OPINIONS OF SOCIAL WORKERS REGARDING MENTAL HEALTH-RELATED CHALLENGES ENCOUNTERED WITH CHILDREN AND ADOLESCENTS IN SOUTH AFRICAN CHILD AND YOUTH CARE CENTRES

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ABSTRACT

The scanty literature on social workers' opinions on mental health-related challenges encountered with children and adolescents in child and youth care centres prompted the researchers to undertake this contextually designed exploratory-descriptive qualitative research. The study was conducted in South Africa's Gauteng province, where data were collected through semi-structured online interviews with nine social workers who were recruited through purposive sampling. The data were analysed using Braun and Clarke's data analysis method, while the trustworthiness of the study was rated with reference to Guba and Lincoln's criteria of credibility, dependability, transferability and confirmability. The opinions shared by social workers addressed general challenges associated with child and adolescent mental health; the impact of these challenges on other people within the centre; and the availability of resources for children and adolescents with mental health-related issues in these centres. The findings indicated the need for partnerships between care centres and training institutions to train social workers, house parents and members of the public.

Keywords: adolescents; care centres; children; mental health-related challenges; qualitative research; social work

INTRODUCTION AND BACKGROUND

Child and adolescent mental health-related challenges are estimated to be prevalent in up to 20% of children and adolescents globally (Kieling *et al*., 2011; United Nations International Children's Emergency Fund [UNICEF] & World Health Organisation [WHO], 2019; Zou *et*

al., 2020). For high-income countries, it is estimated that out of every four to five children and adolescents, one experiences mental health-related challenges (Mokitimi, Schneider & de Vries, 2022). There are no accurate figures around mental health-related challenges for low- and middle-income countries, particularly African counties where very few of them are assessed by the WHO's Gap Action Plan for inclusion in the Millenium Development Goals (Mokitimi, Schneider & de Vries, 2022; Owen *et al*., 2016). This resulted in a widening gap in mental health treatments, which is compounded by few economic or human resources for children and adolescents in sub-Saharan Africa (Owen *et al*., 2016).

For countries like South Africa, mental health-related challenges are driven, by among others, HIV infection, substance abuse and exposure to violence, with children and adolescents being on the receiving end (Mokitimi, Schneider & de Vries, 2022). For children and adolescents, mental health-related challenges occur during a very significant developmental phase of their lives, which is often characterised by cognitive, mental and skills development, which potentially heightens their risk of mental health challenges (Layard & Hagell, 2015; Sharma *et al*., 2022). Researchers observed that most of mental health-related challenges experienced by adults often develop during their childhood and adolescence (Mokitimi, Schneider & de Vries, 2022). With scanty resources and a lack of clear plans and policies around child and adolescent mental health in countries such as South Africa (Asampong & Ibrahim, 2022; Mokitimi, Jonas, Schnieder & de Vried, 2022; Sharma, 2022), it is essential to expand our understanding of how to best contribute towards responding to some of these challenges. This study explored the opinions of social workers with regard to the mental health-related challenges encountered among children and adolescents in child and youth care centres in the Gauteng province of South Africa.

Factors contributing to child and adolescent mental health-related challenges

The challenges associated with child and adolescent mental health are driven by various factors, including domestic violence, substance abuse and other related issues within their households. From an international perspective, Basu and Banerjee (2020) conducted a systematic literature review of studies from the United States of America, India, the United Kingdom, Australia, the Netherlands, China, Belgium, Switzerland, Scotland, Norway, Palestine, Nepal, Brazil and the Nordic countries to identify factors that contribute adversely to children's and adolescents' mental health-related challenges. They identified five main factors, namely, *physical environmental factors* such as neighbouring characteristics, climate change and natural disasters with the potential to cause severe mental health-related issues such as post-traumatic stress disorders, anxiety and depression, among others (Basu & Banerjee, 2020). The second set of factors was *home environmental factors* such as parenting, family structure and family environment, positive parental involvement, early parental attachment, parental expectations, family economy, family violence and abuse, which all determine future relationships, emotionality and overall child and adolescent mental health (Basu & Banerjee, 2020). Thirdly, mental health was found to be influenced by *social environmental factors*, with competitiveness and harassment by the peers, exercising, diet, bullying and violence taking centre stage. Fourthly, *socioeconomic environmental factors* such as poverty and socio-political conditions were highlighted, with poverty being associated with learned helplessness,

socioeconomic strata and long-term political conflicts. Food hardships were linked to phobia, anxiety, aggression, post-traumatic stress disorders and obsessive-compulsive disorders. Finally, *digital environmental factors* such as social media and smartphones affected sleeping patterns of children and adolescents, as they remained attached to their gadgets out of fear of missing out (Basu & Banerjee, 2020).

The state of child and adolescent mental health in Africa

The above factors are also present in African countries. A Ugandan study aiming to ascertain the contribution of experience of war to family violence against children by Saile *et al*. (2014), for instance, revealed that mothers who were subjected to violence were more prone to display aggressive parenting behaviour, which in turn negatively affected children's mental health. In another Ugandan study examining the associations between internalised stigma, bullying, major depressive challenge and suicidality, Ashaba *et al*. (2014 found that children and adolescents who are subjected to bullying exhibit a range of mental health difficulties including depression and suicide ideation. In Tanzania, an examination of exposure to violence and mental illness in an orphanage and an evaluation of an intervention programme in the same orphanage revealed that exposure to outbursts of anger and violence in the centre impacted enormously on child mental health (Hermenau *et al*., 2011). In Ghana, Asampong and Ibrahim (2022) demonstrated that families with members experiencing mental health-related challenges become stigmatised and that these stigmas are also extended to professionals rendering services to these clients.

Most of African countries are also overwhelmed by child and adolescent mental health-related challenges, particularly those without proper mental health care services (Sequeira *et al*., 2022; UNICEF, 2021). The Sub-Saharan African data on child and adolescent mental health reveal that mental health-related challenges occur in 14.5% of children and adolescents below the age of 16 (Cortina *et al*., 2012). It is further estimated that in Africa, one in every seven children and adolescents (approximately 14.3%), experience major psychological challenges, 10% of whom qualify for psychiatric treatment (Mabrouk *et al*., 2022). Despite these figures and evidence of an over-burdened healthcare system, there is no evidence of policies to curb mental health-related challenges in several African countries (Akol *et al*., 2015; Sequeira *et al*., 2022; UNICEF, 2021). Furthermore, there is limited literature specifically on the prevalence of adolescent mental health challenges in Sub-Saharan Africa; studies were mainly conducted in high-income countries (Jörns-Presentati *et al*., 2021). The WHO's Mental Health Atlas project aimed at providing updated information on the global mental health services, for instance, revealed that 25% of its member states did not have stand-alone mental health plans and policies, with the African region being at the lowest level (only 38%) (WHO, 2020).

Africa is also confronted with challenges such as inadequate staffing, sociocultural stigma and a lack of commitment from governments in terms of polices and funding (Nicolas *et al*., 2022; WHO, 2020). The continent also lacks sufficient studies on child and adolescent mental health-related challenges (Kumar *et al*., 2021; Nicolas *et al*., 2022; Sequeira *et al*., 2022). It was this scarcity of studies on child and adolescent mental health-related challenges that inspired researchers to conduct a qualitative study of the opinions of social workers regarding the mental

health-related challenges encountered with children and adolescents in child and youth care centres, referred to in the article as centres (plural) or the centre (singular).

Understanding child and adolescent mental health within a South African context

The South African state of child and adolescent mental health-related challenges is unclear because studies usually cover only small and incongruous samples, with diagnostic measures not accounting for the country's unique context (Filsher *et al*., 2012; Hunt *et al*., 2019). Children and adolescents in South Africa are confronted with harsh and challenging conditions, with research revealing adverse events heightening their risk of dealing with mental health-related challenges (Heavy *et al*., 2021; Hsiao *et al*., 2018; Hunt *et al*., 2019). In responding to these challenges, South Africa developed the National Child and Adolescent Mental Health Policy Framework of 2003 and the National Mental Health Policy Framework and Strategic Plan 2013-2020 to drive provincial policies on child and adolescent mental health (Department of Health. 2013a; Department of Health. 2013b; Hunt *et al*. 2019;). Although adoption of these national policies for implementation at the provincial level is appreciated, research evidence points to implementation challenges at grassroots level in all nine provinces (Mokitimi *et al*., 2019).

The relevance of social work in child and adolescent mental health

The involvement of social workers in child and adolescent mental health services is significant. They bring change by creatively and distinctively responding to challenges faced by individuals, families, groups, organisations and communities, and building on their strengths and competencies (Ntshongwana & Tanga, 2022). Furthermore, social workers are on the frontline in addressing adverse experiences and their impacts on families and children. Whenever challenges present themselves, social workers are able to intervene and provide support (Zastrow, 2017). Their services are essential for mental health care, because they safeguard and advocate for the needs of people, particularly vulnerable ones like children experiencing mental health-related challenges (Ambrosino *et al*., 2008).

The distinctiveness of social workers lies in their ability to ascertain possibilities that are ingrained and linked to the daily experiences of people with mental health-related challenges. Because of their ability to blend tangible services for mental health support with the collective experiences shared in the client's environment, social workers can achieve a more sustainable intervention (Heller & Gitterman, 2011). Although knowledge around the subject of child and adolescent mental health is generally available, there is a need to continuously update it through research. Based on a preliminary literature review forming part of the current study, researchers found that knowledge around the social workers' opinions on the mental health-related challenges encountered with children and adolescents in child and youth care centres was scanty and in need of further development (Tarren-Sweeney & Vetere, 2013). It was this identified need that induced the researchers to conduct this study. Unlike other studies that investigated the general challenges of children and adolescents with mental health issues in the centres, ours examined the inadequately charted territory by looking into the opinions of social workers. The study contributes towards the body of knowledge on the subject matter, which

should then initiate some thoughts and possibly discussions on policy and programme design and development.

The experiences of children and adolescents with mental health-related challenges

In the context of all general challenges around child and adolescent mental health, it is the children and adolescents themselves who are at the centre and whose experiences matter. Kirkler, Brown and Clarke (2021) conducted an integrative literature review of the experiences that children and adolescents with mental health-related challenges had in mental health service settings. Their study found that children and adolescents were sensitive to mental health stigma and felt that healthcare practitioners were prejudicial and had misconceptions about them (Kirkler *et al*., 2021). They also found that children and adolescents were afraid to express their feelings about their diagnosis, while also feeling frightened and disempowered when talking about mental health issues. Another study that investigated the experiences of mental health and its related challenges among children and adolescents was exploratory-descriptive research conducted by Chukwuere, Sehularo and Manyedi (2022) in the North-West province of South Africa; the participants were 18 children and adolescents, and 14 parents. Children and adolescents who participated in this study expressed feeling hopeless and suicidal because of their difficulties in managing mental health-related issues. They also registered negative attitudes from health care practitioners, with one participant pleading with them to be friendly and to understand their challenges. In Mokitimi, Jonas, Schneider and de Vries (2022), children and adolescents with mental health-related challenges also highlighted negative attitudes from healthcare providers as well as stigmatisation. Given the experiences and challenges encountered by these young people, it was essential to develop a deeper understanding of the phenomenon, particularly from a social work perspective in order to guide relevant interventions.

AIM AND OBJECTIVES OF THE STUDY

The study aim indicates the researcher's intentions in conducting the study (Walia & Uppal, 2020). Our study sought to explore and describe the opinions of social workers regarding the mental health-related challenges encountered by children and adolescents in child and youth care centres of the Gauteng province of South Africa. Based on this aim, the following objectives were formulated:

- To explore and describe social workers' opinions regarding the general challenges encountered with children and adolescents within the centre;
- To explore and describe social workers' opinions regarding the impact of child and adolescent mental health-related challenges on other people within the centre;
- To explore and describe social workers' opinions regarding the availability of resources for dealing with child and adolescent mental health-related challenges.

THEORETICAL FRAMEWORK UNDERLYING THE STUDY

An ecological systems theory is central to social work as it enables social scientists to explain and understand the interactions of individuals and the interrelated systems within their environments (Bronfenbrenner, 1979; Crawford, 2020). It posits that for one to truly

understand a person, consideration should be embedded in an understanding of their relationships and environments (Crawford, 2020; Doughty & Moore, 2021). From the ecological systems perspective, social challenges are comprehensive and include societal systems that can either address or aggravate such challenges. The theory addresses the intricacies of these challenges and impels social workers to find solutions or identify opportunities when societies place severe limitations on its people (Langer & Lietz, 2015). It is based on three significant ideas: (a) people evolve by actively influencing their environments; (b) an exchange takes place between people and their environments which requires some kind of compromise; and (c) there is more than one influential system connected to a developmental environment.

Children and adolescents with mental health-related challenges in the centres are therefore not only affected by the system in which they find themselves such as their homes or school environments; they also affect such systems and make compromises in the process. Understanding these compromises could lead to a better comprehension of their experiences. The centre itself is not a secluded environment; it is influenced by a variety of environments outside it such as schools, a child's extended family, hospitals and others. A long waiting list at a hospital or an incorrect school placement will undoubtedly have an impact on the child, the social worker and the entire centre. Interventions to address the challenges in any of these systems should be intensively focussed on.

The ecological systems theory is appropriate when dealing with child and adolescent mental health-related challenges because interventions in this area should extend beyond the scope of mental health practice to include programmes and support in education, communities and broader society (Heyns & Roestenburg, 2017). The theory takes into account various determinants of mental health-related challenges and developmental liabilities that have the potential for lifelong impact. It considers childhood and adolescence as filled with developmental liabilities that are impacted on by the environment and life events with a lasting influence on mental health into adulthood (Petersen *et al.*, 2014). The four environmental classifications of the ecological systems theory are the *microsystem*, the *mesosystem*, the *exosystem* and the *macrosystem* (Bronfenbrenner, 1979; Hayes, O'Toole & Halpenny, 2017; Langer & Lietz, 2015; Onwuegbuzie, Collins & Frels, 2013). Notably, children and adolescents form the basis of all these systems within the *microsystem,* which includes their families, educators and peers being the facets of their environment and exerting an influence on their daily lives (Crawford, 2020; Hayes *et al.*, 2017). In the current context, the microsystem includes a child or adolescent and their interactions with house parents (caregivers who are responsible to care for them in the centre). Social workers would also logically be involved in this system.

The *mesosystem* comprises of two or more microsystems (Bronfenbrenner, 1979; Crawford, 2020; Hayes *et al.*, 2017; Onwuegbuzie *et al.*, 2013) The mesosystem for children and adolescents in a mental health care centre context would involve, for example, the collaboration between the centre and the school. It focuses on discovering how various systems influence and interrelate with children and adolescents and the social worker, and how they support or put pressure on the system.

The *exosystem* is the site where a person is not functionally participating, but where incidents occur that impact on the person and their immediate environment (Bronfenbrenner, 1979; Hayes *et al*., 2017; Onwuegbuzie *et al*., 2013). In this context, the exosystem refers to events within or outside the centres, with unintended or unforeseen effects on children and adolescents. These may include a high caseload or turnover of social workers and the likely effect on children and adolescents. The *macrosystem* involves the broader culture, traditions, societal policies, religion, morals and beliefs, with an indirect influence on all of the different systems (Bronfenbrenner, 1979; Crawford, 2020; Onwuegbuzie *et al*., 2013). In the context of this study, the macrosystem includes issues pertaining to resource allocation policies and political decisions at the highest level that ultimately affect the mental health of children and adolescents.

RESEARCH METHODOLOGY

An exploratory, descriptive and contextually designed qualitative research approach was adopted for this study. Whereas an *exploratory design* is used to gather information about people or an occurrence for which little information is available, a *descriptive design* is used to describe such people or an occurrence in detail (Faulkner & Faulkner, 2013). Researchers wanted to explore and describe the opinions of social workers regarding mental health-related challenges encountered with children and adolescents in South African child and youth care centres from the social workers' own experiential point of view. It was also important to collect data specifically about the opinions of social workers around mental health-related challenges in the centres, because these centres are unique environments with unique dynamics, hence the adoption of a contextual design to support the descriptive and exploratory designs.

Because of the COVID-19 pandemic, semi-structured online interviews aided by an interview guide were conducted to collect the data. Online interviews are becoming popular because of pioneering technologies such as Skype and Zoom, which provide researchers with options to enlarge their research population without being limited by geographical constraints (Deakin & Wakefield, 2014; Salmons, 2012). The interviews were conducted on Zoom and audio recorded with the permission of social workers. Although the interviews were conducted with the participants' cameras on, the researcher was more interested in audio data, which was then analysed for the purposed of this study. The interview guide contained five open-ended questions to enable social workers to share their opinions on (1) the general challenges associated with children and adolescents with mental health challenges in the centre; (2) the impact of the availability of support by caregivers or house mothers regarding children and adolescents with mental health-related challenges; (3) the experiences of children from the centre with regard to other children with mental health-related challenges; (4) their opinions on children and adolescents with severe mental health-related challenges; and (5) the availability of resources to assist them in managing the challenges.

Braun and Clarke's six steps for qualitative data analysis were used, while Guba and Lincoln's trustworthiness criteria of credibility, transferability, dependability and confirmability guided the data-verification process (Maguire & Delahunt, 2017; Morse, 2015). Whereas *credibility, transferability and dependability* were heightened through prolonged engagement with the

social workers, triangulation, peer debriefing and thick description, the fourth component, *confirmability*, was enhanced through an audit trail (Morse, 2015).

Ethical principles

Research ethics involves the principles of research determining whether the researcher's conduct is wrong or right (Yegidis, Weinbach & Myers, 2018). Ethical principles also prescribe some procedures and standards for acceptability of research on ethical grounds. On the ethical front, the study was cleared by the University of South Africa's College of Human Sciences Research Ethics Review Committee (Ref. No: 2020-CHS -10353542), with ethical principles of informed consent, avoidance of harm, anonymity, confidentiality and data management observed throughout the research process. In compliance with the ethical principles of anonymity and confidentiality, participants' real names were hidden through the use of pseudonyms. In order to ensure anonymity and confidentiality, individual links were created for each individual participant. Once the interviews were concluded, the snippets were then downloaded and saved on the researcher's password-protected personal computer. The data which remained on the Zoom platform were then erased. No hardcopies of the data were made.

Population and sampling

This study was conducted in Gauteng province with social workers employed in child and youth care centres to render services to children and adolescents with mental health-related challenges and who had been placed in these centres. The study population was social workers whose main responsibilities included rendering services to children and adolescents with mental health challenges in the centres. A total of nine participants who were willing and able to share their opinions regarding the study subject were recruited by means of purposive sampling. For participants to qualify for inclusion in the study, they had to be (i) a registered social worker employed in a non-governmental centre; (ii) rendering services to children and adolescents who were experiencing mental health-related challenges; and (iii) members of a social work organisation within Gauteng province. Due to a lack of data on social workers working in child and youth care centres in the province, it was impossible for researchers to ascertain the population size. In identifying and recruiting participants, researchers used purposive sampling. They approached specific child and youth care centres that were known to be employing social workers to work with children and adolescents experiencing mental health-related challenges and requested leads to authorities who could approve the request to conduct a study in their premises. This resulted in a total of nine social workers qualifying and eventually participating in the study.

PRESENTATION OF RESEARCH FINDINGS

The findings of this study are presented in the form of biographical profiles of the participants, followed by the main research findings in the form of themes and subthemes.

Findings on the biographical profiles of the participants

Nine female social workers participated in this study and their ages ranged from 24 and 60 years old. Of the nine, eight had a Bachelor's degree in social work and one had a Master's degree in social work. Regarding experience of working with children and adolescents with

mental health-related challenges, five participants had between two to three years' experience, three ranged between five and ten years, and one participant had 23 years of experience. One of the participants was a supervisor responsible for overseeing seven social workers and their respective caseloads. In terms of the caseload, participants' reports varied between 22 and 36, with only one having a caseload of 60 cases and another a total of 80 to 90 children a month through casework and group work interventions. The roles and duties performed by these social workers varied, with some delivering therapeutic services such as assessment, family reunification services, lobbying for support systems, group work, case work and crisis interventions, whilst others rendered statutory services such as extending court orders. The biographical details of the participants are presented in Table 1.1 below.

Table 1.1: **The biographical profiles of the research participants**

Participant	Gender	Age	Experience	Caseload	Educational qualification
1. Participant 1	Female	45	2 years	22	Bachelor of social work
2. Participant 2	Female	22	3 months	60	Bachelor of social work
3. Participant 3	Female	26	2 months	44	Bachelor of social work
4. Participant 4	Female	27	2 years	80-90	Bachelor of social work
5. Participant 5	Female	27	2 years	30	Bachelor of social work
6. Participant 6	Female	60	8 years	57	Bachelor of social work
7. Participant 7	Female	35	10 years	36	Bachelor of social work
8. Participant 8.	Female	45	5 years	30	Bachelor of social work
9. Participant 9	Female	46	23 years	7 social workers	Master of social work

Regarding the main research findings, data were analysed and this gave rise to three themes, of which two were explored further to produce a total of three subthemes. Theme 1 focused on the opinions of social workers regarding the availability of support. The theme was further divided into three subthemes: lack of funds and long waiting periods; people's lack of knowledge regarding child and adolescent mental health-related challenges; and lack of training among social workers regarding child and adolescent mental health-related issues. The second theme addressed opinions on managing complex child and adolescent mental health-related challenges and it was also further divided into three subthemes, namely the impact of complex cases on house parents; the impact of extreme mental health-related challenges on other children; and disciplining challenging behaviour by children and adolescents with mental health-related issues.

Theme 1: Opinions regarding the general challenges associated with child and adolescent mental health-related issues

When asked about availability of support for them, participants reported lack of funding and long waiting periods, lack of knowledge regarding child and adolescent mental health-related challenges among people, and their lack of training on child and adolescent mental health-related challenges.

Subtheme 1.1: Lack of funds and long waiting periods

One form through which insufficient support manifested was lack of funding and being subjected to long waiting periods. Four participants alluded to waiting for too long in queues for services as well as a lack of funding. Participant 1 had this to say regarding lack of funds:

> *...there is really a lack of finances for the children to receive the correct help that they need...*

In her comment regarding limited funds, Participant 2 said:

> *...it comes back to the funds because [Department of Social Development] is only subsidising fifty per cent each month....*

> *In our interview with Participant 7, she reported challenges relating to long waiting periods.*

> *Well, we have to use government hospitals and in the government hospitals there's very long waiting queues....*

Participant 1 was frustrated by the time it took to access the necessary services:

> *Time, you know, they take time to help our children...I'm sitting here with a child who is suicidal, but I cannot get help....*

Reports by participants regarding lack of funding and long waiting periods were not surprising, given the broader challenges such as insufficient support for social workers working in this field. Insufficient support for social workers working in the field of mental health for children and adolescents with mental healthcare issues is confirmed in the literature (Cuskelly *et al*., 2020; Mokitimi, Schneider & de Vries, 2022; South African Human Rights Commission [SAHRC] 2017; UNICEF, 2014). In Ntshongwana and Thanga's (2022) South African study, which sought to examine the impediments hindering social workers from rendering effective services to families challenged by family violence, for instance, lack of funding emerged as one of the themes that prevented social workers from rendering the desired services to address the clients' needs. Apart from the opinions on funding issues, the matter of long waiting periods is not uncommon in South Africa, where people depend on governmental facilities and hospitals for services, and which often leads to attrition (Tana, 2013; Nabukeera-Barungi *et al*., 2015). The South African Human Rights Commission (SAHRC, 2017) investigated the challenges and opportunities in the broader mental health care system and found, among other things, that clients waited too long to see state psychiatrists.

From the perspective of an ecological systems theory, the child and youth care centre is a mesosystem, which is dependent on other systems for its proper functioning and to which such systems depend for their efficient functioning; i.e. the individual children/adolescents involved depend on a properly funded and supported centre in order for them to realise their individual goals, while the broader society depends on the same centre to realise the county's broader policy goals. South African studies, for instance, point to the challenges of mental health funding such as lack of services and inadequate budgets both at national and provincial level of government (Burns, 2011; Tana, 2013). Lack of funding will clearly have a negative impact on the children, the social workers and other personnel members involved in these centres as well as on the realisation of the broader national mission of child welfare. Social workers who are not properly supported with resources and funding may be demoralised and begin to search for employment in places where they may be properly supported. For those who decide to remain in these centres, they may render services simply because of their contractual employment duties rather than passion, which may involve going the extra mile.

Subtheme 1.2: People's lack of knowledge regarding child and adolescent mental health-related challenges

Alongside lack of funding and long waiting periods, insufficient support for social workers was manifested in people's lack of knowledge regarding children's and adolescents' mental health disorders. This emerged during our interview with two participants.

Participant 7 explained how lack of knowledge among people leaves patients labelled and judged:

> *…People lack knowledge on mental health. If you do mention mental health issues…, people quickly withdraw because the term mental health issue is still a very judged or labelled issue.*

Participant 9 also told researchers that people lack information:

> *I think people don't have enough information. They hear a word mental health and then they make their own opinion, their own stuff around this, but not necessarily remembering what it's actually about….*

Participants' opinions regarding people's lack of knowledge around child and adolescent mental health issues were not really surprising in the light of the literature, which generally demonstrates a lack of knowledge around the general mental health-related challenges. In a study of the challenges and opportunities in broader mental health system in South Africa by the SAHRC (2017), for instance, a general lack of knowledge of mental health challenges was one of the common issues among communities and expanding on this knowledge was hampered by delivering information in English rather than other official languages. In Mashabane's (2020) study of the difficulties related to knowledge and perceptions of mental illness among the student population, stigmatisation was one of the factors hampering information around mental health issues, with people refraining from seeking care because of fear of stigma. A more recent South African study by Lima-Smith, Nel and Setwaba (2022) among Venda-speaking young people also revealed that people do not know how to deal with

those experiencing mental health-related challenges, hence the concern reported by our participants. In considering this lack of knowledge from the ecological systems perspective, it is essential to note that knowledge dissemination is enhanced by an enabling environment, where barriers such as fear of stigma are eliminated either through policy, enabling laws or cultural practices/activities. It is therefore the macro level of the system that should become properly functional to enable all other systems to follow suit by promoting knowledge in a free and open-minded environment.

Subtheme 1.3: Lack of training among social workers regarding child and adolescent mental health-related issues

Training is essential; hence lack of appropriate training was highlighted by the participants as a form of insufficient support. This emerged during our interview with four participants. Participant 8 was among those who reported her experiences in this regard:

> ...we are not trained to look after these children at all...We need more trained social workers who can deal with this condition....

There also seemed to be hesitation on the part of participants to conduct counselling sessions with children and adolescents dealing with mental health disorders, as some felt this was not within their scope of practice.

> And I also think, the children with mental health problems, I am not that qualified to give them the effective therapy...

Participant 9 also shared similar experiences:

> I think, with mental case...we sometimes feel as social workers we are not skilled, that's why we can't do the therapy. But actually, we can do the therapy. I think we just scared... I think we are [skilled], but we just lack some self-confidence...

Continuous training and improved knowledge among social workers on child and adolescent mental health is essential for a smooth functioning of the centres; this will in turn enhance the functioning of families and communities from which these children come as well as the overall societal commitment to eradicating mental health issues. If social workers are properly trained, they will be aware of current trends and developments around child and adolescent mental-health and therefore devise the necessary interventions. Despite the assumption that social workers are properly trained and therefore knowledgeable on mental health issues by researchers such as Meier (2017), our study demonstrated the contrary. In our participants' opinions, social workers lacked the necessary knowledge and training related to child and adolescent mental health. A perusal of the literature revealed mixed reports regarding knowledge and training among social workers. A Scottish study of social work students' readiness to work with mental health-related distress in their final year of placement, for instance, revealed that they were inadequately prepared to work with people experiencing mental health-related challenges, with the majority being afraid, anxious, and lacking in confidence as well as the basic knowledge and skills regarding mental health issues (McCusker & Jackson, 2016). In South Africa, Bila (2019) investigated recovery-oriented mental health practices in Tshwane and found social workers lacked the necessary knowledge because of

their limited training. Contrary to McCusker and Jackson (2016) and Bila (2019), some studies found social workers to be knowledgeable, less afraid, less avoidant, more willing to assist and without any issues with clients' mental health-related challenges (Cuskelly *et al*., 2020; Theroit & Lodato, 2016).

Theme 2: Opinions on the impact of child and adolescent mental health-related challenges on other people within the centre

Another question posed to participants intended to elicit their opinions on child and adolescent-related challenges was on the impact of this condition on other people in the centre. Their responses are clustered into three subthemes outlined below.

Subtheme 2.1: The impact of complex cases on house parents or caregivers

One way through which the challenge of managing complex cases manifested was when these cases begin to affect the house parents who became fatigued, exasperated and sometimes traumatised. Participant 1 shared these challenges:

> *Mostly we are seated now with house parents who are drained, who are emotionally drained…Because they do not have the means, the knowledge, to help the children…So we sit with frustrated house mothers who come to us as professionals and say, I don't know what to do….*

Participant 3 commented as follows:

> *The impact is very negative. The house parents really struggle to handle these types of incidents. Emotionally they are just drained, and they don't know which way to go anymore….*

Participant 2 also shared her sentiments regarding the impact of complex cases on house parents:

> *I think the house parents have the most influence on these children…I think they also need to be trained. They also need to be equipped with the necessary skills...*

From the ecological systems perspective, the child and youth care centre is a microsystem, where the children or adolescents interact with housemothers, social workers, other children, or other adolescents. The role of being a primary caregivers places house parents in a crucial position responsible for the smooth functioning of the microsystem. The conditions of this system (including the conduct of these children) also determine the responses of these parents, which in tun also has an impact on relationships within the entire system. Despite their crucial role in the functioning of the centre, the caregivers are overwhelmed by their active and intense role which entails many duties (Julian *et al*., 2019; Moosa-Tayob & Risenga, 2022). Moosa-Tayob and Risenga (2022) explored the challenges of caregivers providing care to children with mental health-related challenges in Tshwane townships of South Africa and found similar experiences to those described by our participants, with caregivers being stressed by having to deal with the complex behaviours displayed by these children. In the study by Juliana *et al*. (2019) of the characteristics of institutions, the children's development and the interventions applied, it was found that in Russia children displayed a clear lack of excitement or anticipation

of interaction with their caregivers or housemothers. The same study found that Ghanaian caregivers felt overworked, inadequately trained and supervised, which then led to them having difficulties in managing complex cases (Julian *et al*., 2019).

Subtheme 2.2: The impact of extreme mental health-related challenges on other children

The difficulties associated with managing complex cases also involved the impact of children and adolescents with extreme mental health disorders on other children, which in some cases took the form of exposure to outbursts and severe behaviour with risk of re-traumatising them. Two of our participants shared their opinions in this regard.

Participant 4 described how the fear of other children triggered their own mental health challenges:

> *Some of the children are just plain scared of the child and won't go near them. It fills them with so much anxiety to be in the same house as the child because they fear, they kind of fear for their own lives.*

Participant 2 explained how copying and mimicking behaviour could have a cumulative effect and cause long-term challenges for children exposed to it:

> *Because most of the time, when we leave it too long, the other children start to adopt those behaviours. So, then we are sitting with a bigger problem at the end of the day….*

What was shared by the participants regarding extreme mental health challenges on other children is a demonstration of the mesosystem which is the manifestation of events that would normally occur in the microsystem (the child's own life) affecting other systems (other children's lives). Although evidence regarding the impact of extreme mental health challenges on other children was limited, Piao, Jeong and Kim (2022) demonstrate the impact of extreme mental health-related issues on children's psychological wellbeing. In another study, Hermenau *et al*. (2011) revealed that other children were affected by aggressive behaviour and the turbulence caused by those with metal health-related issues, which was sometimes even greater than what they had been exposed to before coming to the centre.

Subtheme 2.3: Disciplining challenging behaviour by children and adolescents with mental health-related issues

What also emerged in relation to managing complex cases was lack of capacity to discipline some of these children and adolescents. Participant 9 was among those who alluded to challenges pertaining to discipline:

> *…she had this very aggressive behaviour and it was like she was an animal, a wild animal. And it's like if she's zoned out. You can speak to her but it's like she's not present….*

Participant 7 shared her specific challenges with disciplining one of her difficult clients who displayed conduct disorder:

...But as he is getting older, he's stronger so he's starting to try and hit us or bite us or throw us with stones or things like that. So, getting him into the office can be difficult....

In another interview, Participant 1 reported her sense of helplessness when attempting to discipline some of the children and adolescents:

...Because our children, you know, they are mentally challenged. They end up having uncontrollable behaviour...we cannot control that behaviour. We end up not knowing how to deal with it.

As observed by Julian *et al*. (2019), children experiencing severe long-lasting and deprived institutional care such as those in care centres are more likely to have social, behavioural and emotional difficulties. As a result, this may negatively affect caregivers when enforcing discipline on these children. Mokitimi, Schneider & de Vries (2022), for instance, found that caregivers had difficulty understanding some of the behaviours displayed by these children, which was often confused with disobedience. The challenges pertaining to the difficulties in disciplining some these children and adolescents reflect a poorly functioning microsystem, with the potential to spill over into the mesosystem (i.e. the child's misconduct may extend to the school, where other learners may also learn it and take into their communities).

Theme 3: Opinions on availability of resources within child and youth care centres for children and adolescents with mental health-related issues

During the interviews with the participants, multiple challenges were mentioned, some of which related to medical and psychological resources, schools, institutions, plans and programmes. However, some participants did report the availability of some of these resources, though this needed to be strengthened. In an interview with Participant 4, for instance, she said:

At Steve Biko, there is two psychologists, that see the children and they evaluate them and then you have to take the child back. I don't know how many times. I think it is at least three or four times for the evaluation and then they get referred to a psychiatrist....

Participant 2 shared her challenges as follows:

...we have, firstly, a lot of children with severe diagnosis that...there is no form of other support available to us. For example, we only have Weskoppies, which is a psychiatric hospital. There [are] only one or two doctors, so we are on waiting lists...the children are on waiting lists for three or four months....

According to Participant 4, medication was used to manage these children because other resources were not accessible:

I feel medication is used as a quick fix because we don't have therapy readily available, and I also think that influences the child. So, I would like if medication could be our last resort instead of our first....

Participants also felt that children were placed on medication unnecessarily. Participant 6 attested to this:

> *I think they try to cope, but it is very, very difficult. It's really difficult and at that stage, because there's no resources, it's always... and increasing the medication…*

Although the availability of mental health resources in general is undoubtedly essential, our participants noted that it appears to be a challenge for children and adolescents to access such resources. Their opinions find support in earlier work by Nicholas, Joshua and Elizabeth (2022), which demonstrated challenges in accessing resources in African countries, with inadequate staffing, sociocultural stigma and lack of governmental commitment to policies and funding being common. In Africa, specialists are primarily available in regional or district healthcare centres and not in small villages, and therefore only accessible to clients who can afford to reach such district centres, which are mostly in urban areas (Monterio, 2015; Nicholas *et al.*, 2022). Ethiopia, for instance, has one hospital in Addis Ababa, while Botswana, South Africa and Egypt have more hospital capacity equipped with better resources and staff and yet remain unable to serve the entire population (Monterio, 2015). A South African analysis of services for children and adolescents with mental health challenges conducted by Kleintjies *et al.* (2010) found a limited number of psychiatrists dedicated to addressing child and adolescent mental health challenges, as well as scarcity of resources and ineffective distribution of care and support for children and adolescents in schools, welfare organisations and healthcare centres. The lack of child and adolescent mental health facilities and the difficulty of admitting children below 12 years to a children's ward, resulted in some children being placed in adult mental health wards not meant for them (Langer & Lietz, 2015). The weak interconnections of the macrosystems, exosystem and mesosystems reflected in the above account eventually result in the need for adopting alternative measures, such as using medication, even when it is not necessary, as reported by Participant 4.

DISCUSSION

The overall aim of this study was to explore and describe the opinions of social workers regarding the mental health-related challenges encountered with children and adolescents in child and youth care centres of the Gauteng province in South Africa. With this aim in mind and using the ecological systems theory, the researchers interviewed social workers working with children and adolescents experiencing mental health-related challenges in these centres, who shared their opinions regarding the general challenges associated with dealing with children and adolescents with mental health challenges. They also shared their opinions on the impact of child and adolescent mental health-related challenges on other people in the centres as well as on the poor availability of resources for child and adolescent mental health-related challenges within the centre. Looking at the findings from the *macro level* of the ecological systems theory, one gets a sense of the complexity of child and adolescent mental health-related challenges, with lack of funding, long waiting periods to access mental-health services and a general lack of public awareness regarding child and adolescent mental health-related challenges being common factors. These challenges are interconnected, with public awareness and political will determining whether issues of child and adolescent mental health should be placed on the policy agenda (Zou *et al.*, 2020).

Although a perusal of literature attested to the existence of some of these issues in other parts of the world, the situation seems especially dire in the African continent, with fewer African countries having clear plans and policies on mental health in general as well as scanty resources for dealing with child and adolescent mental health (WHO, 2020; Zou *et al*., 2020).

At the *exosystem level*, the impact of factors from other levels are experienced by children and adolescents with mental health-related issues. Things like lack of knowledge around mental health issues because of stigma and discrimination and the impact of this are often manifested in the exosystem. Whereas access to education and information affects the acquisition and adoption of new knowledge and practices, the general misconception and stigmatisation around mental health have also hampered the dissemination of knowledge (Mashabane, 2022; UNICEF, 2022). All these factors affect availability of knowledge for both professionals and ordinary people, which ultimately determines the kind of interventions that can be designed and delivered for mental health care. In Mashabane (2022), for instance, one of the participants reported rumours that her uncle with mental health-related challenges was going through this because he was being punished by the ancestors. With lack of clear policy directives and proper educational programmes and relevant resources for mental health issues, such misconceptions are likely to become entrenched in the communities and instil a fear of seeking help when it is needed the most. The exosystem also manifested itself in this study through participants such as participant 9 who pointed to lack of resources and their reliance on public facilities such as Weskoppies which then resulted in them being subjected to long waiting periods. The micro level was also highlighted as an area with its own complex dynamics that ultimately impact the relationships and levels of interaction among the parties involved, with caregivers having difficulties disciplining children while children with extreme challenges frightened others.

CONCLUSION

This study was prompted by the need for continuous development of knowledge around mental health. Through the opinions shared by participants, it demonstrated the complexity of child and adolescent mental health, with its related challenges emanating from a broader societal context of resource allocation, which then has an impact on programmes, including therapy, public education and capacity building for both social workers and the caregivers caring for these children. Through the ecological systems theory, the study demonstrated that because of lack of resources which should flow from the macrosystem, all other levels of the system are affected, with the microsystem having social workers who lacked the necessary capacity to manage children and adolescents with complex challenges, which in turn resulted in other children being frightened. From the mesosystem level, social workers resorted to external facilities like psychiatric hospitals, where they experienced further problems of being subjected to long waiting periods for services. In demonstrating the operation of the exosystem, all these issued impacted negatively on services provided to these children, leading to a heavy reliance on medication as opposed to therapy.

To sum up, the challenges of dealing with child and adolescent mental health remain complex and have a negative impact on all levels of society. In addressing these challenges, it is therefore essential for the following to be taken into account:

- Social workers should conduct advocacy programmes to highlight the need to support programmes for addressing child and adolescent mental health-related issues;
- Child and youth care centres should consider partnering with training institutions for the purpose of rendering specialised training for social workers, communities as well as caregivers involved in caring for children and adolescents with mental health-related challenges, so that they can manage children with severe challenges;
- Social workers who are properly trained by the higher institutions in accordance with the above suggestion should then develop educational programmes for members of the public for the purpose of creating greater awareness of child and adolescent mental health-related issues;
- Further studies are recommended on a broader national spectrum to cover larger parts of the country.

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