**Psychosocial Disability Awareness Month (PDAM)**

**July**

Toolkit

Department of Health and Wellness

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# Psychosocial Disability Awareness Month (PDAM)

* Psychosocial Disability Awareness Month (PDAM) is commemorated annually in July. Mental Health Day is also commemorated on 11 May where October further marks Mental Health Awareness Month and World Mental Health Awareness Day on 10 October.
* Psychosocial disability (PD) is not a diagnosis. PD occurs when the environment that a person with a mental health condition interacts with, interferes with their ability to function and participate fully[[1]](#footnote-1).
* The theme identified by the [South African Federation for Mental Health (SAFMH)](https://www.safmh.org/)[[2]](#footnote-2) is “Shattering stigma: sparking conversations and shifting attitudes” with the aim to address:
  + the stigma surrounding psychosocial disability;
  + by highlighting the need for persons with lived experience of PD to be at the forefront of anti-stigma programming;
  + with the aim of shifting ongoing, widely pervasive negative attitudes towards PD.

# Objective of this toolkit.

* The objective of this toolkit is to create awareness about psychosocial disability through education and information sharing in support of Psychosocial Disability Awareness Month (PDAM) in July and beyond.
* The reader can choose key messages and Information, Education and Communication (IEC) material most suited for their setting. Note that some of the materials used in this toolkit were produced by Cape Mental Health and the South African Federation for Mental Health (SAFMH) and are therefore copyright protected.

# Target audience for this toolkit.

* Facility based staff and Health Promoters working in health facilities in the Western Cape.
* Community Liaison Officers in the Metro and Rural health services.
* Community Health Care Workers.
* Western Cape on Wellness (WoW!) Champions to share with their members.
* Relevant Partners
* General public

# Channels of communication to use.

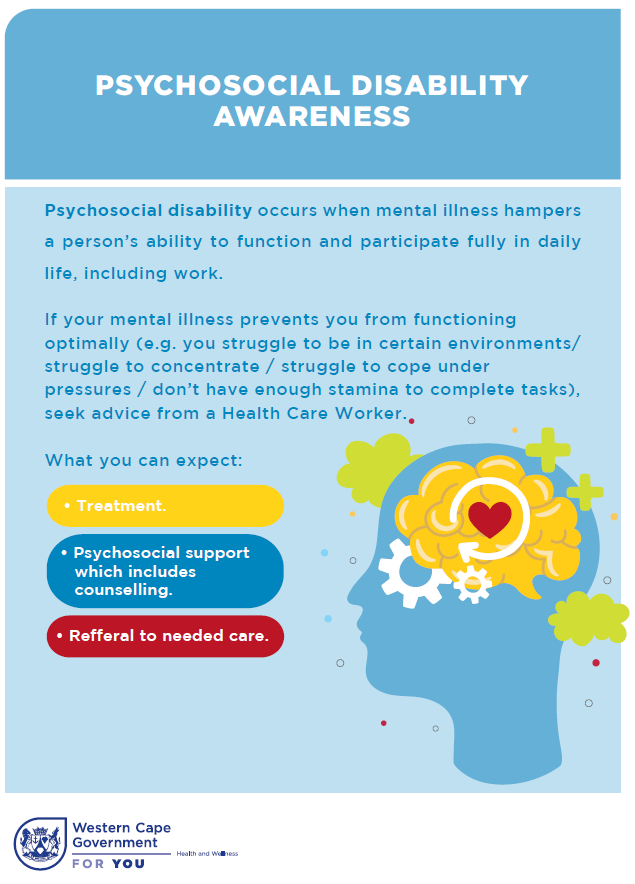
* The toolkit will be shared with the target audience via email.
* Pdf files can be shared via WhatsApp and on Social Media channels such as Facebook.
* The toolkit is also available online for easy sharing and downloading <https://www.westerncape.gov.za/westerncape-on-wellness/information-education-and-communication-iec-materials>
* The recipients can use the information in the toolkit to inform activities for Psychosocial Disability Awareness Month (PDAM) and Mental Health Awareness.
* Key messages and IEC material used in this toolkit can be shared via social media pages such as the WoW! Facebook Group (WoW! Western Cape on Wellness) and the Department of Health and Wellness Facebook page (Western Cape Government Health).

# Measures of success.

* Feedback from the toolkit users on its usefulness can be provided to the Provincial Wellness team ([Joanna.Pieterse@westerncape.gov.za](mailto:Joanna.Pieterse@westerncape.gov.za)) to explore and include aspects to address respective needs.
* To measure the success of the toolkit implementation and activities sharing with partners and target audience, through mentioned channels is a first step.
* Feedback reports can further be used to document successes and measure impact. Showcase activities in the reports by adding picture with the relevant permission.
* For the above purposes, as an example the following indicators can be used:
  + Number of beneficiaries for activities.
  + Number of key messages or IEC material distributed via different platforms, including social media.
  + For social media sharing on platforms, statistics can be gathered to identify number of views, likes or engagement on the platforms.

# Psychosocial disability

* Psychosocial disability is not about a diagnosis but rather what occurs when the environment that a person with a mental health condition interacts with, interferes with their ability to function and participate fully2.
* It is important to note that not everyone with a mental health condition experiences psychosocial disability. Each person experiences a mental health condition in their own unique way and will therefore interact with their environment differently. Some might need more support than others, and the level of support needed can change overtime as the mental health condition worsens or improves[[3]](#footnote-3).
* Psychosocial disability may restrict a person’s ability to:
  + be in certain types of environments (noisy, crowded, etc.)
  + concentrate
  + have enough stamina to complete tasks
  + cope with time pressures and multiple tasks
  + interact with others
  + understand constructive feedback (might be experienced as criticism)
  + manage stress2.
* Mental health conditions are often associated with profound economic and social barriers when it affects the person’s ability to:
  + study
  + work and earn money
  + socialise
  + maintaining relationships with family, friends and colleagues2.
* Another major barrier experienced is stigma.



## 6.1 Stigma

* Stigma is a negative attitude or idea about a mental, physical, or social feature of a person or group that involves stereotypical ideas, social disapproval and/or exclusion and judgement.**[[4]](#footnote-4)** For example: a person living with depression is perceived to be weak or attention seeking.

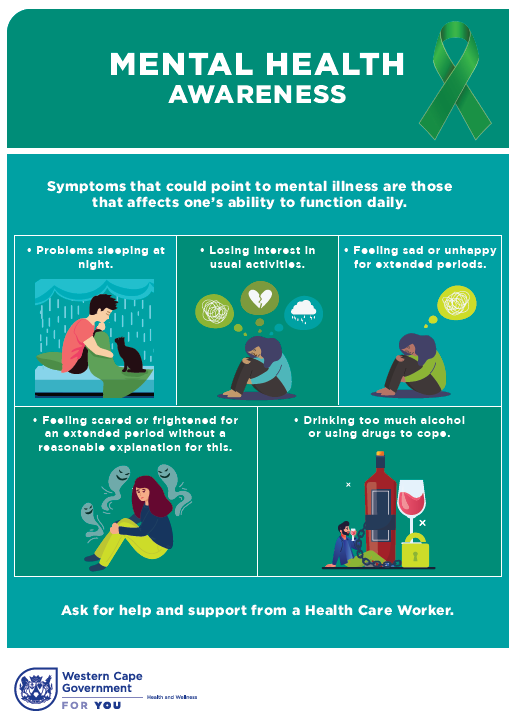


Source: The Lancet Commision[[5]](#footnote-5) & SA Federation for Mental Health[[6]](#footnote-6)

* Some of the harmful effects of stigma can include[[7]](#footnote-7):
  + Reluctance to seek help or treatment.
  + Lack of understanding by family, friends, co-workers or others.
  + Fewer opportunities for work, school or social activities.
  + Isolation and loneliness.
  + Bullying, physical violence or harassment.
* Ways to break the stigma7:
  + Talk openly about mental health.
  + Apply reasonable accommodation principles in the workplace to make it easier for the person to adapt and function.
  + Learn about mental health conditions and how to recognise signs that someone might need help. See 6.2 below.
  + Be conscious of the language used to address the person, not the condition. Referring to someone who has been diagnosed with schizophrenia as ‘a schizophrenic’ reduces the person to that label.
  + Treat physical and mental health equally.
  + Promote mental health (see point 7 below).

## 6.2 Mental health awareness

The following material can be used to raise awareness and to educate about common mental health conditions, to better support those experiencing psychosocial disability and related sigma and discrimination.



## 6.2.1 Depression

* It is natural to feel sad or down at times. This is a normal part of everyday life.
* When someone experiences sad or negative feelings that interfere with normal functioning and that last for at least two weeks, they could be suffering from depression.

**Common symptoms of depression include:**

* Ongoing feelings of sadness, anxiety, or “empty” mood.
* Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex.
* Feelings of hopelessness and gloom.
* Feelings of guilt, worthlessness, helplessness, shame.
* Problems with sleeping e.g. sleeplessness, early-morning awakening, or oversleeping.
* Decrease in appetite and weight loss or overeating and weight gain.
* Decreased energy, fatigue and feeling run down.
* Restlessness, irritability, aggression.
* Difficulty concentrating, remembering, making decisions.
* Continuous physical symptoms such as headaches, digestive disorders, and chronic pain.
* Thoughts of death or suicide; suicide attempts.

**How to cope and where to go for help:**

* Like other medical illnesses, depression can be treated. In most cases the best treatment for depression is a combination of medication and psychotherapy.
* Psychotherapy or “talk therapy” may help you gain a better understanding of your illness, change negative thoughts and feelings, and learn new behaviours and coping strategies.
* Relaxation techniques, exercise and lifestyle changes have been noted as beneficial in managing depression.

For more information, look at the Depression leaflet in the IEC zip folder shared with this toolkit.

Source: Depression[[8]](#footnote-8). Western Cape Department of Health and Wellness.

## 6.2.2 Generalised Anxiety Disorder (GAD)

* Generalized anxiety disorder refers to a condition characterised by extreme worry.
* People with GAD worry about everyday life circumstances (e.g., job responsibilities, finances, the health of family members) or about more minor matters (e.g., household chores, keeping appointments). The worries are experienced as difficult to control, and they are clearly distressing or interfere significantly with work or with social functioning.
* The worrying is accompanied by one or more of a range of physical symptoms, such as restlessness, getting tired easily, difficulty concentrating, irritability, muscle tension, and disturbed sleep.

**Common symptoms of GAD include:**

* People with GAD are prone to expecting the worst, even when there is no apparent reason for it.
* The worry is constant and occurs on most days for at least six months.
* Worrying generally concerns health, family, money or work-related issues.
* The excessive worry interferes with all aspects of functioning and everyday living.
* Physical symptoms commonly associated with GAD are restlessness, irritability, muscle tension, fatigue, difficulty sleeping, and difficulty concentrating.
* Cognitive symptoms include difficulty controlling the worrisome thoughts.

1. **How to cope and where to go for help:**

* Keeping a journal is a useful way to identify the stressors in your life and can be beneficial to your therapy.
* Setting up schedules and prioritizing your life may help to manage your time and energy.
* Keep alcohol consumption in moderation and avoid drug use.
* See your doctor or find a support group to help with more effective coping strategies.
* Medication and psychotherapy (talk therapy) may also help. As with most other disorders, a combination of the two is more beneficial.

For more information, look at the Generalised Anxiety Disorder leaflet in the IEC zip folder shared with this toolkit.

Source: Generalised Anxiety[[9]](#footnote-9). Western Cape Department of Health and Wellness.

## 6.2.3 Bipolar Disorder

* Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes extreme changes in mood, energy and the ability to function.
* The mood usually swings from overjoyed, irritable and/or aggressive (manic) to sad and hopeless (depression).
* Periods of fairly normal mood can be experienced between cycles.

**Common symptoms of** **a manic episode include:**

* Increased energy, activity and restlessness
* Excessively high, euphoric mood
* Extreme irritability
* Spending sprees
* Distractibility (cannot concentrate)
* Little sleep needed
* Racing thoughts, rapid speech
* Poor judgment (excessive buying, sexual indiscretions)
* Inflated self-esteem
* Increased sociability
* Binge eating, drinking and/or drug use
* Denial that anything is wrong

**Common symptoms of a depressive episode include:**

* Persistent depressed mood, most of the day, almost every day
* Decreased interest and pleasure in almost all activities
* Insomnia or hypersomnia
* Feelings of worthlessness, self-reproach, guilt
* Tiredness, listlessness, restlessness or irritability
* Impairment in concentration
* Recurrent thoughts of death, suicidal ideation
* Change in appetite and/or weight gain/loss

1. **How to cope and where to go for help:**

* Bipolar disorder requires long-term treatment, since it is a chronic (ongoing), relapsing illness. The most effective treatment plan includes a combination of medication, psychotherapy, lifestyle changes and social support.
* Psychotherapy (talk-therapy) used to treat bipolar disorder includes cognitive behavioural therapy (CBT) and family-focused therapy.
* Psychotherapy may help you gain self-insight, change negative thoughts and feelings, and learn new behaviours and coping strategies. Talking about your emotions with a trained professional can help reduce symptoms.

For more information, look at the Bipolar leaflet in the IEC zip folder shared with this toolkit.

Source: Bipolar Disorder[[10]](#footnote-10). Western Cape Department of Health and Wellness.

## 6.2.4 Schizophrenia

* Schizophrenia is a severe and disabling illness that affects the brain.
* In schizophrenia, there is a tendency towards disintegration of the personality.
* Recurrent episodes of acute psychosis and remission are typical.

**To be diagnosed with schizophrenia, a person must display two or more of the following, each present for a significant portion of time during a one-month period (or less, if successfully treated):**

* Delusions (false personal beliefs resulting from an inability to separate real from unreal experiences)
* Hallucinations (auditory hallucinations - i.e. hearing voices that other people do not hear - is the most common type)
* Disorganised speech (vague thoughts, loose association of ideas, thought-blocking and creation of new words [neologisms])
* Grossly disorganised behaviour (e.g. dressing inappropriately, neglecting personal hygiene, social isolation) or catatonic behaviour
* Negative symptoms (e.g. lack of or decline in emotional response, speech, motivation, and concentration).

1. **How to cope and where to go for help:**

* A psychiatrist should examine the patient to make the diagnosis. Tests are carried out to exclude medical illnesses.
* Supported job training, housing and other community support will be needed.
* The person with schizophrenia must learn how to take medications correctly and how to manage side-effects.
* They need to see their doctor often and must learn how to notice early signs of a relapse.
* Family members should be educated about the disease and offered support.

For more information, look at the Schizophrenia leaflet in the IEC zip folder shared with this toolkit.

Source: Schizophrenia[[11]](#footnote-11). Western Cape Department of Health and Wellness.

# 7. Mental Health Promotion

* For additional information on mental health, refer to the Mental Health Awareness Toolkit (October 2022) that can be access here: <https://www.westerncape.gov.za/westerncape-on-wellness/information-education-and-communication-iec-materials>

## 7.1 Make Every Contact Count (MECC) Strategy[[12]](#footnote-12)

* MECC is focused on helping people to think about changing their behaviour for better health and wellbeing, by raising their awareness of issues, being encouraging and supportive of change, and signposting to further supporting agencies.
* Supporting self-management through healthy conversations.

Healthy conversations are a non-judgemental form of communicating, to support an individual to make a positive change to their behaviour.

A healthy conversation is more than delivering a message, it is also about inviting the other person into the conversation though:

**Ask Advice Assist**

How to Make Every Contact Count (MECC)

1. Spot opportunities to talk to people about their health and wellbeing.

2. Have healthy conversations or do brief interventions: Conversation which will help the person involved to consider change, feel encouraged and supported to change, and know where to go for further support.

3. Signpost or refer to appropriate services.

For more information, look at the MECC material in the IEC zip folder shared with this toolkit.

# 8. Resources

Get professional help when you or someone you know need assistance with a mental illness:

* Accessing public health services in the Western Cape:
  + In- and out-patient mental health services are available for children and adults during those periods when their mental health care requires more intensive and contained care than what is available at the primary level of care. Potential clients must be referred to these hospitals by primary mental health services or secondary (regional) hospitals. For more information visit

<https://www.westerncape.gov.za/dept/health/services/1039/17840>

* Useful websites to visit
  + Cape Mental Health <https://capementalhealth.co.za/>
  + Mental Health Information Centre South Africa <https://mentalhealthsa.org.za/>
  + SA Federation for Mental Health <https://www.safmh.org/>
  + The South African Depression and Anxiety Group <https://www.sadag.org/>
  + World Federation for Mental Health <https://www.wfmh.global/>
  + WHO <https://www.who.int/health-topics/mental-health#tab=tab_1>
* Useful Contacts
  + Anxiety and Depression Hotline: 011 783 1474
  + Drug Abuse/Naranon: 088 130 0327
  + Aidsline: 0800 012 322
  + Child Line: 0800 055 555
  + Life Line: 021 461 1111/4
  + Alcoholics Anonymous: 021 418 0908
  + Narcotics Anonymous: 021 797 1400
  + HEAL (Halt Elder Abuse Line): 0800 003 081
  + GBV Command Centre: 0800 428 428
  + Women Abuse Helpline: 0800 150 150
  + Social Development Substance Abuse line: 0800 220 250
* These organisations can also be of assistance[[13]](#footnote-13):
  + SA Federation for Mental Health, Braamfontein, Tel: 011 781 1852
  + Cape Mental Health Society, Ivy Street Observatory, Tel: 021 447 9040
  + Western Cape Forum for Mental Handicap, Tel: 021 510 4686
  + Mental Health Information Centre, Department of Psychiatry, University of Stellenbosch, Tel: 021 938 9227 or 021 938 9116 Toll free: 0800 600 411
  + The Child Health Unit, Red Cross Hospital Children's Centre, Rondebosch, Tel: 021 685 4103
  + Rape Crisis Cape Town Trust, 23 Trill Road, Observatory, 24-hour Helpline: 021 447 9762





# 9. Reference list

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Hello doctor. We are all a little mental – let’s break the stigma. <https://www.hellodoctor.co.za/we-are-all-a-little-mental-lets-break-the-stigma/>

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Western Cape Department of Health and Wellness. Schizophrenia

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Western Cape Department of Health and Wellness. Mental Health Primary Healthcare (PHC) Services. <https://www.westerncape.gov.za/dept/health/services/1039/17838#contacts>



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3. NSW Government. Does everyone with a mental health condition have a psychosocial disability? <https://www.health.nsw.gov.au/mentalhealth/psychosocial/foundations/Pages/psychosocial-mh.aspx> [↑](#footnote-ref-3)
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