policy guidelines

child and adolescent

mental health

EXECUTIVE SUMMARY

These policy guidelines serve as framework for establishing mental health services for children and adolescents at national, provincial and local levels of health care within the primary Health Care approach using an intersectoral approach. They have been developed in relation to other South African policies, legislation and treaties that address themselves to the enhancement of survival as well as well the protection and development of children and adolescents.

The preamble of the policy guidelines adopts a holistic approach in addressing the various risk and protective factors that can affect the mental health of children and adolescents. These causal factors can exist in the physical, emotional and social domains of the human being.

Risk factors are associated with an increased likelihood of mental health problems
(for example, child abuse) while protective factors mediate the effects of risk exposure (for example, good physical health). There is a relationship between the nature of the causal factors and the developmental age of the child and adolescent. This then calls for age specific and intersectoral interventions in child and adolescent mental health services to reduce the impact of risk factors and to enhance the effects of protective factors.

The section on guiding concepts gives a better understanding of the determinants of the mental health status of children and adolescents and thus serves as a framework for the implementation of the general intervention strategies. In this section the focus is on:

1. optimal development as a foundation for the mental health of child;
2. the inter-relationship between the various areas of development and competency;
3. critical periods of opportunity and risk-there is a continuum in one's life, and the extent to which a developmental stage is negotiated is partially dependent on the successful accomplishment of the tasks associated with previous developmental stages;
4. socio-cultural and spiritual factors which shape and influence one's cognition, attitude, affect and behaviour, and which in turn determine the mental health status and guide intervention strategies;
5. certain groups of children and adolescents being more compromised and vulnerable to mental to mental health problems than others (for example, children from poor backgrounds, who are HIV positive or have genetic or chromosomal abnormalities; children from neighbouring countries who are from exiled parents);
6. the centrality of gender considerations – for example, gender influences vulnerability through discrimination.

The section on current policies and legislation makes reference to relevant sections in other policies and legislation, which address the enhancement of survival, protection and development of children – for example, gender influences vulnerability through discrimination.

The background information on risk and protective factors to mental health as elaborated on under guiding concepts, guides the development of the general and specific intervening strategies to control the risk factors, to enhance the protective factors and to intervene in psychiatrically ill children. Strategies need to be collaborative and integrated within the government departments, non-governmental organizations, grassroots community structures and family units. There are five general intervention strategies:

❏ providing a safe and supportive external environment;
❏ providing information;
❏ building skills;
❏ counselling; and
❏ accessibility of health care services.

The provision of a safe and supportive external environment refers to supportive family units and interactions as well as the effective roles and responsibility in relation to the socialization and meeting the basic needs of the child and adolescent. Besides the family, the government also has a major responsibility towards the development of the child. Policies and legislation are developed to enforce the rule of law in protecting, and upholding the rights of the children as enshrined in the Convention for the Rights of the Child to ensure that the environment where children grow remains safe and supportive towards their optimal development. It is these structures which are responsible for the development of mature, stable personality in a child. Provision of information is related to the education and empowerment of children, adolescents, their parents, caregivers and other relevant structures. Information provided is on the physical and psychosocial development of the child and on specific health issues. Providing information is a means to the implementation of other strategies related to promotion of mental health and prevention of mental illness.

The strategy of building skills is often related to training of children, adolescents, caregivers, parents, teachers and all other frontline providers to recognize and manage mental health issues. It also includes educating mental health providers in scientifically-proven prevention and treatment services. Such skills may be related to social skills, life skills, cognitive skills, health-related skills, academic skills and industrial skills.

The counselling strategy refers to a professional relationship between a counselor and a counselee, which focuses on using various forms of counselling to assist the counselee to solve his/her problems realistically.

The strategy increasing access to, and coordination of quality health care services ensures that the services are easily accessible, available and affordable to the majority of the population of children and adolescents in order to reduce the high morbidity rate associated with mental health problems.

The general intervention strategies are implemented in settings which are involved in the development of the children and adolescents. These settings are mainly the societal institutions. Examples of such institutions are the

home/family, the school, the church, the health facilities, and in some cases industrial settings.

The section on priority areas addresses specific mental health problems of children and adolescents as well as children and adolescents in difficult circumstances. These priority areas include prevention of alcohol and substance abuse; prevention of violence and child abuse and children and adolescents with intellectual disability.

In the Reconstruction and Development Programme (RDP) of South Africa, children in difficult circumstances are classified as follows:

❏ children displaced by political violence
❏ children who are victims of crimes, including murder, kidnapping and rape as well as domestic abuse;
❏ children in custody;
❏ homeless children;
❏ street children;
❏ children living in institutions of foster care;
❏ child labourers;
❏ children with intellectual disability
❏ and HIV/AIDS sufferers and orphans.

Other example of children in difficult circumstances are those of children in poverty, from broken homes and who were born in exile. All these circumstances compromise the mental health of the children and adolescents.

1.   PREAMBLE

These are the first national policy guidelines for child and adolescent mental health that have been available in South Africa.

They address mental health in the prenatal period (conception to birth), childhood (birth to 9 years) and adolescence (12 to 18 years). They adopt a broad definition of child and adolescent mental health:

> *Child and adolescent mental health is the capacity to achieve and maintain optimal psychological functioning and well being. It is directly related to the degree of age-appropriate bio-psycho-social development achieved using available resources.*

Child and adolescents mental health includes a sense of identity and self worth; sound family and peer relationships; an ability to be productive; a capacity to use developmental changes and cultural resources to maximize development.

There are a number of factors that can affect the mental health of a child or adolescent. Broadly speaking, these can be divided into risk and protective factors. The former refers to factors that increase the probability of mental health difficulties, while the latter refers to factors that mediate the effects of risk exposure. As the term "bio-psycho-social" in the above definition suggest, these risk and protective factors can exist in the biological, psychological and social domains. Table 1 provides examples of risk and protective factors in each of these domains. It is apparent that some of these risk factors are particularly likely to characterise the South African scenario. HIV infection, for example, is highly relevant for South African children and adolescents. In 1998, 21% of people aged less that 20 years presenting at antenatal clinics were HIV positive. In 2000, there were about 250 000 " "AIDS orphans", and this number is expected to increase to 2 million by 2010. Clearly, being HIV positive or an orphan because one's mother was HIV positive would be a potent risk factor for poor mental health.

Table 1

Selected risk and protective factors for mental health of children and adolescents

Domain	Risk factors	Protective factors
Biological	Congenital malformations Genetic tendency to psychiatric disorders HIV infection Malnutrition Other illnesses	Age-appropriate physical development Good physical health
Psychological	Psychiatric disorder Maladaptive personality traits Effects of emotional, sexual abuse and neglect	Ability to learn from experiences Good self esteem High level of problem-solving ability Social skills
Social		
a) Family	Divorce Family conflict Poor family discipline Poor family management No family	Family attachment Opportunity for positive involvement in family Rewards for involvement in family
b) School	Academic failure Low degree of commitment to school Inadequate/inappropriate educational provision	Opportunities for involvement in school life
c) Community	Community disorganisation Effects of discrimination Exposure to violence Mobility Poverty Transitions (e.g urbanisation)	Connectedness to community Opportunities for constructive use of leisure Positive cultural experiences Positive role models Rewards for community involvement Legislation that is favourable for development.

As the definition above implies, it is necessary to contextualise mental health in terms of development. The salience of specific risk and protective factors varies according to the developmental stage of the child or adolescence. The impact of peers on mental health, for example, is likely to be particularly important during adolescence. Intervention strategies that fail to recognise the developmental phase of the child or adolescent are likely to produce disappointing results.

An important focus of these policy guidelines is to promote development of all children and adolescents, whether they are suffering from mental health problems or not. This can take place through, on the one hand, reducing the impact of risk factors and, on the other hand, by enhancing the effects of protective factors. However, a proportion of children and adolescents suffer from overt mental health problems.

Examples of such problems include mood disorder such as depression, anxiety disorders such as post-traumatic stress disorder, and disruptive behaviour disorders such as attention deficit hyperactivity disorder. There are no national studies that provide estimates of the proportion of children and adolescents with such mental disorders. However, international and local studies indicate that it is of the order of 15%. It is estimated that in developing countries mental health problems alone make up 8.1% of the global burden of disease (GBD), a measure of all forms of loss caused by disease. When intentional self inflicted disease are added, the total GBD is 15.1% for women and 16.1% for men, (Collins & Susser, 1999:16).

Some children and adolescents are in difficult circumstances, for example through having been subject to physical, emotional and/or sexual abuse, experiencing or witnessing violence, suffering from intellectual disability, being addicted to substance such as alcohol or cannabis and being HIV/AIDS sufferers and/or orphans through AIDS. Some of these difficult circumstances can be related to mental health problems in a number of ways. They could, for example, serve as risk factors for mental health problems, as occurs when a child who has been sexually abused suffers from post-traumatic stress disorder as a result of the abuse. Alternatively, the mental health problems could serve as risk factors for difficult circumstances, as occurs when an adolescent becomes addicted to alcohol through trying to deal with depressive feelings. Whatever the nature of the relationship between mental health problems and difficult circumstances, general intervention strategies can be used as a guideline to address the needs of children and adolescents in difficult circumstances.

The main purpose of these guidelines is to assist the provincial departments of health to develop policy for their provinces. Thus, they provide a framework for the development of specific policy. The next step is for the provincial mental health service managers to develop policy documents for their provinces, taking into account their specific priorities and resources.

These policy guidelines were developed through a consultative process. The process involved representatives from: national and provincial mental health directorates; provincial social welfare, and educational departments; non-governmental organisations (NGO's); community-based organisations (CBO's); and from learners.
The consultative process was based on the assumption that the responsibility for child and adolescent mental health services involves several sectors in addition to health.

2.   GUIDING CONCEPTS

2.1 Optimal development lays the foundation for child and adolescent mental health

Mental health in children and adolescents is associated with a sense of positive worth affirmed by caring relationships with family and peers, competence at school or work and the capacity for managing the challenges of daily living. These competencies are achieved through

an ongoing interaction between the developing child and the environment. Each child is equipped with a unique genetic inheritance, whose expression is first influenced by the antenatal environment. The foetus and infant is totally dependent on the parents to protect and develop their innate resources. These resources may be severely compromised in a number of ways, for example by maternal alcohol misuse, resulting in foetal alcohol syndrome, or by bonding failure. Bonding failure leads to attachment disorder and predisposes to child abuse and neglect.

Developing emotional, social, physical, intellectual and moral competencies is fundamental to attaining mental health. In as much as good mental well being is linked to less physical problems. These competencies are achieved progressively through partnerships between the child and the family, the family and the community, the child and the school, and the child and the peer group. Situations in which developing children and adolescents find themselves are either protective or put their mental health at risk. For example, good schools and healthy peer relationships are protective, whereas marital discord and bad neighbourhoods are risk factors. The child's agency, that is, the ability to directly influence his/her own achievements through personal choices increases with age.

Promoting a healthy environment to meet their developmental needs, which includes the acquisition of life skills, is the first principle of child and adolescent mental health. This depends upon the provision of basic resources including access to support, guidance and training for children and adolescents and their parents, teachers, probation officers and all who work with children, as well as a core package of mental health services.

2.2 Problems are interrelated

The various areas of development and competency are more closely interrelated in childhood and adolescence than in adulthood. For instance, moral development keeps pace with and is dependent on emotional and intellectual development. Compromising the emotional development of a young child through maternal deprivation or abuse is likely to adversely affect physical development by way of, for example, failure to thrive. Similarly, unresolved learning difficulties in an adolescent may lead to conduct disorder, with truancy and substance abuse. The physical and psychosocial changes of adolescence are associated with an increase in the incidence of psychiatric disorder, as well as risk behaviours such as unprotected sexual activity.

Therefore promotive, preventive, curative and rehabilitative interventions directed at mental health concerns or problems in childhood and adolescence need to consider every context and area of development, and not simply address one aspect or one problem. This underlines the necessity for partnerships between child, family, community structures, multi-professional services, and intersectoral collaboration.

2.3 Critical periods of opportunity and risk

Development proceeds epigenetically, that is, successive stages are built upon the achievements of the previous one. The two major stages are childhood and adolescence. Childhood stages can be further subdivided according to the correspondence of definable developmental periods with major environmental contexts, namely prenatal, infancy, preschool and primary school stages.

These five critically formative stages of life provide opportunities for the optimal achievement of identifiable levels of competency associated with each stage. Missed opportunities run the risk of becoming vulnerabilities in subsequent stages. Screening for developmental and mental health problems should start antenatally and continue at regular periods throughout childhood and adolescence. Mental health interventions should always be stage-specific, that is, address the tasks of child, caregiver and all other significant role-players for that specific stage of development.

2.4 Socio-cultural factors shape and influence behaviour and mental health

Social prejudices, peer group norms, religious beliefs, family values and other socio-cultural factors strongly influence behaviour, often without the child or adolescent's full awareness. Besides respecting cultural differences and norms, mental health interventions aimed at changing behaviour need to take all underlying socio-cultural factors into account. Two cultural factors wielding a significant influence on child mental health require specific mention. Firstly, the rights of the child need to be fully recognised by society for optimal mental health to become a possibility. The right and status of women are inextricably tied to the rights of the child. Secondly, the stigma around mental health issues needs to be actively addressed.

For example, the government of South Africa ratified the convention on children's rights, has implemented the principle of "First Call For Children" and has also introduced the National Plan of Action for children.

2.5 Not all children and adolescents are equally vulnerable

Children and adolescents in difficult circumstances as classified in the Reconstruction and development Program (RDP) of South Africa, are at high risk for mental health problems.
Included in this list are children and adolescents who are in poverty, are from broken homes, have intellectual disabilities, have been subjected to physical, emotional and/or sexual abuse, are experiencing or witnessing violence and are addicted to substances.

Caution needs to be exercised about the effects of negative labelling when attempting to identify vulnerable groups of children and adolescents.

2.6 Gender considerations

Gender considerations are important both because gender influences development and vulnerability, and because discrimination on the basis of gender is prevalent and has profound effects on mental health.

Girls generally develop more quickly than boys do, and boys are more vulnerable to developmental and psychiatric problems. After adolescence the picture changes. Although adolescent males are more involved in risk behaviour, adolescent females become more vulnerable to psychiatric problems with increasing age. This increasing vulnerability of older girls and women appears to be related both to biological factors as well as psychosocial factors such as the burden of multiple roles, lesser status and other effects of discrimination.

Discrimination is usually practised against females, but may be directed against men. Discrimination against females may be evident in restricted education and career opportunities, sexual exploitation, violence against females, and lack of support in their childbearing role.

3. CURRENT LEGISLATION AND POLICY FRAMEWORK

The policy guidelines for child and adolescent mental health services should be read and implemented in conjunction with the relevant sections of, amongst others, the following policies, treaties and legislation which directly or indirectly, impact on mental health of children and adolescents.

3.1 The constitution of the Republic of South Africa, 1996

Section 28 of the Constitution provides that every child has the right:
- To family care or parental care, or to appropriate alternative care when removed from the family environment;
- To basic nutrition, shelter, basic health care services and social services;
- To be protected from maltreatment, neglect, abuse or degradation;
- Not to be required or permitted to perform work or provide services that place at risk the child's well being, education, physical or mental health or spiritual, moral or social development.

3.2 The Reconstruction and Development Program (RDP) of South Africa

The RDP contains a series of national goals for children, which form the basis of an inter-sectoral national programme of action. These RDP goals provide strategic guidance, priorities and specific targets which should inform and guide the efforts of all ministries and provincial authorities, in collaboration with civil society organisations, local

authorities, communities and individuals concerned with children. These goals also serve as a means to entrench the rights of the child.

There are two goals that are of specific relevance for these policy guidelines. First, to provide improved protection of children in difficult circumstances and to tackle the root causes of such circumstances. Children in difficult circumstances in South Africa comprise a number of groups, some of which overlap. These groups include:

- ❑ children displaced by political violence;
- ❑ children who are victims of crime, including murder, kidnapping and rape as well as domestic abuse;
- ❑ children in custody;
- ❑ homeless or "street" children
- ❑ children living in institutions or foster care;
- ❑ child labourers;
- ❑ disabled children; and
- ❑ AIDS orphans

3.3 The united Nations Convention on the Rights of the Child (CRC)

In June 1995, the South African Government ratified this convention. By so doing, the government pledged itself to enhance the survival, protection and development of millions of children of South Africa. This was encapsulated in the principle of the First Call for Children in South Africa.

The **National Programme of Action for Children in South Africa** (NPA) is the instrument by which South Africa's commitments to children in terms of the Convention is expressed. It is a mechanism for identifying all plans for children developed by government departments, NGO's and other children related structures, and for ensuring that all these plans converge in the framework provided by the Convention, the goals of the 1990 World Summit on children and the Reconstruction and Development Programme. The Cabinet approved the NPA in April 1996.

3.4 The White Paper for the Transformation of the Health System in South Africa (1997)

According to the White Paper for the Transformation of the Health System in South Africa (1997), the Directorate: Mental Health and Substance Abuse is responsible for improving and promoting the psychosocial well-being of all communities as an essential ingredient in the implementation of the RDP. Some of the functions of the National Directorate of Mental Health and Substance Abuse as listed in the White Paper are:

- ❑ To develop and promote specific programmes addressing substance abuse, child abuse and the management of the victims of violence, in collaboration with other sectors; and

- ❏ Planning and promoting specific services for the mentally handicapped in collaboration with the relevant stakeholders and users of the services.

3.5 The Child Care Act 74 of 1983 as Amended

The ChildCare Act no 74 of 1983 as amended, is the foremost statute for the protection of children. This Act determines the powers of Commissioners of Child Welfare and governs the operation of Children's Courts (Chapter 2). It provides for official investigation into cases of alleged abuse and neglect, for Children's Court Inquiries in such cases, and for placement of children in substitute care or under social work supervision within their own homes when necessary (Chapter3). The Act also provides for the adoption of children and the controls and procedures relating to this measure (chapter 4). Section 42 compels health care professionals; social workers; teachers; and managers and staff of children's homes, places of care and shelters to report suspected ill treatment of children attended by them. Section 50 provides for prosecution in cases of ill treatment or abandonment of children. Section 52A prohibits child labour.

3.6 The National Health Policy Guidelines for Improved Mental Health in South Africa

In the National Health Policy Guidelines for Improved Mental Health in South Africa, one of the key priority areas identified in the intervention framework is the Services for Children. It is indicated that the priority for mental health services children should be prevention and that the services need to be integrated into general primary health care. Areas of special focus are:
- ❏ prevention of delays in emotional and intellectual development;
- ❏ introduction of life skills education; and
- ❏ prevention of substance-related problems such as fetal alcohol syndrome.

3.7 The Mental Health Care Act.No.17 of 2002

The Mental Health Care Act, 2002, does not specifically emphasize the mental health needs of children and adolescents, but their inclusion is implicit in the definition of mental health care user in the Act, and these policy guidelines for child and adolescent mental health need to be consistent with the provisions of the Act. Of particular revelance in this regard are:
- ❏ the emphasis on holistic, integrated and community-based care at primary, secondary and tertiary levels of care; and
- ❏ the promotion of mental health in the population as whole.

The mental health of children and adolescents will be specifically addressed in the regulations that will accompany the bill. These regulations will provide for the establishment of child and adolescent facilities and the promotion of the metal health of children and adolescents.

4. VISION AND MISSION FOR THE CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

Vision

General well being of children and adolescents, which enables them to develop into mature, secure and productive adults. Mental health is fundamental to general well being.

Mission

To demonstrate commitment to the following:
- appropriate, integrated, comprehensive child and adolescent mental health services inclusive of mental health promotion and prevention of mental problems/illness at primary, secondary and tertiary levels of health care;
- a national database on children and adolescents with mental health problems;
- the training and development of human resources, with special focus on addressing the shortage of well-trained child mental health specialists;
- the protection of human rights of children and adolescents with mental disability.

5. GENERAL INTERVENTION STRATEGIES

The general strategies cover the following areas:
- promoting a culturally sensitive, safe and supportive environment;
- providing information;
- building skills;
- counseling; and
- access to health care services.

5.1 Promoting a culturally sensitive, safe and supportive environment

Effective parents and family (not necessarily biological or nuclear) are an important positive force in the well being of children and adolescents. They provide basic care and material resources, and serve as positive behavioural role models. They provide emotional/psychological support and encouragement; they are promoters of autonomy and independence; and they are brokers for needed services; and transmitters of values and information[2].

Cultural practices in the form of rituals and rites of passage need to be practiced without the violation of the fundamental rights of the children and the adolescents.

Access to a wide range of key opportunities and commodities are protective factors. Such opportunities and commodities include:
- adequate housing/home/family, water, electricity supply and roads and transportation;
- a loving and caring home environment
- adequate dietary issues;
- Schooling or educational opportunities;
- adequate facilities for sport and recreation; and
- a stable, uplifting community/environment that is free from violence, drugs and other health hazards.

5.2 Providing information

Providing information is basic to the development and socialisation of children and adolescents, and empowers not only children and adolescents but also parents and other family, carers and the community.

Such information should include the following topics:
- Physical and psycho-social growth and development;
- Specific areas of health, for example, nutrition, exercise, family planning, mental well-being, HIV/AIDS prevention and prevention of substance abuse;
- Risks and protective factors to health;
- Sources of help (e.g Childline)

5.3 Building skills

Building skills relates to building of competencies through training capacity building and modelling of behaviour. Building skills also relates to acquisition of developmental skills like fine motor gross and motor skills which are basic to one's independence. Such skills help with the development of self-help skills like life skills, play skills, school work related skills, social skills' recreational skills and occupational skills.

Life skills also serve as a vehicle for introducing various programmes in schools, for example, prevention of substance abuse, prevention of HIV/AIDS, promotion of mental health and prevention of violence.
Priority objectives in implementing further this general strategy are thus to:
- support existing policies and programmes regarding life skills located in the provincial and national departments of education;
- improve co-ordination and collaboration between government and NGO's;
- introduce skills development initiatives into other sites; and
- investigate the employment of children and adolescents themselves as trainers in skills development.

5.4 Providing counselling

Counselling relates to a professional relationship between a counsellor and counselee, which focuses on using various forms of psychotherapy to empower the counselee with skills and knowledge to realistically conceptualize his/her problem and to use effective coping mechanisms in solving problems.

The counsellor is generally a professional person such as a teacher, health worker or religious leader[2].   However, in situations characterised by resource shortages, trained peers or other lay people can be effective. Through counselling, the child or adolescent can be assisted to develop new capacities, acquire new skills, or gain self-knowledge. There are many instances where this can be achieved only in the context of the kind of relationship that characterises the counselling situation.

Counselling is one of the most appropriate strategies to complement other strategies in cases of children and adolescents who are HIV positive or/and those who are suffering form AIDS as well as those who are AIDS orphans.

5.5 Access to health services

Over the past fifty years, before the HIV/AIDS scenario, there has been a dramatic improvement in the state of general health, illustrated by a decline in mortality, and increase in life expectancy, and substantial gain in the control of infectious diseases throughout the world. Comparable advances have not been made, however, in the treatment and prevention of mental health problems.

In South Africa it is imperative that a national framework be established for Child and Adolescent Mental Health services at national, provincial and local levels of health care within the Primary Health Care system. Such services should present a continuum form primary care to highly specialised services for the severely mentally ill.

6. GENERAL INTERVENTION SETTINGS

The intervention settings that will be addressed are as follows:
❑ home/family/community;
❑ School;
❑ Health facilities;

There are a number of other settings that are also important but will not receive attention here. These include the youth clubs/groups, street, workplace, community-based organizations and residential centres.

6.1 Home/family/community

The home/family/community is the primary setting for the development of a safe and supportive environment as well as for building skills and providing information. Specifically, improving the relationships and communication between parents and other adults in the home would promote children and adolescent health and reduce risk behaviour. The home/family/community has not yet been prioritized as a site for children and adolescent health interventions. There is general lack of knowledge, guidance and support regarding effective parenting skills. There are insufficient links between the family on the one hand and educational and religious institutions on the other.

Interventions at home should be aimed to:
❑ Educate parents and other adults in the home regarding family health, including aspects that are specifically relevant for children with special needs;
❑ Empower parents and communities in general to provide programmes geared towards effective parenting; and
❑ Provide counselling services for parents and other adults in the home to improve relationship and communication[2].

To achieve these aims, a number of strategies are necessary, including:
❑ Selection and training of appropriate personnel to provide the educational and counselling programmes, and to train others to do so;
❑ Promoting and enabling caregivers such as family and community workers to provide effective home-based care for children and adolescents with chronic mental and physical health problems;
❑ Liaison with families, religious organizations, schools, and NGO's to establish structures in the community to address parenting challenges;
❑ Motivation and encouragement of children and adolescents to form peer support groups;
❑ Facilitating linkages and communication between homes, schools and religious organizations; and
❑ Improving mothers/caregiver-infant relationship, with special emphasis on the "Kangaroo Method".

6.2 School

The school is an important site for the provision of interventions to address mental health since it has the potential to reach large numbers of children and adolescents in a cost-effective manner.

The World Health Organisation (WHO) Mental Health Programme has provided a set of characteristics of what they refer to as "Child Friendly Schools", which enhance the mental well-being of learners. The characteristics include:

- the promotion of tolerance and equality between boys and girls, between children and adolescents of different ethnic, religious and social groups;
- the provision of a learning environment based on active involvement and co-operation in the teaching and learning processes;
- an absence of physical punishment;
- an absent of bullying;
- the development of a supportive and nurturing environment;
- the fostering of connections between school and family;
- the valuing and supporting the development of young people's creativity as well as their academic abilities, for example creates opportunities for recreation and creativity and use of natural talents; and;
- the promotion of self-esteem and self-confidence in the students.

In school the focus should also be on assisting children who are failing academically.

6.3   Youth clubs/groups

Youth clubs/groups are an important location for congregating and for identity building. The majority of these clubs/groups is culturally oriented and may also serve as an ideal setting to identify peer group leaders who could be used in peer group training projects. Such groups may be involved and made to participate in various intervention strategies, for example, providing information through campaigns.

6.4   Health facilities

There are several important factors that prevent South African public health facilities from achieving their potential as sites of mental health service provision for children and adolescents:
- health services are relatively inaccessible, especially to the poor and those living in rural areas;
- few facilities cater for the mental health needs of children or adolescents;
- many children and adolescents fear that their problems will not be kept confidential;
- there is limited expertise and also of trained professionals, especially in rural areas, to deal with child and adolescent mental health issues, especially at the primary level; and
- there is often a poor relationship between youngsters (especially adolescents) and clinic personnel.

The following are strategies to increase the accessibility of health services to children and adolescents:

- increase the number of facilities such that they are accessible to a greater proportion of the population;
- make structural changes to the facilities to promote privacy and confidentiality;

- allocate certain days or sessions for children and adolescents alone;
- have convenient opening hours, especially for adolescents and mothers with babies;
- re-train and re-orientate health workers, with an emphasis on values clarification and the development of interpersonal skills to promote good provider-recipient communication and respect for children and adolescents;
- involve children and adolescents in the development of "adolescent friendly" clinics;
- develop a set of children and adolescents service standard to facilitate monitoring and evaluation; and
- co-ordinate and liase with NGO's and community based organisations (CBOs) and the private sector to strengthen and sustain child/adolescent friendly services;
- facilitate specialized training of child psychiatrists, child psychiatric nurses and psychologists and social workers.

The transformation of the public child and adolescent mental health service to one that is comprehensive, community-based and integrated[3,4] can be operationalised by a three-tier model of primary health care (Table 1)[1]. On Tier 1, potential psychiatric disorders and children at risk for such disorders are identified and referral is activated or appropriates intervention offered. Such intervention could include, for example, short-term crisis intervention and individual and family counselling for behaviour problems. Non-specialist, generic personnel who had undergone the appropriate training and supervision provide this service. Personnel on Tier 2, provide consultation, supervision and training to those on Tier 1, while those on Tier 3 provide "superspecialist" assessment and treatment to patients, as well as consultation and training to personnel on the other tiers.

7.   PRIORITY AREAS

A number of priority areas have been selected for inclusion in this section.   These areas also relate to children and adolescents in difficult circumstances. Such areas have been selected to provide examples of how the material presented in the general principles; general intervention strategies and settings can be applied. Thus, for each in each problem, one can consider the application of each general intervention strategy in each setting.   Priority areas/children in difficult circumstances, are as follows:
❏   alcohol and other substance
❏   child and adolescent abuse
❏   intellectual disability and

One other priority which is of prime concern for South Africa, which is addressed in this document as a priority area for counselling, is HIV/AIDS amongst the children and adolescents, either as sufferers or as orphans.

7.1   Abuse of alcohol and other substances

The sphere of influence of alcohol and substance abuse reaches across social, racial, cultural, language, religious and gender barriers and, directly or indirectly, affects everyone[5]. Children and adolescents with drug and alcohol problems have higher rates of other mental health problems, including aggression and delinquent behaviour. In addition, they are at risk of road accidents and disruption of their school career.

Intervention strategies for the abuse of alcohol, tobacco and other substances have been elaborated on in:
❏   the National Drug Master Plan[5];
❏   the Adolescent and Youth Health Policy Guidelines[4];
❏   a book by Parry and Bennerts[6]; and
❏   the National Strategic Plan (NSAP) of the South African Alliance of Prevention of Substance Abuse (SAAPSA)

What follows is a summary of these strategies.

Creating a safe and protective environment

❏   decrease availability
❏   decrease the social desirability of substance use
❏   license all liquor outlets, including shebeens, to increase control over aspects such as under-age drinking
❏   provide free needles or arrange needle exchange programmes for children and adolescents addicted to intravenous drugs (to prevent HIV transmission)
❏   foster positive role models, such as sport and entertainment stars, to speak out against substance misuse.

- ❏ limit social discrimination and create opportunities for employment, recreation, schooling, and reduction of socio-economic inequalities
- ❏ nation/community/family building

Providing information

- ❏ Institute vigorous multi-media campaigns to educate children and adolescents about substance use, taking care to include them in the planning and implementation of such efforts
- ❏ Use counter-advertising to challenge some of the myths propagated by advertisers
- ❏ Include a focus on drinking and driving in education programmes
- ❏ Educate parents, teacher and other adults close to children and adolescents of the importance of not explicitly or implicitly condoning cigarette smoking, inappropriate alcohol use of illicit drugs
- ❏ Prioritise children and adolescents at particular risk in education programmes, such as:

    - pregnant adolescents
    - sex workers
    - homeless children and adolescents
    - children of people who have substance-related problems

- ❏ support the work done by faith based organisations, NGO's and CBO's in educating children and adolescents about substance abuse
- ❏ ensure drug awareness and knowledge are included in the school syllabus
- ❏ identify and where necessary develop accessible and informal information material
- ❏ involve community structures and social institutions in prevention endeavors

Building skills

- ❏ ensure that the social skills that are particularly relevant for substance use are included in existing life skills programmes.

Counselling

- ❏ improve the substance-related component in the training of people who are already counselling children and adolescents
- ❏ improve availability of substance-related counselling services at key sites (e.g schools, health facilities, prison, streets)

❏ increase the availability of telephone hotlines in all officials languages
❏ support self-help groups and families of children and adolescents with substance use problems

Access to health services

❏ improve training of health personnel (especially nursing staff) in the detection, diagnosis, and management of patients suffering from substance abuse, both in their specialised professional training and their continuing professional development
❏ ensure that the management of children and adolescents people with substance-related problems is integrated into primary health care services
❏ improve the consultation and liaison support in the field of substance abuse and dependence available to health workers at primary level
❏ improve the capacity of the health services to offer detoxification and out-patient treatment services
❏ increase the number of day and in-patient programmes for children and adolescents with substance-related problems
❏ ensure that health services with the above characteristics are available in key sites such as prison and health services at tertiary educational institutions
❏ improve the detection rate for alcohol and other drug abuse at antenatal clinics, and provide the appropriate services to reduce the incidence of foetal alcohol syndrome
❏ conduct and facilitate credible research projects to inform preventive initiatives

7.2 Child and adolescent abuse

Child (and adolescent) abuse is a form of violence. It refers to physical or mental injury, sexual abuse, negligence or maltreatment of a child or adolescent. Abuse could be caused by another child or adolescent and/or by a person who is responsible for the welfare of the child or adolescent. The term abuse therefore can also be interpreted as the misuse of power by a more powerful peer or older person, as well as the betrayal of the trust that the child or adolescent may have in other people. Children and adolescents who have been physical abused are usually left with feelings of worthlessness and unimportance. Possible intervention strategies include the following

Creating a safe and supportive environment

❏ provide marriage guidance counselling and family therapy to improve family stability
❏ meet the basic physiology and emotional needs of the child beginning from infancy
❏ ensure availability of social, community and health resources
❏ reduce alcohol and drug abuse
❏ provide shelter for abused children and adolescents
❏ create violence free environments in schools
❏ encourage safe weapon storage at home
❏ create local group-based support for parental, societal and economic empowerment opportunities for women with children
❏ utilise the Child-to-Child approach and strategies to encourage peer support for behavioural change and support seeking by children and adolescents.

Providing information

❏ educate parents about non-violent disciplinary techniques
❏ use the mass media to convey information such as how to identify possible cases of child or adolescent abuse and where to go for help if such abuse is detected.

Building skills

❏ Introduce programs that address issues such as the promotion of positive interactions between mothers/caregivers and their infants and anger management and conflict resolution

Counselling

❏ train primary health care practitioners and educators in basic counselling skills and trauma support
❏ ensure that children and adolescents who suffer from post traumatic stress disorder receive, in addition to other treatment approaches, counselling from a professional who has the appropriate training and experience
❏ ensure that the family context is addressed when counselling children or adolescents who have been the victims of abuse

Access to health services

❏ give particular attention to parents who are at risk of abusing their infants, for example, by ensuring more requent clinic visits or home visits both before birth the and after train health

professionals in the identification,management and referral of victims, both from the physical and psychological points of view

❑ ensure where possible that referral pathways for themanagement of victims of abuse at the secondary and tertiary levels of care are in place

❑ foster constructive and cooperative relationships between the public health service and NGO's working in the field of child and adolescents abuse

7.3 Children and adolescents with intellectual disability

An intellectual disabled person is a person with significant sub-average general intellectual functioning accompanied by impairment in adaptive and social functioning, as a result of delayed mental development, or brain injury incurred at any stage during the developmental years. Intellectual disability is a lifelong condition, which impacts on the quality of life of the individual and his or her support network in society. There are four degrees of severity, reflecting the degree of intellectual impairment: mild, moderate, severe and profound. Intellectual disability is a lifelong problem for the individual, family and the society.

The focus of services should be on promotion of efforts aimed at both prevention and treatment of intellectual disability with the long-term goal of reducing the prevalence of intellectual disabilities. Primary prevention should focus on the reduction of new cases. Secondary prevention should focus on keeping the psychological effects on the family from becoming prolonged and debilitating. Tertiary prevention to focus on the stimulation, rehabilitation and reducing the effects and adverse consequences of the disorder on the affected individual.

The following intervention strategies should be considered.

Creating a safe and supportive environment

❑ ensure that an intellectual disabled child or adolescent is In the hands of an effective carer;

❑ Where possible, ensure that the natural parents are the primary caregivers for intellectually disabled children and adolescent

❑ provide ongoing emotional and (if necessary) material and human resource support for the parents and other caregivers

❑ provide a stimulating environment to enhance the development of the child

❑ provide institutions for care and rehabilitation where home care is not feasible

❑ provide special classes in normal schools and special schools for intellectual children and adolescents

❑ provide genetic counselling services for at risk parents

    ❏   provide counselling services for parents and siblings of an intellectually disabled child

    ❏   provide parents with a platform to share their experiences

    ❏   provide community based facilities for the care and rehabilitation where family care is not feasible

Providing information

❏ Provide parents and other caregivers with information on topics such as the causes and clinical features of intellectual disability and the available sources of help such as health, occupational, rehabilitation and social welfare services.

Building skills

❏ Build the skills of parents, caregivers and day-care teachers to provide training for the child or adolescent regarding aspects such as the development of gross and fine motor skills, and recreational and occupational skills

❏ Assist intellectually disabled children and adolescents to develop to their maximum potential.

Counselling

❏ Refer parents to genetic services for genetic counselling, mainly for support and provision of information for the prevention of intellectual disability to provide ongoing counselling for parents and caregivers

❏ Provide access to ongoing supportive counselling for parents and caregivers.

8. CONCLUSION

The policy guidelines for Child and Adolescent Mental Health are a framework to assist the health care professionals at all levels of health care, to devise integrative strategies for providing mental health services to children and adolescents within the Primary Health Care system.

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