

# Children also suffer from mental health problems, often unnoticed

In Youth Month, it is important to realise that the South Africa environment has created an atmosphere of underlying, yet constant anxiety among children, in many instances negatively affecting their mental health and well-being.



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"Any child who watches a news channel, sees the cover of a newspaper, or is exposed to information through digital platforms, can easily become distressed at the high levels of traumatic content in these spaces and may ultimately become the victims of various mental disorders," says Tamryn Coats, counselling psychologist at Akeso Psychiatric Clinics.

However, within the South African context there are several other factors that may also trigger the mental health disorders in children and adolescents.

"In South Africa 27% of learners indicated that they don't feel safe at school, either because they're bullied by other students or scared by threats which may leave the child with high levels of anxiety and even post-traumatic stress. This is not limited to older children and teens, even children as young as 3 and 4 can be bullies or bully victims at school."

At macro level factors such as poverty, child-headed households, loss of parents due to illness or divorce and lack of basic resources are huge drivers in mental illness that affect children in both advantaged and disadvantaged contexts.

"Children growing up in unstable environments, where caregivers are unreliable or absent, learn that 'the world is not safe' and 'no one will protect me' and this can often lead to anxiety disorders. For other children, the daily pressure of performing

has created huge levels of personal stress and anxiety, which may result in depressive feelings when goals or expectations are not achieved.

"In addition, children who are left unsupervised and exposed to movies of violence and brutality can easily develop anxiety symptoms, nightmares and faulty thinking patterns, which can lead to more concerning mental health conditions. As parents and caregivers get busier and news and information become more accessible through technology, we need to be even more mindful about how to supervise and protect our children from being exposed to inappropriate content, which may have detrimental consequences on their emotional well-being."

## **Common mental health disorders among South Africa's youth**

While it is difficult to generalise across socio-economic contexts and age groups, as different age groups will be more vulnerable to certain types of conditions, Western Cape research suggests that the most common mental health disorders amongst children are anxiety-related disorders, including general anxiety disorder, post-traumatic stress disorder; mood disorders, such as depression; and substance related disorders, such as alcohol dependency.

Provincial data collected through the Division of Child and Adolescent Psychiatry and Adolescent Health Research Unit in the Western Cape suggests that up to "17% of children and adolescents suffer from psychiatric problems."

The National Youth at Risk Survey, which focuses on children and adolescents between grade 8 and 11, highlighted that 24% of the youth surveyed had depressive feelings of hopelessness and sadness while a further 21% had attempted suicide at least once.

Another mental health condition, which is frequently diagnosed, is attention deficient hyperactivity disorder (ADHD). This condition is often diagnosed in primary school children and has created a lot of controversy in recent years regarding over-diagnosis of the condition and rising concerns of overprescribing medication to our children.

## **Gender split**

South African research does not often provide a specific gender breakdown for early childhood psychiatric conditions in South Africa; however, as children get older and move towards adolescence, the breakdown in gender becomes more clear-cut.

"It is important to note that boys and girls may represent symptoms for the same disorder in different ways. For example, while girls may show symptoms of tearfulness in depression, boys may appear more irritable and quick-tempered. Both symptoms emerge from depression, yet they manifest in slightly different ways."

## **Understanding emotional distress in young children**

In young children, anxiety may be more easily identifiable through bodily pain, as young children will often struggle to articulate their emotions. "If we think about how hard it is for an adult to express how they're feeling, we can just imagine how hard it is for a young child who often doesn't have the emotional vocabulary to accurately or effectively express their emotional state. For this reason, young children will complain of a 'sore tummy', or have a bodily response - such as diarrhoea or constipation; which is often a sign of emotional distress."

There are developmentally appropriate phases of emotional instability, for example, separation anxiety that occurs around the age of nine months. "However, at other times such angst and emotional instability in children is not considered 'normal', and parents and teachers need to be on the lookout for any changes in their young child's routine or behaviour for signs and symptoms of emotional distress."

## **Treatment for mental disorders in youth**

The first thing parents and teachers need to be aware of are behavioural changes in the child or teen.

"It is more difficult to detect in adolescents as often teenage years are accompanied by moodiness, hormonal changes and spending more time with friends than family. However, monitoring eating and sleeping habits is always a good detector for emotional distress. If you are worried about a child or adolescent, it is always best to consult a mental health professional. This is especially important for adolescents, as the suicide rate for teenagers is substantially higher than other age groups.

"Depending on the nature of the mental health condition, treatment can be sought through psychotherapy and psychiatric medication. Psychiatrists are often very cautious in prescribing medication to young children and play therapy, through which children communicate their feelings, may be a more suitable form of treatment.

For adolescents, group work within the counselling context is often a very good treatment modality. Again, depending on the nature of the condition, adolescents often respond well to group work, they have a desire for 'group cohesion' and once they over the initial awkwardness (anxiety) of joining a group, they generally become very comfortable within the space, identifying it as a space in which they feel they belong and are understood by others.

Individual therapy is another form of treatment. "Depending on the condition and the therapist, different modalities can be used. Often, in cases of depression and anxiety a Cognitive Behavioural approach will be adopted (CBT). Within this framework, the therapist will appropriately identify faulty or untrue thoughts and help the patient recognise these as faulty thoughts.

"The therapist would assist the patient in reframing these thoughts into healthier more accurate thoughts that consequently lead to more esteem-building feelings and actions. A therapist using this framework would often use exercises to help the patient track their moods and understand what triggers their distress as well.

"By timeously identifying tell-tale signs of mental health disorders in their children and by seeking appropriate professional treatment, parents or care-givers can go a long way in curbing the growing prevalence of this scourge," Coats concludes.

## **Signs and symptoms**

- Excessive clinginess by the child to a parent, especially if they were previously content at being more independent;
- Constant complaining of a sore bodily part - for example, tummy aches, nausea/ vomiting, head aches;
- Bed wetting after 'potty training' has been established;
- Changes in eating and bowel movements;
- Nightmares or night terrors, perpetual fears of imaginary creatures/ghosts/monsters;
- Regression in developmental milestones, for example, a child who was walking easily, suddenly reverts to more infant-like behaviour such as crawling;
- Acting out aggressively such as biting other children or siblings;
- Social withdrawal, for example not wanting to play with other children, becomes very distressed with having to part with mom or dad and go to school even when the child is familiar with the school and teachers;
- Frequent tearfulness and crying at seemingly small incidents, for example, if the class is being reprimanded, a very anxious child may interpret this as a personal reprimand and become very emotionally distressed as a result; and
- Decrease in academic performance.