Child and adolescent mental health is everybody's business

The South African Child Gauge

The South African Child Gauge is an annual publication of the Children's Institute, University of Cape Town, that tracks progress for South Africa's children. It aims to make the latest research accessible to decision-makers in order to inform evidence-based policies and programmes for children. This policy brief presents the key findings of the 2021/2022 *Child Gauge* which focuses on child and adolescent mental health.

South African Child Gauge® 2021/2022

The COVID-19 pandemic has thrown into stark relief the deep fissures in our country and in our world – fissures of unsustainable exploitation of our resources and increasing global inequality. The mental health of children and adolescents' is deeply rooted in the environments in which they live. It is therefore not surprising that children are grappling with feelings of fear, anger, distress and hopelessness as their health, well-being and hope for the future are being steadily eroded by poverty, inequality, climate breakdown, and an upsurge of violence and global conflict.

Yet, there is a silver lining, as the pandemic has prompted new openness to conversations about mental health. Mental health is now a priority for governments, donor agencies, and international agencies. It has shone a spotlight on psychosocial well-being and has, in many communities, resulted in a new ethics of care for one another. It is vital that we seize this opportunity to create a more supportive and enabling environment that will protect children from harm, build their capacity to cope with stress and adversity, and provide them with opportunities to thrive.

Why should we care about child and adolescent mental health?

Children and adolescents are vulnerable to a range of mental disorders – from depression and anxiety disorders to post-traumatic stress disorder (PTSD), attention deficit hyperactivity disorder, and learning, conduct and substance abuse disorders.[1] Even with the best possible mental health promotion and prevention strategies, approximately 10% – 20% of children and adolescents will develop a mental disorder and/or a neurodevelopmental disability.[2-4] Yet, the majority of young people with mental disorders remain untreated and in South Africa, only one in 10 children with a diagnosable and treatable mental disorder is able to access care.

Mental disorders in young people not only cause distress for children and their families, but they also impair children's ability to function in everyday life in ways that can ripple out across the life course in an intergenerational cycle of poverty, violence and mental ill health. Half of all adult mental health problems have their origins prior to age 14 (and 75% by age 24),[5] making early prevention and intervention essential. Without adequate support, children may struggle at school with higher rates of absenteeism, grade repetition and dropout, undermining their economic prospects. Others may start to self-medicate with substances or resort to self-harm to cope with their symptoms, or they may channel their anger and distress outwards through disruptive, harmful, and some instances, criminal behaviour.[7]

A solid foundation for national development

Problems in childhood do not necessarily set children on a pathway to poor mental health and the ordinary support of parents, teachers and health care workers can help children cope with adversity and set children on a positive trajectory.

But the costs of not intervening to better support children and families are huge – and when we fail an individual child, the lifetime and generational impact is felt at a societal level.[6] Investing early is a moral imperative and perhaps the best economic investment that can be made in the generational health of our society, as it offers an opportunity to break the cycle of poverty, violence and mental ill health – and unleash children's potential.

In a country beset by poverty, inequality, social exclusion and violence, our most important responsibility is to our children and adolescents. We need to identify and support those who face difficulties early on so that they can continue their life-long journey with strength and resources. It is therefore essential that our laws and policies, our services for children and families, our leaders and their decisions, and our everyday interactions with one another help to foster loving relationships that comfort children in times of adversity, celebrate their strengths and encourage them to thrive.[7]

Intervene early to support children across the continuum of mental health

Concepts such as mental health, mental wellbeing, mental illness or mental disorders are often used interchangeably. This leads to a narrow focus on the treatment of mental disorders, with little effort to promote mental health and well-being.

Instead, it is helpful to understand mental health as a continuum. Most children are well, and it is normal for children to experiences periods of worry and distress in response to life's challenges, such as starting a new school, the pressure of exams or the loss of a loved one. If these feelings persist and children are struggling to cope with everyday routines, then they need extra support. Only a small proportion of children go on to develop a diagnosable mental disorder and/or psychosocial disability. It is therefore important to intervene across the continuum by introducing:

- universal programmes to promote mental health, protect children from adversity, and prevent the development of mental health problems;
- targeted programmes to intervene early and support children who are struggling and at risk of developing mental health problems; and
- treatment and rehabilitation services to enable children with mental disorders and psychosocial disabilities to access professional support, psychiatric care and reasonable accommodations to enable them to participate in family, school and community life.

Why do children's environments matter?

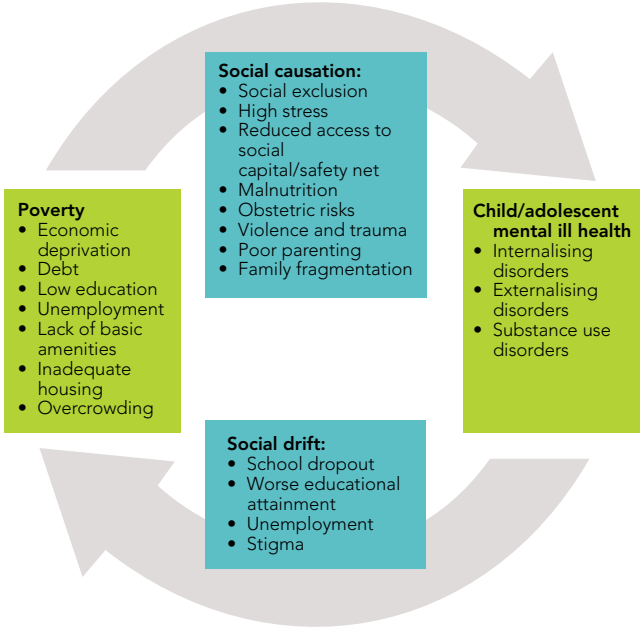
Mental health is not simply located in the mind; it is shaped in powerful ways by children's relationships and living conditions. In South Africa, widespread poverty and violence continue to cut short children's potential, despite our constitutional promise to 'improve the quality of life' and 'free the potential of all citizens'.[8]

- Two-thirds of South African children (63%) live below the upper-bound poverty line.[9]
- Nearly one in two children (42%) have experienced violence, including physical violence (35%) and sexual abuse (35%),[10] and while the suburbs offer a measure of protection, violence in many areas is all pervasive, with 99% of children in Soweto having either experienced or witnessed violence in their home, school and/or community[11].

These social determinants of mental health frequently co-occur, with vulnerable children facing multiple adversities that increase their risk of developing a range of mental health problems. In the context of these cumulative risks, the concept of intersectionality is particularly important in highlighting how discrimination along the lines of race, gender and disability intersects with income, education and geographical location to lock many young people and their families in an intergenerational cycle of poverty, violence and ill health.

In addition, children and adolescents in South Africa are facing an uncertain future, as the COVID-19 pandemic together with extreme weather events, increased unemployment and food insecurity are intensifying pressures and conflict within households and communities. It is therefore vital that we find ways to promote children's mental health and resilience, and ensure they are equipped to cope with the pressures of everyday life and the challenges to come. These solutions need to extend beyond medical treatment and the health care system and require a whole-of-society approach to address the social and environmental drivers of ill health and create supportive environments that enable children to thrive.

A cycle of poverty and mental ill health in children and adolescents



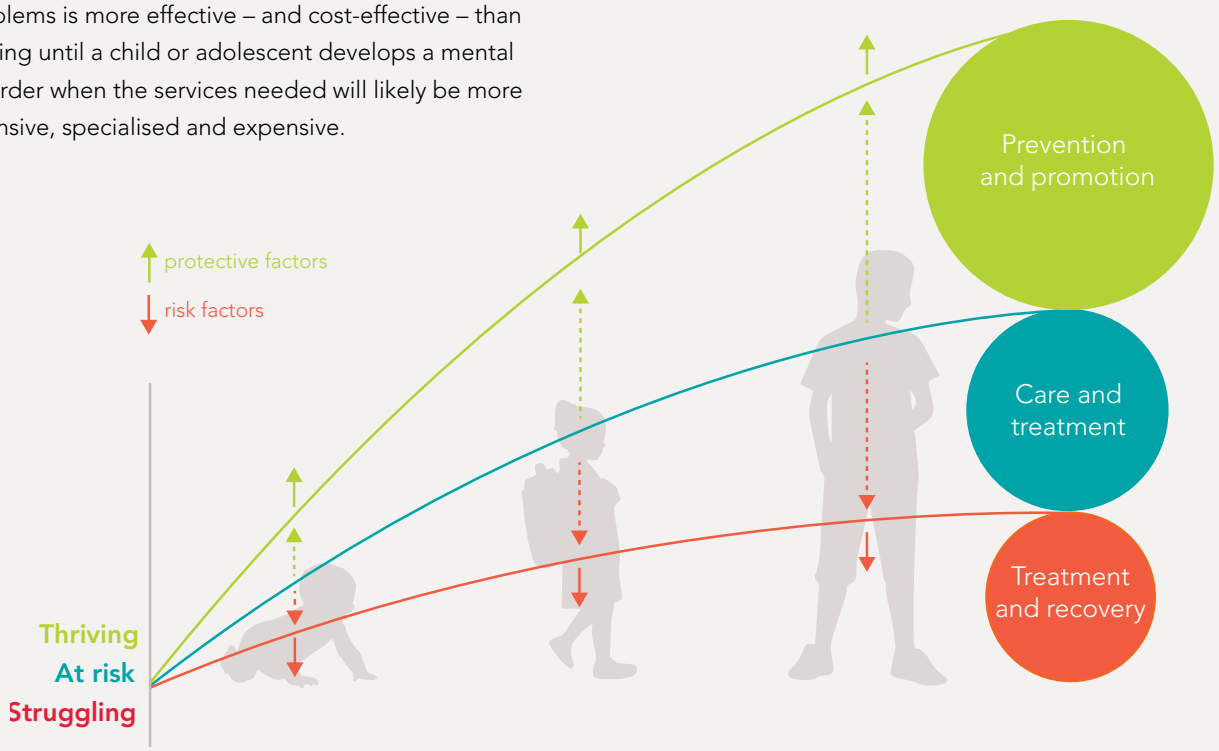
Adapted from: Flisher, A.J., Lund, C., Funk, M., Banda, M., Bhana, A., Doku, V., Drew, N., Kigozi, F., Knapp, M., Omar, M., Petersen, I., & Green A. (2007). Mental health policy development and implementation in four African countries. *Journal of Health Psychology* 12: 505-516.

Timing is key in adopting a developmental life-course approach

A life-course approach helps us understand how children's exposure to risks and opportunities start to shape children's vulnerability and resilience at each life stage starting early – even preconception.[12] Perhaps most importantly, it shows how both ordinary and extraordinary experiences become embedded in the body and psyche in ways that can accumulate across lives and generations.[12, 13]

For example, exposure to adverse childhood experiences (such as domestic violence, neglect or sexual abuse) is one of the strongest predictors of poor mental health. While children who experience the foundations of a stable family, responsive caregiving, and a safe and secure enabling environment with opportunities for early learning are more likely to develop the resilience that will make them able to better cope with life's inevitable challenges and adversity.

- Intervening early is key. For example, providing children and their families with universal services that help protect them from harm and help prevent problems is more effective – and cost-effective – than waiting until a child or adolescent develops a mental disorder when the services needed will likely be more intensive, specialised and expensive.
- Interventions are best delivered across the life course and through age-appropriate settings. For example, interventions in early childhood should ideally be delivered through the home, health facilities or early childhood development (ECD) programmes, while interventions for older children and adolescents may be better placed in schools or communities.
- Interventions that start early have cumulative positive effects, but if interventions are not maintained or exclude older age groups, then the benefits of early intervention can be lost or degraded. It is therefore critical to ensure that efforts to support children through developmental transitions are sustained throughout childhood and carried forward into early adulthood.



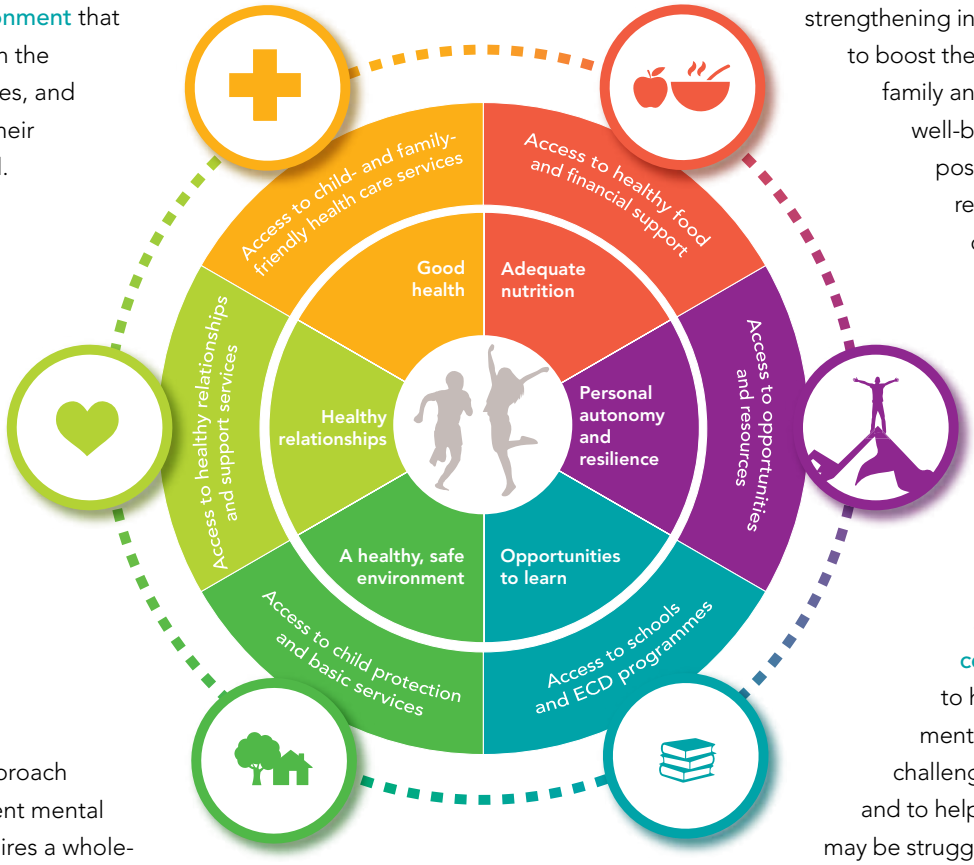
	First 1,000 days	Early to middle childhood (2 – 9 years)	Adolescence (10 – 19 years)
Risk factors	• Drinking during pregnancy • Intimate partner violence • Poor caregiver mental health • Developmental difficulties	• Poor caregiver mental health • Intimate partner violence • School problems • Bullying • Behavioural problems	• Risk-taking behaviour • Gang membership • Substance misuse
Protective factors	• Healthy parents • Responsive care • Opportunities for early learning	• Positive parenting • Life skills training	• Civic engagement • Supportive peer groups

Adapted from: Patel V, Saxena S, Lund C, Thornicroft G, Baingana F, Bolton P, Chisholm D, Collins PY, Cooper JL, Eaton J, Herrman H. The Lancet Commission on global mental health and sustainable development. *The Lancet*. 2018 Oct 27;392(10157):1553-98.

How can we mobilise the whole of society to build an ecosystem of support?

Thriving and the development of individual capabilities depends on the creation of an enabling environment that provides children with the freedom, opportunities, and resources to realise their dreams and potential. Investments need to extend beyond the sphere of the individual child and the strengthening of essential child and adolescent mental health services, to tackle the social, political and economic determinants of children's health and well-being.

A comprehensive approach to child and adolescent mental health therefore requires a whole-of-society approach that extends beyond the departments of health, social development, and education to develop an ecosystem of support. Sectors such as labour, energy, agriculture, water and sanitation, roads, community safety and the built environment can make a tangible difference in promoting mental health by addressing spatial inequalities, improving living conditions,and easing the daily life tasks of children, adolescents and their families.



Support families[14]

The foundations for positive mental health and well-being are laid and cemented in the home, and families play a central role in providing nurturing care and protecting children from adversity. Yet, families also require resources and support.

- The Child Support Grant has strong positive effects on adult mental health and the intergenerational transmission of mental health problems, by helping to improve food security, reduce stress, and increasing feelings of independence and control over resources and the future.
- Targeted parenting programmes have also been found to improve parent-child relationships, promote secure child attachment, positively influence parenting, reduce maltreatment, and improve child cognitive and socio-emotional development.

Combined approaches that couple economic strengthening with parenting or family strengthening interventions tend to boost the benefits for both family and child health and well-being by increasing positive parenting, reducing caregiver depressive symptoms, and improving family and caregiver-child relationships.[15]

Parental mental illness is an important risk factor, and support services need to adopt a family-centred approach to help parents with mental illness cope the challenges of parenting, and to help their children who may be struggling with feelings of shame, isolation and self-blame.

Build caring schools[16]

Educational institutions are precious resources for mental health. In addition to the growing numbers of children attending ECD programmes, there is near universal reach in primary and secondary schools and increasing enrolment in tertiary education programmes.

- Interpersonal and institutional racism is an ongoing challenge. Experiences of alienation, discrimination, and racialised bullying are common at formerly white schools across the country. Explicitly capacitating schools to address discrimination is critical. The Teaching for All programme, for example, aims to equip schools to create more inclusive classrooms and school communities.
- Educators experience high levels of stress which may undermine their ability to respond to their learners and interfere with positive educator-child relationships. It is important to invest in educators' mental health and well-being by providing psychosocial support programmes and activating referral networks for more severe mental health problems. Educators also need better training so that they know how to support children's social and emotional well-being, how to manage disruptive behaviour in the classroom, and how to recognise and refer children in need of additional support.

- National government has put a number of policies and programmes in place to promote mental health, including a focus on life skills in the curriculum, a national school safety framework to prevent violence, care and support for teaching and learning, and school health services. Implementation and coordination remain a challenge, and greater efforts are needed to improve the physical and psychological health of schools and to strengthen links to health services and other community resources.

Transform health services[17]

Child and adolescent mental health (CAMH) services are in crisis. Child and adolescent psychiatrists and other mental health professionals are available in only a handful of urban centres, and human resources and services are extremely limited at district level, with only one in 10 children with diagnosable mental disorders able to access treatment.

- Establishing a multidisciplinary CAMH team in each district would help ensure more equitable access to CAMH services. This includes health promotion to build mental health literacy and promote care-seeking behaviour, and CAMH services at primary health care clinics and district hospitals to screen and care for children close to home, with supervision from CAMH specialists caring for children with more complex conditions at secondary and tertiary hospitals.
- Task-sharing and capacity building are essential in realising this vision of an affordable, accessible and community-based mental health service, as are provincial leadership, clear implementation plans and ring-fenced budgets.
- There are currently no CAMH-specific disorders on the chronic disease list or the minimum prescribed benefits package in South Africa. It is therefore vital that CAMH services are included in the proposed basket of care under National Health Insurance to uphold children's rights to basic mental health care and financial risk protection.

Prevent violence[18]

Children exposed to violence may experience fear, anxiety, panic, and shock – and without appropriate intervention and support, these feelings may give rise to PTSD, depression, substance use, and other mental health challenges. Exposure to violence and maltreatment also increases the risk of children becoming victims or perpetrators of violence later in life. Yet, violence can be prevented.

- South Africa has put in place a suite of progressive laws and policies designed to protect children from harm, but an ineffective criminal justice system means that means that perpetrators roam free, and a lack of resources leaves children unable to access care and therapeutic support.
- Violence against women and children share the same risk factors and often co-occur in the same households where children's exposure to domestic violence and harsh physical punishment help drive an intergenerational cycle of violence and trauma. It is therefore vital to provide integrated services for women and children, and to respond to intergenerational trauma so that caregivers are able to help their children heal.
- Parenting programmes such as Parenting for Lifelong Health have proven effective in promoting positive parenting, stress management and non-violent forms of discipline, and reducing child maltreatment and behaviour problems.
- Schools and ECD programmes provide a unique opportunity to prevent aggression and bullying, identify children in need of care and protection, and promote gender equitable attitudes and behaviours that can help prevent dating, intimate partner and sexual violence.
- Given the scale and intergenerational nature of violence against children, our response to trauma needs to extend beyond dedicated psychological and psychiatric services. This includes a trauma-informed approach to education, health, social services, and the criminal justice system (police and courts) to ensure that they recognise and respond to the physical, social, and emotional impact of trauma on children, and on the professionals and caregivers who are there to help them heal.

Promote inclusion[19]

Children with disabilities and their families often face ongoing battles for access to health care, education, transport, and other services, as well as stigma, bullying[20] and discrimination, on top of the everyday demands of coping with an impairment.[21] Confronting these challenges daily can readily give rise to feelings of anxiety and depression in both children and parents. Meaningful participation is central to the mental health of children with disabilities and is an area where children with disabilities are most likely to encounter significant barriers, including stigma and inaccessible environments. To address this problem, we need to adopt a twin-track approach: mainstream environments and communities need to become more inclusive and welcoming, while at the same time, more specific (and possibly more individualised) support should be provided to enable the participation of children with disabilities.

Diagnosis of intellectual disability may be delayed and psychosocial disability is more difficult to diagnose, leading to the exclusion of children with these 'invisible' disabilities from early intervention strategies, which are essential for improving outcomes and preventing secondary disabilities. It is therefore important to review the medical assessment criteria to enhance the identification of children with intellectual and psychosocial disabilities, to ensure that these children and their caregivers can access a basket of support services including the Care Dependency Grant.

What should be done?

1. Put children at the centre – Children and adolescents are at the forefront of experiencing the negative mental health impacts of the COVID-19 pandemic, and they and their children are the ones who are going to experience the real impacts of climate breakdown. Children must be engaged as key stakeholders and active citizens to ensure that their insights give rise to child- and youth-friendly policies and programmes.
2. Intervene early – The early years of life are critical in determining adolescent and adult mental health outcomes, and therefore universal and population-wide interventions (such as universal access to good quality day care for children, pre-primary education, universal health coverage, and social protection) in the early years could reap significant preventative and promotive rewards.
3. Take an intergenerational approach – A life course approach should be expanded to account for the ways in which children and their family's mental health and well-being are interdependent and have an intergenerational impact on the mental health and well-being status of future generations.
4. Strengthen child and adolescent mental health services – CAMH services should be offered across multiple services, systems, and levels of care, recognising that specialist CAMH services will be most effective when embedded in a well-coordinated, intersectoral system that supports the mental health and well-being of all children and adolescents.
5. Address the social determinants of mental ill health – All sectors of society, including labour, energy, agriculture, water and sanitation, roads, community safety and the built environment, can make a tangible difference in promoting mental health by addressing spatial inequalities, improving living conditions, and easing the daily life tasks of children, adolescents and their families.
6. Proactively address discrimination and exclusion – Policy development, implementation, and resourcing to promote the mental health and well-being of children and adolescents must mainstream responses to the mental health of marginalised young people, including those discriminated against on the grounds of race, class, sex, gender and ability. This includes greater efforts to create more welcoming, inclusive, and enabling environments in our schools, communities, and health facilities where all children are treated with respect and can realise their full potential.

We have a window of opportunity to act and put children at the centre of all that we do, to harness their energy, curiosity, and clarity of thought, and to build resilient communities better able to withstand the challenges to come. The secret to building resilience lies in the "ordinary magic" of "close relationships with competent caring adults, committed families, effective schools and communities, [and] opportunities to succeed, where belief in the self is nurtured by positive interactions in the world".[22] By placing the mental health and well-being of children and adolescents at the centre of all policies and actions, and providing opportunities for them to learn, grow and participate in decision-making, we have the potential to heal the divisions of the past and enable our children to thrive.

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