

The nation sees the ANC again
but will your children feel their support?

The South African National Elections has seen the re-election of the ANC National Party as the governing body of the South African people. We, the people of Southern Africa find ourselves progressively moving forward from the juggernaut that was the Apartheid Regime, simultaneously and sadly we have regressively progressed as a nation. Progressively the destigmatization of mental health is currently in the works in raising awareness that as individuals within the Southern African society, our experiences around mental health is to be unquestionably valid and legitimate and that as South African individuals, we are to exemplify our constitutional right in ensuring that service delivery toward mental healthcare is to be nationally prioritized through fair and equal policy. Such a policy that is to be implemented, regulated and furtherly distributed with specific emphasis placed upon the accessibility to such a service with accountability being held toward the South African National Department of Health.

In holding the National Department of Health accountable for the implementation and distribution of an equally fair policy. However, as of the Mental Health Care Act.No.17 of 2002 implemented by the National Department of Health which emphasizes care at the primary, secondary and tertiary level, further emphasized by the overall promotion of mental health care services throughout the population as a whole has, nationally failed. In concerning the South African population, the Mental Health Care Act, 2002, and it's put-fourth policy implementation and distribution outside of the written act is to be seen formidably neglecting the much-needed care of South Africa's younger generations, specifically speaking toward the overall distribution and quality of care granted to South African child and adolescents.

The lack of policy development and implementation for child and adolescent being whom are to experience mental health disorders is perpetuated through the implementation of the National Child and Adolescent Health Policy, 2003, with very little evident change 16 years later. In conjunction with the Mental Health Care Act.No.17 of 2002, our National Department of Health is to held accountable for polarizing the National Child and Adolescent Health Policy through with the National Legislation which oversees the general overall South African population, neglecting the recognition of the National Child and Adolescent Health Policy, 2003. Supported by the absence of any publically available provincial records regarding the implemented measures in ensuring the appropriate maintenance of Child and Adolescent Mental Health Policy, 2003. The implementation and further development of the Child and Adolescent Health Policy, 2003 was highlighted to be targeting external social and cultural health crisis such as HIV/AIDS, TB, maternal and child mortality rates and the adherence to the Millennium Development Goal, adopted in 2000. With these external factors, not being included nor indicated as factoring points of concern within the originally presented Child and Adolescent Mental Health Policy as of 2003.

The original document, mandated by the South African National Department of Health, stating that the intended intention sought after by the Child and Adolescent Mental Health Policy, 2003, is to ensure and maintain the 'general well-being of children and adolescents, which enables them to develop into mature, secure and productive adults. Mental health is fundamental to general well-being'. Is it safe to say that our nation's children are protected? Protected against the wraith of government officials and politicians? On-going corruption and hypocrisy? Mentality; the post-Apartheid conspiracy.

As the South African National Health Department has abrogated the children and adolescent's whom suffer from mental health disorders constitutional rights. This abrogation increases the prevalence rate of children and adolescents to further experience on-going mental health disorders into adulthood as a consequence of the substantially compromised Children and Adolescent Mental Health Policy, 2003. Findings have concluded that one in every five South African children and adolescents are to experience mental health disorders.

Statistical diagnosis put forward by the journal of child and adolescent mental health in South Africa (2012) include major depressive disorder constituting 8% of the child and adolescent populations, further diagnosis includes generalized anxiety disorder at 11% and post-traumatic stress disorder (PTSD) at 8%. Post-Traumatic Stress Disorder can be seen as the most prevalent in the case of psychological consequence and experience whereby children and adolescents suffer from the interpersonal workings of sexual abuse, domestic violence and abuse, child maltreatment and further neglect. Such risk factors increase the probability to which child and adolescents are to experience trauma in their everyday lives as these children suffer to consequences of victimology as they are exposed to unmerciful environments across South Africa's class bracketing.

Policy Reform:

The Children and Adolescents Mental Health policy has undoubtedly failed the children of our nation in ensuring the delivery of appropriate services and care practices in regard to their mental health. Consequently, at both national and provincial levels; the Department of Health and the governing body is to be held accountable for this unforgiving abrogation.

In prioritizing the Child and Adolescent Mental Health Policy through reform. A set of standards supported and provided by the United Kingdom National Health Service, 2002, and further recommendations from the World Health Organization, 2004. Provided and made available to South Africa by these organizations is a working three tiered system of service organization which intricately highlights the steps and produces needed and to be put in place by the South African Department of Health and Governing body in restructuring the current Child and Adolescent Mental Health Policy through the easily identifiable strategies provided three tiered system of service organization and utilization.

The systematical approach to service organization and utilization is categorized down into three tiers, with each tier highlighting and indicating the specific requirements which are to be implemented, such requirements that I am to believe is essential in achieving the appropriate reform needed for South Africa's Child and Adolescent Mental Health policy which is to be failing in meeting the provided standards. The three-tier system is as follows;

- 1 - Core Features.
- 2 - Evidence and Service Planning.
- 3 - Range of Services, staffing and facilities.

The first tier of core features outlines four standardized structural points of implementation which is to be followed by the National Department of Health in ensuring that, 1) Mental Health is to be included into the primary health care sector, 2) Provide a continuum of services, 3) Balance prevention, promotion, treatment and rehabilitation, 4) Prioritize children most at risk.

These four standards imposed by the system of service organization and utilization is tasked toward the National Department of Health for implementation into the Child and Adolescent Mental Health Policy. Further, The National Department of Health is to be held accountable toward these standards at any time throughout the process of reform, development and implementation. In ensuring that these standards are met, the allocation of various staffing groups is emphasized, with each tier being allocated specific staffing instructions and roles.

The first tier is allocated generic health workers whom are tasked with the role of identification of Child and Adolescent Mental Health problems, crisis intervention and further referrals to specialists whom are allocated in the second and third tier.

The second tier outlines that adequate evidence and service planning is to be provided and monitored through regular supervision. Provisionally, the standards within the second tier of service organization and utilization is as follows, 1) The on-going conduction of regulated assessments based on the levels of service needed and levels of provision needed, 2) Based on the information gathered by the assessments, the planning and commissioning of these comprehensive services is to be put into motion, 3) Parents, families and communities are encouraged to participate in ensuring that the planning of services are up to date, this involvement stimulates further active and inclusive engagement within policy maintenance and allows for interpersonal criticism in ensuring their children and loved one's needs are being met in the fullest capacity.

The third tier of standards is delegated to the Government in charge, placing responsibility in ensuring that a variety of services is to be provided, adequate staffing to be employed and the financial support in overseeing appropriate healthcare facilities is to be accessible. Tasking the Government, a rather comprehensive list of requirements that is to be met through the standards in place. These standards are as follows, 1) Offering early intervention and mental health promotion in all locations across the nine provinces. 2) The coordination and integration of services across health, education, social care, youth justice and voluntary agencies. 3) The use of a multidisciplinary team. 4) The provision of adequate staff training, supervision and support, ensuring that the staff is to provide a full range of interventions. 4) To ensure that care is developmentally appropriate. 5) Appropriate facility separation, ensuring that children and adolescent facilities are separate from that of adult mental health facilities. 6) Offer services as near to homes as possible, ensuring easy access to such service and facility. 7) The implementation of an easily accessible 24-hour care service.

The staffing roles delegated toward the second and third tier is of a specialist nature with the second tier employing general specialists and the third to employ super specialists. Their delegated responsibilities are to ensure the overall supervision, consultation, training to those at lower levels and to further provide some direct service supervision.

(South African National Department Of Health, 2002)

(Dawes, et al., 2012)

(Paruk & Karim, 2016)

Bibliography

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