daartoe gelei dat ons een oggend om sesuur reeds begin het om die mure en kosyne van die saal af te skuur, ons het ook gehelp met die verf van die saal waar ons kon en het die finale afronding aan die verfspans gelaat. Die



WALALA WASALA!!!!

verwers is betaal d.m.v. 'n kontantborg. Daar het baie liters verf oorgebly en

dit is aan die tehuis geskenk vir toekomstige instandhouding. ■

Vervanging van vloerlyste

Die ou vloerlyste van die badkamers is uitgehaal en vervang met nuwe vloerlyste. Dit het ons betaal met behulp van 'n kontantborg. ■

Die Span



Links Henmar Botha, Marinus Pretorius.



Elrize Louw



Jean-Marie le Roux



Sonja Joubert



Daniel Krynauw

Gesellighede en optredes

Ons het ook by twee geleenthede vir hierdie inwoners 'n funksie gereël waartydens ons saam met hulle gekuier het. Roosmaryn se sêrgroep het die inwoners kom vermaak met hul pragtige sang. By 'n volgende geleentheid is al die inwoners en van die personeel getrekteer met lekkernye wat deur Pick n Pay geskenk is. Ons het moeite gedoen om met individue persoonlik te gesels en het die klavier benut deur elke geselligheid te open en af te sluit met 'n heerlike samesang. Hulle het dit terdeë geniet en ons het onderneem

om dit op 'n meer gereelde basis te doen.

Elkeen van ons groepie het tot die besef gekom dat hierdie spesiale mense soos enige ander ouderdomsgroep 'n spesiale behoefte het aan emosionele sekuriteit, erkenning, eiewaarde, liefde en vriendskap.

Telkens wanneer ons hul gevra het wat hul die graagste wil he ons vir hul moet doen was talle se antwoord net om by hul te sit te gesels. Daar was duidelik 'n groot behoefte aan persoonlike kontak, aandag en interaksie. ■



Joyce Vermaak, Elrize Louw en Jean-Marie le Roux



P.J. Malukazi

Aanbring van name en fotos op kamerdeure

Daar is van elke inwoner 'n pragtige foto geneem en met sy naam daarop gedruk is dit in A4 formaat gelamineer en op elkeen se deur vasgesit.



Finnie



Moeng



onsigbare Gestremdhede



Innovative SA teacher wins global award for project



• Magteld Smith

A class project has earned a Bloemfontein teacher top marks, she was named one of the best teachers in the world for the use of technology as an educational tool.

Sarietjie Musgrave, a teacher at Eunice High School, Bloemfontein was placed second in the community category at Microsoft's worldwide Innovative Teachers Forum in Hong Kong.

Her project, Spread the Sunshine, not only earned her the honour for which more than 250 teachers from 64 countries competed — it has also helped at least 300 people in the Free State Province.

Musgrave introduced the project last year to her grade 10s, in which they researched various disabilities and used what they learned to come up with technological solutions for people with those disabilities.

The government school has pupils with disabilities and to start the project two pupils, who have both had a

limb amputated, spoke at an assembly in April.

Since then, her 64 pupils at the girls only school found various ways to help more than 300 people with disabilities ranging from disabling hearing impairment to Down syndrome.

R1 for each hearing ear

In one drive, the team went to other schools asking pupils to donate R1 for each hearing ear they had. The proceeds went towards cochlea implant awareness.

Musgrave said they had also opened up a new world of communication for an eight-year-old boy who could not communicate. They bought a computer programme of picture cards to assist him.



Cochlea Implant Awareness Team



From Carla Franco (disabling hearing impaired), Megan van Gensen, Mariska Smith, Father Bower from St Andrews School, Lindi van Rensburg, and Nicole Harmse.

Pupil Wame Mmopelwa worked with Bloemfontein's Caryl du Toit Centre where deaf children learn to speak.

Musgrave admits she only won the prize because of her pupils' hard work. "I was just amazed at their creativity and willingness. They have realised it doesn't cost money to make a difference." ■

Supporters



Saint Andrews High School



Grey College

People with invisible disabilities excluded from cheaper confeds tickets

"Psychosocial impact..."
continued from p.4

South Africa has the 9th highest rate of anxiety disorders in the world

A recently published study in the South African Journal of Medicine reported that South Africa has the ninth highest rate of anxiety disorders and the tenth highest rate of depressive disorders in the world (compared to other countries where similar research was conducted). ■



Back left: Thato Mazangwana, Magteld Smith, Elias Neels
Front left: Lara Sefundi, Mankhethuoa Makakole

Everyone is equal before the law and has the right to equal protection of the law

• Magteld Smith

Voices of Change has discovered that people with disabling hearing impairment and invisible disabilities are excluded from FIFA's Confederations

Cup tickets. The Minister of Women, Children and Persons with Disabilities, Nolutshando Mayende-Sibiya, encouraged people with disabilities to make use of the opportunity

– The Constitution calls this action as DIRECT DISCRIMINATION

available to us to access Fifa Confederations Cup tickets at lower prices.

Minister Mayende-Sibiya said the price for these tickets has been set at the category four ticket price, which is the cheapest category of tickets, starting at R70. It was a shock to discover that this generous offer from the minister's office was only for wheelchair users include a complimentary ticket for the person accompanying the person with a disability to the match.

The adoption of the Constitution of the Republic of South Africa, 1996 represents a major change to the face of the legal system in this country. The Constitution acknowledges in section 9(1) the right to equality: "Everyone is equal

before the law and has the right to equal protection of the law." Implicit in this right is the understanding that neither the State nor any person may discriminate, directly or indirectly against anyone on various arbitrary grounds such as race, gender, religion, language, disability etc.

Unfair discrimination, i.e. a distinction made on an arbitrary ground, is prohibited. Direct discrimination occurs when the ground on which a distinction is made is unfair as such. This type of discrimination occurs when the person's disability or perceived disability is the direct reason for the less favorable treatment. ■

DISABILITY LAW IS NOT A MORAL OBLIGATION IN SA BUT A LEGAL ONE



Erediens vir Gehoorgestremde Persone in Bloemfontein



Die Erediens vir Dowe Persone is op 16 Maart 2003 in die lewe geroep. Die erediens is begin na 'n versoek van die dowe aan my ma, Marietjie Naudé. As sterk gelowige het sy geglo dat die dowe ook die voorreg moet kan benut om erediens in hul

eie taal te kan hou. Dit was haar passie om mense te kan help en sy het haar oor die dowe ontverm.

Ongelukkig, is sy op 2 Desember 2006 in 'n motorongeluk oorlede en omdat ek weet hoe sy die dowe op die hart gedra het, het ek gevoel ek

wou graag die kerk namens haar laat voortleef. Ek glo die kerk het die potential om te groei en ek vertrou ook dat dit elke dowe op 'n unieke wyse aanraak.

Huidiglik vind die erediens een keer 'n maand plaas in Villa Marte se saal in Boerneefstraat,

• Salomie Naudé

Langenhovenpark. Dit vind plaas met behulp van gewillige predikante en 'n gebare taal tolk, Verna Vorster. Daar word drie keer per jaar nagmaal gehou en na die diens kuier almal saam. Alle mense met gehoorgestremdhede, vriende en familie is welkom.

Die diens begin om 10:30 en die datums tot die einde van die jaar is as volg:

- 19 Julie 2009
- 16 Augustus 2009
- 13 September 2009 – nagmaal geleentheid

- 18 Oktober 2009
 - 15 November 2009
- Vir enige navra kontak my gerus.
Salomie Naudé – 082 920 5081**

"Thulano le nyefolo menahanong..." continued from p.4

la Afrika Borwa, e hlahisitse hore lefatsheng lohle ho ya ka sekepele, Afrika Borwa e boemong ba borobong ka hodimo-dimo ka bohloko ba sethokothetsi; mme hape e boemong ba leshome ka hodimo-dimo ka bohloko ba kगतello ya maikutlo (papisong le dinaha tse ding moo ho entsweng diphuputso tse tshwanang).

Bohloko ba hlooho ha bo tlhelwa bo sa phekolwe, bo ka baka mathata a mang a fapafapaneng ho tsa bongaka, ho tsa menahano le ho tsa ka moo re phelang ka teng. Mohlala, ha motho a na le matshwao a kगतello ya maikutlo nakong ya botjha ba hae, sena se bolela hore a ka amahanngwa le maemo a phahameng a kotsi ya ho ba le lefu la pelo. Ena ke e meng ya mehlala e hloasang kgokahano e atametseng haholo le kamano e thata e hlahellang mahareng a boko le tshetso ya ditso tse fapaneng mmeleng. Ka hoo, ho se tsotelle maikutlo a phetseng hantle ho ke ke ha shejwa ka ho kgaohannngwa, empa ho ka shejwa ho bapisitswe le kgahlamelo ya bophelo bo botle ka kakaretso; e bileng teng pele hodima mokudi, ho kenyelediswe le boleng ba bophelo.

Mahloko a hlooho a arohanngwa ho tloha mefutafuteng e tlwaelehleng ho ya ka boemo ba maikutlo, le ho ya ka kgahlamelo e mpe boemong ba tshetso, mme hape le hore na tsieleho ya lehlatipa boemong boboholo ha kae. Motho o tshwanetse ho nahana ka kgonahalo ya bohloko ba hlooho ha dipheho tse se nang tlhaloso di ka hlahella boemong ba botho, dikamanong kapa tshetso ya mosebetsi. Sena se ka kenyelletsa ho ya tlase mesebetsing wa sekolo, ho ya tlase tshetso ya mosebetsi, ho lahlehlwa ke takatso dikamanong le batho ba bang kapa hona ho se ithokomele. Tshetso e mpe e hloang taolo ya botho ya jwala e eketsehang le yona e ka hlahisa pelaelo.

Signs of anxiety or depression

Matshwao a ho kula a mangata mmeleng kapa a sa foleng, ao e bang sesosa se ipatileng sa bothata tshetso ya mmele, a ka atisa ho ba letshwao la bohloko ba sethokothetsi kapa kगतello ya maikutlo. Ho ona re ka kenyelletsa hlooho e sa foleng kapa e tshwarang motho kgafetsa-kgafetsa, bohloko ba mokokotlo, ho dubakana

ka maleng, letshoho le matla, ho se heme hantle, le ho ba le modikwadikwane; tsena tsohle ho se tlhaloso e hlakileng ya hore di bakwa keng. Matshwao a mmele a fumanwang jwaloka karolo ya bohloko ba hlooho ke a totobetseng hantle, mme hase a inahanelwang kapa a iketsetswang e se nnete, mme a ka raroloha ha feela sesosa se ipatileng sa bohloko ba hlooho se ka phekolwa. Ho se kgone ho kgaleha/robala hantle kapa ho robala ho tloa tekano le mkgathala; tsena di atisa ho amahanngwa le kगतello ya maikutlo le bohloko ba sethokothetsi. Banna ha ba na le kगतello ya maikutlo, ba atisa ho ba letshwenyo haholo le ho ba pelo e kgutshwanyane, ho e na le ho hlahella ba hlomohile.

Social anxiety disorder

Ho ba dihlong haholo, ho bakang ho phema haholo le ho pheella ho se be dibakeng moo ho hlokalahalang hore batho ka tlwaelo ba kopanele teng; sena e ka ba pontsho ya bohloko ba ho ba le sethokothetsi ha o le bathong. Bohloko ba Kगतello maikutlong ka lebaka Masisapelo a Fetileng (BKMf) bo na le qaleho ya bona, e leng ka mora hore lehlatipa le amehe boemong

bo amang maikutlo haholo; moo e leng hore bonneteng maemo a kotsi a lefu kapa tematso e kgolo mmeleng e bile teng. Diketsahalo tse ka kgwephehang BKMf di kenyelletsa peto, ho nkelwa koloi ka mahahapa kapa ho etswa motshwaruwa o supilwe ka sethunya, ho ba kotsing ya koloi kapa kotsi ya tlhaho.

Ho ba le phutuhelo ya letshoho kgafetsa-kgafetsa ke sebopelo se seng sa mofuta wa Bohloko ba Letshoho (BL). Phutuhelo ya letshoho e itemohelwa jwaloka diketsahalo tsa sethokothetsi se fetelletseng se ithahelang feela "feela-feela tjee" ntle le tlhaloso e utlwisisehang ya matshwao ao a letshoho. Sethokothetsi sena se tsamaya le ho otla ha pelo ka mkgwa o potlakileng, le lehlabla sefubeng, le ho se heme hantle, modikwadikwane kapa ho shwa bohatsu menwaneng. Phutuhelo ya letshoho e na le ho qala ka lepotlapotla, mme ka mora metsotso e seng mekae e iphelle feela tjee ka boyona. Ka lebaka la ho tsebahala hantle ha matshwao a bang mmeleng nakong ya phutuhelo, bakudi hangata ba dumela hore ba fihletswe ke phutuhelo ya bohloko ba pelo kapa setrouku; mme hangata ba atisa ho batla phekelo ya bongaka ya tlakotsi. Ha

bohloko bo sibollwa le ho hlahloswa hantle, ke bohloko bo nang le kgonahalo e matla ya hore bo ka phekolwa ho latela diqeto tse ntle tsa bongaka.

Haufinyane mahloko a hlooho a isitswe karolong e ka sehloohong ho tsa bongaka, ha etswa dintshetsopele tse potlakileng tseo kutlwisong ya rona e leng mekgwatshebetsa e kentsweng ho ntshetsa maemo ana pele. Tshepo ke hore sena se tla lebisa ntshetsopeleng e pejana dithlophisong tsa mkgwatshebetsa tsa jwale, tse sebediswang ho sibolla le ho hlahlosa hantle mahloko a fapafapaneng, hape le ntshetsopele maanong a sebensang ka ho phethahala a phekelo. Nakong e tlang, ka lebaka la ntshetsopele ya theknoloji e entsweng, ho na le kgonahalo e tiileng ya hore batho ba tsieting ya ho ka ba le bohloko bo matla ba hlooho, ba ka hlwauwa le pele bohloko bo qala. Ka lebaka lena, ho ka ba le kgonahalo ya hore phekelo ya nako e tlang e ka kenyelletsa le mekgwa ya thibelo, eo ka yona tshetso e seng hantle e amahanngwang le bohloko bo phethahetseng ba hlooho e ka bang palong e tlase.

Invisible Disabilities



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Jan Botes se moed gee mense met gestremdhede hoop

• Jan Botes

subredakteur in Bloemfontein. Ek het berigte se taal nagegaan en blaaie opgemaak.

Ek was op die kruin van my loopbaan, assistent hoof van my kantoor (in ons kantoor is dit meer van 'n prestasie), toe ek siek word. My breinstam se pons (die senuwees se bedekking) het gedisintegreer. Een oggend het ek wakker geword, badkamer toe gegaan, terug gekom en spasmas ontwikkel. Ek het 'n week vantevore 'n soortgelyke voorval gehad. My ma het soos die vorige voorval my gebel en hoewel ek tuis moes wees en toe ek nie geantwoord het, my broer en skoonsuster gebel,

wat toe kom help het en 'n ambulans gebel het.

Ek kan alles van die gebeure onthou. Die ou oom in die hospitaalsaal met Alzheimer se siekte en sy beskuldigings. Gou daarna was ek in 'n kliniek, heeltemal verlam en het met oë gekommunikeer. Toe later kon ek my kop beweeg en nog later my regterhand, en my regtervoet. Vandag sit ek in 'n rolstoel, of lê in 'n bed, maar ek kan darem alles beweeg en met 'n loopraam en ondersteuning loop. Ek het nog nie beheer oor my badkamerfunksies. Ek beskou myself nie as gestrem nie, maar as iemand in 'n rolstoel. Ek is nou medies ongeskik ver-

klaar deur my werk en daar is geen plek meer vir my.

Ek kan darem weer praat, hoewel daar mense is wat se hulle kan my nie verstaan nie. Soos met baie gestremdes is dit mense met vooropgestelde idees en mense wat jou nie wil verstaan nie. Die grootste probleem is my verlies aan onafhanklikheid en om mense te vra vir iets persoonliks.

Daar was baie mense wat 'n rol in my lewe gespeel het, dokters, verpleegsters en terapeute soos Jean, Petru, Louisa, Mia, Madre en Lefty. Daar was ook oudkollegas wat jou nie vergeet het nie. My familie se ondersteuning was ook belangrik.

Een van die grootste probleme is om die tyd verby te kry. 'n Mens word na 'n produktiewe lewe skielik gekonfronteer met elke dag wat feitlik dieselfde is. Ek lees feitlik elke dag tot ek elke nou en dan geen leesstof het nie.

Baie dinge ontwikkel mens absoluut 'n wrewel in. Dinge soos kraanwater (met sy kalk en ander chemikalieë), kapokaartappels (waaraan ek genoeg vir 'n leeftyd gekry het toe ek weer vaste stowwe kon eet) lang tye sit in 'n (rol)stoel, ens. Ander dinge soos badkamertyd is noodsaaklik en die alternatief, soos 'n mens in die hospitaal ervaar het, slegter. ■

One morning I was completely paralysed

• Jan Botes, translated by Prof Riaz Seedat

I received my BA (Communication Studies) Honours in 1984 from the then UOFS (now UFS). I was then employed for 21½ years at the Volksblad, first as a reporter in Bloemfontein, Welkom, Kroonstad and Kimberley and then as subeditor in Bloemfontein. I checked the language in the reports and made up pages.

I was at the peak of my career, assistant head of my office (in our office it was more of an achievement), when I fell ill. My brainstem's lining disintegrated. One morning, I awoke, went to the toilet, came back and developed spasms. I had had a similar experience the previous week. My mother phoned, and when I didn't answer although I must have been at home, she

called my brother and sister in law who came to help and called an ambulance.

I can remember everything that happened. The old man with Alzheimer's in the hospital and his accusations.

Shortly thereafter I was in a clinic, completely paralysed and communicating with my eyes. Later I could move my hand and later still my right hand and right foot. Today I sit in a wheelchair, or lie in bed, but I can move all my limbs and walk with a walking ring or support. I don't yet have control over my bowel and bladder functions. I have been declared medically unfit by my employer and there is no place for me.

I can talk again now, although there are people who say they can't understand me. As with many people with dis-

abilities, it is people with preconceived ideas and people who don't want to understand you.

The biggest problem is the loss of my independence and asking people for personal things.

There are many people who played a role in my life, doctors, nurses and therapists like Jean, Petru, Louisa, Mia, Madre and Lefty. There are also former colleagues who don't forget you. My family's support was also important.

One of the biggest problems was passing the time. A person with a productive life if suddenly confronted with every day that is practically the same. I read practically every day until I don't have any reading material left.



Many things are highly irritating. Things such as tap water (with its calcium and other chemicals), mash (of which I had more than for a lifetime when I could again start eating solid food), long

periods of sitting in a (wheel)chair etc. Other things such as going to the toilet are necessary and the alternative, as experienced by people in hospital, even worse. ■

Basic Etiquette: People with Mental Illness disability

• Prof André Claassen

The terms mental illness and psychiatric disability are essentially interchangeable. Some groups and individuals prefer one term to the other, but in general both terms are considered acceptable. A possible alternative is to describe a person as someone who has mental health issues.

• Do not assume that people with psychiatric disabilities are more likely to be violent than

people without psychiatric disabilities; this is a myth.

- The wide range of behaviours associated with mental illness vary from passivity to disruptiveness.
- When the illness is active, the individual may or may not be at risk of harming him or herself, or others.
- People with mental illness do not have mental retardation; however, some people who have mental retardation also have mental ill-

- ness. Do not assume that people with psychiatric disabilities also have cognitive disabilities or are less intelligent than the general population. In fact, many people with mental illness have above-average intelligence.
- Do not assume that people with psychiatric disabilities necessarily need any extra assistance or different treatment.
- Treat people with psychiatric disabilities as indi-

viduals. Do not make assumptions based on experiences you have had with other people with psychiatric disabilities.

- Do not assume that all people with psychiatric disabilities take or should take medication.
- Do not assume that people with psychiatric disabilities are not capable of working in a wide variety of jobs that require a wide range of skills and abilities.

- Do not assume that people with psychiatric disabilities do not know what is best for them, or have poor judgment.
- If someone with a psychiatric disability gets upset, ask calmly if there is anything you can do to help and then respect their wishes.
- Do not assume that a person with a psychiatric disability is unable to cope with stress. ■



Tsa bophelo ba Jan Botes

• Jan Botes, translated by Frans Makhele

Ke amohetse lengolo la thuto la BA (Communication Studies) Honours ka selemo sa 1984 ho tswa UOFS ya mehleng (eo jwale e bitswang UFS). Ke ile ka sebeletsa Volksblad dilemo tse 21½, pele ke ne ke sebetse jwaloka moqolotsi wa ditaba Bloemfontein (Mangaung), Welkom (Thabong/Matjhabeng), Kroonstad (Maokeng) le Kimberley (Galeshewe/Taamaneng); hape ka sebetse jwaloka motlatsi wa mohlophisi Bloemfontein (Mangaung). Ke ne ke hlahloba puo ditalehong tsa ditaba le maqepheng a entsweng.

Ha ke ne ke tla kula, ke ne ke sehlohlolong sa mosebetsi wa ka, ke le mothusi wa hlooho ya ofisi ya rona (ofising

ya rona seo e ne e le kattleho e kgolo). Furumo e tshwereng bohare ba boko ba ka e ile ya fokola. Hoseng ho hong, ke ile ka tsoha ka ya ntlwaneng, ha ke kgutla ka tsohelwa ke ho finahana ha mesifa. Ke ne ke ile ka ba le bothata bo jwalo bekeng ya ho feta. Mme wa ka o ile a ntetsetsa mohala, mme e itse ha ke sa arabele mohala, le ha a ne a tseba hore ke lapeng, o ile a letsetsa aubuti wa ka le ngwetsi eso, ba ile ba tla nthusa, mme ba bitsa koloi ya bakudi.

Ke kgona ho hopola tsohle tse etsahetseng. Monamoholo ya neng a na le bohloko ba hlooho ba ho lahlehelwa ke mohopolo (Alzheimer) ka sepetelele, le ditshokelo tsa hae.

Ke bile tleleniking nakwana ka morao ho moo, ke se ke holofetse ka hohle, mme ke bua feela ka mahlo. Hamorao ke ile ka kgona ho tsamaisa letsoho le leoto la ka le letona. Kajeno ke dula setulong sa mabidi, kapa ke robala betheng, empa ke kgona ho tsamaisa diho tsa ka kaofela, le ho tsamaya ka tshepe ya moetsa wa sekele ya ho tsamaya kapa ka tshehetso ya motho e mong. Ha ke eso kgone ho laola tshebetso ya mala le senya sa ka. Ramosebetsi wa ka o phatlaladitse hore ha ke a lokela ho sebetse ho latela ho kula ha ka, mme ha a na sebaka sa ka.

Jwale ke kgona ho bua hape, le ha ho na le batho ba reng ha ba nkutlwise. Jwaloka

ha ho etsahala ka batho ba bangata ba nang le boqhwalu, bana ke batho ba emereng mehopolo e itseng e se nang bonnete, hape ke batho ba sa batlang ho o utlwisisa.

Bothata bo bohoho ba ka ke ba ho lahlehelwa ke boikemelo le ho kopa batho thuso dinthong tsa ka tse ikgethang.

Ho na le batho ba bangata ba bapetseng karolo ya bohlokwa bophelong ba ka, dingaka, baoki, le batho ba thobang maikutlo jwaloka Jean, Petru, Louisa, Mia, Madre and Lefty. Hape ho na le basebetsimmo ho ba pele ba sa o lebaleng. Le tshehetso ya ba lelala la ka e bile bohlokwa.

Bo bong ba mathata a maholo e bile ba ho tsamaisa

nako. Ka tshohanyetso, re kopana le motho ya nang le bophelo bo beang ditholwana a se a tobane le letsatsi le batlang le tshwana ka mehla. Hantle-ntle ke batla ke bala letsatsi le leng le le leng ho fihlela ke se ke se na letho leo nka le balang.

Dinthe tse ngata di fedisa pelo haholo. Dinthe tse tshwanang le metsi a pompo (a nang le khalsiamo le dikhemikhale tse ding), diho tse kopantsweng (tseo e leng hore ke se ke di jele haholo), dihora tse ngata tsa ho dula setulong sa mabidi, jwalo-jwalo. Dinthe tse ding tse tshwanang le ho ya ntlwaneng di a hlokalala, mme ka lehlokoreng le leng ho ba thata. ■

Wetgewing wat die Versorging, Behandeling en Rehabilitasie van Geestesgesondheidsgebruikers Reguleer



Prof Hennie Oosthuizen

Die Mental Health Care Act 17 van 2002 het op 15 Desember 2004 in werking getree. Die Wet maak voorsiening vir die versorging, behandeling en rehabilitasie van geesteson-

gestelde persone. Hoofstuk 3 van die Wet fokus op regte wat bykomend tot regte is wat geestesgesondheidsgebruikers reeds in terme van enige ander wet het, naamlik:

- Dat daar in die uitvoering van die regte en die nakoming van verpligtinge van geestesgesondheidsgebruikers dit altyd in hul beste belang gedoen moet word.
- Die persoon, menswaardigheid en privaatheid van elke gebruiker moet gere-spekteer word. Elke gebruiker moet sorg, behandeling en rehabilitasie ontvang wat hul geestesvermoëns verbeter om tot hul volle potensiaal te ontwikkel en om sy integrasie in die gemeenskap te fasiliteer.

- 'n Voorsiener van gesondheidsorgdienste of 'n -inrigting mag slegs versorging, behandeling en rehabilitasie dienste verskaf of hom toelaat indien die gebruiker daartoe toegestem het, of deur 'n hofbevel of 'n besluit van die Hersieningsraad, of as gevolg van sy geestesonggesteldheid.
- Daar mag nie onregverdiglik teen 'n gebruiker op grond van sy of haar geestestoestand gediskrimineer word nie.
- Stappe moet geneem word om te verseker dat gebruikers nie ge-eksploteer word, onderwerp word aan dwangarbeid, misbruik of afbrekende behandeling nie, dat sorg, behandeling en

rehabilitasie dienste nie as straf gebruik word of tot die voordeel van ander mense nie.

- Die vasstelling van die geestesgesondheidstatus van enige persoon moet gebaseer wees op faktore wat eksklusief relevant tot daardie persoon se geestesgesondheidstatus is, of om effek te gee aan die bepalings van die Strafproseswet en nie op grond van sosio-politieke of ekonomiese status, kulturele of godsdienstige afkoms of affiliasie nie.
- 'n Persoon of gesondheidsinrigting mag nie enige vertroulike inligting van 'n gebruiker openbaar maak nie.
- Daar kan beperkings op intieme volwasse verhou-

dings geplaas word slegs indien die gebruiker se vermoë om toestemming te kan gee ingeperk is.

- 'n Gebruiker is geregtig op verteenwoordiging, insluitend regsverteenvoording, asook op regshulp soos deur die Staat voorsien.
- Die gesondheidsinstelling moet die gebruiker wat toegelaat was vir sorg, behandeling of rehabilitasie van 'n ontslagverslag voorsien.
- Elke voorsiener van gesondheidsdienste moet voor die verskaffing van dienste die gebruiker van sy of haar regte inlig. ■

Legislation Regulating Care, Treatment and Rehabilitation of Mental Health Users

The Mental Health Care Act 17 of 2002 came into force on 15 December 2004. The Act provides for the care, treatment and rehabilitation of mentally ill persons. Chapter 3 of the Act focus on rights in addition to any other rights they may have in terms of any other law, namely:

- The exercising of rights and the performing of duties must always be in the best interest of the mental health care users.
- The person, human dignity and privacy of every mental health care user

must be respected. Every user must be provided with care, treatment and rehabilitation services that improve the mental capacity of the user to develop to full potential and to facilitate his integration into community life.

- A health care provider or a health establishment may provide care, treatment and rehabilitation services to or admit a user only if the user has consented thereto, or authorised by a court order or a Review Board; or due to his mental illness.
- A mental health care user may not be unfairly di-

scrminated against on the grounds of his mental health status.

- Every person, body, organisation or health establishment providing care, treatment and rehabilitation services to a user must take steps to ensure that users are protected from exploitation, abuse and any degrading treatment, not be subjected to forced labour and care, treatment and the rehabilitation services are not used as punishment or for the convenience of other people.
- Any determination concerning the mental health

status of any person must be based on factors exclusively relevant to that person's mental health status or, for the purposes of giving effect to the Criminal Procedure Act, and not on socio-political or economic status, cultural or religious background or affinity.

- A person or health establishment may not disclose any information of a user which is confidential.
- A limitation may be placed on intimate relationships of adult users only if due to mental illness, the ability

• Prof Hennie Oosthuizen

- of the user to consent is diminished.
- A user is entitled to a representative, including a legal representative, as well as legal aid as supplied by the State.
- A health establishment must issue a discharge report to the user who was admitted for purposes of receiving care, treatment and rehabilitation services.
- Every health care provider must, before administering any services, inform a user of his rights. ■



Frans Makhele, wants to make a difference



Mr. Frans Makhele Sesotho Translator

Ke sebetisa Yunivesithing ya Freistata jwaloka mohokahanyi/morupelli dipokrameng tsa Sesotho ho ba sa bueng Sesotho, hape le dipokrameng tsa Seafrikane ho ba sa bueng

work for the University of the Free State as the coordinator/facilitator of the Sesotho Communication Programmes for non-Sesotho speakers as well as the Afrikaans Communication Programmes for non-Afrikaans speakers. I am also the coordinator of the Adult Basic Education and Training (ABET) Programmes.

In addition, I do ad hoc translations for different departments and for the project, Voices of Change (VOC) on a part-time basis.

It is a real privilege for me to become the Sesotho translator for the Voices of Change Project.

I believe that transformation for people with disabilities is

urgently needed. The disabled people of our country are not given the same opportunities as people with no disabilities. They get the opportunity to study, but after graduating they do not get the opportunity to put their qualifications to good use. For instance, how many lecturers that are unable to walk do we have? And how many blind people do we have

• Frans Makhele
working in offices on our campus?

People with disabilities have their own unique God-given talents. They are able to do certain things that people who have no disabilities are unable to do, such as being able to know what a person is saying just by reading his/her lips. ■

Seafrikane. Ke ngola le dibuka tse tsamaisang dipokrama tsena kaofela. Hape-hape ke mohokahanyi dipokrameng tsa thuto ya batho ba baholo (ABET Programmes).

Hodima moo, ke etsetsa mafapha a Yunivesithi a fapaneng diphelele tsa Senyemane/Seafrikane ho ya Sesothong. Diphelele tsena ke di etsetsa hape le projeke ya Ntshetsopele ya Dihwala e bitswang – Voices of Change;

tlasa Fakhalithi ya Disaense tsa Bophelo bo Botle. Ona mosebetsi ke o etsa ka mora dihora tsa tshebetso.

Ke bona e le monyetla o moholo ho nna ho ba mofoteledi wa Sesotho wa projeke ena ya – Voices of Change. Ke dumela hore batho ba nang le boqhwalwa ba hloka ntshetsopele kapele-pele. Naheng ena ya rona, batho bana ha ba fuwe menyetla e tshwanang le ya batho ba

se nang boqhwalwa. Ba fuwa monyetla wa ho ithuta, empa ka mora ho phethela dithuto Yunivesithing; ha ba fuwe monyetla o lekaneng wa ho sebedisa dithuto tsa bona. Mohlala: re na le barupelli ba bakae ba tsamayang ka ditulwana tsa mabidi? Hape re na le batho ba sa boneng ba bakae ba sebetlang diofising? Meketeng ya dikgau teng re a ba bona, ba bangata.

Nnete ke hore batho bana ba nang le boqhwalwa, ba na le ditalenta tse ikgethang tseo ba di fuweng ke Modimo. Ba kgona ho etsa dintho tse itseng tseo batho ba se nang boqhwalwa ba sa kgoneng ho di etsa. Nka hlalisa ntlha e le nngwe feela, ba bang ba sa utlweng; ba kgona ho tseba seo motho e mong a se buang ka ho sheba feela molomo wa eo ya buang. ■

Molao o laolang tlhokomelo, phekolo le tsosoloso ya basebedisi ba phekolo ya bohloko ba kelello

• Prof Hennie Oosthuizen

Molao wa Tlhokomelo Phekolong ya Bohloko ba Kelello (The Mental Health Care Act 17 of 2002) o kene tshebetso ka la 15 Tshitwe 2004. Molao o lokisetsa tlhokomelo, phekolo le tsosoloso ya batho ba bohloko ba kelello. Kgaolo ya 3 ya Molao e itshetlehele ditokelong, e tlatselletsa ditokelong tse ding tse teng ho ya ka molao ofe kapa ofe, ke ho re:

- Hlakiso le tshbediso ya ditokelo e tshwanetse ho ba molemong wa basebedisi ba phekolo ya bohloko ba kelello.
- Motho, le seriti sa botho di tshwanetse ho hlompheha, le lekunutu la mosebedisi e mong le e mong wa phekolo ya bohloko ba kelello le tshwanetse ho hlompheha. Mosebedisi e mong le e mong o tshwanetse ho fuwa tlhokomelo, phekolo le ditshebetso tsa tsosoloso tse ntshetsang matla a kelello ya hae pele hore e hlalobhe ka tshwanelo; le ho nolofatsa dikamano tsa hae bophelong ba setjhaba.
- Mohlokomedi wa tsa bophelo bo botle kapa setheo sa tsa bophelo bo botle se ka fana ka tlhokomelo, phekolo le ditshebetso tsa tsoso-

loso ho mosebedisi kapa hona ho mo amohela, ha feela mosebedisi wa phekolo ya bohloko ba kelello a nehelane ka tumello ya seo, kapa e le taello ya lekgotla, kapa lona Lekgotla la Tshekatsheko ya maemo; kapa ho ya ka maemo a bohloko ba kelello ya hae.

- Motho ya tlasa tlhokomelo ho tsa bophelo bo botle tlasa bohloko ba kelello ha a tshwanela ho kgethollwa ka leeme ka lebaka la boemo ba hae ba bohloko ba kelello.
- Motho e mong le e mong, mokgatlo kapa mothei wa tsa bophelo bo botle ya fanang ka tlhokomelo, phekolo le ditshebetso tsa tsosoloso ho mosebedisi wa phekolo ya bohloko ba kelello o tshwanetse ho mehato ya ho etsa bonnete ba hore basebedisi ba phekolo ba tshireleditse tshbedisong e mpe, le tliekefetso kapa phekolong efe kapa efe e hlokanang boleng, le hore hape ba se ke ba qobellwa tshebetso le tlhokomelong, hape phekolo le ditshebetso tsa tsosoloso di se ke tsa sebediswa jwaloka kahlolo kapa ho kgotsofatsa batho ba bang.
- Qeto e nngwe le e nngwe e mabapi le boemo ba kelello bophelong ba motho e mong le emong, e tshwanetse ho etsa tlasa mabaka a

amanang feela le boemo ba kelello ya motho eo, kapa ka maikemisetso a ho matlafatsa tshebetso ya Molao wa Tsamaiso ya Tlolo ya Molao, e seng hodima tsa botho le dipolotiki, kapa tsa maemo a moruo, tsa setho/boitjhaba kapa tsa tumelo, kapa ho ya ka kgohedi ya maikutlo.

- Motho kapa setheo sa tsa bophelo bo botle ha se a tshwanela ho tsebisa batho ba bang eng kapa eng e patehileng eo ba e phe-

tsweng mosebedisi wa phekolo.

- Ho ka bewa moedi dikamanong tse tebileng tsa batho ba baholo ba sebedisang phekolo, ha feela ka lebaka la bohloko ba kelello, bo-kgoni ba bona ba ho fana ka tumello ya dikamano tseo bo le tlase.
- Mosebedisi wa phekolo o dumelletse ho ba le moemedi, ho kenyelletse le moemedi wa molao, hape le thuso ya semolao ya Mmuso.

- Setheo sa tsa bophelo bo botle se tshwanetse ho fana ka tlaleho ya ho lokollwa ho mosebedisi wa phekolo ya neng a amohetswe mabakeng a ho fumantshwa tlhokomelo, phekolo le ditshebetso tsa tsosoloso.
- Mohlokomedi e mong le e mong wa tsa bophelo bo botle, o tshwanetse hore pele a fana ka tshbeditso efe kapa efe ho mosebedisi wa phekolo, a mo tsebise ka ditokelo tsa hae. ■

School Art Competition

Theme: "People with disabilities"

Entry forms

- Entry fee R10 per art work
- Entry forms available from:
 - local newspapers
 - voicesofchange@ufs.ac.za
 - phone calls to 082 532 4798
 - sms to 082 828 9731 (sms only)

Awesome Cash Prizes to be Won!

Scholars between 6-18 Years

Submit entries before or on 28th August 2009 at:

- University of the Free State, Bloemfontein, Faculty of Health Sciences, Francios Relief Building, Dean Offices, Room D104, Joy Maasdorp
- or
- post to PO BOX 38425, Langenhovenpark, 9330



REGISTRATION AS A VOC MEMBER

REGISTRASIE AS VOC LIDMAAT

BOINGODISO JWALOKA SETHO SA VOC

VOICES OF CHANGE, PO BOX 38425, LANGENHOVENPARK, 9330

APPLICANT DETAILS / AANSOEKER BESONDERHEDE / DINTLHA TSA MOINGODISI (PERSON WITH A DISABILITY) / (PERSOON MET 'N GESTREMDHEID) / (MOTHO YA NANG LE BOQHWALA)

Full Names Volle Name Mabitso ka bottalo			
Surname Van Fane			
Title Titel Thaetlele	Gender Geslag Bong	Male Manlik Botona	Female Vroulik Botshehadi
ID number ID-nommer Nomoro ya ID	Marital status Huwelikstatus Boemo ba tsa lenyalo		
Residential Address Woonadres Aterese ya bodulo		Postal address Posadres Aterese ya poso	
Postcode Poskode Khoutu ya poso		Postcode Poskode Khoutu ya poso	
E-mail address E-pos adres Aterese ya imeile		Cellphone Selfoon Nomoro ya selefounu	
Date of birth Geboortedatum Letsatsi la tlhaho		Occupation Beroep Mosebetsi	

PLEASE TICK (X) THE APPLICANT'S PREFERRED METHOD/S OF COMMUNICATION MERK ASSEMBLIEF (X) DIE AANSOEKER SE VOORKEUR METODE/S VAN KOMMUNIKASIE JWALOKA MOINGODISI, TSHWAYA KA (X) MOKGWENG WA DIPUISANO WA KGETHO YA HAO

English	☐	Afrikaans	☐	Sesotho	☐
Telephone	☐	Email	☐	Mailing	☐
Telefoon	☐	E-pos	☐	Pos	☐
Thelefounu	☐	Imeile	☐	Poso	☐
Symbols and pictures	☐	Braille	☐	Audio	☐
Simbole en prente	☐	Braille	☐	Klank	☐
Matchwao le ditshwantsho	☐	Mongolo wa Braille	☐	Modumo	☐
Deafblind signing	☐	Finger spelling	☐	Sign language	☐
Doof-blind gebare	☐	Vingerspel	☐	Gebaretaal	☐
Puo ya ditholo le difofu	☐	Mopeleto wa menwana	☐	Puo ka matchwao	☐
Large print	☐	Total communication	☐	SMS texting	☐
Groot druk	☐	Volle kommunikasie	☐	SMS teks	☐
Mongolo o moholo	☐	Puisano ka bottalo	☐	Puisano ka SMS	☐
Other (please specify) Enige ander metode (spesifiseer asseblief) Mekgwa e meng (ka kopo hlalosa)					

PARENT OF A PERSON/S WITH A DISABILITY/TIES OUER MET 'N KIND/ERS MET 'N GESTREMDHEID/HEDE MOTSWADI NANG LE BOQHWALA

Education Opvoeding Thuto	Postgraduate Nagraads Thuto ka mora dikri	Diploma Diploma Diploma	Degree Graad Dikri	No schooling Geen skoolopleiding Ho se be le thuto ho hang e telele	Primary school Primêre skool Thuto ya motheo	High school Hoërskool Thuto e phahameng	Certificate Sertifikaat Setefiketi
Marital status Getroude status Boemo ba tsa lenyalo	Never married Ongetroud Ho se nyale/nyalwe ho hang	Living together Woon saam Ho dula mmoho	Married Getroud O nyetse /O nyetswe	Widower/widow Wewenaar/wedevrou Mohlolohadi	Divorced Geskei O hladiile/hladiilwe	Missing Vermis Lahlehile	
Employment Werkzaamheid Tsa tshebetso	Employed fulltime Werkzaam voltyds Mosebeletsi wa saruri/nako e telele	Unemployed Werkloos Ho se sebetse	Employed part-time Werkzaam deelyds Mosebeletsi wa nakwana	Entrepreneur Entrepreneur Rakgwebo			

PERSON WITH A DISABILITY/TIES PERSOON MET 'N GESTREMDHEID/HEDE MOTHO YA NANG LE BOQHWALA

Education Opvoeding Thuto	Postgraduate Nagraads Thuto ka mora dikri	Diploma Diploma Diploma	Degree Graad Dikri	No schooling Geen skoolopleiding Ho se be le thuto ho hang e telele	Primary school Primêre skool Thuto ya motheo	High school Hoërskool Thuto e phahameng	Certificate Sertifikaat Setefiketi
Marital status Getroude status Boemo ba tsa lenyalo	Never married Ongetroud Ho se nyale/nyalwe ho hang	Living together Woon saam Ho dula mmoho	Married Getroud O nyetse /O nyetswe	Widower/widow Wewenaar/wedevrou Mohlolohadi	Divorced Geskei O hladiile/hladiilwe	Missing Vermis Lahlehile	
Employment Werkzaamheid Tsa tshebetso	Employed fulltime Werkzaam voltyds Mosebeletsi wa saruri/nako e telele	Unemployed Werkloos Ho se sebetse	Employed part-time Werkzaam deelyds Mosebeletsi wa nakwana	Run or do any kind of business, big or small, for yourself or with one or more partners? Doen u enige besigheid van watter aard ookal, klein of groot, vir self of met ander vennote? Ho na le kgwebo eo o e etsang, e kgolo/nnyane, o le mong kapa le motho e mong			

WHEN WERE YOU DIAGNOSED WITH A DISABILITY/TIES? WANNEER IS U MET 'N GESTREMDHEID GEDIAGNOSEER? HO HLAHELLETSE NENG HORE O NA LE BOQHWALA?

Birth Geboorte Tswalo	Age Ouderdom Dilemo	Speech impairment Spraak gebrek Bothata ba puo
Visual impairment (blindness) Gesigsgestremd (blindheid) Bofofu	Autism Outisme Bothata ba ho kopana le batho	
Because of a physical, mental, or emotional health condition, do you have difficulty communicating, (for example understanding or being understood by others)? Is dit vir u moeilik as gevolg van 'n fisiese, geestelike of emosionele toestand om te kommunikeer met ander of om verstaan te word? Na o na le bothata ba dipuisano, kapa hore batho ba utlwisise seo o se bolelang, ka lebaka la boqhwala mmeleng, kelellong, kapa tshetiso ya maikutlo?		
Do you have any difficulty joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can? Ondervind u dit moeilik om deel te neem aan gesamentlike aktiwiteite in u gemeenskap. Na o na le bothata bo itseng ba ho nka karolo diketsahalang tsa setjhaba (mohlala: meketeng, bodumeding kapadiketsahalang tse ding) ka tsela e tshwanang le ya batho ba bang?		
Do you have difficulty remembering or concentrating? Is dit vir u moeilik om te konsentreer of dinge te onthou? Na o na le bothata ba ho hopola kapa ho tsepmisa monahano?		
Do you have difficulty walking or climbing steps? Is dit vir u moeilik om te stap of om trappe te klim? Na o na le bothata ba ho tsamaya kapa ho hlwa ditepisi?		
Disabling hearing impairment (deafness) Gehoorgestremd (doofheid) Botholo (Na o ntse o na le bothata ba kutlo le ha o sebedisa dithusa-kutlo?)		
Do you have difficulty seeing, even if wearing your glasses? Is dit vir u moeilik om te sien tenspyte daarvan dat u 'n bril dra? Na o ntse o na le bothata ba pono le ha o sebedisa diborele?		
Do you have difficulty with self-care, such as washing all over or dressing? Het u enige problem met selfversorging, soos bad of stort en om u self te klee? Na o na le bothata ba ho ithokomela, jwaloka ho thapisa hohle mmeleng kapa ho ikapesa?		



MEC Mabe, Department of Health



Prof Ramela, Head of Department of Health

Upholding the Rights and Dignity of Persons with Mental Illness remains a priority for the mental health movement in South Africa. The SA Federation for Mental Health and Department of Health is again involved in its annual Mental Illness Campaign during the month of July. This is a coordinated effort to promote awareness

about mental illnesses and to continue in the quest to ensure that persons with mental illness are understood by the broader society and are dealt with in a fair and dignified manner.

Society's understanding of mental health is not increasing despite the challenge posed to society by the ever increasing incidence of mental illnesses in society. According to the World Health Organization about 400 million people globally have a mental disorder. Depression would become the second greatest cause of death and disability worldwide by 2020. The projected rise in depression can be attributed to more stressful lifestyles, poverty and violence.

These factors are compelling in their demand for a comprehensive strategy to promote mental health awareness and to ensure that mental health becomes recognized as a priority for the country.

It must be realized that failure to confront this challenges poses a great threat to the overall well-being of the country.

It is against this background that we have defined the Campaign slogan of "I am not my mental illness, I am a person". This slogan is a statement that encourages us to tackle issues such as social exclusion, stigma and discrimination that persons with mental illnesses are faced with. During this campaign we aim to dispel the myths surrounding mental illness or develop strategies for integrating people with mental disorders into mainstream society.

For more information on the campaign, please contact:

Mr. M.A Motaung – Provincial Mental Health Coordinator, on 051 408 1336, 011 781 1852 or e-mail motaungma@fshealth.gov.za



Dr Liesl Smit, Neurologist

Daar was vanaf 10 – 12 Junie in Bloemfontein 'n groot gebeurtenis wat Outisme bewusmaking bevorder het: 'n Kursus is deur die Vrystaatse Vereniging vir Outismspektrumkenmerke aangebied oor die praktiese hantering van kinders wat aan die siekte lei.

Outisme word al hoe meer algemeen. Een uit 150 kinders wat gebore



Groot gebeurtenis

word, kan kenmerke van die spektrum hê. Seuns word baie meer as dogters aangetas. Dit is dus baie belangrik dat mense toegerus word vir die epidemie wat kom. Die persone wat moet kennis dra, sluit in ouers, spraakterapeute, arbeidsterapeute, onderwysers, en natuurlik die algemene publiek. Algemene praktisyns en Pediateres moet ook meer kennis dra van die siekte.

Daar is geen skool of fasiliteit wat outistiese kinders in die Vrystaat kan

hanteer nie. Die vereniging probeer dus om 10 hektaar se grond te kry sodat ons 'n sentrum kan bou waar daar met vroeë intervensie begin kan word. Die doel is nie om outistiese kinders vir ewig in 'n outisme skool te hou nie, maar om te poog om die kinders soveel tegnieke as moontlik aan te leer dat hulle simptome vir die lewe kan gaan. Die siekte gaan nooit weg nie, maar jy kan as outisme leier, leer om daarmee te lewe op 'n produktiewe manier.

FREE STATE DEPARTMENT OF HEALTH



health

Department of Health
FREE STATE PROVINCE

www.fs.gov.za

THE DEPARTMENT MERCANTILE LAW OFFERS THE FOLLOWING COURSES:

1. CERTIFICATE IN LABOUR LAW

This practical one six month course includes the legislation with regard to the employment relationship between employer and employee and includes *inter alia* the following acts:

- The Labour Relations Act
- Basic Conditions of Employment Act
- The Employment Equity Act
- The Skills Development Act

Topics to be covered are *inter alia* the following:

- Hours of work, leave, freedom of association, trade unions, bargaining councils, collective agreements
- Dismissals, unfair labour practices, strikes
- Discrimination and affirmative action

This course will be presented every week in Afrikaans and in English

Evaluation: Assignments during the year, practical exercises in class and an examination in November 2009.

Cost of course: R4 000 – this amount includes a handbook and all study material.

R1 000 must be paid **with registration** with a **copy of your ID document** and the balance on or before 31 October 2009.

Enrolment:

Last date for registration 29 July 2009.

Lectures:

Every Wednesday evening 17:00 – 18:00.
First lecture on Wednesday 29 July 2009 in the CR Swart building on the UFS campus.

Requirements for admission:

Grade 12 or proof of adequate prior learning.

For further information:

Contact Prof J V du Plessis, tel: 051 - 401 2409 or Mrs Y Pieters, tel: 051 - 4013734/2618.

Lectures will be presented on Friday afternoons in Qwaqwa and Saturday mornings in Welkom according to a specific programme.

Students who follow and pass the six months Certificate Course, may enrol in the following semester for the Advanced Course in Labour Law. If a student follows both courses in consecutive semesters, he/she will only pay R3 000.00 for the Advanced Course in Labour Law.

SETAS FUNDING / SKILLS DEVELOPMENT FUNDS: HEQC/HO6/LAW/CLL

2. ADVANCED COURSE IN LABOUR LAW

This programme is designed to support people who want to specialize in Labour Law. The course is presented over six months by academics and labour law practitioners. Legislation to be studied in depth:

- Labour Relations Act, 1995;
- Basic Conditions of Employment Act, 1997 and
- Employment Equity Act 1998.

Topics to be covered include working hours, leave, trade unions, bargaining councils, dismissal, unfair labour practices, strikes and discrimination. Recent developments will also be covered.

Course fee: R4 000 – includes all study material. R1 000 must be paid with registration with a copy of your ID document and the balance on or before 31 October 2009.

Registration:

Last date for registration 30 July 2009.

Lectures:

Every Thursday evening from 17:00 – 19:00 and two Saturday mornings from 08:30 – 13:00. First lecture Thursday 30 July 2009 in the CR Swart building on the UFS campus.

Admission requirements:

Certificate in Labour Law or any prior learning in Labour Law.

Evaluation:

Assignments during the semester, practical work and an examination in November 2009.

Further information:

Contact Prof J V du Plessis, tel: 051-4012409 or Mrs Y Pieters, tel: 051 4013734/2618.

Lectures will be presented on Friday afternoons in Qwaqwa and Saturday mornings in Welkom according to a specific programme.

SETAS FUNDING / SKILLS DEVELOPMENT FUNDS: HEQC/HO6/LAW/ACL

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