

FPD's Work in Mental Health



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Needs Analysis (Why we work in Mental Health)

FPD started looking at the mental health aspects related to HIV in 2011 with the context of the HIV system strengthening work and was an early proponent of integrating mental health (MH) into HIV and TB programming (see Academic publications) unfortunately the funding environment at that stage was not susceptible to this concept. To help create awareness of the importance of mental health within the HIV/TB response FPD helped establish the Association for the Social Sciences and Humanities in HIV in 2011 and organized their 1st & 2nd International Conferences (Durban 2011 & Paris 2013). The infamous Life-Esidimeni scandal in 2017, furthered our commitment to this critical and neglected epidemic and FPD has been progressively increasing the focus of the organization's work to several major areas in MH namely improving access to quality MH care for all South Africans both insured and uninsured through improving access to services at primary and community level, improving mental health literacy, supporting a multisectoral response to MH as a public health emergency and reducing stress and burnout amongst healthcare workers.

South Africa had the third lowest average mental health quotient score of 71 countries surveyed in the 2023 Mental State of the World report, an improvement from being last in the 2021 report. Only the United Kingdom and Uzbekistan scored lower. The same report shows that South Africa has the joint highest percentage of people in distress/struggling (35%).

15.1% of South Africans were estimated to have encountered mental health challenges in the previous 12 months in 2023, while the South African Depression and Anxiety Group (SADAG) estimates that more than one in three South Africans will develop a mental health condition during their lifetime. A 2017 study that analysed the burden of disease by Carpenter, Nyirenda and Hanass-Hancock, indicated that mental health disorders accounted for 13.8% of the disease burden in South Africa, which was higher than HIV (11.8%) and musculoskeletal disorders (10.4%).

The Mental Health Care Act (No. 17 of 2002) prescribes that mental health should be integrated into general health services including primary, secondary, and tertiary levels to improve access to mental health services and reduce stigma associated with mental illness. Integration also promotes treating patients holistically, which is proven to improve health outcomes. Despite the provisions of the Act, access to MH care is severely limited for uninsured people with MH conditions, and in 2022 it was estimated that 90% of people who require mental health support are unable to do so. The reasons are multiple and complex and include a severe and rapidly worsening shortage of skilled professionals, especially Psychiatrist and Psychologists, MH maldistribution of professionals between the public and private sector and between provinces, historical professional protectionism that limits the scope of practice of other healthcare professionals in MH, an unwillingness, until recently, to employ mid-level MH workers, (Registered Counsellors-4-year psychology graduates) in the public sector. Antiquated scheduling of all antidepressants as habit forming schedule 5 drugs has prevented primary care nurses, who provide most of the care at primary care clinics, from prescribing them and as such it is estimated that only 1-12% of people who should be on antidepressants are currently on treatment. Despite this need and the high disease burden, only 5% of the national healthcare budget is allocated to MH with 86% thereof redistributed to psychiatric hospitals, leaving virtually no resources for community or primary level care.

Not only does this lead to *unnecessary human suffering* but the country pays a hefty *economic cost in loss of productivity*. Just the cost of untreated anxiety and depressions amongst the employed South

African population is estimated to range between R170 to 210 billion per annum – a devastating cost that our economy can ill afford. Aligned to our vision ‘to build a better society through education and capacity development’, FPD endeavours to be not just a voice in this conversation, but to be a catalyst to address the social, political, and structural barriers to access to mental health services, and to ensuring that everyone will have access to affordable quality mental health care when they need it and much more importantly start building a society where we create mental wellbeing and resilience to reduce this need.

FPD technical approach (How we do it)

The FPD technical approach is delivered through a series of targeted workstreams [WS] and uses South Africa as springboard to test innovative approaches that can be replicated and expanded across the continent and serve as models to support international efforts.

WS-1 Technical Assistance: We have established a team of highly skilled local and international experts with extensive experience in all aspects MH health including the interphase between MH and HIV/TB, Gender Based Violence, the World of Work and Climate Change who not only influence our programme design but provide valuable technical assistance to stakeholders including policymakers, organizational management, civil society organizations, researchers, and implementers. Our technical advice targets all relevant stakeholders (NGOs, community organizations, civil society, employers, donor implementing partners and government at all levels) to assist in evidence-based mental health service planning, delivery, supervision, and improved performance.

WS-2 Training and capacity development: FPD, as a registered private higher education institution based in South Africa with a global reach, offer a wide range of accredited courses (online, virtual, and in-person formats) customized to the requirements of all role players. Capacity development programmes cover the spectrum of developing competency from policy and planning, increasing the MH workforce, strengthening the role of civil society, educating the public and building mental health resilience amongst the health and general workforce.

WS-3: Technology and innovation: The massive online migration over the past few years and the dramatic growth of artificial intelligence (AI) has created an opportunity to leverage technology to dramatically lower barriers to access to MH care and self-care. Technology allows us to deliver training at low cost, improving MH literacy, developing capacity of HCWs to provide MH care, improve screening, simplify referrals, provide mentoring, and overcome geographic barriers to access. FPD partners with technology and academic partners to introduce innovative technologies to the MH landscape. The FPD research Unit also actively pursues the development of new knowledge through implementation science projects in MH.

WS-4: Creating structures to foster cross sectoral collaboration: FPD leverages more than 25 years of HIV/TB system strengthening and community engagement experience, which has included establishing several national scientific conferences, the 1st health think tank in Africa, local and international NGOs and several extraordinarily successful social media campaigns to build broad coalitions in support of advancing public health goals. This allows for coordination of activities, pooling of resources and focussing advocacy and research activities.

WS-5 Building scalable, task-shared service-delivery models: One of the greatest challenges in South African mental health is the gap between the scale of need and the limited, shrinking pool of

specialised professionals. FPD designs and tests task-sharing models that enable appropriately trained non-specialists to provide safe, structured mental health support under supervision. Central to this is a new cadre of Registered Counsellors and lay counsellors equipped with brief, evidence-based methods, including Interpersonal Counselling (IPC), Motivational Interviewing and Safety Planning, and supported by the ENGAGE wellness model and its validated open-source screening tool. The approach is designed to be self-sustaining: once local Master Trainers and Supervisors are in place, the system can produce its own counsellors, enabling rapid and affordable expansion of frontline care. These models are designed to be embedded within existing HIV, TB and primary care platforms so that screening, support and referral become part of routine care rather than a parallel system.

FPD Mental Health (MH) Health System Strengthening work in South Africa

South African National Mental Health Education Programme (SANMHEP) 2018 to 2020:

The SANMHEP programme was developed as a collaborative initiative between FPD and the National Department of Health (NDoH) to strengthen mental health services at district hospital levels and sponsored through an unrestricted educational grant from Sanofi. The programme was implemented against the backdrop of the Life Esidimeni tragedy. The programme specifically targeted Medical Doctors and Professional Nurses working within the facilities that are listed to conduct 72-hour MH assessments, as well as District Hospitals. Medical Doctors and Professional Nurses from Correctional Service Centres and university primary health care clinics were also included in the training.

Central to this programme was clinical management of mental disorders/conditions, and the understanding of, and compliance with, the Mental Health Care Act and related Regulations and Guidelines in the care, treatment, and rehabilitation of people with mental health conditions by health care professionals who are not mental health professionals. The educational evaluation of this programme that sampled and followed up 90 participants of this programme from enrolment to six months past enrolment demonstrated that participants' confidence in performing mental healthcare activities increased by 24% and their confidence in managing mental health conditions increased by 21% after completing the course. The evaluation also found that the number of patients being referred to higher levels of care by the participants decreased after completion. Several positive effects of the training were reported in the open-ended questions of the follow-up survey and in the key-informant interviews. The theme that came up the most often in the analysis of qualitative data was improved adherence to the Mental Health Care Act. The second and third most prominent themes were the improvement knowledge, confidence and skill of healthcare workers and an improvement in the quality of care in mental health.

Improving Mental Health and HIV/TB Services Integration' (IMHSI) under PEPFAR grant (2022 to 2026):

The **Improving Mental Health and HIV/TB Services Integration (IMHSI)** grant is a single, integrated PEPFAR-funded project supported through CDC. Since commencing in January 2022, it has brought together policy reform, capacity-building, referral system strengthening, community engagement, research, innovation and sustainability planning within one coherent programme of work. It is delivered through an FPD-led consortium that combines psychiatry and research expertise, digital referral innovation, and behavioural communication and community engagement through collaboration with Columbia University School of Psychiatry (www.columbiapsychiatry.org), Vula

Mobile (www.vulamobile.com) and Heartlines (www.heartlines.org.za). Its primary focus is on people living with HIV and TB and, following an early expansion requested by CDC, the broader population of at-risk and vulnerable individuals. At the same time, the grant has worked to strengthen the wider health and psychosocial support system by leveraging the reach of PEPFAR prevention and treatment partners and by working alongside government at national, provincial and district level.

The rationale for the grant is clear. Mental health conditions undermine progress across all three Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 targets by reducing PrEP uptake, HIV testing, treatment initiation, retention in care and viral suppression. They have a similar effect on TB treatment adherence and on HIV- and STI prevention more broadly. The Coronavirus pandemic intensified this burden across populations, with increases in anxiety, depression, post-traumatic stress, substance use and suicidal ideation, while also significantly affecting the mental health of healthcare workers.

From the outset, IMHSI therefore adopted two closely linked focus areas: a **client focus**, which supports the integration of mental health activities into HIV and TB prevention and treatment services, and a **healthcare worker focus**, which supports healthcare workers to recognise their own mental health needs, access support and facilitate referral to professional care. Together, these two focus areas reflect the understanding that a healthier and more resilient workforce is essential to more compassionate, destigmatising service provision and better patient outcomes.

Over the course of the cooperative agreement, which runs until 30 September 2026, what began as a focused effort to integrate mental health into HIV and TB services has matured into a **national, above-site model of technical assistance**. FPD works closely with PEPFAR implementing partners, district support partners and government structures through four interdependent strategies that collectively strengthen policy, systems, service delivery, workforce capacity, referral pathways and community engagement. This strategic architecture has enabled the project to move beyond a narrow treatment focus towards prevention, early detection, service redesign and long-term sustainability. The sections that follow describe progress across these four strategies.

Strategy 1: Support DOH at various levels to develop, adapt, implement, and monitor adherence to policies, guidelines, and standard operating procedures (SOPs).

Policy development and adoption at national level

Under this first strategy, IMHSI has supported both national policy development and sub-national implementation. FPD's technical assistance has helped to position mental health more firmly within South Africa's health agenda, while also translating national commitments into provincial and district systems, guidelines and monitoring processes. The work has been undertaken in a policy environment that historically saw limited reform, despite earlier calls such as the 2013 Ekurhuleni Declaration for stronger integration of mental health into HIV services. Against this backdrop, the grant has secured a series of important gains that collectively strengthen the policy and system foundations for integration.

- At national level, FPD contributed to the **National Strategic Plan for HIV, TB and STIs 2023–2028**, substantially strengthening the inclusion of mental health. References to mental health increased from 12 in the previous NSP to 144 in the current plan, with an additional 35 references to psychosocial support, which had not appeared in the previous version. The process also helped secure recognition of people living with HIV with lived experience of mental health conditions as a priority population.
- Project staff also supported development of the **National Mental Health Policy Framework and Strategic Plan 2023–2030**, helping to promote several important shifts in the national

policy position. These include support for nurse-initiated prescribing of non-habit-forming antidepressants at primary care level, formal employment of Registered Counsellors in the public sector, and a broader policy shift from a hospital-centred to a community-based model of care.

- FPD further provided technical input into the **National Strategic Plan for Non-Communicable Diseases**, where mental health is now recognised as one of the five priority NCDs.
- Additional national and global policy contributions included technical input into the **Key Populations Health Implementation Plan 2023–2028**, the **National Youth Policy 2020–2030**, and the **World Health Organization's World Mental Health Report: Transforming Mental Health for All**.
- FPD also supported the **launch** of the new *National Strategic Plan for HIV, TB and STIs 2023–2028* at the 11th SA AIDS Conference in 2023, helping to position mental health integration more visibly within the national HIV and TB response.
- At provincial and district level, IMHSI technical assistance has focused on **translating national policy into implementable guidance and local system change**. This has included fostering collaboration between mental health and HAST directorates, supporting the identification of standardised mental health screening tools for PHC and community use in the North West and Eastern Cape, and ensuring finalisation of the North West guide for integrating mental health into HIV, TB and STI services at both PHC and community level.
- FPD also contributed to the draft **Eastern Cape Mental Health Strategy and Policy Framework (2025–2030)**, the **Eastern Cape Mental Health Referral Policy**, and the **Gauteng draft standard operating procedure for mental health screening and substance abuse**. Mental health was further integrated into the multi-sectoral district implementation plans for HIV, TB and STIs in uThukela, uMgungundlovu and Tshwane.
- A key part of this strategy has been strengthening monitoring and accountability. FPD has worked with CDC-supported provincial departments of health and their M&E teams to improve the **inclusion of mental health indicators in provincial and district indicator datasets**. The Eastern Cape has confirmed the inclusion of 15 additional mental health indicators in its Provincial Indicator Data Set from 2027/28, with promising related engagements underway in Tshwane and North West.
- To strengthen long-term governance and national coordination, the South African National AIDS Council established a **Mental Health Technical Working Group** with FPD's support. This provides an important national platform to coordinate and sustain mental health integration beyond the life of the grant.
- Several broader system-level gains also emerged through this strategy. The **Government Employee Medical Scheme**, which covers around 90% of healthcare workers, included **depression as a prescribed minimum benefit** and incorporated mental health into a value-based care benefit package.
- FPD also prepared and lodged a submission to the **South African Health Products Regulatory Authority (SAHPRA)** to reschedule fluoxetine so that antidepressants can be more easily accessed at primary care level. Although the first application was not approved, an appeal is being pursued.

Taken together, these achievements reflect a significant strengthening of the policy and system environment for mental health integration. The work under this strategy also received external recognition through a national public health education award in 2025.

Strategy 2: Build the capacity of DOH staff at various levels and of DSP staff on the MH needs of, and services available to PLHIV/TB

Capacity Development

A second core pillar of IMHSI has been capacity development for departments of health, district support partners and other frontline personnel involved in HIV, TB and mental health service delivery. FPD offers a wide range of accredited courses in online, virtual and classroom formats, tailored to different target audiences and strategically deployed in support of this grant. *As a rule, donor funding is not used to develop training courses, but rather to support delivery and participant costs.* As the project has evolved, so too have its training needs. Since July 2022, IMHSI has implemented a broad portfolio of **training programmes**, with the current course table retained below for further updating.

Name of Course	Audience
Clinical Management of MH (mhGAP)	DSP clinical staff & district hospital staff
Mental Health Clinical Communication and Screening	DSP prevention staff
Masterclass in Facilitating Learning	Provincial Regional Training Centre Staff
Mental Health Review Board Induction Training	New members of MH Review Boards at district level
Adult Primary Care Refresher Training	Nurses in PHC
Demystifying Mental Health and Eradicating Stigma	PEPFAR Prevention Teams, CBOs and PDOH
Interpersonal Counselling (IPC)	Individuals with the highest level of completed formal education as matric

This blended training and mentoring platform has equipped frontline providers to recognise and respond to common mental health conditions within HIV, TB and primary care services. By April 2026, **22,361** individuals had been reached through training, representing **131.5%** of the project target to date across more than 15 programmes, with an average participant satisfaction rating of **4.5 out of 5**. Programmes span awareness and stigma reduction, clinical communication and screening, the World Health Organization's mhGAP package, Adult Primary Care refresher training, mental health review board induction, resilience and leadership training for healthcare managers, and the development of Interpersonal Counselling as a scalable counselling model.

In addition to formal courses, IMHSI has hosted a highly successful series of CPD-accredited mental health **webinars** aimed at improving mental health literacy among healthcare workers. This platform grew rapidly over the life of the grant, with attendance often exceeding **750 delegates per session**. Programme reporting reflected cumulative participation of more than **17,680** delegates. The webinar topic table is retained below and still requires updating to align with the final consolidated version of this section.

Topic
1. Mental Health and Wellness in the Workplace
2. Substance abuse and Adolescents: Lessons learnt from Enyobeni tavern tragedy
3. Women and Mental Health
4. Coping with burnout and stress in a digital environment How to manage self-stigma in mental health

5. Counter-isolation and disconnectedness through creating a safe environment at work
6. How to manage self-stigma in mental health
7. Mental Health Emergencies
8. ADHD: Over diagnosed and under managed
9. Lancet Report: Ending stigma and discrimination in mental health
10. Are we transforming mental health for all and living up to the WHO Mental Health Report 2022?
11. Self-harm and suicide in adolescents - What are we missing, how do we cope?
12. Behavioural problems in children with a focus on children that act out as part of opposition defiant disorder
13. Unveiling the connection: Bridging the gap in HIV programmes for severe MH conditions – A South African Case Study
14. Body Dysmorphic disorders
15. Giftedness in Children – Is Being Gifted a Blessing or a Curse?
16. Building mental wellness and resilience
17. Reasonable accommodation and vocational rehabilitation for MH distress and MH conditions in the workplace.
18. Nutrition to boost gut health – the gut-brain connection
19. Mental health and chronic pain
20. Mental health and obesity
21. Leveraging technology for mental health access

Mentoring activities

Mentoring complements the formal training initiatives and is designed to strengthen the capacity of individuals and organisations to provide better mental health services in practice. The IMHSI model combines mentorship, coaching and on-the-job training to support sustained improvements in professional performance, reinforced by digital tools and virtual learning platforms. Mentoring has continued through routine site visits, clinical case discussion, virtual support and alumni learning networks, enabling training to translate into day-to-day service improvement.

Topic
1. Moderate Depression
2. Mental Health and Wellbeing in the Workplace
3. Depression: Individualized Management Planning
4. Suicide and self-harm
5. The moon landing
6. Dementia or not Dementia: (Major Neurocognitive Disorder)
7. The Aetiology of Major Psychiatric Disorders
8. Anorexia Nervosa in Young People
9. Mental Health and Chronic Pain
10. Unpacking Bipolar

A further dimension of this strategy has been the support for healthcare worker wellbeing. The healthcare workforce supporting HIV and TB services in South Africa is broadly estimated at between 180,000 and 210,000 people, and its mental health is often poorer than that of the general public. IMHSI has therefore worked not only to strengthen the capacity of healthcare workers to provide care, but also to improve the systems and services that support their own mental health and resilience.

- Through engagement with the **Government Employee Medical Scheme**, depression was added as a prescribed minimum benefit and a value-based care option that includes mental health services was introduced.
- The **Department of Public Service and Administration** agreed to the inclusion of grant-supported mental health services within Employee Assistance Programmes.
- Working with **PPO Serve** on a value-based care team model, Registered Counsellors were embedded to provide front-line screening, counselling, triage and referral for healthcare workers. A pilot demonstrated that this model widens access to mental health support and surfaces previously hidden, higher acuity need.
- **Wellness Wave**, a tabletop serious game designed to address stress and burnout among healthcare workers, was approved by the Tshwane district and prepared, with trained facilitators and transferred materials, for independent scale-up across facilities.
- Self-screening tools for depression, anxiety, burnout, post-traumatic stress and alcohol use, together with a dedicated healthcare worker resource page, are maintained and freely available on the **Masiviwe platform**.
- A **national roundtable on human resources for mental health** was convened in August 2025, bringing together 58 participants from government departments, universities, statutory bodies, United Nations agencies and civil society to develop a more rational and sustainable workforce strategy for mental health.

Strategy 3: Support a referral network infrastructure for MH services based on the level of need for both PLHIV/TB and at risk and vulnerable individuals and if needed for clinical staff providing HIV/TB services.

The third IMHSI strategy focuses on building the referral network infrastructure needed to translate policy and screening into actual access to care. As noted earlier, in 2021 around 90% of people who required mental health care could not access it at primary care or community level, while waiting times at hospital-based services were extremely long. Although additional counselling services are supported through earmarked Treasury grants, referral networks are often poorly developed or absent. In practice, mental health screening *cannot* be scaled meaningfully unless it is linked to a *functional referral system* and to the treatment, counselling and psychosocial support services required for follow-through. IMHSI has therefore worked not only with government, district support partners and implementing partners to strengthen referral pathways within HIV and TB platforms, but also with the Department of Social Development and with NGOs, FBOs and CBOs to identify, verify and connect available psychosocial support services. These resources are progressively mapped and made accessible through the [Masiviwe Mental Health Resource Map](#).

- A **Mental Health Clinic Readiness Assessment Tool** was developed and deployed to help facilities and district support partners assess baseline mental health resources, service capacity, training needs and overall readiness to provide integrated services. Early implementation recorded 129 completed facility assessments, and the tool was subsequently expanded, with provincial reports completed for the Eastern Cape, KwaZulu-Natal, Gauteng and North West to guide quality improvement. An updated version has since been produced to reflect lessons learned.
- Working with South African government departments and PEPFAR implementing partners, IMHSI has progressively integrated mental health screening into HIV and TB platforms for people living with HIV and TB and other at-risk and vulnerable individuals. District support partners and implementing partners have been supported to include screening within their

programmes, and by April 2026 a total of **285,332 clients** had been screened for mental health conditions. Of these, **19,868** required further investigation, representing a positivity rate of **7.0%**, and were supported into care. The majority of those screened were women.

- A partnership with approximately **100 Phuthuma clinics** further supported routine screening, skills transfer and referral aligned with antiretroviral treatment and differentiated models of care, while a **PEPFAR Junior Fellowship Programme seconded Registered Counsellors** into Gauteng, KwaZulu-Natal and the Eastern Cape to strengthen front-line screening and counselling capacity.
- An important innovation under this strategy has been FPD's collaboration with the **Columbia University Psychiatry Department** to validate the electronic mental wellness screening tool for use in South Africa. Validation of the adult version has been completed. This tool enables rapid screening, diagnostic support and triage, making it well suited to outreach and field-based use. It now forms part of the broader [ENGAGE wellness model](#), which combines the validated screening tool, a supporting application, and lay counsellors trained in Interpersonal Counselling, Motivational Interviewing and Safety Planning to provide safe, structured support under supervision.
- Referral pathways themselves have been a major focus of this strategy. Provinces were supported to map, review and develop referral pathways linking primary care, district and specialist services. In parallel, psychosocial support services across the public and private sectors, as well as civil society, were identified, contacted, verified and once consented, added to the [Masiwiwe Mental Health Resource Map](#). More than **653 service providers** were verified and mapped in the earlier phase of the project, with the mapping platform continuing to strengthen visibility of available services.
- The [Vula Mobile application](#) was piloted to support referral and consultation across the mental health pathway of care. The application worked well in settings where receiving facilities were adequately onboarded and enabled case-based consultation and micro-mentoring. However, onboarding receiving facilities between primary care and hospital level proved more difficult than anticipated in most provinces, often because of staff shortage and burnout at district hospitals and the absence of psychiatrists at provincial hospitals with psychiatric units. Uptake was strongest in the Eastern Cape, and the partnership was concluded at the end of 2024 where broader uptake did not justify continued investment. Even so, the pilot generated important lessons for designing referral systems that are better aligned with district realities.
- Implementation under this strategy has also underscored a broader system constraint: **unhealthy stress and burnout among public sector healthcare workers continue to limit the effectiveness of referral and service integration efforts**. Despite the intentions of the HRH 2030 policy, too little progress has been made in addressing the severe and longstanding shortage of human resources for health. This remains a structural barrier to empathy, continuity of care and the full impact of integration.

Strategy 4: Engage in a meaningful fashion with community and other key stakeholders in policy formulation, planning, implementation, mentoring, monitoring, and improvement of MH services for PLHIV/TB and at-risk and vulnerable individuals.

The fourth IMHSI strategy focuses on meaningful engagement with communities and other key stakeholders in policy formulation, planning, implementation, mentoring, monitoring and service improvement. These consultations and communication activities were not separate projects, but a

deliberate part of the grant's effort to build consensus, reduce stigma, strengthen accountability and improve uptake of services. Over time, this strategy evolved into a broad community engagement and communication platform centred on the [Masiviwe movement](#), while continuing to draw on structured stakeholder consultation and evidence-based information, education and communication approaches.

- Early in the grant, **environmental assessment round tables** were convened to develop consensus on what needed to change to improve access to mental health services for clients and healthcare workers. Three reports were produced: the *IMHSI Client Focus Report*, the *UNICEF Roundtable Report on Mental Health and Psychosocial Support Services for Children, Adolescents and Young People in South Africa*, and the *IMHSI HCW Focus Report*. These consultations substantially informed FPD's technical assistance and directly contributed to the formation of the **Masiviwe** movement as the grant's broader engagement and communication platform.
- **Community engagement and IEC consultations** formed a further part of this strategy, using evidence-based stakeholder engagement approaches to secure buy-in for public health interventions and campaigns designed to raise awareness of mental health, reduce stigma and increase service uptake.
- The **Masiviwe – Let's be heard!** movement has continued to grow as a trusted, multi-channel platform that builds mental health literacy, reduces stigma and connects the public and healthcare workers to support. By April 2026, cumulative reach had increased to more than **53.4 million** on social media (MasiviweZA), alongside **149,824** web sessions on www.masiviwe.org.za.
- The project has produced a wide range of **information, education and communication materials**, distributed through Masiviwe's digital platforms and partner networks. With CDC permission, project-produced mental health content can also be white-labelled and rebranded by partner organisations, extending its reach well beyond the project's own channels. Content has been shared by organisations including SADAG, TB/HIV Care, the Aurum Institute, FPD, the South African Federation for Mental Health and others.
- Additional communication channels further expanded reach. A **radio campaign** reached more than **2 million** South Africans through **248 episodes** in five languages, while a **television series** reached an estimated **1.5 to 2 million viewers** through ten episodes on Cape Town Community Television. These were complemented by a monthly newsletter distributed to around **9,000 subscribers**.
- The strategy also invested in community-level mobilisation. More than **1,000 community trainers** were trained to raise awareness and address stigma in their communities, and a **stakeholder reference group** was used to test communication materials to ensure that messaging remained relevant, respectful and locally appropriate.
- A further example of this engagement approach was collaboration on the **Takalani Sesame "Big Feelings" special**, where the project team provided technical input into the script to help raise mental health awareness among children and equip adults with practical ways to respond to difficult emotions.

IMHSI Research, evaluation and learning

FPD has continued to generate evidence to guide implementation and to inform national policy, applying a deliberately light approach to monitoring and evaluation that pairs clear indicators with practical, routine reporting.

- A patient treatment outcome evaluation was completed using a CDC-approved protocol and recognised implementation-science frameworks, with an evaluation site activated in the OR

Tambo district and four distinct use-case evaluations covering adolescent girls and young women (DREAMS), Registered Counsellors, adolescents and young people, and Interpersonal Counselling. Final reports on the evaluation findings are expected in July 2026.

- A study of community knowledge, attitudes and behaviours, informed by eight focus groups and fifteen in-depth interviews, was used to shape communication and service design.
- Funding was secured from a University of Pennsylvania research centre to study preferences for mental health service delivery among pregnant adolescent girls and young women at risk of HIV in primary care settings.
- New manuscripts are in development, including work on narrowing the mental health treatment gap through a dedicated human resources plan, building on the evidence base FPD has contributed to since 2011.

Sustainability, handover and future directions

From the outset, the IMHSI work was designed for scale, replication and eventual handover to government. An early reduction in the project budget, although challenging at the time, encouraged FPD to operate as an above-site technical assistance partner, influencing systems rather than running parallel services. That foundation now supports a deliberate transition to government and partners.

- Registered Counsellors are now recognised as a healthcare worker category on the government staff establishment, and universities resumed Registered Counsellor intakes in 2026 after these had been paused since 2021. FPD is preparing a bridging course, submitted to the Council on Higher Education, to enable psychology graduates to qualify as Registered Counsellors.
- The South African National AIDS Council Mental Health Technical Working Group provides a national mechanism to coordinate and sustain mental health integration.
- FPD and Heartlines will continue to maintain the Masiviwe platforms beyond the life of the grant, preserving the movement and its resources for the public and healthcare workers.
- The Wellness Wave intervention has been transferred, with trained facilitators and materials, to enable independent scale-up, and the Interpersonal Counselling training model is structured to continue producing counsellors without ongoing external support.
- Priorities for the period ahead include concluding the process to reschedule fluoxetine so that antidepressants are more accessible at primary care level and securing formal recognition and placement of Interpersonal Counselling and lay counsellors within the public-sector workforce, supported by the validated screening tool, the supporting application and the first trained cohort of supervisors.

Taken together, these developments reflect a significant shift since the project began. Mental health is now positioned as a national priority, embedded in policy, supported by a growing and more appropriately skilled workforce, and increasingly accessible through services integrated into everyday primary, HIV and TB care. South Africa has come a long way, and FPD remains committed to helping carry this work forward.

Masiviwe – Let's be heard! A movement for Mental Health

The Masiviwe campaign was originally launched as part of the IMHSI project's community consultation, communication, and branding strategy. It has been so successful that FPD now intends to establish Masiviwe as a separate legal non-profit entity to serve as a legacy project for IMHSI and

to keep the momentum of the multisectoral response required to make “Access to mental health for all” a reality.

FPD will host the secretariat for the organization and maintain the communication platforms and the momentum gained through this movement indefinitely, to help address the mental health needs of the people of South Africa and beyond our borders.

The governing structure of the movement is currently being established under the leadership of Prof Solomon Rataemane, Head of Psychiatry at the University of Limpopo, specializing in child psychiatry, mood disorders, and addiction medicine, and notably chairs the Ministerial Advisory Committee on Mental Health (MAC). His leadership extends to roles in the Central Drug Authority of South Africa and collaborative research with UCLA on Cognitive Behaviour Therapy. He advocates for mental health through international boards like ICAA and actively shapes policy through the MAC, guiding national mental health initiatives in South Africa.

Current members of the movement include:

- Psychology Society of South Africa (PsySSA)
- UKZN – Centre for Rural Health (CRH)
- UCT – The Health Foundation
- Treatment Action Campaign (TAC)
- Association for Registered Counsellors in South Africa (ARCSA)
- National Shelter Movement in South Africa (NSMSA)
- Masoyise Minerals Council
- Golden Key Society
- Save the Children SA
- Bridging the Gap SA
- Vimbo Health
- SA Federation for Mental Health (SAFMH)
- And counting...

The Masiviwe website (www.masiviwe.org.za) provides its visitors with education resources about mental health, guidance on dealing with emotions, resources to HCWs, mental health articles, videos, newsletters, and even funding alerts. The site also boasts with a “Get help” feature that includes mental health self-screening tools, and an interactive psychosocial support services resource map, to assist South Africans in finding service providers close to them.



Click on the links below, to **join the movement!**

- **Website:** www.masiviwe.org.za/
- **Facebook:** www.facebook.com/MasiviweZA
- **Instagram:** www.instagram.com/masiviweza/
- **Twitter:** www.twitter.com/MasiviweZA
- **LinkedIn:** www.linkedin.com/company/masiviweza/

- YouTube: www.youtube.com/channel/UCnOK5rZExwdaX6GmCOQU3Q
- TikTok: www.tiktok.com/@masiviweza? t=8hQxJMUQRja& r=1

FPD MH Training programmes

FPD has developed a series of training programmes to cover the spectrum of MH training needs to strengthen MH awareness, prevention, self-care, treatment, and integration. These courses include:

Course name	Target audience	Purpose	Comments
Expanding and improving MH workforce capacity			
Introduction to MH screening	DSP prevention staff	To familiarise screening staff with relevant screening instruments and how to engage with community members around the subject of screening	In-person
Demystifying MH and eradicating stigma	Community activists	To develop MH literacy, explore stigma and self-stigma and community education	In-person
Inter-Personal Counsellor (IPC) training programme	Lay counsellors that are trained on evidence based Inter-Personal Counselling (IPC), Motivational Interviewing & SBIRT and Safety Planning	Develop a large cadre of MH champions at community and workplace level	Asynchronous online courses followed by in person role play and four months supervised patient counselling
mhGAP	Doctors and registered Nurses	Clinical management of MH Conditions	In-person
Clinical Management of Mental Health Conditions (MD & RN versions)	Doctors and registered Nurses	Clinical management of MH Conditions	Asynchronous online
Telemedicine for HCP	MH Professionals providing telemedicine services	Orientation to use of telemedicine	Asynchronous online
Telemedicine for Support Staff	MH practice support staff	Orientation to use of telemedicine	Asynchronous online
Mental Health Review Board Induction Training	New members of MH Review Boards at district level	Orientation of new review board members to their role	2-days in person
Clinical Skills Transfer (Previously MH Mentoring)	Clinical mentors, supervisors and advisors: District Clinical Support Teams (DCSTs)	To train designated clinical mentors and supervisors to provide clinical management	3 days online

		support for mental health practitioners	
MH in APC Refresher	Healthcare Professionals Trained in APC	Promoting mental health and mental wellbeing for primary care patients using the Adult Primary Care (APC) guide	1 day online
MH Selfcare for HCWs	Healthcare Professionals	To equip HCPs with the knowledge and tools needed for MH self-care.	Asynchronous online
Bottleneck Analysis and Evidence Based Planning (BNA/EBP)	Provincial and district health managers, health information managers.	Skills transfer sessions facilitated on how to operationalize the integration for MH, HIV/TB, STIs and NCDs practically, and provide implementation strategies	2-days in-person
Building resilience & wellbeing			
Resilient Leadership: Fostering Mental Wellbeing in the Workplace.	Organizational leadership	To create awareness of MH in the workplace	2 days in person programme
Mental Health Resilience for HCPs	Healthcare Professionals	MH self-care and how to cope with stress and prevent burnout	Asynchronous online

The 1ST South African Mental Health Conference 2023

Conferences have proved to be an effective mechanism to stimulate awareness, advance public health debate and secure stakeholder commitment in the fields of HIV and TB. FPD organized the XIII International AIDS Conference, held in 2000, in Durban (the 1st time in the global south) which was pivotal in shining a spotlight on cost as a barrier to treatment for PLHIV in developing countries. Thanks to massive media coverage which supported global and local activism prices of ART plummeted. Despite affordable drugs, treatment for uninsured South Africans were delayed by AIDS denialism in political circles leading to the convening of the 1st SA AIDS Conference was convened in 2003. At the opening ceremony, the then Minister of Health, perpetuated AIDS denialist views, however by the closing day the SA Government announced that “it was not a matter of if SA would have a national AIDS treatment programme but rather a matter of when”. In April 2004, treatment became available to all South Africans. Since then, FPD organized bi-annual SA AIDS and TB Conferences that have proven to be an effective mechanism to stimulate debate, promote research, give a voice for those living with a condition, and to mobilize civil society.

The 1st SA Mental Health Conference was launched in April 2023 by FPD and became a joint project with the national Department of Health. This abstract driven scientific conference, under the heading “It is time to talk”, was attended by 673 delegates, with 167 speaker presentations across 37 sessions, 29 poster presentations and 24 exhibition stands. The conference was ably Chaired by Professors Olive Shisana and Dan Stein

The SA Mental Health Conference aimed to:

- Deepen the value and commitment we give to mental health.
- Reshape environments that influence mental health, including homes, communities, schools, workplaces, health care services, and natural environments.
- Strengthen mental health care by changing where, how, and by whom mental health care is delivered and received.

The 2ND South African Mental Health Conference 2025

Building on the success of the inaugural event, the 2nd South African Mental Health Conference was convened on 28–29 October 2025 at the Emperors Palace Convention Centre in Gauteng. The conference was positioned as a national platform to bring together researchers, practitioners, policymakers, funders, advocates and people with lived experience to accelerate progress on South Africa’s mental health agenda under the theme, “*From Evidence to Action.*”



The 2025 conference emphasised the urgent need to close the country’s mental health treatment gap by translating existing evidence into practical, scalable action. Its programme reflected a broad and multidisciplinary agenda, with sessions spanning mental health and physical wellbeing, community mental health and vulnerable populations, health systems and implementation, child and adolescent mental health, and emerging issues in mental health. This positioning reinforced the conference as both a scientific meeting and a call to action for system reform and coordinated national response.

- The conference chair was Prof Jason Bantjes, Chief Specialist Scientist at the South African Medical Research Council.
- The programme brought together plenary sessions, parallel scientific tracks, implementation-focused discussions, oral and poster presentations, and stakeholder dialogue across the mental health sector.
- FPD and the IMHSI project featured prominently in the programme, including a dedicated satellite session on integrating mental health into primary healthcare, eight oral presentations and three poster presentations, and helping to position the project's lessons within the wider national conversation on mental health.



People Who Inject Drugs (PWID) programme – the HARMless project

The HARMless project was an FPD harm-reduction program, funded by the Centers for Disease Control (CDC), which delivered a comprehensive and targeted package of HIV prevention, testing, and treatment services among key populations (KPs), specifically people who inject drugs (PWID) in Ehlanzeni and City of Tshwane in South Africa over a 3-year period between October 2018 and September 2021.

The correlation between injecting drug use and mental health challenges is complex and multifaceted, involving biological, psychological, and social factors. PWID are a medically and socially vulnerable population with a high incidence of mental illness. Stigma associated with drug use has been identified as a major contributor to healthcare disparities for PWID. This stigma can and does impact their engagement with the healthcare system and influence their decisions regarding future medical care.

The HARMless project aimed to address these barriers to accessing the healthcare system for PWID by making use of peers (current or previously injecting drug users) and taking the services to our clients.

The HARMless project services more than **5 000 unique PWID** over the 3-year project period with repeated services, performing **3 981 HIV tests**, initiating **1 246 on antiretroviral therapy**, **710 more on pre-exposure prophylaxis**, and keeping **498 PWID on methadone assisted therapy/opioid substitution therapy** for more than six months in the final year of the project.

Innovation through technology

Leveraging technology innovation in mental health opens a gateway to revolutionary approaches in care and support, spanning from initial screening to continuous patient education. Through advanced screening tools and telemedicine platforms, individuals can receive prompt assessments and referrals, ensuring timely access to the care they need. Serious gaming introduces a novel method for therapy and skills development, engaging users in interactive narratives that promote mental wellness.

Additionally, digital education resources empower patients and healthcare providers alike with the latest in mental health knowledge and strategies. Finally, social media platforms serve as powerful vehicles for health promotion, raising awareness and fostering communities of support, thereby reshaping the landscape of mental health care into a more accessible, engaging, and effective field.

- **The Columbia University Psychiatry Department Electronic Mental Wellness screening tool (e-mwTool)** algorithm has been adapted and validated for use in South Africa and as discussed earlier, its ability for rapid screening, diagnosing, and triaging of MH conditions makes it an ideal tool for outreach field-based HCWs.
- **The Vula mobile application** previously discussed has won multiple awards, including the 2019 MTN healthcare app of the year award. The application connects HCWs, across 6,002 health facilities and 53 specialties—including MH—in South Africa
- **The StepWell Saga – the 1st Serious Game for Mental Health in Africa (launched March 2024)**
In an innovative leap forward, FPD secured a pioneering grant from Grand Challenges Canada, birthing a landmark achievement in the realm of healthcare: the inception of Africa's first-ever serious game dedicated to mental health, christened 'The StepWell Saga – Stronger Together'.

This groundbreaking venture redefines the essence of serious games, traditionally designed with a focused objective beyond mere entertainment. 'The StepWell Saga' unfolds as an entertaining 2D side-scrolling adventure, where players embark on an epic journey of enlightenment and camaraderie. As heroes of this saga, players are plunged into an enthralling narrative that demands wit to solve puzzles, bravery to combat nefarious monsters, and the spirit of unity to forge alliances. Your quest? To dispel the engulfing darkness with the luminous power of Light Crystals, alongside your fellow Resistors, in a valiant effort to illuminate the Kingdom of Stepwell once more. Step into the mesmerizing realm of StepWell, where fantasy meets the noble pursuit of mental wellness.

The StepWell Saga is not just a game; it's a call to arms for heroes ready to rise against the tyranny of the Shadow King. With each puzzle solved, monster defeated, and crystal found, you draw closer to dispelling the darkness that has smothered StepWell under a cloak of despair. As your adventure unfolds, you'll ally with BUDDIES, your companions in resistance, each bringing unique strengths to the fore in the quest to uncover the secrets of the Light Crystals. These crystals aren't just gems; they're beacons of hope, symbols of resilience, and the keys to reclaiming StepWell's lost glory.

The StepWell Saga encourages players to develop essential skills like problem-solving, strategy, and teamwork, and develop mental resilience, while having fun. It challenges them to think critically and promotes the importance of relationships in facing life's challenges.

Download the game here:

Android: <https://bit.ly/Stepwellsaga>

Huawei: <https://bit.ly/stepwellsagaHuawei>

iOS: <https://apps.apple.com/za/app/the-stepwell-saga/id6502819602>

- **LALA #Putstigmatobed (June 2022 to December 2023)**
FPD piloted an online intervention, funded by Grand Challenges Canada, to educate and sensitize youth and adolescents to the challenges experienced by LGBTQIA+ individuals – the

LALA #Putstigmatobed initiative. The intervention (www.lala.foundation.co.za) includes a curated online website resource platform providing users (including LGBTQIA+ youth) with a repository of topical resources, the LALA Learning Quiz designed to educate on potentially stigmatizing terminologies, as well as pre- and post-intervention knowledge, attitudes and perception surveys. Original uptake was low and through an action research approach in partnering with Moya App, a data free messaging service, and experimenting with introducing a Progressive Web Application (PWA), a mini version of the LALA website, which was included on Moya linked to a pre- and post-questionnaire and learning quiz and messages from LGBTQI with lived experience, puzzles, and infographics. The project progressively saw greater participant engagement, ending with a combined project reach of 113,726 individuals (1137% of the 10 000-target achieved).

Organizational MH programmes – Creating a mentally resilient workforce.

Unhealthy work stress can precipitate conditions like burnout, anxiety, and depression. Significantly, burnout is among the few mental health conditions (recognized as a MH condition in the ICD-10 and DSM-V) as originating not from a biological factor, but rather from prolonged exposure to *adverse external environments*. This condition is predominantly tied to aspects of the workplace that management can and should, regulate, such as excessive workload, insufficient autonomy, unclear job expectations, dysfunctional team dynamics, and a lack of support from colleagues or supervisors, which contributes to feelings of isolation at work.

The UKG Global Survey 2023 has uncovered that, as a rule, managers are *failing to address this critical need*. This report provides key insights regarding the impact of managerial practices on mental health in the workplace. A significant 71% of employees report that work-related stress detrimentally affects their home life, with 64% feeling their overall wellbeing is compromised, and 62% experiencing strain in their personal relationships due to work pressures. Furthermore, nearly half of the workforce, at 43%, experiences a state of "often" or "always" feeling exhausted. This prevalent workplace stress is also having a profound effect on job performance, with a staggering 78% of employees acknowledging its adverse impact on their professional output. Alarming, the survey highlights a correlation between a lack of work-life balance and workplace disengagement, revealing that individuals without a balanced work-life dynamic are almost three times more likely to be disengaged at work, often 'coasting' or 'checked out', compared to their more balanced counterparts. The annual cost to the South African economy is estimated of untreated anxiety and depression in the employed workforce is between ZAR 170 to 200 billion.

The Gallup 2023 State of the Global Workforce report shows even more concerning data. It reported that only 23% of employees are engaged and productive, 59% were disengaged the so called "quiet quitters" who are disconnected from their work and minimally productive, probably due to stress and burnout, while 18% are "loud quitters", where the trust between the employer and employee has been so disrupted that they are actively sabotaging the organization and opposing leadership.

What all these studies show is that traditional organizational employee wellness programmes are not responsive to the need of employees, and that the price at best is paid in loss of productivity at worst it is paid in active sabotage and opposition of organizational initiatives. *FPD has drawn on all its*

workstreams to develop customized organizational mental health resilience programmes, leveraging technical assistance, training, innovative technology and targeted information communication and education assets.

Expanding Mental Health Research

FPDs commitment to generating new knowledge around mental health dates to 2011, with a series of projects looking at MH in the context of our work on in HIV and TB system strengthening and FPD was an early advocate for integrating MH into HIV and TB programming a call that was unfortunately not taken up by the donor community until 2020.

FPD partnered with Columbia University in May 2017 to help implement an NIH/NIMH funded program titled PRIDE SSA – Partnerships in Research to Implement and Disseminate Sustainable and Scalable Evidence Based Practices in sub-Saharan Africa. This program established a collaborative network of mental health stakeholders (researchers, teaching faculty, service providers, and policy makers) in five Sub-Saharan countries (Botswana, Malawi, Mozambique, South Africa, and Zambia). Building on this foundation FPD has been progressively expanding our research capacity in mental health.

Research Output

Click [here](#) for more information on the FPD Research Unit and [research in FPD](#) on the foundation website (www.foundation.co.za).

Below are lists of peer review articles, oral presentations at conferences, and poster presentations at conference, on the topic of mental health, produced by FPD.

Peer Reviewed Articles

1. Stockton *et al.*, (2024). *Validation of a brief screener for broad-spectrum mental and substance-use disorders in South Africa*. Glob Ment Health (Camb). 2024; 11: e4. ([Link to article](#))
2. Shisana, O., Stein, D.J., Zungu, N. & Wolvaardt, G. (2024). *The rationale for South Africa to prioritise mental health care as a critical aspect of overall health care*. Comprehensive Psychiatry. 130:Online. <http://hdl.handle.net/20.500.11910/23031>. ([Link to article](#))
3. Scharbert *et al.*, (2023). *A global experience-sampling method study of well-being during times of crisis: The CoCo project*. Social and Personality Psychology Compass Volume 17, Issue 10. ([Link to article](#))
4. Stein, D. J., Wolvaardt, G. G., Zungu, N., Shisana, O. (2023). *Ten Game-Changers for Mental Health in South Africa*. South African Journal of Psychiatry | Vol 29 | a2180 | DOI: <https://doi.org/10.4102/sajpsychiatry.v29i0.2180>. ([Link to article](#))
5. Wainberg, M. L., Wolvaardt, G. G., Gouveia, L., Ferencik, L. (2023). *We must leave no one behind in the response to HIV and mental health*. Journal of the International AIDS Society. 10 October 2023. World Mental Health Day 2023. ([Link to article](#))
6. Freeman, M. C., Wainberg, M. L., Slabbert, J. D., Mabela, S., Wolvaardt, G. G. *Persons with severe mental health conditions should be included as a key population in HIV programmes*. AIDS 37(14): p 2115-2118, November 15, 2023. ([Link to article](#))
7. Maiketso, M. Wolvaardt, J. Uys, M. Grobler, M. (2023). *Benefits of a short course on mental health well-being and resilience for healthcare workers in South Africa during the COVID-19 pandemic*. Publisher: Emerald Publishing Limited. ([Link to article](#))
8. Basaraba *et al.*, (2022). *Does It Matter What Screener We Use? A Comparison of Ultra-brief PHQ-4 and E-mwTool-3 Screeners for Anxiety and Depression Among People With and Without*

HIV. AIDS and Behavior. Published: 08 October 2022. Volume 27, pages 1154–1161. ([Link to article](#))

9. O'Grady et al., (2021). *Mobile technology and task shifting to improve access to alcohol treatment services in Mozambique*. Journal of Substance Abuse Treatment. Volume 134, 108549. ([Link to article](#))
10. Wainberg et al., (2021). *Partnerships in Research to Implement and Disseminate Sustainable and Scalable Evidence-Based Practices (PRIDE) in Mozambique*. HHS Public Access. Psychiatr Serv. 2021 July 01; 72(7): 802–811. doi:10.1176/appi.ps.202000090. ([Link to article](#))
11. Kelly, F. Uys, M. Bezuidenhout, D. Mullane, S.L. Bristol, C. (2021). *Improving Healthcare Worker Resilience and Well-Being During COVID-19 Using a Self-Directed E-Learning Intervention*. Front. Psychol., 02 December 2021. ([Link to article](#))
12. Wainberg et al., *Technology and implementation science to forge the future of evidence-based psychotherapies: the PRIDE scale-up study*. HHS Public Access. Evid Based Ment Health. 2021 February; 24(1): 19–24. doi:10.1136/ebmental-2020-300199. ([Link to article](#))
13. Lovero et al., (2019). *Mixed-methods evaluation of mental healthcare integration into tuberculosis and maternal-child healthcare services of four South African districts*. BMC Health Services Research 19, Article number: 83. ([Link to article](#))
14. Sweetland et al., (2018). *Tuberculosis: an opportunity to integrate mental health services in primary care in low-resource settings*. Lancet Psychiatry 2018. Published Online. September 18, 2018. ([Link to article](#))
15. Slaven, F. Cameron, D. (2016). *HIV and Depression: A Scoping Review of South African literature*. New Voices in Psychology 12(2) 201. ([Link to article](#))
16. Shamu et al., (2016). *High-frequency intimate partner violence during pregnancy, postnatal depression and suicidal tendencies in Harare, Zimbabwe*. General Hospital Psychiatry 38 (2016) 109–114. ([Link to article](#))
17. Dos Santos, M. Wolvaardt, G. (2016). *Integrated intervention for mental health comorbidity in HIV-positive individuals: A public health assessment*. African Journal of AIDS Research. Published online: 14 Dec 2016. ([Link to article](#))
18. Hanass-Hancock et al., (2015). *Committing to disability inclusion to end AIDS by 2030*. The Lancet HIV Volume 3, No12 e556-e557, December 2016. ([Link to article](#))
19. Dos Santos, M. Kruger, P. Mellors, S. E. Wolvaardt, G. G. Van der Ryst, E. (2014). *An exploratory survey measuring stigma and discrimination experienced by people living with HIV/AIDS in South Africa: The People Living with HIV Stigma Index*. BMC Public Health, Feb 2014. ([Link to article](#))
20. Dos Santos, M. Trautmann, F. Wolvaardt, G. G. Palakatsela, R. (2014). *Rapid Assessment Response (RAR) study: drug use, health and systemic risks—Emthonjeni Correctional Centre, Pretoria, South Africa*: Harm Reduction Journal 2014, 11:11. ([Link to article](#))
21. Dos Santos, M. (2013). *Healing the dragon: does heroin use disorder intervention 'work'? A Critical Review*. South American Journal of Health & Behavioural Science, Volume-1, Issue-1, 2013. ([Link to article](#))
22. Mokoka, M. T. Rataemane, S. T. Dos Santos, M. (2012). *Disability claims on psychiatric grounds in the South African context: A review*. SA Journal of Psychiatry 2012;18(2):34-41. ([Link to article](#))
23. Dos Santos, M. (2012). *heroin use disorder intervention and recommendations for policy advancement*. New Voices in Psychology Vol. 8, No. 1. ([Link to article](#))

Oral Presentations at conferences

1. Makopo, M. (2025). *Integrating Mental Health into HIV and TB Services: Peer Educator Capacity-Building in the City of Tshwane*. Mental Health Conference 2025.
2. Makopo, M. (2025) *Integrating Mental Health into HIV and TB Services: Deploying registered counsellors in primary health care facilities in the City of Tshwane and Ekurhuleni*. Mental Health Conference 2025.
3. Slabbert, J & Kelly, F. (2025). Use of Serious Gaming to Reach, Educate and Capacitate Adolescents on Mental Health Concepts and Emotional Resilience Techniques. Mental Health Conference 2025.
4. Fatyela, A. *Strengthening referral systems through joint policy development: A strategic case study from the Eastern Cape*. Mental Health Conference 2025.
5. Letebele, A. *Stakeholder engagement as key for mental health integration: Lessons from the IMHSI project in KwaZulu-Natal*. Mental Health Conference 2025.
6. Mabela, S. Freeman, M. Kgoebane, B. Slabbert, Malepe, T. (2023). *Integrating Mental Health and HIV Care in South Africa - Views from a Round Table of Experts*. Mental Health Conference 2023.
7. Freeman, M. Slabbert, J. Mabela, M. Wainberg, M. Kgoebane, B. (2023). *Should People with Severe Mental Health Conditions Be Added as a Key Population by UNAIDS and the HIV/STI/TB National Strategi Plan?* Mental Health Conference 2023. (Presentation not available publicly)
8. Slabbert, J & Kelly, F. (2023). Use of innovation to reach and to sensitize adolescents on LGBTQIA+ stigmatization. Mental Health Conference 2023.
9. Slaven, F. (2021). *Effect of an e-learning course on health worker resilience and wellbeing during COVID-19*. SAAHE 2021. (Presentation not available publicly)
10. Medina-Marino, A. (2018). *Integrating Mental Health within the Primary Health Care Setting – Research and Practice: The South African Context*. April 16, 2018. Global Mental Health Conference. (Presentation not available publicly)
11. Slaven, F. (2017). *HIV and Depression: A scoping review of the South African literature*. 5th Southern African Students' Psychology Conference, 29-30 June 2017, UNISA Pretoria. (Presentation not available publicly)
12. O'Regon et al., (2015). *Depression and Absenteeism among Participants of the Rea Phela Health Care Worker Study*. Public Health Association of South Africa (PHASA) Conference. (Presentation not available publicly)
13. Dos Santos, M. (2013). *Psychological co morbidity in people living with HIV in Africa*. Southern African Students Psychology Conference. 24-28 June, University of Witwatersrand.
14. Dos Santos, M. (2013). *Mental health co morbidity in people living with HIV in South Africa - steps towards a synthesis of interventions*. Shanghai International Conference on Social Science July 11-13, 2013, Shanghai, China.
15. Dos Santos, M. (2013). *Mental Health Co-Morbidity in People Living with HIV in South Africa: Steps Towards a Synthesis of Interventions*. 6th SA AIDS Conference, 18 - 21 June 2013.
16. Dos Santos, M. (2012). *Psychiatric co morbidity in people living with HIV in South Africa – an explorative and prevention intervention study*. 6th Annual International Conference on Psychology, 28-31 May 2012, Athens, Greece.
17. Dos Santos, M. Ganesan, V. Wilson, D. (2012). *Mental health co morbidity in people living with HIV in Africa - a review and call for action*. BIT's 2nd Annual World Congress of Microbes, 2012. 30 July – 1 August 2012. Guangzhou, China.
18. Dos Santos, M. (2011). *Healing the dragon - heroin use disorder recovery and intervention*. 5th Annual International Conference on Psychology, 30-2 June, Athens, Greece.

Commented [JS1]: @Boitumelo Kgoebane do you still have that document in which we listed all out 2025 conference presentations and posters?

Commented [BK2R1]: @Jean Slabbert Found it - I will populate accordingly

19. Dos Santos, M. (2011). *The people living with HIV stigma index: A survey to measure stigma and discrimination in the health, education and work sector experienced by people living with HIV/AIDS in 4 provinces in South Africa*. World Mental Health Congress, CTICC. Cape Town, 17-21 October.
20. Dos Santos, M. (2011). *Rapid Assessment Response Study: Heroin Use and HIV/AIDS Health Risk - South Africa*. World Mental Health Congress, CTICC. Cape Town, 17-21 October.
21. Dos Santos, M. (2011). *Healing the dragon: An approach to heroin use disorder recovery and intervention*. South African Students Psychology Conference, 23-24 July.
22. Dos Santos, M. (2011). *Heroin use disorder recovery and intervention within the African context.* Transcultural Psychiatry Conference 13-17 November.

Poster Presentations at conferences

1. Slabbert, J. (2025). *The Silent Emergency: Why Deprioritizing Mental Health in HIV/TB Programming Threatens the Future of Integrated Care*. Mental Health Conference 2025.
2. Kgoebane, B. (2023). *Use of Technology to Address the Growing Mental Health Pandemic*. Mental Health Conference 2023.
3. Mabela, S. Kruger, W & Malepe, T. (2023). *Interactive Psychosocial Support Map on Innovative Ways to Access Mental Health Services*. Mental Health Conference 2023.
4. De Vos et al., (2018). *Is the PHQ-8 an efficient screening tool for depression among HIV positive pregnant women attending antenatal and postnatal care?* 22nd International AIDS Conference 2018.
5. Paul, S. (2016). *Assessment of mental health care services provided in antenatal care/well-baby clinics in Tshwane, South Africa*. SA AIDS Conference 2016.
6. McKinnon et al., (2016). *HIV risk reduction programs for people in public psychiatric care in Brazil: Treatment as usual?* SA AIDS Conference 2016.
7. Wainberg et al., (2016). *Sexual Risk Reduction Intervention for Psychiatric Patients: Outcome of a Large, Multi Site, Randomized Controlled Trial Implemented within a Low-Resource Public Mental Health System*. SA AIDS Conference 2016.
8. Slaven, F. Cameron, D. (2015). *The importance of screening HIV positive patients for depression*. SA AIDS Conference 2015.
9. Dos Santos, M. (2013). *The Rorschach Inkblot Test and CIDI as Measure of Psychodynamics and Psychological Co-Morbidity in People Living with HIV*. 13th European Congress of Psychology (ECP 2013), Stockholm, Sweden, 9-12 July 2013.
10. Dos Santos, M. (2013). *Psychological Co-morbidity In People Living With HIV*. 6th SA AIDS Conference, 18 - 21 June 2013.
11. Dos Santos, M. (2013). *Mental health co morbidity in people living with HIV in South Africa: Steps towards a synthesis of interventions and policy advancement*. 3rd International Conference on Simulation and Modelling Methodologies, Technologies, and Applications. Reykjavik, Iceland - 29-31 July.
12. Dos Santos, M. (2012). *Psychiatric co morbidity in people living with HIV in Africa an explorative and prevention intervention study*. Joint PHASA and RuDASA Conference 2012.

Our Work Across Africa

Mental Health Resilience for Health Care Professionals during the Coronavirus emergency response (2020 – 2022)

During the acute phase of the Coronavirus pandemic FPD responded to the acute stress and burnout that HCWs were experiencing through rapidly launching an asynchronous online course for health care professionals across Africa to bolster their mental health resilience, through an unrestricted educational grant was secured from the Johnson & Johnson Foundation, allowing us to rapidly provide support for 2263 front-line healthcare workers in South Africa. This training was extended to the rest of Africa and beyond through funding from Right to Care, as part of their USAID EQUIP & ADAPT emergency response programmes which funded the training of an additional 5040 HCPs on MH resilience during 2021 & 2022.

In 2022, Anglo Gold Ashanti granted a sponsorship to FPD for the development and distribution of mental health resilience training to South African HCWs who do not have ready access to the internet. This allowed us to develop animated MP4 videos (micro-trainings) for training that can be distributed via messenger apps to CHW. FPD trained 500 CHW supervisors through virtual workshops, and developed Knowledge Bytes (short low data use training programmes) that reached 1 000 nurses through virtual workshops.

Expanding the use of telemedicine to compensate for acute shortage of qualified MH qualified professionals in Africa.

Telemedicine has the transformative potential to significantly expand the reach of mental health services in Africa, where there is a critical shortage of qualified healthcare practitioners. By leveraging digital platforms, it enables real-time consultations, therapy sessions, and follow-up care, directly connecting patients in remote or under-resourced areas with specialists. This technology can transcend geographical barriers, reduce travel time and costs for patients, and facilitate more frequent and immediate care, thereby improving access to mental healthcare across the continent. To facilitate adoption of this technology, FPD developed a course in 2023 for HCPs and their support staff across Africa on telemedicine sponsored through an educational grant from Pfizer that sponsors 1000 participants.

Our Global Work

Although FPD has a primary focus on Africa the nature of our work in MH does have a global reach from time to time. This included:

Association for the Social Sciences and Humanities in HIV

Recognizing the importance of mental health and social sciences in the HIV response FPD supported the establishing, in 2011, of the Association for the Social Sciences and Humanities in HIV by hosting its secretariat during the startup phase and organizing their 1st International Conference in South Africa (2011) and 2nd in France in 2013 at which point the secretariat moved to Australia.

Global Advocacy

Donor funding for mental health and people living with MH conditions are still extremely limited. As such FPD actively leverages the massive donor investment in HIV/TB in Africa to promote MH activities. Promoting the integration of MH into HIV and TB prevention and treatment programmes, as previously discussed, unlocks copious amounts of resources as, especially screening programmes, tend to cover the broader population, and as HIV and TB treatment has been integrate into primary care settings, this also leverages this funding to improve MH care at this level.

Key Populations status within the HIV donor programming environment receive dedicated budget allocation and programmes. FPD fully believes that people with severe mental health issues meet all the criteria for being designated as Key Populations. To this end, members of the IMHSI Project published an article titled, “Persons with severe mental health conditions should be included as a key population in HIV programmes” in the international journal AIDS in 2023 ([Link to article](#)). This article argues the case for South Africa, and as UNAIDS states, that each country should define the specific populations that are key to their epidemic response, this article will hopefully help not only make the case for South Africa but also for other countries too.

Support to improving MH wellbeing for workers in multinational companies.

FPD was contracted by a global mining company for a period of three years (2024 – 2026) to conduct an employee wellbeing survey to identify the prevalence of mental health issues and needs among its employees across Africa. The purpose of the survey will be to gather data that will be used to guide and benchmark the success and implementation of the company’s Wellbeing Policy and Procedure. The survey will be administered annually and will assess employees’ mental health knowledge, attitude, and practice; job satisfaction and psychological safety; current physical and mental health; and their perception of the company’s wellbeing strategy and support provided.