



# The **IMPACT** of the **COVID PANDEMIC** on the **MENTAL HEALTH** of **CHILDREN & YOUTH**

WESTERN CAPE PROVINCIAL PARLIAMENT'S AD HOC COMMITTEE ON COVID-19

'We owe our children – the most vulnerable citizens in any society – a life free from violence and fear' (President Nelson Mandela)

'Unless someone like you cares a whole awful lot, it's not going to get better, it's not!' (Dr Seuss)



HOPE FOR CHILDREN AFFECTED BY TRAUMA & ABUSE

## **A. JELLY BEANZ:**

Jelly Beanz is a Non-Profit Company (NPC) and Designated Child Protection Organisation (DCPO) which provides both response and preventive child protection services to children (0-18 years) and their families in the Western Cape. The organisation has been in existence for a period of 10+ years and accepts referrals from a broad range of service providers in the child protection field including the Family Violence, Child Protection and Sexual Offences Unit of the SAPS, Department of Social Development, Department of Health, Department of Basic Education and registered Child Protection Organisations and other NGOs. Preventive services are run in communities such as Dunoon and Table View.

Jelly Beanz is also well known for training and hosting the annual African Regional Conferences aimed at providing vital education and updated child protection research findings to professionals working in the field of child protection and mental health. The organisation conducts research into child protection issues and feeds the information gained into the improvement of service provision in the wider child protection network.

## **B. INTRODUCTION:**

On 21 August 2019 South Africa, along with other countries, committed to *The Charter: Leave No Child Behind: Ending Violence Against Children in Africa* in response to the growing reported incidences of violence and abuse against children across Africa.

Then the Covid-19 pandemic occurred, and things just got worse and the trauma of children increased.

The dire need for the allocation of additional resources and commitment to secure the provision of services and support was also profoundly highlighted and the increased levels of risk, deprivation and violence and abuse of children created by the Covid-19 pandemic.

## **C. THE IMPACT OF TRAUMA**

In order to really interrogate the impact of COVID on the mental health of children in South Africa, one needs to understand the mental health and resilience of children before the onset of the COVID pandemic and the lockdown in 2020. The unique response of every individual to the pandemic will be premised on the layers of trauma they have been exposed to and their coping skills to manage such.

But further, one needs to consider the adverse life experiences of the child as this will influence the manner in which they respond to further threats such as the pandemic. In a study with children living in the Western Cape, 21.7% met the criteria for Post-Traumatic Stress Disorder (Seedat 2004). If one considers the hierarchy of human needs as proposed by Maslow, many of our children in this country are struggling with having only their basic needs met. Many of our children are living in a state of daily survival.

Children thrive when they are safe and protected, when family and community connections are stable and nurturing, and when their basic needs are met.

According to UNICEF, 99% of the world's children are living under some form of pandemic-related limit on movement; 60% live in countries under full or partial lockdowns and 1.5 billion children are out school. This is especially tragic for the poorest children, who rely on school feeding programmes for their only consistent daily meal.

Younger children are at great risk, as high levels of stress and isolation can affect brain development, sometimes with irreparable long-term consequences. Many children and young people are also contending with family separations, caring for sick relatives and even the death of loved ones.

Girls are particularly affected, with containment measures resulting in increased gender-based violence and child pregnancy. All this while taking on increased responsibility for household chores and caring for relatives.

Migrant and displaced children and families may not be reached with vital information in a language they understand, fuelling anxiety.

Those already living through humanitarian disasters like conflicts are at an even greater risk — not only from COVID-19, but as systems collapse around them and any sense of normalcy and security is shattered. (<https://www.weforum.org/agenda/2020/05/covid-19-is-hurting-childrens-mental-health/>)

The impact of prolonged or repeated trauma, such as abuse, violence, neglect and pandemics, influences the neurobiology of the child's developing brain, which consequently may influence every aspect of a child's thoughts, feelings, behaviours and relationships.

Mental health information and psycho-social measures are not currently in place for children to assist them in this regard. Parents, caregivers and communities are also not aware of the possible vulnerabilities to their children's mental health that this national emergency presents. Of particular concern is that children with disabilities (which account for 7.5 % of our childhood population) are extremely vulnerable.

As decision and policy makers we need to understand the profound impact this pandemic has on the world of a child, and we urgently need to put in place measures that are proactive and responsive. We need to take lessons from our current pandemic and use them as an opportunity to provide better responses to the current mental health of our children as well as plan better for the future mental health of children and families.

#### **D. ASPECTS OF THE PANDEMIC WHICH INFLUENCE THE MENTAL HEALTH OF CHILDREN**

(Direct quotes from children were obtained from the 'Amplifying Children's Voices' research project of Childline)

1. The initial communications of the COVID pandemic were not always child friendly and didn't necessarily understand different concepts children at varying stages of development can process. Many children were afraid and confused with the messaging.

*"Mom might get infected (she's a sister) and then we get infected, and we all die". Child, 16 – 18 years".*

The repeated exposure to Covid related messaging on all forms of media left many children overwhelmed and extremely fearful, as children do not always have the life experience and cognitive understanding as to such information overload.

2. During the hard lockdown and prolonged closures of school many children reported being bored, but most reported feeling anxious and worried about many things

*"I think government must not open schools because we're going to die and I want to grow old and become a doctor and help the world." Child 5 -10 years.*

3. Children were concerned as to what would be happening with their education. This was in particular of greater concern to older children, particularly those in grades 11 and 12.  
*"I worry a lot about my schoolwork, we are very behind" Child 10 – 12 years.*  
There were many challenges for children to continue doing their school work including lack of resources, lack of adult support, interruptions due to lack of privacy, needing to do chores and provide child care to siblings.
4. Another great concern of children was the use of alcohol by adults and other children  
*"Alcohol – people will no longer be safe – when they go out to consume alcohol the children are left alone"*  
*Everyone is angry and frustrated – parents can take out their anger on their children.*  
*Alcohol has a great influence on behaviour."*  
*"In my area children have started drinking."*
5. Violence and gender based violence increased dramatically, in particular during the hard lockdown.  
*"It has been very difficult to stay home when parents lost jobs and we the children have been exposed to more gender based violence than before. GBV has taken a serious rise."*
6. In the Childline study 33% of children requested more support in the form of home visits to check on them, free counselling and emotional support, someone to talk to and to report abuse to  
*"I think they should check on children more regularly, and make sure that when they talk to children, to allow children to give more honest answers, because most children are hurt and prefer to bottle up their emotions and so they should be free to speak because we do not know if they are being abused or if everything is okay at home or not or how they are feeling. they should communicate more with the children and visit them more often."* Child 10 – 12
7. The online environment became more accessible to children in order to continue with their schooling. Often caregivers are not as technologically sophisticated as their children or do not supervise online activities. This led to a significant increase in children being exposed to pornography and sexual exploitation. The repercussions of this are serious and long lasting. For example, we are currently working with a 7-year old girl who is addicted to hard core pornography.
8. There was an increase on child-on-child sexual abuse, in particular with children living in the same household or Child and Youth Care Centre. Factors influencing this many have been the exposure to pornography as well as poor or no supervision of children as many caregivers of children still had to attend work.
9. During the hard lockdown in 2020 the army was deployed, as well as an increase in other security officials. Many children do not see the army as a safety measure, and some children witnessed the army committing violent acts. In one case security officials tried to remove a 4-year-old boy from his father's care as they had allegedly broken the lockdown rules by taking a walk outside. They had said they wanted to put the child in jail. This led to a physical altercation between father and security official and the father was subsequently arrested.
10. During the last year the routine of children has been significantly disrupted with an increase in stress in trying to adapt to the 'new normal'. We should not underestimate the impact of having no routine in the mental health of children.

11. Physical contact with peers and others outside the home was not allowed. Physical touch is hardwired in our brains as a form of nurturing and care. Children found it particularly difficult not to have physical contact and having to keep social distance.
12. Already thousands of families were challenged financially. The shutdown caused the loss of thousands more jobs. Families were without income. Hunger became and remains the daily experience of thousands of children, made worse by the fact that school feeding programmes were closed with the closure of schools.
13. The distress and resultant impact on mental health of caregivers of children has a significant impact on the care of children. Many adults struggle with an increase in anxiety and depression. Organisations specialising in mental health such as SADAG (South African Depression and Anxiety Group) reported an increase of more than double calls on their helplines.
14. SADAG also had an increase in terms of calls related to suicide in children. It seems that there has been an increase in the numbers of child suicide, although we could not find any official data to confirm this.
15. The crisis is similar to the HIV/AIDS orphaning crisis. But there are some concerning differences. COVID has disproportionately affected the elderly, the grannies who often provide stability in the lives of children. Deaths have been sudden with no time for anticipatory mourning and no opportunity to say “goodbye” and provide care for the sick as visiting in hospitals was banned due to risk of infection. There was poor or no communication between health facilities and families. Children would sometimes learn about deaths of loved ones a long time after they had happened.

In particular when dealing with death, children are seldom given appropriate explanations. Traditional funerals do not occur, with limited numbers and limited opportunities for mourning.

With the death of the parent/caregivers children were often moved to relatives in other towns and cities, sometimes in the belief that there would be more resources available for their care and usually without much explanation or preparation. So, one s families that have doubled in size, whilst income remains the same and grant applications are slow to process and these children, if in family care, no longer qualify for the larger foster care grant.

16. The required wearing of masks also impacted on children. The younger the child, the more profound the impact. Children without vocabulary “read” adults faces. Children learn speech and language through watching facial expression. The negative impact of mask wearing on speech and language development is particularly important for speech and hearing disabled children. Children that have experienced significant trauma are also affected by mask wearing as they rely on being able to ‘read’ the non-verbal language of others, of which the face carries many nuances, in order to keep themselves safe from violence and other forms of abuse.
17. Mental health still carries with it a stigma which leads to people not seeking help early enough, or not seeking help at all. Unfortunately, there is also a dearth of mental health services, in particular services that are accessible for the less privileged.
18. In order to be able to function optimally and to be able to learn effectively, the more primitive parts of our brain need to be regulated and calm. During crisis or trauma, these parts of the brain are dysregulated, which makes it difficult to concentrate, learn new

information and remember this information. It would seem that this was not taken seriously by educational facilities. Wherever possible the focus remained on cognitive learning, in many cases with immense pressure for this, and no account was taken to help children deal with their dysregulated primitive parts of their brain.

## **E. PROBLEMS IN CHILD PROTECTION SERVICE DELIVERY**

“When we report to authorities, they must take us seriously.”

A significant challenge that has prevailed from the hard lockdown in 2020 is the limited service delivery in the child care and protection services. In April 2020 some child protection organisations closed their doors, with no alternatives in place to deal with emergency cases. In our area, which is serviced by the Department of Social Development, services were extremely difficult to access, even though we have alternative contact details of staff, that the general public would not have access to. The DSD is still offering limited services, with social workers still working in shifts and ‘working’ from home. As always there are professionals who continue to be committed to their clients and service delivery, but as a whole the child protection service is still severely hampered.

Many Non-Profit Organisations were overwhelmed by trying to make up for the limited services as best they could. However, statutory functions can only be provided by statutory designated child protection organisations, and thus an organisation like Jelly Beans needs the support of the relevant organisation in order to protect children.

Of particular concern was the lack of response to emergency child protection cases. A form 22, the specific form on which abuse and neglect needs to be reported, which needs to be acted on immediately and a preliminary investigation completed in 48 hours, were not responded to appropriately. We have some cases where the investigation is still outstanding from the beginning of the year.

As a result of the events of the last year, our staff are burnt out, as I am sure is the case with other NPOs that did not close their doors and took on other tasks which they would usually not perform.

## **F. RECOMMENDATIONS FOR POLICY MAKERS**

- i. An **emergency or disaster management plan** needs to be developed. Learning from the challenges of the last year, thought-through plans need to be developed that provide better services to children and families, should a disaster happen again.

We believe that such a plan needs to include the following:

### **1. Document the Covid-19 child protection “story”**

An honest and comprehensive review of the Covid-19 emergency response is needed that cuts across government, civil society and NPOs. The response must be analysed fully to identify what worked, gaps and failures. The review should be written by a joint working group to enable different perspectives and experiences to be integrated into the review. Children’s views of the pandemic and their experiences of child protection services during

the pandemic must be integrated into the review. The review must be constructive and provide recommendations to be integrated into emergency planning.

**2. Ensure that there is clear leadership in the emergency plan**

There must be clear leadership in the emergency response at the highest government level to bring relevant government departments and functionaries, civil society, non-profit organisations, and donors together promptly. In South Africa, the Department of Social Development is the lead department in child protection and a senior official at the highest level should be appointed to develop and lead the emergency plan.

**3. Ensure emergency planning at every level**

Establish or ensure that child protection committees at every level, national, provincial, regional and district, are aware of the implementation of the plan for emergencies and develop clear emergency action response plans

**4. Ensure functional toll-free helplines**

Toll free helplines such as Childline, must be capacitated to respond in emergencies. Helplines should train counsellors on appropriate responses to child protection and child rights issues in emergencies and their response training should be regularly updated. Counsellors on helplines need information on resources available at all levels of the emergency response.

**5. Map resources that may be called upon during emergencies**

Regional and local child protection committees must map resources especially at local levels that have the potential to respond in an emergency. These should be inclusive of NPOs, civil society organisations such as Rotary/Round Table, etc, religious institutions, local leadership and local community radio stations and newspapers.

**6. Ensure a functional communication and coordination process**

The plan and coordinated implementation will only be functional if strong lines of communication are established that are inclusive of all structures at all levels. As some emergencies may disrupt usual communication processes, all communication media should be considered including public media, such as radio and television, loud hailers.

**7. Ensure that basic needs are met in emergencies**

Hunger, the need for shelter and clothing, medical care, and the need for emotional care must be addressed. The neglect of the most basic needs contributes to child protection challenges as children become more vulnerable to exploitation when trying to meet basic needs. Local Child Protection committees need to be put in place and identify appropriate points for the distribution of basic provisions.

**8. Ensure that frontline responders are trained in psychological first aid**

During an emergency children's needs for psychosocial care will increase and trauma responses services are unlikely to be able to meet the need. Psychological first aid is a practical process of trauma care that provides an immediate response and may help to provide an interim functional response to trauma. Parents and caregivers, if available, should be prioritised for psychological first aid as they provide the first and most immediate child protection system for the child. If their functioning is supported, it is more likely that the

children in their care will be supported in turn. Local child protection committee members and Child Protection organisations must be trained in this method and process of care.

**9. Involve children at every level of the emergency planning process**

Meaningful and consistent child participation is critical during both the development of the emergency plan, and its implementation. Children must be represented at all committee levels. The agency of children during emergencies should not be ignored.

**10. Provide support for the workforce, whilst supporting children**

Responding to children and families' needs for child protection in emergencies will impact on the workforce, many of whom may also be affected by the emergency in their personal lives. Psychosocial care for the workforce is important to include in the emergency Child Protection plan and include practical elements such as compulsory rests, nutrition, etc.

**11. Plan for regular monitoring and evaluation**

The emergency action plan must be reviewed regularly, inclusive of all role-players, to ensure that it remains relevant. There must be consistent and effective Monitoring and Evaluation during emergencies. Accountability processes must be mutual and conducted in a spirit of forward movement. Gaps in the plan must be immediately addressed. Learnings during emergencies should be documented and integrated into ongoing planning. The integration of children's and parent/caregiver's participation in the process of Monitoring and Evaluation is particularly relevant as they are the direct target group of the planning and activity processes.

**ii. Follow up services to the above disaster management plan needs to include:**

Psycho-social support for children in accessible locations such as school must be provided. Children need help in talking about death, loss, and other difficult experiences during the Covid pandemic/waves. Some such services were implemented by DBE in some provinces.

Teachers and schools need to have basic trauma management skills, and know how to respond to children in ways that help them deal with the crisis, and how to allow them get back to learning. Unfortunately, during this pandemic it seems that the DBE did not implement trauma informed approaches, which lead to cognitive learning being the focus, when children are emotionally still dysregulated and thus unable to function well at a cognitive learning level.

Exercise is an exceptionally effective stress management strategy. Creative means to enable children to be able to exercise need to be sought and implemented.

References:

<https://www.weforum.org/agenda/2020/05/covid-19-is-hurting-childrens-mental-health/>

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