PRESS RELEASE:

Invest in children's mental health: A catalyst for development

RONDEBOSCH, CAPE TOWN, 15 JUNE 2022—Child and adolescent mental health is the foundation of a strong, vibrant and healthy society. Investing early to promote children's optimal mental health and wellbeing is one of the best investments we can make in our future prosperity, as it offers an opportunity to break the cycle of poverty, violence and mental ill health – and unleash children's potential.

This 16th annual review of the situation of the country's children is published by the Children's Institute (CI), University of Cape Town, in partnership with UNICEF South Africa; the DSI-NRF Centre for Excellence in Human Development, University of the Witwatersrand; the Standard Bank Tutuwa Community Foundation and The LEGO Foundation. And the 2021/2022 issue focuses attention on the status of Child and Adolescent Mental Health.

The report is released ahead of Youth Day on 16 June, which will be marked under the theme of "Promoting Sustainable Livelihoods and Resilience of Young People for a Better Tomorrow".

"Yet 25 years into our constitutional democracy and its promise to improve the quality of life and free the potential of all citizens, widespread poverty, inequality, and violence continue to affect the mental health of young people," said Zanele Twala, CEO, Standard Bank Tutuwa Community Foundation.

The report highlights how children and adolescents in South Africa continue to face multiple adversities that erode their mental health. While 10-20% of children will develop a mental disorder and/or a neurodevelopmental disability, this is just the tip of the iceberg.

"Every single child in South Africa needs support so that they can develop the strength and resources to meet life's challenges. And the ordinary support of parents, teachers and communities can help build resilience and set children on a positive trajectory," said Professor Mark Tomlinson from the Institute for Life Course Health Research at Stellenbosch University

"Due to historical neglect and underinvestment in mental health, there are serious gaps in prevention and care for children and adolescents in South Africa. These gaps often lead to gross human rights violations that rob children and adolescents of their quality of life, and potential to build resilience," said Advocate Bongani Majola, Chairperson of the South African Human Rights Commission, in his foreword to the publication.

A whole-of-society response

The authors have called on government and South African society to create a more supportive and enabling environment that nurtures child and adolescent mental health, protects them from harm, and enables them to access care and support.

"It is 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, create and maintain conditions that enable all children to be part of powerful loving relationships that comfort them in times of adversity,

celebrate their strengths and encourage them to thrive," said Distinguished Professor Linda Richter, Director of the DSI-NRF Centre of Excellence in Human Development at the University of the Witwatersrand.

Beyond the mind: environment matters in mental health

The environments in which young people live have a profound impact on their mental health.

"The characteristics of a neighbourhood – whether it is peaceful and clean or violent and dirty – has a bigger impact on the mental health of the people who live in it than their own individual predispositions," said Professor Shanaaz Mathews, Director of the Children's Institute.

Two-thirds (63%) of children in South Africa live in poverty, frequently in environments where the stress of material insecurity is made worse by inadequate services, discrimination and violence. Meanwhile, 39% of children live beneath the food poverty line, where food insecurity further intensifies the pressures and conflict within the home.

"These children and adolescents are at particular risk of poorer mental health which can perpetuate an intergenerational cycle of poverty, violence and ill health," said Professor Mathews.

Nearly 1 in 2 children in South Africa (42%) have experienced violence including physical violence (35%) and sexual abuse (35%).[1] Violence is pervasive in some areas, with 99% of children in the Birth to Thirty Study undertaken in Soweto, experiencing or witnessing some form of violence in their homes, schools, and/or communities.

In the immediate aftermath of a violent event, children may experience waves of fear, anxiety, panic and shock; and without appropriate support, these feelings may give rise to post-traumatic stress disorder, depression, substance use and other mental health challenges.

"Given the scale and intergenerational nature of violence against children, our response to trauma needs to extend beyond dedicated psychological and psychiatric services," said Professor Mathews.

"Other services such as education, health, social services and the criminal justice system need to 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," she added.

Families are the foundations for mental health and well-being

Families play a pivotal role in protecting children from harm and helping them cope with stress and adversity. Yet poverty and hardship undermine caregivers' capacity to provide and care for their children, and many families require resources and support.

The Child Support Grant has strong positive effects on the mental health of caregivers and their children by helping to improve food security, reduce stress, and increase their feelings of independence and control over resources and the future.

The benefits of income support can be boosted with parenting or family strengthening interventions to promote positive parenting, reduce caregiver depression, and improve family relationships.

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 with the challenges of parenting, and to help their children who may be struggling with feelings of shame, isolation and self-blame.

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[1] 2016 Optimus Study

Mental health support should begin early

The first 1000 days are an essential foundation and set the course for adolescent and adult mental health, which suggests that programmes that promote mental health amongst all children – irrespective of their socio-economic background – would be most valuable in delivering preventative rewards for the whole of society.

"Support to families – which translates into young children receiving quality healthcare and nutrition, protection from harm, as well as opportunities for learning and to build solid relationship with caregivers – is very important to buffer children from adversity," said Kerry Kassen, Director of the LEGO Foundation South Africa.

Kassen added that early childhood education programmes can also help in promoting the socio-emotional development of children and supporting their caregivers.

"However, it is also important to sustain programmes beyond the early years as mental health scaffolds over time and may be offered in different ways as a child grows and their world expands," said Professor Tomlinson.

"Interventions for adolescents may be better placed in schools or communities," added Professor Tomlinson.

All children go through stressful periods of transition – starting school or the onset of puberty, for example – and additional efforts should be made to support children during these times.

Schools: a precious resource for mental health.

The extent to which children and adolescents feel accepted, included and valued in their schools contributes to their socio-emotional development and motivation to achieve. On the flipside, children who feel alienated or discriminated against because of their race, gender or disability are at risk of experiencing poor mental health.

"Schools need to be capacitated to address discrimination and create more inclusive classrooms," said Professor Sharon Kleintjes, Professor of Intellectual Disability in the Department of Psychiatry and Mental Health at UCT.

"These programmes should also support educators who also experience high levels of stress which may undermine their ability to build positive educator-child relationships."

"National government has already put a number of valuable policies and programmes in place to promote mental health," said Professor Kleintjes. These include 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 however remain a challenge, and greater efforts are needed to improve the physical and psychological health of the school, and to strengthen links to health services and other community resources," she added.

Schools can also play a role in normalising mental health care.
"The UNICEF South Africa's U-Report found that 65% of young people with mental health issues did not seek help. It is therefore vital that we do more to challenge the silence and stigma that prevent people from seeking care," said Christine Muhigana, Country Representative at UNICEF South Africa.

As 50% of adult mental health disorders are established by age 14, schools can also help identify and refer children in need of additional support to the health sector.

Expand access to mental health services

Children and adolescents who do need treatment are likely to encounter a health sector ill equipped to give them the necessary care and support. Petrus de Vries, Sue Struengmann Professor of Child and Adolescent Psychiatry, at the University of Cape Town, describes how: "South Africa's 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; while limited services and human resources compromise care at district level."

As a result, only 1 in 10 children with diagnosable mental disorders are able to access treatment.

"Increasing capacity at primary and secondary levels in the communities where people live is a priority," said Dr Simphiwe Simelane from the Centre for Autism Research at the University of Cape Town.

"Primary health care clinics and district hospitals should be able to identify and care for children close to home, while being supervised by child and adolescent mental health specialists caring for children with more complex conditions at secondary and tertiary hospitals," added Dr Simelane.

Given the limited number of CAMH specialists in the public health service, it is vital to share the load and build the capacity of doctors, nurses and community health workers. This includes the use of digital technologies to enable general practitioners to access supervision so that they can assess and manage children and adolescents at primary care level.

"It is also vital that CAMH services are included in the National Health Insurance (NHI) baskets of care in order to uphold children's rights to basic mental health care and financial risk protection," said Dr Simelane.

Discrimination against children with disabilities must be addressed

Children and adolescents with physical, intellectual or sensory impairments are at a higher risk of developing mental disorders, especially when they live in environments in which they and their families face daily discrimination and battle to access health care, education, transport and other services.

"Meaningful participation is central to the mental health of all children and is an area where children with disabilities are most likely to encounter significant barriers, including stigma and inaccessible environments," said Professor Kleintjes, Professor of Intellectual Disability in the Department of Psychiatry and Mental Health at UCT.

"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 targeted support should be provided to individuals to enable their participation."

A call to Action for South Africa's children and adolescents

"Choosing to ignore the mental health care needs of children and adolescents comes at a cost South Africa cannot afford to pay," said Professor Tomlinson.

The COVID-19 pandemic has shed light on how external environmental events can grind down individuals' mental health. Children and adolescents were not immune to the stress bought on by the pandemic. In fact, it has only compounded hardships already present and is a minor dress rehearsal for the shocks that climate breakdown will bring.

"The children of today are going to have live with the consequences of our actions – and we have a window of opportunity to put in place solutions to support our next generation. 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," said Professor Tomlinson.

Government, communities, schools and early learning programmes, civil society and families all have a role to play in building an ecosystem of support for South Africa's children and adolescents.

"Building children's confidence and capacity to take initiative, cope with adversity and contribute to community life are critical ingredients of mental health and active citizenship. And as we work on building solutions, we need to work in partnership with young people and harness their energy, creativity and clarity of thought to design policies, services and programmes that are responsive to their needs and prepare them for the challenges to come," said Professor Tomlinson.

ENDS.

For general enquiries about the Child Gauge:
Prof Mark Tomlinson, University of Stellenbosch | 083 301 4868| markt@sun.ac.za
Prof Sharon Kleintjes, University of Cape Town | 072 056 8990 | sr.kleintjes@uct.ac.za
Lori Lake, Children's Institute, University of Cape Town | 082 558 0446 | lori.lake@uct.ac.za

On mental health services
Prof Petrus de Vries, University of Cape Town | 072 081 6811 | petrus.devries@uct.ac.za
Simphiwe Simelane, University of Cape Town | 082 671 3947 | Simphiwe.simelane@uct.ac.za

On the role of schools
Prof Sarah Skeen, University of Stellenbosch | 072 753 3115 |skeen@sun.ac.za

On developmental pathways
Dr Tamsen Rochat, University of the Witwatersrand |072 585 3113 | Tamsen.rochat@wits.ac.za
Dr Stephanie Redinger, University of the Witwatersrand |083 225 3799 | stephanie.redinger@wits.ac.za

On the impact of digital media on mental health
Dr Rachana Desai, University of the Witwatersrand | 082 838 1284 | Rachana.desai@wits.ac.za

On resilience
Prof Linda Theron, University of Pretoria | 082 783 1728 | linda.theron@up.ac.za

On disability
Prof Shakila Dada, University of Pretoria | 082 786 5499 | Shakila.dada@up.ac.za

For general media enquiries:
Svetlana Doneva, Children's Institute, UCT | 082 797 6103 | sdoneva@gmail.com
Sudeshan Reddy, UNICEF South Africa | 082 561 3970 | sureddy@unicef.com
Vuyo Mntonintshi, Centre of Excellence in Human Development,
University of the Witwatersrand| 063 692 6655 | vuyolwethu.mntonintshi@wits.ac.za