

Mental health for children and adolescents: A human rights imperative

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Mental health is a fundamental human right for all children and adolescents. The mental health of children is an integral part of their overall health and well-being. Children's mental, emotional, and behavioural health are integral components of mental health. These aspects affect the way they feel, think, and behave. In addition, they influence how children handle stress, relate to other people, and make healthy decisions. For children to survive and thrive, they must grow in an enabling and supportive environment that caters to all their needs, including mental health and psychosocial support.

Due to historical neglect and underinvestment in mental health, generally, 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 not only of their quality of life, but also life itself. This was the case in the Life Esidimeni tragedy.

The current COVID-19 pandemic has intensified pressures on children and adolescents and, as a result, a whole generation's mental health and well-being has been jeopardised by the pandemic. Children and adolescents feel afraid, angry and anxious because their routines, education, recreation and family finances have been disrupted.

Other notable factors that contribute to children's mental well-being in the South African context include, amongst others, high levels of racial inequality, gender inequality, poverty and malnutrition, disability, gender-based violence (GBV) at home and violence against children.¹ These factors are, amongst others, significant contributors to the deteriorating mental health in children and adolescents. In that regard, it becomes clear that in seeking to resolve the barriers to accessing mental health care for children and adolescents in particular, a holistic approach that takes into

consideration all the underlying causes of mental health should be adopted.

Human rights are interrelated in nature, thus the deprivation of one right can often lead to the infringement of one or several other rights. This has been noted to be the case with children's rights, especially for children on the

move. For example, in its monitoring work, the South African Human Rights Commission (Commission) documents that many children on the move do not have legal documentation due to a myriad factors, including the lack of birth registration, loss of documentation, death of parents and delayed applications at the Department of Home Affairs. Due to the lack of legal documents, children have been unable to access basic human rights such as education, welfare support, medical care and adequate nutrition.

The lack of access to such basic human rights deprives children, thereby putting them at a disadvantage in terms of cognitive, emotional and physical development. In contrast, children who enjoy these basic human rights to the fullest extent have a much better quality of life. Due to the various psychological traumas that children on the move have endured in their historical and present circumstances, many of them require individual, specialised, psychological support. However, such support has largely been inaccessible, especially in rural communities, where the health care system is overburdened, under-resourced and under-capacitated.

The extensive nature of socio-economic inequality in South Africa has also polarised access to adequate mental health care for children and adolescents in South Africa, in that while those having access to economic resources continue to receive the best psycho-social support, those who are economically marginalised do not have the same enjoyment



¹ <https://www.unicef.org/southafrica/stories/tracking-wellbeing-children-south-africa>.

of their right to adequate health care, which includes mental health care services.

This is one of the reasons why the Commission appreciates the fact that South Africa has adopted policies at the national level which have been delegated for implementation at the provincial level. Such policies include, amongst others, the recently lapsed National Mental Health Policy Framework and the 2003 National Policy Guidelines for child and adolescent mental health. The adoption of national policies which are delegated for implementation at the provincial level ensures that the extraordinary circumstances of the country's socio-economic and socio-cultural structure are considered.

However, this approach has its own shortcomings, which have been noted by the Commission. For instance, the Commission found that none of the provinces had a policy or implementation plan to support the national policy. This indicates that mental health and mental health for children and adolescents is not given priority on the policy agenda. Further, during its hearing on mental health, the Commission found that the lack of intersectoral collaboration on mental health has resulted in children falling through the cracks. As such, efforts must be made to strengthen the implementation of a multisectoral integrated response that addresses the needs of vulnerable children and adolescents. In addition, governmental programmes and systems intended to improve the well-being of children as mandated by the Children's Act 38 of 2005 as amended by Act 41 of 2007 must be strengthened.

Extensive infrastructural limitations at district and regional levels exist, which constitute significant obstacles to the

effective and humane assessment and management of adolescents requiring psychiatric admission or outpatient services. For instance, few health facilities have dedicated 72-hour assessment wards for adolescents, which results in adolescents being kept in adult wards and, in most cases, in medical wards. Consequently, 72-hour assessments are predominantly performed in unsafe, inappropriate structures often by inadequately trained staff who lack the appropriate skills and expertise. This is compounded by the fact that transfer hospitals are often full, a factor that forces these primary facilities to keep psychiatric patients for longer than the 72-hour limit, thereby contravening the Mental Health Act.

We should ensure that caregivers (including parents, teachers and guardians) and children are adequately equipped to identify mental health issues and seek appropriate help. This was highlighted in UNICEF South Africa's U-Report poll 2021,² which found that 65% of young people with mental health issues stated that they did not seek help for the mental health issues they had. There is thus a need to raise awareness among children across all races, gender and social-economic status. This must adequately consider each child's best interest and should adequately respect their dignity.

In the final analysis, mental health must be prioritised. Further, it is important to ensure that children and adolescents are not only afforded access to health care but that an environment that actively supports their mental health is established. Mental well-being should thus be linked with every other socio-economic right.

2 <https://www.unicef.org/southafrica/press-releases/65-cent-young-people-mental-health-related-issues-did-not-seek-help-unicef>