SA Federation for
Mental Health

"YOUNG PEOPLE AND MENTAL HEALTH IN A CHANGING WORLD - SNAPSHOTS AND SOLUTIONS"

OCTOBER 2018

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1. INTRODUCTION

For World Mental Health Day on the 10th of October 2018, the World Federation for Mental Health (WFMH) has elected to adopt the theme of "*Young people and mental health in a changing world*." The South African Federation for Mental Health (SAFMH) has also resolved to adopt this theme and, in addition, to utilise it for Mental Health Awareness Month which runs from the 1st to the 31st of October each year.

In support of the theme, SAFMH has decided to conduct an in-depth study on the subject. This decision was taken with a view to provide details into the overall picture as to how young people in South Africa are situated and to highlight how their plight may be ameliorated. This is a desktop study with research drawn from a multitude of different sources such as journal articles, other studies, the media and from online sources from reputable organisations such as the World Health Organisation and various United Nations agencies. This study aims to discuss a range of issues affecting young people in the modern world, with the goal that awareness be raised in this regard, utilising the findings of the study. Childhood and young adulthood can be bewildering times, with many new experiences and new issues being brought to the attention of the young person. This study will aim to expose and discuss these issues.

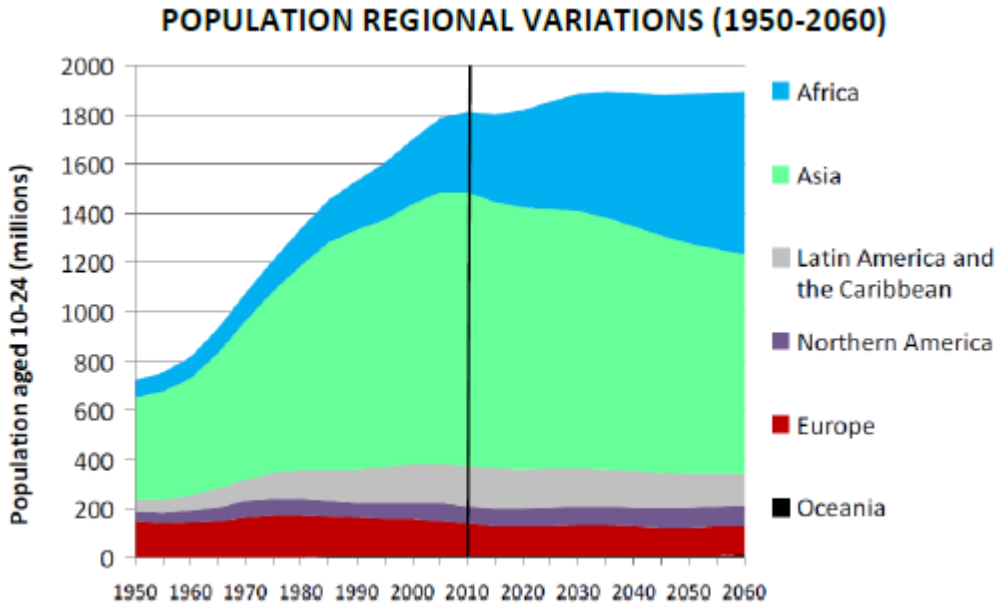
In its lead-up to World Mental health Day, the World WFMH has articulated the following:

> *Imagine growing up in our world today. Constantly battling the effects of human rights violations, wars and violence in the home, schools and businesses. Young people are spending most of their day on the internet – experiencing cyber crimes, cyber bullying, and playing violent video games. Suicide and substance abuse numbers have been steadily rising and LGBTQ youth are feeling alone and persecuted for being true to themselves. Young adults are at the age when serious mental illnesses can occur and yet they are taught little to nothing about mental health*.[i]

Before coming to the contents of this study, it is necessary to establish <u>who</u> a young person is, <u>how</u> they exist demographically, the <u>nature</u> of the construct of "*mental health*" and <u>how</u> mental health issues affect young people. According to the United Nations Population Fund:

> *While there are no universally accepted definitions of adolescence and youth, the United Nations understands adolescents to include persons aged 10-19 years and*

youth as those between 15- 24 years for statistical purposes without prejudice to other definitions by Member States. Together, adolescents and youth are referred to as young people, encompassing the ages of 10-24 years. Due to data limitations, these terms can refer to varying age groups that are separately defined as required.[ii]



***Source of graphical representation: United Nations Population Fund*[iii]

As can be seen from this representation, Africa is an extremely young continent, with its population of young people not set to significantly decline over the next 30 years. The sheer number of young people in the region exceeds other populations worldwide by far. In our view, this has the effect that issues affecting young people likely affect the continent to a far greater extent than others. Despite this, there is a dearth of datasets and statistics surrounding young people on the continent in general and, for the purposes of this study, their mental health specifically. This is problematic because it renders it impossible to identify the extent of the issues and, at times, the dominating issues themselves.

The World Health Organisation (WHO) defines mental health as:

> *…a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.*[iv]

Elsewhere, the WHO indicates that 10%-20% of all children and adolescents have some type of mental illness, with 50% of these disorders occurring by the age of 14 years and 75% by the age of 20.[v] The WHO further cites neuropsychiatric conditions as the worldwide leading cause of disability in young persons, and highlights that young people so-situated face challenges with both access to rudimentary basic services such as to education and health care as well as social challenges in terms of discrimination, isolation and stigma.[vi]

This represents an extremely high prevalence rate of mental health issues among young people and is a serious cause for concern. SAFMH reasons that the fact that many young people are not in a good state of mental health is compounded by the fact that the stressors in young people's lives in this day and age either cause the onset of mental illness, psychosocial disability or intellectual disability or worsen the symptoms. Every era has its own trials and tribulations- its own catalysts for mental health issues and this is important to explore.

The intention of this study is thus to raise awareness surrounding the changes in the world today and their impact on mental health. Every person is unique and processes challenges differently. But many issues are ubiquitous, prolific and pernicious, and affect many young people in South Africa. The issues that have been selected by SAFMH as focal points for this study are by no means exhaustive, but they are an attempt to flag some of the changes and resultant challenges in the world that affect young people the most. The issues identified can essentially be divided into two groups- 1) those aspects impacting on mental health of young people stemming from modern-day innovations and 2) those surrounding the phenomena emanating from societal pressures and stressors.

This study will be organised according to the different phenomena affecting the mental health of young people in the changing world in which we live, as chosen by SAFMH. It will examine each of these, considering the reasons <u>why</u> they exist and the <u>impact</u> they have. The study is aimed at raising awareness of these issues, with a view to create a call to action on the part of all relevant role players. The following key issues have been identified and chosen for SAFMH's study:

1. Social media, its pressures, cyberbullying and gaming
2. Self-harm and suicide
3. LGBTI issues
4. Substance abuse
5. Poverty, Inequality and Unemployment

6. Basic Education
7. African Culture and Western Psychiatry
8. Environment
9. Family life
10. Young People and Politics
11. Crime
12. HIV/Aids
13. Racism
14. Stigma

Subsequent to discussions about these issues, suggestions of a way forward in respect of each issue will also be provided to highlight SAFMH's specific perspectives and recommendations pertaining to each.

SAFMH recognises that the issues affecting young persons' mental health in the world today are vast and far-reaching, and interrogating each and every potential challenge would be virtually impossible in a study of this sort. This study therefore serves as a quick snapshot into extremely complex issues which can be damaging, even fatal, to young people. But importantly, it also isn't all doom and gloom. There are many positive flipsides to growing up in this day and age. For example, there is access to more information than ever before and young people, armed with knowledge, can overcome many challenges. Knowing what support is available out there can also instil a great deal of hope on the part of young people- they can become filled with the idea that there exists the possibility of their transcending the negative circumstances this study will discuss. The study will therefore attempt to encapsulate these positives too.

It is the intention of SAFMH that this study will be a tool for a spectrum of stakeholders; an information resource and a guide for those wanting to know more about the given topic. While the discussions contained herein may be only short snapshots and much, much more research would be needed in order to interrogate the issues fully, it is hoped that it will bring the various issues to light for the reader and prompt them to find out more about each, specifically in terms of how these might affect them personally and / or professionally.

2. SOCIAL MEDIA, ITS PRESSURES CYBERBULLYING AND GAMING

According to anthropologists at University College London (no date):

> *Social media [is defined as] technology that affords 'scalable sociality'. By this we mean that social media provides greater control in communication over both the degree of privacy and size of group, when compared with previous forms of communications media.*[vii]

They indicate elsewhere that the advent of social networking sites came about in platforms such as QZone, Friendster and Facebook. These sites were provided with the capability to broadcast information to a specified group instead of simply to the general public- a form of downscaled public broadcast. Recent kinds of social media, such as Whatsapp, have the opposite effect, as it takes forms of communication that were generally private (such as messaging and telephoning) and scales them up, making them more public. It is frequent now that people utilising these networks form into groups, although generally smaller than the sites like Facebook *et al*. Importantly, there is equality in terms of who can post within these groups.[viii]

The introductory section of this piece discussed the positive aspects surrounding young people's modern-day living. Innovations like social media can indisputably have an extremely positive impact on young people, particularly those who have or at risk of mental illness, psychosocial disability or who have an intellectual disability. Of people with mental illness, Naslund, Aschbrenner, Marsch and Bartels (2016) report that interactions online create greater social connectedness when personal coping strategies and stories are shared with others. This is a means through which social stigma can be challenged as it is empowering and provides individuals with a sense of hope. Social media may also have the effect that individuals with these conditions could access interventions which incorporate support on a mutual basis and help promote engagement with treatment on a broader scale than if simply conveyed to a single individual. These authors in fact articulate that the benefits of utilising peer to peer support networks through social media outweigh the risks thereof. [ix] While this is drawn from a discussion about mental illness specifically, according to SAFMH there is no

reason why mental health care users with intellectual disabilities who are able to use social media should not benefit in the same way provided that they have an understanding of the risks of social media.

Social media is also a mechanism through which young people can maintain contact with each other and with people older than them, even if they are physically far apart. It is submitted that this is undeniably positive because the feeling of missing someone can naturally catalyse great angst; something which may serve as a stressor plainly leading to the emergence of or worsening of mental health issues. It follows naturally that maintaining contact with someone can assist a person with a mental illness, psychosocial disability or intellectual disability in maintaining stability in their lives because having a person to connect with, perhaps even on a daily basis, may be comforting, and sharing information with them could make one feel appreciated. This talks to the concept of peer support networks outlined previously.

While the positive attributes of social media are thus undeniable, there also exist negative features. These will now be discussed.

According to Andreassen, Billieux, Griffiths *et al* (2016), there is an increasing body of research highlighting the addictive nature of social media. They describe a nexus between this trend and comorbid psychiatric disorders. In a survey conducted by these authors, it was found that age was "inversely related" to overuse of this technology, that being female contributed to their overuse as did not being in a relationship.[x] Andreassen, Pallesen and Griffiths (2016) set forth that there exists a link between social media addiction and what they term "higher narcissism" as well as to low self-esteem[xi]. The meaning we derive from this is that it affects how young people see themselves and consequently how they relate to the world around them.

Indeed, the amount of time young people often spend on social media can be problematic. This is especially true because of all of the other things in their lives that could stand to be neglected. With school, work and interpersonal relationships slipping down the agenda in the name of *likes*, *shares* and *clicks*, it is worrying that so much time is spent on these platforms. In fact, according to Social Media Today, teenagers spend up to 9 hours a day on various types

of social media and 30% of all time that people spend online is constituted of social media, interaction with 60% of this being spent on a mobile device.[xii]

According to SAFMH and as is well-known, social media also comes with pressures. People often post almost exclusively happy moments, making it appear that their lives are going particularly well. Indeed, this may sometimes be the case, but often it is a fleeting or staged moment not representative of their complete reality. This might in turn inspire jealousy or an inferiority complex on the part of people whose lives are not going particularly well. It can make one feel as though they cannot compete, and the nature of what is posted can *make* it appear as a competition. A simple matter of "keeping up with the Joneses," so to speak, can quickly escalate into great feelings of insecurity and hopelessness on the part of the person trying to keep up. This can become a descent into something which is undeniably bad for a person's mental health. The Guardian discusses how this "*perfect life*" phenomenon is particularly concerning in young girls. It discusses the impossible standards to which this demographic has to live up and the need to project your "*best self*." It discusses the editing of photographs to make life appear better than it actually is, and people going with low or no privacy settings to get more likes.[xiii] Ultimately we reason that these practices prevent young people from being themselves and forcing themselves into a social convention into which they most likely do not belong. This is patently damaging especially since young people are at an obviously vulnerable age and are still attempting to discover who they actually are.

Social media also renders young people vulnerable to what is known as *cyberbullying*. The Cyberbullying Research Center defines this practice as "*wilful and repeated harm inflicted through the use of computers, cell phones, and other electronic devices*." It provides that the behaviour must be deliberate, that it must be repeated, that the person who is a target must perceive that harm had been committed against them and that it must be committed via an electronic device (differentiating it from traditional bullying).[xiv] According to a global online study conducted by YouGov (2015), it was found that over 60% of teens in South Africa found cyberbullying worse than face to face bullying and that one fifth of teens involved in the survey of all of the chosen countries in all had been cyberbullied at some stage.[xv] A broad spectrum of sources link cyberbullying to depression, self-harm and suicide among young people.[xvi]

Recent years have seen an explosion in the gaming industry. Techopaedia, a popular source of information surrounding technology and technological advancements, indicates that:
Gaming refers to playing electronic games, whether through consoles, computers, mobile phones or another medium altogether. Gaming is a nuanced term that suggests regular gameplay, possibly as a hobby. Although traditionally a solitary form of relaxation, online multiplayer video games have made gaming a popular group activity as well.[xvii]

According to the Video Games Coalition (a lobbying group in the industry) (2018), the products of their constituents were utilised by over 2 billion people on various devices and platforms and across different genres. It highlights that the "*educational, therapeutic and recreational*" value of the games is widely recognised.[xviii] Indeed, playing these games can promote skills like problem-solving and can serve as a form of catharsis or a means to relax, but what of instances where a person begins to enjoy them too much, where the practice of gaming is no longer just an act of recreation but becomes an imperative? This is, in fact, a problem that was escalated to the WHO, which made the decision in 2018 to include gaming addiction in its resource, the International Classification of Diseases-11 (ICD-11). The WHO sets out that:

> *Gaming disorder is defined in the draft 11th Revision of the International Classification of Diseases (ICD-11) as a pattern of gaming behavior ("digital-gaming" or "video-gaming") characterized by impaired control over gaming, increasing priority given to gaming over other activities to the extent that gaming takes precedence over other interests and daily activities, and continuation or escalation of gaming despite the occurrence of negative consequences. For gaming disorder to be diagnosed, the behaviour pattern must be of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning and would normally have been evident for at least 12 months*.[xix]

Griffiths (2018), an individual who had researched the construct of gaming disorder for decades, discussed, however, that the amount of individuals suffering from this disorder was

likely less than 1% of individuals who played video games - an extremely small proportion, and that many of those who are addicted to gaming would have underlying issues, for instance autism or mental illnesses such as bipolar disorder or depression.[xx]

The uncomfortable pendulum swing of good and bad influence of social media and gaming presents an uneasy juxtaposition. Pressed up against each other and almost inextricable, the positives and pitfalls are far too close together for young people, those who are a part of their lives, those monitoring their safety and those responsible for upholding their rights to rest on their laurels. Constant vigilance is required to ensure that a young person remains safe on these platforms or the consequences can be dire.

3. SELF-HARM AND SUICIDE

According to Borschmann, Aggarwal and Patton (2018):

> *Self-harm refers to any intentional behaviour that causes damage, mutilation or destruction of the body without suicidal ideation. This can include cutting, overdosing, burning, scalding, swallowing dangerous objects or substances, picking or scratching, biting, hair pulling, head-banging or bruising.*[xxi]

According to these authors:

- Approximately 10% of young people living in high-income countries reported that they have self-harmed, with cutting cited as the most common form, then poisoning or overdosing.
- While low and middle countries have not been studied to as great an extent, the available evidence suggests that the issue may affect young people equally, if not more prevalently. A systematic review of this phenomenon was done in such States, and it was reported that 15-31% of people between the ages of 12 and 25 years had self-harmed.[xxii]

The Royal College of Psychiatrists discusses which individuals are most at risk of self-harm. It indicates that this practice happens most often in “young women, prisoners, asylum seekers

and veterans of the armed forces, gay, lesbian and bisexual people, a group who self-harm together;…[where there are] relationship problems with partners, friends and family, [by] being unemployed, or having difficulties at work.[xxiii]

The College also discusses what leads to people self-harming. Their propositions include:

- Physical or sexual abuse
- Feeling depressed
- Feeling bad about yourself
- Relationship problems with your partners, friends and family
- Being unemployed or having difficulties at work[xxiv]

It states that a person may be more likely to harm themselves if they:

- [Feel] that people don't listen to you
- Hopeless
- Isolated, alone
- Out of control
- Powerless- it feels like there is nothing you can do to change anything[xxv]

The United Kingdom's National Collaborating Centre for Mental Health (2004) states that self-harm is more common in people who come from the lower socio-economic strata and that it is more prevalent among those who have suffered adverse life events like victimisation, sexual abuse or relationship problems. In its publication, the Centre reveals that in a British sample survey, people with mental illnesses were 20 times more likely to self-harm, particularly those with psychotic or phobic disorders. According to the Centre, there are also psychological characteristics that are common among self-harmers, including poor problem-solving skills and impulsivity. There is, it explains, also a nexus between self-harm and substance abuse, with substance abuse being both a form of self-harm as well as a risk factor, making people more impulsive and thus more prone to committing such acts.[xxvi]

Turecki and Brent (2016) define Suicide as "a fatal self-injurious act with some evidence of intent to die. They define a suicide attempt as a potentially self-injurious behaviour associated with at least some intent to die."[xxvii]

Statistics on suicide note that:

- Some 800 000 people, according to the WHO (2018) die on account of suicide on an annual basis.[xxviii] This amounts to one individual every 40 seconds.[xxix]
- Accounting for 1.4% of all deaths across the world, suicide is ranked the 18th leading cause of death according to the WHO (no date).[xxx]
- Among 15-29 year olds, suicide is however the 2nd leading cause of death according to the WHO (2018).[xxxi]
- In its analysis, the WHO also discusses the prevalence of suicide at a global level, and highlights that 79% of suicides took place in low and middle income countries in 2016[xxxii]- a fact that should be of great concern to South Africa as it falls into the latter of the two categories.
- The WHO highlights that for every completed suicide, there may be over 20 attempted suicides.[xxxiii]
- Ingestion of poisonous substances such as pesticides, use of firearms and hanging are the most common methods of suicide on a global scale, according to the WHO (2018)[xxxiv]

NGO Pulse (2008) describes reasons why young people might commit suicide in South Africa. It highlights that there are several risk factors predisposing this demographic to engaging in this act. It states that depressive disorders - often combined with substance abuse, other psychiatric disorders and anxiety disorder - contribute to suicide figures among the South African youth. It highlights the culture of violence in South African society, as well as pressures emanating from matric exams, and the fact that young people might not always be taken seriously if they indicate suicidal ideation.[xxxv]

The National Institute for Mental Health's Information Resource Centre published a factsheet for the WFMH in 2018 The Factsheet is concerned with suicide prevention. One of the aspects

the factsheet covers is examples of signs and symptoms of someone thinking about suicide. Some of these include:

- Talking about wanting to die or wanting to kill themselves
- Talking about feeling empty, hopeless or having no reason to live
- Talking about guilt or shame
- Talking about feeling trapped or that there are no solutions to their problems
- Feeling unbearable pain (emotional or physical pain)
- Talking about being a burden to others
- Using alcohol or drugs more often
- Acting anxious or agitated
- Withdrawing from family and friends
- Changing eating/sleeping habits
- Showing rage or talking about seeking revenge
- Taking great risks that could lead to death, such as driving extremely fast
- Displaying extreme mood swings, for example suddenly changing from very sad to very happy
- Giving away important possessions
- Saying goodbye to friends and family[xxxvi]

While self-harm is non-suicidal in nature, there exists a proven link between this practice and suicide. According to Whitlock, Minton, Babington and Ernhout, these parallels are because of common risk factors such as *"history of trauma, abuse or chronic stress; high emotional perception and sensitivity; few effective mechanisms for dealing with emotional stress…history of alcohol and substance abuse; presence of depression or anxiety [and] feelings of worthlessness."*[xxxvii] These authors answer the question as to whether self-harm can lead to suicidal ideation. They state that while there is no direct causal link between the two phenomena, self-harming *"lowers the inhibition to suicide since it provides practice damaging the body."*[xxxviii] They also, however, indicate that self-harm is usually used as a coping mechanism directed at the preservation and enhancement of life, as opposed to ending it.[xxxix]

Proclivities such as self-harm and suicide, we have noticed through our work are dangerous trends that are becoming increasingly prevalent. Our society appears to be a mixing pot for self-deprecation, leading young people to feel as though they have nowhere else to turn. With the mushrooming issue of alcohol and drugs, lack of psychosocial support to young people vulnerable to self-harm and suicide and violence and trauma the order of the day within our prolifically violent South Africa- some of which will be discussed below- there is much to do and much to work towards in order to solve these problems.

4. LGBTI issues

The acronym "*LGBTI*" stands for "*lesbian, gay, bisexual, transsexual and intersex*." International NGO Freedom House explains briefly the issues faced by such individuals in society:

> *Lesbian, gay, bisexual, transsexual and intersex (LGBTI) people around the world face discrimination, persecution and violence simply for expressing who they are…For many, the violence begins at home, in classrooms and halls of schools, at the workplace and in the streets.* [xl]

As framed by the WFMH, youth is a time where people typically explore their sexual identity, which can result in changes to their perceptions, their relationships and also their stability.[xli] Unfortunately, as shown above, this is not always met with a positive response. Saewyc (2018) highlights that the stigma encountered by LGBTI adolescents contributes to mental health issues such as anxiety and depression. In the countries that have been studied thus far, it has been reported that this segment of the population has between two and eight more times the chance of self-harming and suicidal thoughts and attempts as those who are cisgender or heterosexual.[xlii]

In our view, it goes without saying that stressors and trauma contribute to poor mental health and can lead to the onset or worsening of poor mental health among young people. The fact that the formative years are where both mental health issues as well as sexual identity

typically unveil themselves places young people in a difficult position because of the emergence of such a confluence of emotions and associated challenges. This compounded vulnerability can be very dangerous for any person, let alone someone of such a tender age.

5. SUBSTANCE ABUSE

The WHO indicates that:

> *Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substances can lead to dependence syndrome- a cluster of behavioural, cognitive and psychological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than other activities and obligations, increased tolerance and sometimes a physical withdrawal state.*[xliii]

Statistics on substance abuse indicate that:

- Approximately 275 million people aged 15-64 years of age used drugs at least once during 2016. That is 5.6% of the world's population[xliv]
- 50% of young people who begin and continue smoking will die from a tobacco-related illness.[xlv]
- An estimated 150 million young people make use of tobacco.[xlvi]
- Globally, one in every ten girls of 13-15 year of age and one in every five boys in this age group use tobacco[xlvii]
- Worldwide, the vast majority of smokers start smoking when they are adolescents.[xlviii]
- Worldwide, 5% of all deaths people between 15 and 29 years of age are caused by alcohol use.[xlix]
- Alcohol use begins early: 14% of teenage girls and 18% of boys aged 13–15 years in low- and middle-income countries reportedly drink alcohol.[l]
- Cannabis is the most common drug used by young people.[li]

- Cannabis use leads to poor school performance, especially in mathematics. Frequent and heavy use of marijuana during adolescence can catalyse a drop in IQ of up to 8 points.[lii]
- According to the United Nations Office on Drugs and Crime in 2016:
    - 192 million people used cannabis
    - 21 million people used ecstasy
    - 19 million people used opiates
    - 34 people used amphetamines and prescription stimulants
    - 18 million people used cocaine[liii]

According to the United Nations Office on Drugs and Crime, rates of drug use are highest among young people.[liv] Early to late adolescence is regarded in most research as a "*critical risk period for the initiation of drug use*," with drug use generally peaking between the ages of 18-25 years.[lv] Reasons, it states, that young people make use of substances vary, with substances in some instances being used as a means of recreation and in other cases as a form of escapism.[lvi] The office highlights that three sets of factors can serve as determinants as to whether a young person will use substances in a harmful fashion – 1) personal level, 2) micro level and 3) macro level:

- **Personal** level refers to aspects such as behavioural and mental health. (We reason here that this refers to rebellion and irresponsibility).
- **Micro** level to aspects such as parental and family functioning
- **Macro** level to aspects such as physical and socioeconomic environment.[lvii]

No sole factor is a catalyst for substance use and it is a combination of both risk factors and absence of protective factors that determine whether a young person will use substances or not.[lviii]

The Canadian Centre on Substance Abuse discusses the "*collision*" of substance abuse and mental illness. It discusses how these two issues may exist independently (co-morbidly) or how one might lead to another. How substance abuse and mental health problems are related to one another is dependent on how severe the mental health problem is, the particular substance(s) used and how severe the substance abuse problem is. The links, the Centre

states, are explicable through analysis of risk factors and protective factors (as set out above). Often, the link mental illness has to substance abuse is that individuals turn to substances in order to self-medicate. It is a frequent phenomenon too that substance abuse can lead to changes in a person's life that cause a prolonged sense of distress, thus catalysing mental illness. The Centre articulates further the need for prevention and early intervention to stop substance abuse before it becomes a problem.[lix]

We therefore find that substance abuse can have a profound effect on a person's life. It can destroy relationships, lead to attrition from school, work and other activities. This is the same for mental health issues. In an era where the demand for rehabilitative service far exceeds the supply, it is challenging to overcome either of these issues. Despite this, what is important to remember is that it is not impossible to see improved outcomes for individuals so-situated. The onus here is two-fold. Young people have to be willing to seek help and duty bearers have to be willing to provide the help needed. In addition, family, friends and the broader community need to work together to support young people with substance abuse problems. It is also vital, in our view, that any extant stigma surrounding these issues by dispelled. This is a tall order, but something that needs to be done in order to ensure that substance abuse does not lead to further death and destruction.

6. POVERTY, INEQUALITY AND UNEMPLOYMENT

Poverty, inequality and unemployment are all determinants of a person's quality of life. It follows naturally that if a person suffers extreme hardships that it will negatively impact on their mental state. The following will set out the impact of each of these factors in turn.

According to the United Nations (no date):

> *Fundamentally, poverty is a denial of choices and opportunities, a violation of human dignity. It means lack of basic capacity to participate effectively in society. It means not having enough to feed and cloth[e] a family, not having a school or clinic to go to, not having the land on which to grow one's food or a job to earn one's living, not having access to credit. It means insecurity, powerlessness and exclusion of individuals,*

> *households and communities. It means susceptibility to violence, and it often implies living on marginal or fragile environments, without access to clean water or sanitation.*[lx]

The United Nations Children's Fund (UNICEF) reported on the number of children (aged 0-18) living in extreme poverty in 2016. It indicated that 50% of children in the sub-Saharan African Region were living in this state.[lxi] It revealed that 19.5% of children living in developing countries survived on an average of $1.95 per day.[lxii]

According to a 2018 report by the World Bank, over 75% of South Africans had "*slipped into poverty*" between 2008 and 2015, with 50% of South Africans being considered "*chronically poor*" in this period [lxiii]

According to Afonso, LaFleur and Alarcón (2015):

> *Inequality—the state of not being equal, especially in status, rights, and opportunities —is a concept very much at the heart of social justice theories. However, it is prone to confusion in public debate as it tends to mean different things to different people. Some distinctions are common though. Many authors distinguish "economic inequality", mostly meaning "income inequality", "monetary inequality" or, more broadly, inequality in "living conditions". Others further distinguish a rights-based, legalistic approach to inequality—inequality of rights and associated obligations (e.g. when people are not equal before the law, or when people have unequal political power).*[lxiv]

A formula used to calculate income inequality is the Gini-Coefficient. The Gini-Coefficient, according to Creamer (2018), is *"[ranges] from 0 to 1, with 0 representing a perfectly equal society and 1 representing a perfectly unequal society*." Essentially what is refers to is the difference between the poor and the rich in a given state. The most recently released World Bank figure for South Africa is a Gini-Coefficient of 0.63, the highest in the world.[lxv]

We note that people living at the bottom end of the scale in South Africa cannot access the same services as those from the upper strata. This discussion will examine how the mental health of young people living this bracket is affected.

According to the South African Human Rights Commission (2014), a phenomenon known as "*poverty traps*" entails "*any self-reinforcing mechanism that causes poverty to persist*."[lxvi] The Commission states that while there has been a decline in child poverty, aspects such as poor education and a lack of proper parenting means that:

> *Many children still remain in the grip of poverty and there is little evidence that this situation is improving. The spatial distribution of poverty has also not changed much since the political transition with poverty being particularly prevalent in the regions that were part of the former homelands.*[lxvii]

According to researchers at Cornell University (2017), children who grew up in poverty were more prone to aggressive and antisocial behaviours such as bullying and to feel powerless. The researchers in this study indicated that these problems were likely to stem from stress on the part of the children as well as the families - a cumulative exposure of risk.[lxviii]

According to Evans, if a person is born poor, *"[they] are on a trajectory to have more of these kinds of psychological problems*." [lxix] Also, it follows naturally that poverty, as with any troubling circumstances can also worsen existing mental health issues.[lxx]

The World Health Organisation makes further propositions surrounding the nexus between poverty and mental health. It cites in a factsheet that:

- *Common mental disorders are about twice as frequent among the poor than among the rich*", with people in the throes of hunger, overcrowded households or debt more likely to encounter mental health issues.
- People living in poverty are eight times more likely to suffer from schizophrenia.[lxxi]

Poor mental health can also lead to poverty. As found by Harvard University (2017):

> *"Mental illness is…cited as a major cause of homelessness, illustrating a causative relationship that exists beyond mere correlation. Unsurprisingly, mental illnesses can strain relationships with others, disrupt capabilities of self-care, and interrupt the routine of a daily job, which are all factors that can lead to homelessness."*[lxxii]

As seen above, the vicious cycle of poverty and mental illness is dangerous and undeniable. Caught in the clasps of poverty or devolving into poverty, people, especially the young, may often feel that they have nowhere to turn. With high rates of poverty and a lack of systemic intervention, it is difficult to see how this problem can be resolved. This is compounded by the high rates of unemployment that will now be discussed.

Unemployment is an ever-concerning phenomenon affecting millions of people in South Africa and the world over. StatsSA (2018) has indicated that:

> *The South African youth are still vulnerable in the labour market. Youth unemployment, however, is not unique to South Africa; it is a global phenomenon. According to the International Labour Organization (ILO), there are about 71 million unemployed youth, aged 15–24 years, globally in 2017, with many of them facing long-term unemployment… South Africa's unemployment rate is high for both youth and adults; however, the unemployment rate among young people aged 15–34 was 38.2%, implying that more than one in every three young people in the labour force did not have a job in the first quarter of 2018.*[lxxiii]

Indeed, unemployment accounts for a good deal of problems within our society. In 2012, De Witte, Rothmann and Jackson (2012) wrote on the psychological effects of unemployment. They described its effects as inducing "*boredom, loneliness, uncertainty about the future, concerns about financial matters, emptiness and conflict*." The participants in a survey undertaken by these authors revealed that 69% of participants regarded work as being of particular importance because of the meaning it provides.[lxxiv] Unemployment also drives people with mental illnesses deeper into poverty, according to the World Health Organisation, preventing them from being able to access the treatment that they need.[lxxv]

People with mental illnesses, it indicates, may also be denied work opportunities; a further determinant of their financial status.[lxxvi]

As can be seen above and in our view, poverty, inequality and unemployment are inextricably linked and all profoundly impact upon the lives of young people. Whether it be the strain these phenomena place on the family of a young person (with the resultant stressors having a more indirect effect on the young person), to instances where the young person themselves is out in the world caught in a poverty trap, unemployed and subject to the perils of a society where they cannot access what they need- these issues have a monumental impact on individuals so situated and these issues cannot be ignored. Intervention is urgently required in order to address this.

7. BASIC EDUCATION

According to Simbo (2007), the definition of basic education remains contested ground. It is unclear whether it refers to mere compulsory attendance at school for a certain number of years or if it has something to do with the quality of education. He submits that it is the latter that ought to be considered.[lxxvii] It is the SAFMH's submission that the right to basic education is comprised of both elements and that it continues from Grade R to Grade 12.

Basic education is one of the rudimentary human rights espoused in the South African Constitution.[lxxviii] Time after time the need to prioritise this entitlement has been enumerated.[lxxix] Unfortunately, it remains one of the most neglected areas, with millions of children receiving substandard services. Poor education can have devastating effects, putting young people on a back-foot that will haunt them for the rest of their lives. An example of this is the causal link between poor education and systemic poverty.[lxxx] The Constitution clearly states that *"everyone"* has the right to basic education.[lxxxi] Despite this, as demonstrated below, there remain many children who are excluded. Children with disabilities are one of the core groups in this regard.

In 2015, Human Rights Watch published a study called "*Complicit in Exclusion*", which estimated that over half a million children with disabilities were out of school.[lxxxii] In 2016, it was reported by Human Rights Watch that the number, in fact, stood at 600 000.[lxxxiii] Despite various iterations by government that inclusive education is a priority, such children remain in peril, with many of them never seeing the inside of a school.

In 2001, Education White Paper 6 on Special Needs Education: Building an Inclusive Education and Training System came into operation. [lxxxiv] This instrument set out a roadmap outlining how South Africa was to improve access to education for children with disabilities, with a view to their constitutional right to basic education being realised. There is very little evidence of adequate implementation of this policy, as evidenced by the number of children not going to school at all. Human Rights Watch (2015) also points out that children not going to school is not the only problem, it is also the lack of adequate services while they are there. It highlights that there exist:

- Discrimination due to a lack of reasonable accommodation in schools
- Discriminatory fees and expenses
- Violence, abuse and neglect in schools
- Lack of quality education
- Lack of preparation for life after basic education[lxxxv]

From experience we have seen that young people with mental illnesses and psychosocial and intellectual disabilities often bear the brunt of this exclusion because little is known about how to accommodate them. Indeed, there is generally no mention made in the literature as to how to do this for them at all. The frustration of not being able to learn properly, compounded by their existing challenges can only negatively affect their mental health. Children with intellectual disabilities must also face equal frustration. Policy may highlight their plight a little more than it does children with mental illness and psychosocial disabilities, but the lack of available services place them in just as precarious position. In short, despite the advent of democracy, the new policies and laws, the lot in life hasn't improved much for these young people as far as education is concerned.

Something that profoundly affects the mental health of young people is exam stress. According to Singh, Goyal, Tiwari *et al* (2012):

> *Stress produces definable mental and physiological reactions in the body. Mild stress is beneficial in cognitive tasks and performance but persistently high stress may lead to neuropsychiatric illnesses like anxiety and depression.*[lxxxvi]

In South Africa in 2018 we learnt that that two matric pupils committed suicide after having found out their exam results.[lxxxvii] We view this as a tragic loss of life which ought never to have occurred. It is important that parents and educators are aware of the effects stress can have, not only on performance, but on the mind of the learner concerned. Placing too much pressure on young people to perform, we note, can have resoundingly and undue results, leading to catastrophe for the life of the young person. This is particularly true, we feel, of learners who have separate yet related difficulties such as mental illnesses or intellectual disabilities. Perhaps an upside to our present world is that these issues are a bit more talked about than they were in the past, making it easier for parents, loved ones, friends and other parties to understand the needs of the individual learner or student and to ensure that they are under a lesser degree of pressure than if left to stew in the mixing pot of despair if things do not go the way in which they would have wanted. It is also possible that knowledge of ways in which to accommodate learners with disability might play a role in decreasing stress, although, as demonstrated above, there is a woeful lack of these measures in place in schools.

Basic education is a difficult subject, and there is much to do before it can be said that the right is realised. Constant vigilance and the holding to account of duty bearers is necessary in order to ensure that this right is adequately respected and protected.

8. AFRICAN CULTURE AND WESTERN PSYCHIATRY

According to the United Nations Educational, Scientific and Cultural Organisation (UNESCO):

> *[culture] is that complex whole which includes knowledge. Beliefs, arts, morals, laws, customs, and any other capabilities and habits acquired by [a human] as a member of society.*[lxxxviii]

The research and analysis below will show that African culture may often have prolifically divergent views from that of modern western medicine, and though the latter has taken more of a hold in recent years, the conflict still remains prevalent. It is notably so in South Africa where young people face a conflict of ideas surrounding mental health. On the one hand, common knowledge tells us that the society in which they grow up is very westernised; from the schools, to systems of governance, to the structure of our economy, to the types of science that are propagated, the west has a considerable hold over young people. On the other hand it is well known that young African people have been raised with the ideology of their forebears, which is quite different.

The following will attempt to explain or shed some light on some of the existing conflicts. Importantly, no assumptions will be made as to whether western medicine and its ideas surrounding mental illness are correct or indeed whether African religious and cultural mores are the right approach. The only attempt that will be made is to set out some of the western ideology and contrast it with African beliefs. The purpose of doing so is to illustrate conflict, not to create it.

According to Mkize (2003):

> *International psychiatry has its roots in Anglo-European societies of the 19th century. Ideas and methods on mental health and illness grew out of the modern concept of disease that had consolidated in the early modern period. During the course of the 19th century and into the 20th century a medical, organic approach to mental illness evolved.*[lxxxix]

In contrast to this, Mkize (2003) discusses traditional kinds of psychiatry as being reflective of local beliefs surrounding human nature, and "*in many cultures this means that the close link*

between individuals, their ancestors and the spirit world." These are a component in the manner in which people are treated. The healing of patients has its basis in the "*establishment and maintenance of satisfactory relationships between these different elements- the present, the past and the spirit world*." On this basis, the patient does not see the illness as something that ought to be cured, but rather instead to be understood and acknowledged. In contrast to psychoanalysis, the African therapist sees the symptoms as a result of conflict between "*the patient and other individuals, dead or alive, spirits and the non-material forced that pervade society materially*."[xc]

It is clearly evident that these two schools of thought are very different, but are they mutually exclusive? Many think so. According to Watters (2011), "*things that could aid recovery in some cultures by supporting people in distress- [are] often ignored or dismissed by western professionals in favour of their own treatments, including pharmacological ones*."[xci] This leads to conflict and has the obvious capacity to strain relations between African traditional and western medical practitioners. It goes without saying that a polarisation between the western and the traditional could also stand to create a sense of stigma within a community when a person chooses what the community deems to be an unacceptable treatment option. It is unfortunate that these conflicts are inevitable in a society where people have different beliefs, but this uncomfortable truth does not mean there should be a loss of hope, or a loss of faith in either school of thought. Diversity in a society is something that should be celebrated and authors propose that there is room for compatibility between traditional and western psychiatry.

Proposals have been made by both the World Health Organisation and the South African Department of Health that western and African medicine should be integrated into the South African healthcare system.[xcii] Indeed, by 1992, South Africa's health care policy was reformulated to include traditional healing.[xciii] Mokobi (2012) set out that focus groups in one study, consisting of psychiatrists, showed favour towards both informal cooperation (which is already frequent practice) as well as of a more formal kind of integration.[xciv] This represents positive strides having been taken, but there is, as yet, nothing concrete in place surrounding mental health and psychiatry. Musyimi *et al* (2018) indicates that:

> *"It is necessary for traditional healers, faith healers and clinicians to continuously engage in respectful dialogue and open two-way dialogue to understand each other*

and build mutual respect and trust to move forward with medical pluralism and increase mental health outcomes in patients."[xcv]

This two-world dichotomy is one with which many young South Africans are faced. In our view it is ultimately up to each individual to decide for themselves where their beliefs lie and to act accordingly. Young people should be supported in accessing the care they need in the absence of stigma and should have the right to choose how they get well provided the method or treatment is known to be safe.

9. ENVIRONMENT

Urban and rural environments in South Africa are vastly different settings. It stands to reason that mental health affects people living in these different settings in quite opposing ways. The following will attempt to discuss these differences and to highlight the changes our society is undergoing.

With up to 64% of those within South Africa living in urban areas with this number only increasing, and the majority of these people being under 40 years of age (according to Stats SA),[xcvi] it is definitely worth analysing the impact this movement is having on the mental health of those concerned- particularly young people for the purposes of this discussion.

According to Stats SA (2016):

"An urban area is defined as a continuously built-up area with characteristics such as type of economic activity and land use. Cities, towns, townships, suburbs, etc. are typical urban areas.

- *An **urban area** is one which was proclaimed or classified as such (i.e. in an urban municipality under the old demarcation), or classified as such during census demarcation by Stats SA, based on its observation of aerial photographs or on other information*
- *A **rural area** is defined as any area that is not classified as urban. Rural areas may comprise one or more of the following: tribal areas, commercial farms and rural formal areas."*[xcvii]

According to Srivastava (2009):

> *Urbanization affects mental health through the influence of increased stressors and factors such as overcrowded and polluted environment, high levels of violence, and reduced social support."*[xcviii]

The same author directly above highlights that the reason for this is that there is no alignment between the influx of people into an area and the growth of infrastructure of available facilities. The inadequate infrastructure increases the chances of people being exposed to poverty and other adverse phenomena.[xcix] It also leads to a decrease in social support as "*the nuclear families increase in number*." The poor people living in these areas thus experience the kinds of psychological and environmental adversities that heighten their vulnerability to mental health issues.[c] We draw from this the idea that people living in urban areas find themselves faced with a unique set of challenges, such as crime, difficulties of high-density living, larger expenses and less support structures as they have often left their families behind when they migrate.

Galea, Uddin and Koenen (2011) set forth additional reasons why people in urban areas might be more susceptible to mental illness than their rural counterparts. They indicate that:

> *Epidemiologic research has documented that associations between particular features of the urban environment, such as concentrated disadvantage, residential segregation and social norms, contribute to the risk of mental illness.*[ci]

On this basis, it is clear that the influx of people from rural areas to urban has an immense effect on their mental health. For young people who are growing and developing, and in the space of life in which mental health issues generally manifest, hostile circumstances such as those described can likely disturb their emotional and mental state and lead to difficulties. From instances where people move when they are young, to actually growing up in the climate an urban area presents, it is undoubtedly difficult to cope with pressures and stressors. But what of the surrounds that they leave behind? What mental health trends are

present in the rural areas where some young people grow up? The following will examine phenomena in this setting.

According to Daniels (2018), "*the provision of mental health services in South Africa is fragmented, limited or non-existent, particularly in remote or rural areas*."[cii] This was based on narrative reports of Mental Health Societies from different parts of the country.[ciii] Vergunst (2018), discusses issues surrounding staffing, transport, the need to shift or share tasks and formal vs informal medicine (i.e. African culture vs western medicine).[civ] Nicholson's view (2018) is aligned with that of the authors above, in that, that despite the challenges of access to healthcare, the mental health of people living in rural areas is still better than in urban areas.[cv]

What SAFMH draws from this is that in rural areas, there are not the same stressors as urban areas, and consequently the same burden of mental illness. People flock to the cities for a better life, but this life has its challenges. It is thus wise to proceed with caution if one is predisposed to mental illness or has a mental illness; a change is not always as good as a holiday, particularly if there is a hostile climate at its destination. With many young people living in South Africa cities, these stressors are very real and impact greatly on their day-to-day lives.

10. FAMILY LIFE

There is an inextricable connection between young people and their families. Many live with parents or relatives and many are financially dependent on them. Families are most often a core component of a young person's support network and it is thus very important that family relationships are stable and create a conducive environment for the young person. Failing this, the consequences can be dire - without support, the mental health of young people surely suffers and, like any troubling circumstances, this can lead to the onset and exacerbation of mental illness in this vulnerable time in a young person's life. This component of this study will discuss what can happen when things go wrong within the family environment, canvassing the nature and consequence of these phenomena on the mental

health of a young person. The discussion will focus on divorce, corporal punishment and domestic abuse, as well as orphaning.

A civil marriage in South Africa can be brought to an end by the Divorces Act 70 of 1979.[cvi] Divorce is essentially the cancellation of legal rights and duties between spouses. According to Stats SA (2018):

- The number of people getting divorced increased from 21 998 in 2012 to 25 326 in 2016[cvii]
- The Western Cape had the most divorces granted (6224) followed by Gauteng with (5816), then KwaZulu Natal (4314)[cviii]

Divorce is harrowing, both for the parents concerned and their children. The impacts thereof are profound. According to Haimi and Lerner (2015):

> *There is no doubt that children are being affected by the sudden change in their familial environment as well as by additional influences that accompany the divorce process. It is well recognized that the divorce process affects the mental state of the children, including development of behavioral problems, negative self-concept, social problems, and difficulties in relationships with the parents. Among these children there is a higher frequency of depression, violence, learning and social deterioration, and high risk for suicidal attempts.*[cix]

In addition, As Cherlin, Chase-Lansdale and McRae (1997) and many other writers point out that the effects of divorce can be long term, following a person into adulthood.[cx]

From the above, we sincerely feel that the impact of divorce on young people makes it a decision that should not be taken lightly. We do not say that an unhappy marriage is good for young people either. It is important, either way we feel, to ensure as little acrimony as possible or young people within the family will also feel the effects. Overall, a careful balancing of interests is required.

General Comment 8 to the United Nations Convention on the Rights of the Child (2006) defines corporal punishment as:

> *Any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. Most involves hitting ("smacking", "slapping", "spanking") children, with the hand or with an implement…In the view of the Committee, corporal punishment is invariably degrading.*[cxi]

Further to this, the United Nations Children's Fund (no date) illustrates:

> *In addition, there are other non-physical forms of punishment that are also cruel and degrading and thus incompatible with the Convention [on the Rights of the Child]. These include, for example, punishment which belittles, humiliates, denigrates, scapegoats, threatens, scares or ridicules the child.*[cxii]

Bower (2012), drawing from other sources, highlights the possible consequences corporal punishment can have on the mental health of a child. Among others, she highlights adverse behavioural and emotional outcomes. In respect of the latter, she sets out that spanking of children increased childhood aggression, antisocial behaviour and criminality among children punished in this way. Bower also states that children who had been spanked were at an increased risk of being victims of abuse, or abusing their own children as well as of exhibiting antisocial and aggressive behaviour. In terms of emotional outcomes of corporal punishment, Bouwer notes that it can lead to heightened levels of depression, suicidal tendencies, anxiety disorders, substance abuse/dependence and personality disorders.[cxiii]

There has however been progress made towards outlawing this practice. In 2016, the case of YG v S A263/2016 was heard in the High Court. *Amici Curiae* participated on the day, arguing a child rights perspective and conversely a more religious standpoint. The court found corporal punishment to be unconstitutional based on the rights to dignity and freedom and security of the person.[cxiv] The matter will be heard in the Constitutional Court in late 2018.

Given the harm that this practice can cause, SAFMH is of the opinion that it is important that it be stopped in its tracks. The judiciary can be commended for attempting to make this change. The world here is definitely changing in favour of young people in this regard, although many people's views are still set in the notion that corporal punishment is not harmful to children.

Corporal punishment is a form of violence, but it is certainly not the only form. Beyond the bounds of corporal punishment and between the older members of the family also, exists a phenomenon known as domestic violence. The United Nations Department of Social and Economic Affairs indicates that this denotes "*physical, sexual, emotional and/or psychological and patrimonial, property and/or economic violence*."[cxv] Women bear the brunt of domestic violence and the vast majority of extant research centres on abuse of women. The following are some statistics surrounding violence against women:

- 17% of young women aged 18-24 had experienced violence from a partner within 12 months of a survey undertaken by Stats SA (2017)[cxvi]
- Rates of partner violence vary between provinces, with a low of 14% in KwaZulu Natal to a high of 32% in the Eastern Cape, revealed the survey[cxvii]
- The survey indicated that 24.4% of women in the poorest households had experienced physical violence[cxviii]
- Stats SA indicates that 3.3% of men and 2.3% of women think it is acceptable for a man to hit a women (2018)[cxix]
- According to the South African Medical Research Council (2017), three women are killed by their intimate partners every day. This is called femicide.[cxx]
- According to the Institute for Security Studies (no date), in South Africa, one in four women report physical or sexual intimate partner violence.[cxxi]

The other kinds of abuse set out above, such as financial abuse, are not that well researched and there is a dearth of datasets and statistics on them. This is most likely due to the fact that they are not widely reported and are more difficult to prove. The above is also not to say that

men do not experience domestic violence, but rather that low rates of research and support render it difficult to provide statistics in this regard.

According to Kumar (2012):

> *"Several studies have tried to find out the factors responsible for domestic violence at national and international level and found that gender, race, poor socioeconomic condition are the primary factors for domestic violence. Several other factors like alcoholism, drug dependence, and psychiatric condition, dependency of women on men, globalization, bitter childhood experiences, traditional norms…lack of legal protection and women independence etc are also important."*[cxxii]

As to the impact domestic violence has on women's health, Kumar sets out that battered women can experience adverse outcomes such as depression, anxiety and panic, alcohol and substance abuse as well as suicidal and homicidal thoughts.[cxxiii]

According to Australia's Domestic Violence Prevention Centre (2018):

> *Children who live in homes where there is domestic violence grow up in an environment that is unpredictable, filled with tension and anxiety and dominated by fear. This can lead to significant emotional and psychological trauma, similar to that experienced by children who are victims of child abuse. Instead of growing up in an emotionally and physically safe, secure, nurturing and predictable environment, these children are forced to worry about the future; they try to predict when it might happen next and try to protect themselves and their siblings. Often getting through each day is the main objective so there is little time left for fun, relaxation or planning for the future.*[cxxiv]

From the above It is clear that domestic violence has a profound impact on young people, from the fact that many of the people who are victims of domestic violence are young, to the fact that young people who grow up in homes where there is domestic violence may suffer negative outcomes as a result. Indeed, the consequences are severe and it occurs with

alarming frequency. Urgent intervention is required in order to ameliorate the plight of sufferers of this scourge.

The above has discussed instances in which the conduct of parents prejudices young people, but what about instances where a parent is not present due to them having passed away? This too can have an immense impact on the lives of young people.

According to the United Nations Children's Fund (2017):

> *"UNICEF and global partners define an orphan as a child under 18 years of age who has lost one or both parents to any cause of death. By this definition, there were nearly 140 million orphans globally in 2015, including…52 million in Africa…This large figure represents not only children who have lost both parents, but also those who have lost a father but have a surviving mother or have lost their mother but have a surviving father.*
>
> *Of the nearly 140 million children classified as orphans, 15.1 million have lost both parents. Evidence clearly shows that the vast majority of orphans are living with a surviving parent grandparent, or other family member. 95 per cent of all orphans are over the age of five."*[cxxv]

A great deal of orphaning in South Africa is due to HIV and AIDS. Elsewhere, the United Nations Children's Fund (no date) states that over half of the 3.7 million orphans in South Africa have lost their parents due to this illness and many more live with parents who are sick or bedridden.[cxxvi] A study undertaken in Uganda by Segendo and Nambi (1997) on children orphaned due to HIV and AIDS indicated that orphaned children often felt depressed, angry and stressed, having felt helpless and sad when their parents became sick. They also felt a considerable sense of anger when they were adopted.[cxxvii] According to Nyamukapa, Gregson, Wambe *et al* (2009):

"Effects of orphanhood contributing to their increased levels of distress included trauma, being out-of-school, being cared for by a non-parent, inadequate care, child labour, physical abuse, and stigma and discrimination."[cxxviii]

As can be seen from the above, orphaning is hugely problematic as it is a major life shift for young people. The sense of loss one feels upon losing a parent is a huge blow to anybody, least of all someone who may still have been dependent on that parent for emotional and financial support. Given the scope of the problem, systemic change needs to be brought about- adequate health care must be made available for parents and support must be available for their children in the event that the parents do pass away.

A stable family life is clearly a key determinant for positive outcomes for young people. The above are merely a small set of examples of issues affecting such individuals. Focus must necessarily be placed on protecting the family unit and in ensuring that it functions well. Both family dysfunction and the absence of a family member/members can leave an imprint on a young person for life and careful strategies must be employed to decrease the risk of diminishing their mental health.

11. YOUNG PEOPLE AND POLITICS

Merriam-Webster (no date) defines politics as:

> *1 (a) The art or science of government; (b) the art of science concerned with guiding or influencing governmental policy (c) the art or science concerned with winning and holding control over a government*
>
> *2 Political actions, practices or policies*
>
> *3 (a) political affairs or business especially: competition between competing interest groups or individuals for power or leadership (as in a government) (b) political life especially as a principle activity or profession (c) political activities characterised by artful and dishonest practices.*
>
> *4 the political opinions or sympathies of a person*
>
> *5 (a) the total complex of relations between people living in a society (b) relations or conduct in a particular area of experience especially as seen or dealt with from a political point of view.*[cxxix]

According to the South African Government (no date):

> *South Africa is a constitutional democracy with a three-tier system of government and an independent judiciary. The national, provincial and local levels of government all have legislative and executive authority in their own spheres and are defined in the Constitution as "distinctive, interdependent and interrelated.*[cxxx]

Despite our democratic dispensation, the political landscape in South Africa is unstable. There are allegations of fraud and corruption among government officials,[cxxxi] violent protests,[cxxxii] criminal charges laid against apex politicians such as the previous president,[cxxxiii] poor service delivery,[cxxxiv] lack of implementation of law and policy[cxxxv] to mention a few. Given the aforesaid sheer size of the young population, and given their relative disenfranchisement (specifically given their propensity for poverty, unemployment and abuse), the impacts of politics looms large in the lives of these young people, affecting them deeply in all likelihood. There is also the issue that mental health is not prioritised by politicians, as was clearly demonstrated in the Life Esidimeni Tragedy.[cxxxvi] This indicates that it ought to become a political matter, with intervention from the government- a much-needed thrust onto the agenda of politicians.

Reynolds (2017) discusses the stress people feel when it becomes time to vote- concerned about the future of a country,[cxxxvii] ie: what will happen if there are shifts in power or instability within the country. South Africa has also suffered due to recession- something that Ng, Agius, Zaman, *et al* (2013) link to poor mental health.[cxxxviii] This is because of the effects of poverty outlined above.

Hickson and Kriegler (1991) note that the previous Apartheid dispensation has had lasting psychological effects on South Africa's children, rendering them "maladjusted." [cxxxix] This we imagine is as a result of trauma and the effects of racism and associated marginalisation.

Given the pressures and hardships presented by South Africa's present political landscape, it stands to reason that young South Africans will encounter stress on multiple fronts. Stress is a negative emotion which can have numerous consequences. This has been set out above in the context of exam stress, but is also generally applicable. The aforesaid tribulations can also

give rise to trauma - a further catalyst for the onset or worsening of poor mental health. It is necessary for the climate to change, but it does not look as though changes will be made any time soon. Young people are in a state of flux politically- with the challenges outlined above pervading into literally every area of their lives. These are important issues which cannot be ignored.

12. CRIME

The United Nations Office on Drugs and Crime's International Classification of Crime for Statistical Purposes (2015) articulates that:

> *"Crime" is considered by the ICCS to be the punishable contravention or violation of the limits on human behaviour as imposed by national criminal legislation. Each criminal offence has a perpetrator — person, corporation or institution — which is liable for the criminal behaviour in question.*[cxl]

South Africa has astounding rates of criminal activity. With a significant culture of violence, the effects of crime are undeniable. These will be discussed below.

Africa Check summarised some of the South African Police Service's 2017/2018 reported crime statistics as follows:

- There were 19 016 murders
- The reported murder rate was 31.4 per 100 000 people
- 2930 women were murdered
- 691 boys were murdered
- 294 girls were murdered
- Murders of women and children accounted for 19.3% of total murders
- There were 18 233 attempted murders
- There were 156 243 common assaults
- There were 167 352 assaults with intent to do grievous bodily harm
- There were 50 730 common robberies
- There were 140 956 robberies with aggravating circumstances
- There were 228 094 house burglaries
- There were 16235 carjackings
- There were 50 663 thefts of cars or bikes.[cxli]

Note: the major limitation of these statistics is that they represent only reported crimes

There are various ways in which crime can affect the mental health of young people. The ones SAFMH has chosen to focus on are a) when a young person is the victim of crime and b) when a young person perpetrates crime. The following section will discuss these in turn.

Being a victim of a crime is indisputably a terrifying experience, no matter the nature of the crime. Shapland and Hall (2007) discuss the commonly occurring effects of victimisation, which include: *Shock and a loss of faith in society…guilt at having become a victim of crime…psychological effects, including anger, fear and depression, but may for some turn into longer-term depressive effects including sleeplessness, anxiety and constant reliving of the event, and occasionally into PTSD [post-traumatic stress disorder]…*[cxlii]

It is clear that crime has a stark effect on the mental health of all that fall victim to it. One can only imagine the devastating impact it has on young people, still in their formative stages, where the development of mental illness or otherwise poor mental health is a real possibility. With the rate of crime in South Africa increasing in some areas and only fractionally decreasing in others;[cxliii] the changes to the world do not look all that positive in this regard.

Crime breeds victims, but there are also perpetrators to consider. One must examine the person at the other side of the gun, so to speak. An anonymous writer for the Guardian discusses that spikes in crime generally lead to calls for harsher punishment, but young people continue to be drawn into violent conflicts, making the same mistakes over and over again. *Anonymous* (no date) highlights that young people who commit crimes are, in fact, also victims - victims of their circumstances and surroundings.[cxliv] Indeed with the culture of violence that has swept South Africa, it is no wonder that young people often become caught up in a life of crime. Phenomena such as poverty and hostile surroundings are, as is well documented and discussed in this study, catalysts for violence and crime. Many young people in South Africa are affected by these phenomena which, in turn, lead them to becoming offenders.

There exists a perception that people with mental health problems have a greater propensity for committing crimes. While it has been documented that young people with such challenges

do at times commit unlawful acts,[cxlv] this is outweighed with data that illustrates that such individuals are more likely, in fact, to be victims of crime. The majority of crimes, according to *Time to Change*, are committed by people who do not have a mental illness and, as evidenced by suicide rates, people with mental illnesses are more of a danger to themselves than to others.[cxlvi]

Crime is a serious issue in our society, with a shockingly large proportion of the population committing unlawful acts. We see it as affecting lives overwhelmingly and can lead to undeniable ill-effects of the health of a young person. With young people at risk of becoming both victims and perpetrators, constant vigilance is necessary to ensure that red flags are raised and that there is appropriate intervention in this regard. Prolifically unsafe, changes must be made to our society to avoid the worsening of the mental health of its young people. Living in an unsafe society is disheartening and fear-inspiring and it is a tragedy that young people are being subjected to this.

13. HIV AND AIDS

According to the WHO:

> *The human immunodeficiency virus (HIV) infects cells of the immune system, destroying or impairing their function. Infection with the virus results in progressive deterioration of the immune system, leading to "immune deficiency." The immune system is considered deficient when it can no longer fulfil its role of fighting infection and disease. Infections associated with severe immunodeficiency are known as "opportunistic infections", because they take advantage of a weakened immune system.*[cxlvii]
>
> *Acquired immunodeficiency syndrome (AIDS) is a term which applies to the most advanced stages of HIV infection. It is defined by the occurrence of any of more than 20 opportunistic infections or HIV-related cancers.*[cxlviii]

Some HIV and AIDS statistics include:

- According to Stats SA, 126 755 people died as a result of AIDS in 2017. That is 29.03% of all deaths that took place in this year. This represents a considerable decrease from the peak of the mortality rate of the disease.[cxlix]
- The WHO compiled datasets and statistics on HIV and AIDS across the globe, which indicates that approximately 25 700 000 people in Africa are living with HIV as at 2018,[cl] 7 200 000 of whom are in South Africa, also in 2018.[cli]
- According to United Nations AIDS, 320 000 cases of HIV and AIDS were children under the age of 14 (2017)[clii]
- According to Stats SA, 7.31% of youth aged 15-24 were living with HIV and AIDS (2017)[cliii]
- 43.7% of the HIV-positive population have some sort of mental disorder (2010)[cliv]

As demonstrated above, it is clear that HIV and AIDS affects a great deal of young people and their families, with thousands of people dying each year. AIDS orphaning has already been discussed previously in this study. It is inevitable that a diagnosis with such ramifications must have an effect on the mental health of a person. The nature of this effect will now be discussed.

According to the WHO (2008), as articulated previously, HIV is more prevalent in people with mental illnesses than it is the general population. It is also generally concentrated more in poor and marginalised and stigmatised demographics. Increased psychological distress among patients with HIV, the World Health Organisation articulates, is common with both low and high income countries, having reported higher rates of depression than in those who are not infected with the virus. The WHO also indicates that people with HIV and AIDS may experience distress such as depression and anxiety as they adjust to the impact of the illness – this includes the need for chronic medication, shorter life expectancy, loss of support of friends, family and social support as well at the effects of stigma. It further points out that patients with HIV and AIDS have an increased risk of suicide or attempted suicide, highlighting that indicators of suicidal ideation may be aspects such as concurrent substance abuse, feelings of hopelessness and a history of depression. HIV and AIDS, according to the same source of information, may also have an impact on the central nervous system, leading to neuropsychiatric complications such as depression and mania.[clv]

Freeman (2010) articulates that he is of the opinion that it is not only HIV that is the cause of mental health issues, but rather that each one can lead to the other. He articulates:

> *"When you look at the higher rates among HIV-infected people, you have to ask the question: Is this because they had a prior condition and their vulnerability led to the infection or is it that, because they had contracted HIV, it has a mental impact on them, and, therefore, this raises the numbers of people living with HIV who have mental disorders. This is a complex issue and I would like to suggest that both are true…that it's very, very likely that mental disorder is both a risk factor and a consequence of HIV."*[clvi]

Given the proportion of young people both infected and affected by HIV and AIDS, and given the impact the illnesses have on mental health as well as the prevalence rates of the diseases, it goes without saying that it remains a scourge in society- something that everyone has to be aware of. Continuous advocacy and intervention is vital, according SAFMH in order to save lives- both in the sense that prevalence rates of the illness itself have to be decreased as well as that the mental health of those concerned by preserved.

14. STIGMA

According to the WFMH:

> *The word stigma is derived from the Latin term stigmata, meaning a mark of shame. Throughout history, stigmas were imposed on individuals who exhibited unfavorable characteristics or engaged in behaviors that were not typical. When stigma associated with a specific condition becomes rooted in societal norms it manifests in attitudes and behaviors that are difficult to change. For centuries, society did not possess the skills or knowledge to identify and treat mental health problems. Thus the gap in understanding was filled with misinformation and fear.*[clvii]

The WHO cites stigma as a "*major cause of discrimination and exclusion*." It highlights the impact it has on a person's self-esteem, its disruptive effect on family relationships and imposes limitations on mental health care user's ability and capacity to acquire employment, housing and to socialise. WHO described stigma as a factor that hampers the "*prevention of mental health disorders, the promotion of mental well-being and the provision of effective treatment and care. It also contributes to the abuse of human rights*."[clviii]

Elsewhere, the WHO states that:

> *Misunderstanding and stigma surrounding mental ill health are widespread. Despite the existence of effective treatments for mental disorders, there is a belief that they are untreatable or that people with mental disorders are difficult, not intelligent, or incapable of making decisions. This stigma can lead to abuse, rejection and isolation and exclude people from health care or support. Within the health system, people are too often treated in institutions which resemble human warehouses rather than places of healing.*[clix]

Corrigan and Watson (2002) discuss stigma in the context of people with mental disabilities. They illustrate that people with these illnesses are "*challenged doubly*" with the symptoms and effects of their disability on the one hand and stereotypes and prejudices on the other. They set forth that such individuals are "*robbed of opportunities that define a quality life*." According to these authors, there are two types of stigma - public stigma and self-stigma. The former refers to the perceptions of society about mental disabilities, for instance that people with mental disabilities are dangerous and should be feared or that they are irresponsible or require the care of others. The latter refers to instances where people with mental disabilities "*turn against themselves*" in "*agreement with belief*" or negative emotional reaction. Because of this, individuals so-situated fail to pursue opportunities.[clx]

The fact that stigma delays the initiation of treatment for mental health issues is particularly problematic for young people. According to Molloy (2018), the median age between the onset of symptoms and people getting the help they need is 10 years, while mental illness can first manifest as young as 8 years. As has been iterated in this document, and as Molloy too sets out, for the time in which someone can be classified as a young person, the years are formative, with a person learning social skills and developing psychologically. Absence of treatment can lead to phenomena such as ill-discipline, poor academic performance and higher rates of absenteeism. Non-treatment of mental illness can also lead to suicidal thoughts or non-suicidal self-injury.[clxi]

We view the effects of stigma as clearly severe, yet it remains pervasive within our society. People with mental illnesses are marginalised and left at war with society and with

themselves. This places obvious restrictions on their mobility within society and diminishes their capacity to successfully self-advocate. It is only through constant and consistent lobbying that their plight may be ameliorated.

15. RACISM

The United Nations Educational, Scientific and Cultural Organisation defines racism as:

> *A theory of race hierarchy which argues that the superior race should be preserved and should dominate the others. Racism can also be an unfair attitude towards another ethnic group. Finally racism can also be defined as a violent hostility against a social group.*[clxii]

In the South Africa Reconciliation Barometer 2017, it is reported that:

- 20.7% of South Africans report racism as a factor affecting their daily lives "often" or "always" in the place where they work or study
- 19% of South Africans report the experience of racism in retail or commercial places
- 17% of South Africans report racism in recreational or public places
- 15% of South Africans report racism socially
- 14% of South Africans experience racism on public transport[clxiii]

Researchers have demonstrated a clear nexus between racism and poor mental health, couched in the notion that the type of pain it inflicts can lead to or worsen mental illness or, at the very least can diminish the victim's sense of personal esteem. The Royal College of Psychiatrists (2018), for example, has illustrated that "*racism is pervasive…like other forms of discrimination it can lead to a profound feeling of pain, harm and humiliation among members of the target group, often leading to despair and exclusion*".[clxiv] The Synergi Collaborative Centre (2018) highlighted that racism can be followed by phenomena such as an increased amount of hallucinations and delusions, as well as post-traumatic stress disorder.[clxv] The fact that the mental health of African people is suffering as a consequence of racism is also discussed in extant literature. Williams, Gonzalez *et al* (2008), for instance, illustrated that the number of black South Africans complaining of mental health problems on account of discrimination and stigmatisation was greater than that of any other group.[clxvi] In a study be Anderson (2017), it was found that children affected by racism were more likely to suffer from Attention Deficit Hyperactivity Disorder, anxiety and depression.[clxvii]

SAFMH concludes that in the wake of Apartheid there was bound to be some residual racism, but some 24 years later it ought to have abated more so than it has. Not a day goes by where there are not fresh allegations of racism in the news or on social media, made by both private citizens and politicians. Young people are in a precarious position at this stage of our democracy, with relations between different groups fragile and strained. While it is necessary to give our country some time to mend and to heal, these issues must be fervently and immediately addressed, all people must be educated about acceptance and an attitude of zero tolerance must necessarily be employed.

16. POLICY PROPOSALS

The issues outlined in this study are all serious and it is necessary, in the quest to build a comprehensive and cohesive policy framework, to build structures governing these issues and setting out responses to them. Given the impact all of the themes discussed have on the lives of young people, and given that the rights flowing from the Bill of Rights are directly affected by the issues, the development of roadmaps towards combatting the ill-effects thereof must be done expeditiously and diligently. The following will pose questions and set forth proposals as to how this might be done.

The first questions that must be posed are about <u>structure</u>:

- What kind of policies are required?
- Where do they slot in?
- How many policies are needed?
- Does it involve amendment of present policies or the development of something new?
- Does it involve constructing documents specifically individuated per issue, or should all or some of the issues be clustered together?
- Should young people have their own instruments, or should their issues be incorporated in frameworks designed to benefit people of all ages?

In answering these questions one must first bear in mind that present policies do not deal much with mental health and young people. There is the National Youth Policy 2015-2020,[clxviii] the National Plan of Action for Children 2012-2017[clxix] (currently being updated), the National Adolescent and Youth Health Policy 2017[clxx], the Drug Master Plan 2013-2017[clxxi] and several others. However, none of these adequately address mental health. There exists the Mental

Health Policy Framework and Strategic Action Plan 2013-2020, but this does not specifically address young people. On this basis, it certainly appears *prima facie* that there is room for the development of more instruments. Most of these policies either have an expired trajectory or one that will come to an end soon. There is thus room for issues surrounding young people and their mental health to be included in their follow-ons.

As to whether the issues ought to stand aloof from each other in separate policies or be clustered together, there are several factors to consider. First of all, the issues are distinct from each other in some ways. They have different catalysts and different risk factors, for example. The responses to each issue should be unique and would be extensive enough to build something around each of them. Despite this, the outcomes resulting from the problems in our society are largely the same - poor mental health and its associated consequences.

In terms of whether to mainstream policy concerning young people into policies concerning everyone else, there are a few factors that need to be borne in mind:

- First of all, the term "*young people*" is problematic in our dispensation. The age group of 10-24 years is not pulled out in our legal or policy system as a focus group in South Africa. The focus instead is on children (aged 0-18 years) and youth (aged 15-35 years). The selection of "*young people*" as the focal point of this study was derived from the World Federation for Mental Health's 2018 theme for World Mental Health Day and cannot necessarily be transposed smoothly into the South African context. The question must thus be posed as to whether to absorb the issues into matters concerning children or youth, or to have the policies focusing on young people, which may not quite fit with the rest of our policies.

- Second of all, many of these issues also affect those who are no longer young people. On this basis, one must question as to whether any policies developed must be exclusively directed at the young, or if the policies can be issue-specific, with entire populations in their catchment. It is submitted that while this is not impossible, young people are uniquely situated in many ways and any policies made must address their issues specifically in order to be meaningful. The questions here are, ultimately, ones that go to

the danger of going too narrow or too broad - of encapsulating too few people and their needs, or too many.

These are all valuable questions, and robust decision-making is required in this regard. It was thought by SAFMH that they should, however, be left open-ended at this point as a point of discussion, rather than being made subject to the suppositions of one organisation. In order to properly make policy choices, extensive consultation is necessary.

Regardless of how the issues are represented in policy documents, there ought to be some common goals that remain the same in all of the instruments. These would be what all parties want to see happen for young people (or children and youth, however it is divided). Examples of some of the common goals that parties ought to have are the following:

- Improving service delivery
- Improving outcomes
- Understanding and eliminating catalysts for poor outcomes
- Ensuring accountability on the part of duty-bearers
- Good governance for young people (or children and youth)
- Raising awareness and eliminating stigma
- Preventing poor mental health among young people (or children and youth)
- Staging interventions before crisis situations arise
- Establishing and maintaining open lines of communication between young people (or children and youth) and duty-bearers
- Realisation of the Constitutional rights of young people (or children and youth)
- Working with the rest of the policy framework as a whole to ensure that holistic protection is provided to young people
- The creation of living documents, to be regularly revised so as to keep up with the evolving needs of young people (or children and youth)

A vital component of a successful policy or set of policies is that they must be multi-sectoral in nature. No one department must have complete ownership of a policy. Different government departments and different levels of government must all play a part in the implementation of policy concerning this issue. Mental health is not simply an issue vested in the Department of Health; it also concerns other parts of government such as Social Development, Labour, the Presidency and various others. To this end, structures such as working groups, advisory committees and steering committees must be established to facilitate the proper implementation of policy. It is also not only government that should be

involved in the implementation process. This should also include non-governmental organisations, private entities, educational institutions, institutions established in Chapter 9 of the Constitution, young people and their families. Open and frank discussion from all sides is an absolute prerequisite to determine what is working and what isn't.

Proper monitoring and evaluation is key in ensuring implementation of any policy. Monitoring and evaluation are mechanisms by which to hold relevant state departments accountable and to ensure that the imperatives crated by a policy come to fruition. If each step of the implementation process is reported on, it prevents any of them from being abandoned. Monitoring and evaluation should come from two sources - an organ of state or state department and an independent body such as the South African Human Rights Commission. Given the inter-sectoral nature of the proposed policy or policies, departments must work together in both planning and implementation stages. For this to happen, there needs to be a "super" or "apex" department to oversee how the process of implementation of the policy unfolds. A Department such as the National Presidency's Department of Monitoring and Evaluation would be a competent entity for this purpose. In addition, the legislature has an oversight function to perform and should thus receive reports on implementation for its consideration to ensure departments comply with their various obligations under the policy or policies. Monitoring and evaluation should take place continuously throughout the implementation process.

Before a policy can be implemented, it must necessarily be properly costed. It cannot be that a document simply appears with no financial backing. Prior to the document being enacted, it is essential that treasury agree to make provision for the implementation of the policy.

Advocacy surrounding mental health is integral. In a society where stigma remains rife, it is vital that the general public becomes aware of the issues and of what they can do to ensure that young people (or children and youth) attain the highest possible standard of mental health. It is also vital that government officials, practitioners, non-governmental organisations as well as young people themselves and other parties know and understand what young people are entitled to and what they can do to make this a reality. Advocacy must necessarily be built into the policy or policies filtering down from the highest level to grassroots.

17. Conclusion

The world is ever-changing and there will indisputably be a host of new issues affecting young people and their mental health in years to come. Young people are a vulnerable demographic and this is compounded in instances where their mental health is at stake. It is vital that they be protected by the social ills outlined in this study and that they are given the opportunity to enjoy their formative years and to develop in a healthy fashion. This stage of a person's life is meant to be a carefree time. Unfortunately this is not always the case. It is our hope that this study has illuminated these issues and that it can be used as a tool to raise awareness about the plight of young people in our society. We hope too that our recommendations are a sensible and practical means of ensuring that young people's rights are respected and protected.

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