HEEDING THE CALL:
Insights from Young People and Organisations to Advance Adolescent Mental Health in South Africa

SCHOOL OF HARD KNOCKS
Table of Contents

Foreword from the President & CEO 3
Executive Summary 4
Introduction and Purpose 10
Adolescent Mental Health in South Africa 13
  Contextual Issues Impacting Young People in South Africa 13
  The Rates of Mental Health Disorders in South Africa 19
  The Inadequacies of Public Mental Health Services in South Africa 21
  Stigma and Other Barriers to Accessing Mental Health Services 23
  Understanding Adolescent Mental Health on a Continuum 24
What We Are Learning 27
  Lessons Learnt and Promising Practices 27
  Lesson 1: Who Provides the Emotional Support and How It Is Provided Matters 27
  Lesson 2: Having Former Programme Participants as Staff Helps 30
  Lesson 3: Using Creative Methodologies Is Powerful 32
  Lesson 4: Programmes and Staff Need to be Gender Sensitive 35
  Lesson 5: Collaboration Is Key 38
  Lesson 6: It Is Worth the Time It Takes to Develop Suitable Learning and Impact Systems 40
Recommendations for Funders 46
  Helpful Questions to Ask When It Comes to Investing in Adolescent Mental Health 47
Conclusion 52
Notes 53

Lead Author: Carly Tanur, EMpower Consultant
Foreword from the President & CEO

Prior to COVID, EMpower’s work in South Africa focused on programmes building resilience among youth living in townships, recognising this as a fundamental component of young people’s ability to weather day-to-day challenges and have a future of hope and potential. COVID hugely exacerbated the challenges faced by people living in low-resource settings. Economic precarity worsened. Stresses, substance use, and violence all increased. And organisations providing learning and connection (e.g., schools, out-of-school programmes) shuttered. In addition to increasing funding and its flexible use to help our partners support young people through this especially difficult period, we sought to deepen our understanding of the impacts on mental health and identify workable solutions to support young people’s mental health and overall well-being.

Toward this end, EMpower organised a learning exchange in April 2022 among our South African colleagues with expertise in young people’s mental health—grantee partners and young people—that was grounded by a qualitative research assessment conducted with many of them. I was able to participate as COVID restrictions on travel eased, and thus was fortunate to learn about the realities, creative approaches, and priorities that need our and other funders’ attention. This report brings together key findings and recommendations so that others may also benefit, with the goal of increasing action, resources, and practicable strategies to ensure young people’s mental health. While our research focused on South Africa, many of the findings and suggestions presented here are more universal and can contribute to one positive outcome of the COVID pandemic: heightened awareness about the importance of mental health for all people and more open conversations—in homes, schools, work settings, places of worship, and communities—that are helping to destigmatise and humanise this important topic.

The Learning Journey and this report are the result of the strong energy, wisdom, and deep care of several individuals: Theodoros Chronopoulos, EMpower Senior Programme Officer for Africa and Russia and Safeguarding Lead; Deborah Diedericks, EMpower Programme Officer, South Africa; and Carly Tanur, EMpower consultant, mental health expert, former Director of Mamelani, and lead author of the report. Without Theo’s strategic vision and persistent commitment, Deborah’s knowledge of mental health realities and practices, and Carly’s gifts for eliciting knowledge, views, and weaving connections, the Learning Journey and the report would not have yielded such rich results. We are also grateful to Nicole Rajani, EMpower’s Head of Global Communications, and Mozaic Consulting for bringing brilliant editing and design skills to the report.

We especially want to thank our grantee partners in South Africa: Adonis Musati Project, BRAVE Rock Girls, Children’s Radio Foundation, Earthchild Project, Fight with Insight, ikamva Labantwana Bethu, Khululeka Grief Support, Mamelani Projects, Mudita Foundation, School of Hard Knocks, The Sozo Foundation, United Through Sport, Usapho, and Waves for Change. They gave their precious time, offered insight earned over years of hard work, and organised the youth focus groups that fed into this process. They continue to make heroic efforts, often at personal cost and sacrifice, to foster the mental health and broader well-being of young people in South Africa.

It is to these young people that this report and all our efforts are dedicated.

Cynthia Steele
President & CEO, EMpower
Executive Summary

EMpower’s grantee partners in South Africa are doing remarkable work to support young people from underserved communities with their mental health. The impact of South Africa’s violent history is felt most strongly psychologically and economically in the underserved communities where all of EMpower’s grantee partners operate.

South Africa is recognised as the country with the greatest income inequality in the world. More than half of the children in South Africa (63%) live in households that are below the poverty line. The connection between poverty and mental health problems is well documented: People who live with mental health disorders often face additional challenges in making a living, and people living in poverty have been shown to be at greater risk of developing mental health disorders. Hunger and malnutrition are also directly linked to poor mental health. Approximately 40% of adults in South Africa who live with children in food-insecure households show “signs of depressed mood.”

Financial and food insecurity creates high levels of stress for affected families. Additionally, families with limited resources may struggle to pay for transport and fees related to accessing mental health services, which can fuel the intergenerational cycle of poverty and poor mental health. And research shows that many mental health disorders in adults have their origins in childhood and adolescence, with 50% linking back to experiences that took place before the age of 14 and 75% linking back to experiences that took place before the age of 24. These challenges and their implications have only gotten worse as a result of the COVID-19 pandemic.

In a country that is still reeling from the legacy effects of Apartheid, where poverty is rife and violence and volatility are common, early intervention and high-quality, age-appropriate care are vital for ensuring that young people are supported and able to cope with the challenges they face. Local organisations, including our grantee partners, play a critical role in providing this support.

Through interviews and focus groups, we gathered information from our grantee partners and the young people in their programmes about the challenges and successes of offering and receiving mental health support. What they shared offers a rich picture of what young people in South Africa require and how locally built communities of care could address these needs. Our findings are detailed in this report and summarised below.

Who provides the emotional support and how it is provided matters.

Staff working with young people must be familiar with their contextual reality, have an understanding of the practices in their homes and communities, and have the ability to speak with them in their own language. Young people open up more easily in less formal settings.

Having former programme participants as staff helps.

Organisations can harness young people’s sense of personal leadership by inviting them onto their teams and into real leadership roles. Young people who have come through the programmes can draw on their own experience and shape practices and connections to the (youth) programme participants in ways that only former participants can.

Using creative methodologies is powerful.

Supporting young people using creative methodologies learnt and practiced in a physically and emotionally safe space can help them feel included, seen, heard, and able to open up about their experiences. These practices help them to feel less alone and better equipped to respond to difficult situations.
Programming and staff need to be gender sensitive.

Pervasive patriarchal violence, rape culture, and gender-based discrimination have negative effects on the mental health of girls and young women. Young people who identify as lesbian, gay, bisexual, transgender, queer, or intersex (LGBTQI+) also face marginalisation, intimidation, violence, and death threats. Organisations must help all young people feel safe and welcome and be able to meet young people’s needs when it comes to issues of gender and sexuality. The high levels of suicide amongst boys and young men in South Africa is an indicator of the need for supporting these boys and young men alongside empowering girls and young women to break the cycles of violence, gender discrimination, and gender inequity.

Collaboration is key.

Adolescent mental health services in South Africa are extremely limited. Organisations must build meaningful networks and partnerships to support young people in collective and harmonious ways.

It is worth the time it takes to develop suitable learning and impact systems.

Developing systems that can accurately assess and measure shifts in young people’s mental health and well-being to determine whether these shifts can be attributed to programme interventions can be a difficult process that takes time to develop. Working collaboratively, sharing tracking tools, ideas, and practices can go a long way in helping organisations with the complex task of tracking outcomes. While these learnings are contextual to South Africa, our recommendations are universal in their value to organisations that are interested in supporting the mental health needs of young people. We call on our fellow funders to:

- Recognise the importance of supporting young people’s mental health in its own right, but also as a critical element in achieving a range of development outcomes.
• Invest in the full range of mental health services including community-based care.

• Fund posts for trained staff to provide mental health support and ensure that organisations have the capacity to train and support staff.

• Invest in processes that help organisations build awareness of and address gender discrimination and inequality.

• Support organisations in developing tracking and measurement systems and tools.

Our grantee partners demonstrate the importance of offering services in culturally sensitive ways and creating safe spaces where youth can speak openly about their challenges. They have shown the value of creating strong partnerships, strengthening networks of support, including for referrals, and creating communities of care around young people. Inviting and supporting youth to lead can powerfully influence this change and ensure that the systemic work is guided by their voices and what matters most to them.

EMpower hopes the lessons and examples presented in this paper help our grantee partners and other like-minded organisations continue to grow in their efforts to provide desperately needed mental health services for young people worldwide.

Introduction and Purpose

Mental health challenges are on the rise globally and the situation in South Africa is no different. The legacy of Apartheid and other systemic issues have left the majority of the population facing high levels of unemployment, violence, and poverty, all of which have negative effects on young people's mental health. Adolescent mental health is a complex and nuanced terrain, and EMpower’s grantee partners in South Africa are pioneering innovative, impactful, community-based approaches that offer powerful examples of how best to support young people from underserved communities to strengthen their mental health.

This paper is aimed at funders, philanthropists, and other stakeholders with decision-making power who are funding or looking to fund organisations working in the field of adolescent mental health. We hope the learnings shared here can shine a light on the complexities of this work as well as the opportunities that can be created with the right support. We also hope this report will be useful for our partners, especially those who work in places where the psycho-social and contextual realities are similar to those that are shaping the work in South Africa.

Our Grantmaking Journey in South Africa

EMpower’s grantmaking journey in South Africa started in 2002 with a focus on enabling young people to create sustainable livelihoods. Although 65% of the young people in our partners’ programmes managed to get jobs after graduating from the programmes, only half of them remained in employment six months later. Many young people could not cope emotionally with being in work environments. The more we explored this situation, the more we realised that without support to address the mental health challenges they face, young people are far less likely to reach other goals like completing education and building successful and productive lives.
In 2016 we made the strategic decision to invest more intentionally in helping young people achieve positive life outcomes by strengthening their resilience in the face of such hardships. Since then, supporting and developing adolescent mental health programmes and approaches has become the key focus area for our work in South Africa.

Our Approach to Learning

As a learning organisation, our work is guided by the needs identified by our partners and the young people whom they serve. To gain a better understanding of the nuances around the mental health needs of young people in South Africa, we began a consultative process with organisations and the young people in their programmes about their experiences offering and receiving mental health support. We interviewed 25 staff members representing 90% of our pool of grantee partners and conducted 8 focus groups with female programme participants aged 10–24 to better understand their perspective on what is and is not working and to identify unmet needs. The responses offer a rich picture of what is needed for organisations to provide the mental health support that young people in their contexts require.

Based on the outcomes of the consultative process, grantee partners gathered for a collective learning journey structured around the expertise and experiences of grantees, and the priorities, needs, and gaps identified by young people and those serving them.

At the Learning Journey event, grantee partners and young people learned from each other how to strengthen their work. They presented the creative approaches they have developed and shared their experiences, methodologies, tools, and practices. The event was attended by representatives of 14 organisations, including directors, managers, programme facilitators, and young people from each organisation. The process placed youth voices at the centre, and young people designed and led some sessions and supported the facilitation team with a range of activities each day.

At the end of the three-day event, grantee partners and young people identified organisation-specific and collective needs to collaborate on in the future. They wanted support to deepen and expand their understanding of trauma, mental health, and issues surrounding gender and sexuality. They offered ideas about how organisations could connect and support each other and continue learning together. Suggestions included creating Communities of Practice (COP) to strengthen systems to track programme-related improvements in young people’s mental health, developing best practices for supporting young people as they transition into roles as organisation staff members, and providing professional supervision and support for practitioners. We are following up on the ideas that participants put forward, with a commitment to invest in many of the areas that were identified as needing further support.

Terminology

We see mental health as a positive attribute, something that can be nurtured and strengthened just like physical health. In this document we use a variety of terms, including mental well-being, mental health, mental health problems, and mental health disorders. Here we provide clarity regarding what we mean when we use them.

**Mental well-being:** A subjective sense of psychological coherence, emotional stability, and social connectedness in environments that are experienced as supportive, promoting the flexibility and resilience to adapt in situations of stress and adversity (adapted from Keyes, 2002).

**Mental health:** Ability to act with agency in environments that support best efforts to reach potential, capacity for meaningful relationships with other people, the skills to adapt and cope with adversity and common stresses of life and to contribute to one’s community (WHO).

**Mental health problems:** A disturbance in mental health and well-being that results in emotional and interpersonal distress and some difficulty coping with everyday stressors, but not severe enough to warrant a clinical diagnosis of a mental disorder (adapted from Lancet Commission, 2018).

**Mental health disorders:** Disturbances of thought, emotion, behaviour, and relationships with others that lead to substantial suffering and functional impairment in one or more major life activities, as identified in the major classification systems such as the WHO International Classification of Diseases and the Diagnostic and Statistical Manual of Mental Disorders.
Adolescent Mental Health in South Africa

Contextual Issues Impacting Young People in South Africa

Although Apartheid ended in South Africa in the 1990s, its legacy is still felt in the daily lives of young people and their families, especially those who were forcibly removed and continue to live in far-flung and marginalised communities. The impact of the country’s violent history is felt most strongly psychologically and economically in the underserved communities where all of EMpower’s grantee partners operate. While many parents are not working, youth unemployment is also extremely high. Recent statistics show that more than one-third (34.5%) of young people between the ages of 15 and 24 are not in employment, education, or training. More than half of the children in South Africa (63%) live in households that are below the poverty line. The connection between poverty and mental health problems is well documented: People who live with mental health disorders often face additional challenges in making a living, and people living in poverty have been shown to be at greater risk of developing mental health disorders. Hunger and malnutrition are also directly linked to poor mental health. Approximately 40% of adults in South Africa who live with children in food-insecure households show “signs of depressed mood.” This financial and food insecurity creates high levels of stress for affected families. Additionally, families with limited resources may struggle to pay for transport and fees related to accessing mental health services, which can fuel the intergenerational cycle of poverty and poor mental health. These challenges and their implications have only gotten worse as a result of the COVID-19 pandemic.

The COVID-19 pandemic created additional instability for young people, especially with regard to their education. Online learning is not accessible to all. “We have lost hope in the systems that are meant to support us. We see no way out of poverty. You get a mind-set that you will never get out because it is a constant. Very few make it out. Gangsterism and sugar daddies are the only ways out.”

–Girl/Young woman participant
for the many students who do not have access to digital devices and the internet. The pandemic also placed restrictions on young people's mobility, which impacted their ability to attend programmes and access social support or work opportunities.

Youth living in these poverty-stricken communities are regularly exposed to violence and volatility in their homes, schools, and communities. This can take the form of racism, xenophobia, homophobia, domestic violence, gang-related violence, and taxi wars. There are very few spaces where young people, especially young women, feel safe. In 2021, Statistics South Africa released a report, “Crimes Against Women in South Africa,” indicating that more than one in five women (21%) had experienced physical violence by a partner.¹⁷ In 2019, a Statistics South Africa report indicated that a woman is killed in South Africa every three hours.¹⁸ The following year, President Cyril Ramaphosa declared femicide and gender-based violence South Africa's second pandemic.¹⁹

Waves for Change, one of EMpower's grantee partners, found that the youth in its programme had experienced 8 highly traumatic events each year (compared to the UK/USA average of 4.8 per lifetime).²⁰ These events relate to the loss of a loved one to illness or violence, as well as direct experiences of violence themselves. Young people who are exposed to highly traumatic events such as these often struggle to regulate their emotions. They function largely in survival mode, reacting from a place of fight, flight, or freeze, as opposed to responding from a place of awareness or emotional connection. Repeated exposure to violence and loss can contribute to the development of a range of mental health problems in young people.²¹ Compounded over time, these traumatic events greatly compromise young people's ability to focus on their learning, make healthy decisions, and engage positively with their families and peers. Research has shown that the more violence that young people are exposed to, the greater the likelihood of their developing PTSD.²² The violence, along with poverty, discrimination, and marginalisation, all negatively impact young people's health, well-being, and hope for the future.

Mental health is not simply located in the mind, it is shaped in powerful ways by children's relationships, life events and living conditions."

—South African Child Gauge 2021/22

It is not only the youth who are affected by these difficulties; their parents, grandparents, and caregivers are also exposed to this ongoing violence in their homes and communities. Many of the adults in the young people's lives carry unprocessed trauma as a result of living through Apartheid. When people are overwhelmed by trauma, they often choose to avoid talking about their challenges and disconnect from their feelings as a way of coping. Over time, these coping mechanisms can become the go-to strategy for dealing with stress. Because of this, parents and caregivers with unprocessed trauma may find it difficult to offer the kind of emotional support that the children in their care need. This is important to highlight as the young people who participated in the focus groups identified the lack of emotional support in their homes as one of the primary issues that they struggle with, making it difficult to open up to the adults they live with about the mental health challenges they face.
“There is no space to speak about my emotions in my family. Maybe it is because it was like that for them when they were growing up, it’s very difficult to talk to them about hectic things. My parents also have a lot of things to deal with so I don’t want to burden them more with my stuff.”

–Girl/Young Woman Participant
It is hard to know the actual rates of mental health disorders in South Africa amongst children and adolescents as there is no national representative epidemiological study of children and adolescent mental health disorders. These gaps must be considered when making meaning of available statistics. A 2016 study of adolescent mental health in South Africa found a high prevalence of young people living with common mental disorders, including depression (41%), anxiety (16%), and post-traumatic stress disorder (21%). For adolescents who self-identify as Black/Coloured and/or with material disadvantage (which is generally the profile of participants in EMpower-funded programmes), the rates of common mental health disorders are even higher. The Western Cape (where most of EMpower’s grantee partners operate) is reported to be the province with the highest prevalence of mental health problems in South Africa, with 42% of people living with at least one mental health disorder. The Western Cape government claims that as many as 9% of all deaths among adolescents are due to suicide. Recent studies have shown that less than 10% of children and adolescents in the Western Cape who need diagnosis and treatment for a mental health disorder ever receive it.

Aside from the rate of mental health disorders amongst children and adolescents, it is important to acknowledge that 20% of children in South Africa have a parent who has a mental health disorder. Parents living with a mental health disorder may struggle to meet their family’s emotional and material needs. Children in these homes face multiple difficulties as they witness their parents’ struggles with mental health problems, often blaming themselves, taking on additional responsibilities, and feeling a sense of shame as a result of the stigma around mental health. Studies have shown that even when parents do access care from the system, there is very little intentional support offered to their children.

“I feel like it is my responsibility to make sure that everyone in my family is taken care of. I cannot just focus on myself because my family will drown in their stuff.”
–Girl/Young woman participant

The Rates of Mental Health Disorders in South Africa

It is hard to know the actual rates of mental health disorders in South Africa amongst children and adolescents as there is no national representative epidemiological study of children and adolescent mental health disorders. These gaps must be considered when making meaning of available statistics. A 2016 study of adolescent mental health in South Africa found a high prevalence of young people living with common mental disorders, including depression (41%), anxiety (16%), and post-traumatic stress disorder (21%). For adolescents who self-identify as Black/Coloured and/or with material disadvantage (which is generally the profile of participants in EMpower-funded programmes), the rates of common mental health disorders are even higher. The Western Cape (where most of EMpower’s grantee partners operate) is reported to be the province with the highest prevalence of mental health problems in South Africa, with 42% of people living with at least one mental health disorder. The Western Cape government claims that as many as 9% of all deaths among adolescents are due to suicide. Recent studies have shown that less than 10% of children and adolescents in the Western Cape who need diagnosis and treatment for a mental health disorder ever receive it.

Aside from the rate of mental health disorders amongst children and adolescents, it is important to acknowledge that 20% of children in South Africa have a parent who has a mental health disorder. Parents living with a mental health disorder may struggle to meet their family’s emotional and material needs. Children in these homes face multiple difficulties as they witness their parents’ struggles with mental health problems, often blaming themselves, taking on additional responsibilities, and feeling a sense of shame as a result of the stigma around mental health. Studies have shown that even when parents do access care from the system, there is very little intentional support offered to their children.

“I feel like it is my responsibility to make sure that everyone in my family is taken care of. I cannot just focus on myself because my family will drown in their stuff.”
–Girl/Young woman participant
The Inadequacies of Public Mental Health Services in South Africa

Most South Africans continue to struggle for their basic human rights. Systems failures leave the state unable to deliver basic services to the majority of the population. Rolling blackouts, water rationing, and medicine shortages have become the norm. Although the constitution protects the rights of all South Africans, the way that social welfare policies are funded and implemented is failing poor South Africans. State institutions function well below standard, leaving those who rely on these services without access to the care that they need. The public health system fails to deliver adequate services to those who need these, particularly when it comes to mental health services.

Even though mental health problems are the leading cause of health disability amongst adolescents, only 4% of the total health budget in South Africa is allocated to mental health services. This gross underinvestment, along with a shortage of mental health professionals, contributes to the public healthcare system’s inability to meet the growing need for adolescent mental health care and treatment. In most areas where grantee partners work, there are minimal, if any, publicly funded adolescent mental health services.

“We are working with underprivileged kids. They don’t have the funds to go and see a psychiatrist. I phoned the Day Hospital (local hospitals are referred to as Day Hospitals in South Africa) to get an urgent appointment. They told me there is a waiting list of three months. This girl is wanting to commit suicide. We can’t wait three months. I said we need to have an emergency psychiatric evaluation done by a psychiatrist but there was nothing they could do.”

–Counsellor, School of Hard Knocks
Stigma and Other Barriers to Accessing Mental Health Services

EMpower’s grantee partners have affirmed how much stigma still exists around mental health. Organisations speak about avoiding using the term “mental health” when describing their work to young people and partners, fearing that they may avoid engaging with its programme because of the negative associations around mental health. Many young people spoke about being afraid to speak to their families about their mental health challenges because of the stigma, presenting another barrier to young people speaking up, seeking help, and accessing the care they might need.

Staff working with young people also noted that symptoms of certain mental illnesses are perceived differently across cultures and that some African languages have no terms for these symptoms. These cultural beliefs and the absence of relevant terminology in some languages influence how mental health is perceived, understood, and discussed. For example, certain symptoms, which may be understood from a physical perspective in mainstream medicine, have a spiritual component when viewed from a cultural or faith-based perspective. It is important to recognise that almost 50% of African families use faith-based or traditional practitioners, rather than the mainstream public health system, as their first point of contact for seeking assistance with mental health disorders. These faith-based and traditional practitioners are embedded in and respect the families’ cultural and religious beliefs. The biomedical model employed in the public health system often lacks this level of cultural understanding; this may be one reason why many young people and their families resist accessing care from public and private health care providers.

Mental health has been communicated and understood in a Western language and parents don’t have access to that language. So it’s a concept that’s not true to them. There’s a stereotype that exists in black communities that depression is for white people and that it is a white illness, so when you are struggling, if it is because you are depressed, there is no language for that. There is so much stigma attached to even saying I’m not feeling good. If I say that I’m not feeling well, it’s a red flag for you that I am weak. And in our communities you can’t be weak.”

–Programme Manager, Children’s Radio Foundation

Grantee Spotlight: Children’s Radio Foundation

Children’s Radio Foundation trains youth reporters to develop their own radio shows that are then broadcast via public radio stations. Since its founding in 2006, Children’s Radio Foundation has created a network of more than 1,700 youth radio reporters across six countries in Africa. Every year the youth reporters are asked to select the topics they want to learn more about, and in 2019 they highlighted the need to talk more openly about mental health. Children’s Radio Foundation is using radio as a tool for breaking down the stigma around mental health. An EMpower grant supported the development of radio guides to assist youth reporters in unpacking the multiple issues impacting young people’s mental health. They used these guides as the foundation for facilitating conversations with members of their communities and other young people, gathering their stories, perspectives, and experiences. Based on these conversations they created radio shows to stimulate further conversations on the topic.

Understanding Adolescent Mental Health on a Continuum

There are multiple systemic, socioeconomic, and intergenerational factors that make working in the space of adolescent mental health a complicated endeavour, but one thing that is clear is that early intervention is essential. In order to understand the importance of intervening early, one needs to understand adolescent mental health as it occurs on a continuum, with “thriving” on the positive end of the spectrum and “struggling” on the negative end.

Feeling worried, anxious, or upset are all normal responses to everyday challenges. When it comes to the mental health continuum, young people who are struggling are those who experience repeated stresses that cause ongoing anxiety, excessive worrying, and low mood. This response to stress, although normal, should be seen as a potential warning sign that a young person is struggling and needs support.
What first shows up in a young person who is struggling is a sense of hopelessness and an inability to cope with difficult emotions can develop into emotional outbursts and dangerous risk-taking behaviour. These feelings may progress into feelings of anxiety or depression to the point that they get in the way of a young person coping with their daily tasks. This may lead to self-isolating and avoiding social interactions, and because of the intensity of their emotional pain, young people may self-harm or even consider taking their own life.

Young people faced with these intense emotional struggles can easily become overwhelmed. Without support, their capacity to cope can worsen over time and evolve into longer-term and even lifelong mental health disorders. Research shows that many mental health disorders in adults have their origins in childhood and adolescence, with 50% linking back to experiences that took place before the age of 14, and 75% linking back to experiences that took place before the age of 24. How young people experience these difficult events and the extent to which they receive support and care at the time when they happen can drastically shift the impact these experiences have on their mental health in that moment and in the future.

Early intervention and appropriate care are vital for ensuring that young people are supported and can cope better with the challenges they face. Local organisations play a critical role in providing this support. Grantee partners identify and assist young people who are “surviving” or “struggling” by offering them support to deal with the challenges they are facing and by sharing tools to manage the feelings that come with these difficult experiences. This support helps prevent the young person moving further along the continuum and potentially being at risk of developing a mental health problem.

“Children and adolescents who are ‘thriving’ experience contentment and happiness, and possess the ability to self-regulate, manage adversity, and engage with life tasks with enthusiasm and to full potential. Young people who are ‘surviving’ still cope with their everyday routines, but may be worried, anxious, and distressed about one or more life areas. Children who are ‘struggling’ experience regular feelings of anxiety or low mood, worry excessively, have difficulty coping with their schooling or work, and may have poorer quality relationships. This does not constitute a mental disorder, but children may find the tasks of daily life more difficult, may start to exhibit signs of subclinical mental distress and may take up maladaptive, self-soothing behaviours such as substance use.”

–The South African Child Gauge 2021/22
What We Are Learning

Lessons Learnt and Promising Practices

The lessons learnt and practices highlighted in this document have come through the consultation process, the Learning Journey event, and subsequent conversations with young people and the organisations that support them. Over the course of the Learning Journey, organisations outlined the approaches they have been using and practices that they have been drawing on that show promise. Organisations also spoke openly about the issues that they continue to grapple with, and young people offered input on gaps in programme support. What we share below offers insight into the kinds of interventions that are working well, as well as what kind of support structures are needed alongside these interventions to ensure that they can take root and thrive.

Lesson 1: Who Provides the Emotional Support and How It Is Provided Matters

Although therapy and counselling are often the first step for someone who is struggling emotionally, simply referring a young person in South Africa for counselling is not enough. In the focus groups, young people spoke critically of their experiences of being sent for counselling. They shared that going to a counsellor felt unfamiliar and one-sided, with counsellors asking them lots of questions and rarely sharing anything from their own experience. Instead of feeling supported, the experience left them feeling like they were being studied or interrogated. It is important to also acknowledge that young people who have been through a traumatic experience may struggle to build trust. They might find it difficult to open up to new people, initially seeing those offering help as a threat. They might find it difficult to open up to new people, initially seeing those offering help as a threat. They might find it difficult to open up to new people, initially seeing those offering help as a threat. They might find it difficult to open up to new people, initially seeing those offering help as a threat.

"I don't believe in counsellors. They get trained to say nothing. They sit and listen to you cry and talk for hours and they don't tell you nothing and then they just say, ok, come back next week, and tell me how do you feel? How must I know how I feel? What's the point if you don't give me any advice and if you don't tell me how to control these feelings."

–Girl/Young woman participant

Many focus group participants said they cannot open up to family members and they worry that friends and teachers may use what they have shared to gossip about them or punish them. The young people all spoke about the importance of having access to a non-judgemental space where they can open up to someone whom they can trust.

Promising practices

Staff working with young people must have familiarity with their contextual reality, an understanding of the practices in their homes and communities, and the ability to speak with them in their home language. Young people open up more easily to someone they can relate to, so many of our grantee partners prioritise investing in and hiring staff who come from backgrounds similar to those of the young people they serve. This shared background, language, and cultural heritage make it easier to form trusting and meaningful relationships.

Grantee partners have found that young people open up more easily in less-formal settings. Organisations have trained facilitators to offer emotional support both formally and informally as part of their work. This emotional support can take the form of informal check-ins and mentoring sessions, rather than formal counselling or traditional therapy sessions. The staff offering this support receive counselling training but work as youth facilitators (not counsellors) inside the organisations. This distinction is significant as it affects how the young people perceive those offering support.
Things to keep in mind

At the Learning Journey, one of the young people who was trained as a facilitator and counsellor shared that the basic counselling training she received was not sufficient for her to deal with the kinds of issues that arose in her work. She said that this often led to her (and others in the same role) feeling overwhelmed. Given the reality of limited mental health services, these facilitators may be the only people to whom young people can turn when something happens. They must be trained and supported in identifying and referring cases that fall beyond their scope of practice. It is vital that organisations support these facilitators to help them deal with more complex cases and provide access to supervision or debriefing to prevent overwhelm and burnout.

The consultative process highlighted how many of the people in these roles are impacted by ongoing violence in their own communities. In addition to needing supervision for their caseload, facilitators also need support to deal with their personal traumas so they do not get carried into their work, especially when they need to support young people who present with similar issues. Ideally organisations should have at least one experienced social worker or mental health professional on their team to pick up cases and provide supervision and debriefing for staff. Where this is not possible, they should build a strong relationship with an external social worker who can play this role and can take on the more serious cases.

Grantee Spotlight: School of Hard Knocks

School of Hard Knocks (SoHK) works with young people who have been exposed to traumatic events such as abuse, neglect, and violence. SoHK addresses these issues with a combination of psycho-social counselling and life skills development using rugby-based activities. Over 28 weeks, the participants are guided through a curriculum of structured sessions to learn rugby and develop key life skills such as self-awareness, goal setting, anger management, and optimistic thinking. Sometimes participants tap out of a session or sit on the sidelines. Instead of seeing this as bad behaviour, coaches use the field-side space as a coaching ground where they can provide informal psycho-social counselling to engage young people where they are and in ways that feel comfortable. They create a safe space to listen to and motivate participants who are struggling emotionally. These field-side check-ins are a core component of the work. Coaches track the conversations, follow up with young people on what was shared, and make referrals where necessary. SoHK has a registered social worker on its team who provides supervision to the coaches and picks up cases requiring further intervention. This gives the young people access to mental health support without needing to go into spaces that feel uncomfortable or unfamiliar to them.

Lesson 2: Having Former Programme Participants as Staff Helps

EMpower’s grantee partners are all working towards building youth leadership in different ways. At the heart of this youth leadership is the hope that each young person can take the lead in their own life and contribute to the world around them. Meaningful youth participation in the organisations is one of the ways that this can be achieved. Organisations can harness young people’s sense of personal leadership by inviting them into real leadership roles. Young people who have come through the programmes often know best what works and why. Former participants can draw on their own experience and shape practice in a way that other staff cannot. In many ways, they are the ideal candidates to facilitate and take the work forward.

Promising practices

Many of EMpower’s grantee partners recognise that programme participants identify most strongly with other young people who have faced similar challenges and have come through the same programmes. Many of the organisations therefore invest in training and promoting programme alumni to join their teams. This has multiple benefits. For programme participants, seeing a young person from the same background who has overcome challenges similar to what they face can give them hope and motivation. It provides them with real role models, people like them who have been able to grow and shine, each in their own unique way. It is a strength that organisations can continue to draw on as their pool of alumni grows with each year of programme graduates. Former participants who are employed also find meaning in this work. They can use the skills they gained from the programme and teach others what they have learnt. This builds their
confidence and sense of purpose. Many of them said that being able to offer others what they once needed is a source of pride and something that has kept them going since graduating from the programme.

Looking back, I am really proud of myself because the girls really look up to me. Even though I don’t always have the answers, just knowing that I am part of the people who are trying to make a change in their lives, being a role model for young girls, it makes me proud.”

–Youth Facilitator & former participant, BRAVE Rock Girls

When it comes to former participants stepping into these roles, it is helpful to be aware of some of the complexities that may arise. Programme alumni and managers said that it can be difficult for both the staff and the youth to make the shift from seeing young people as participants to seeing them as peers and colleagues. Youth noted that the entrenched power dynamics inside organisations sometimes made it hard for them to speak up, share ideas, or raise concerns. Programme managers said that this approach asks more of the organisation than when they hire staff via regular channels. It is clear that, although it takes intentional work to shift the relational dynamics and support youth to fully step into these roles, the outcome is definitely worth the investment.

Things to keep in mind

For this model to work and to set these young people up for success, organisations need support structures that create an enabling environment and culture that nurtures youth leadership and provides young people with the right kind of orientation, training, and support to be able to grow fully into these roles. They must also support all in adjusting to seeing young people as professional colleagues.

Grantee Spotlight: BRAVE Rock Girls

BRAVE was founded by three girls from a local primary school with the support of their teachers and an international volunteer. When they finished school and after years of being programme participants, the girls took up the role of facilitating the programme themselves. The Junior Girls Workshops are now run solely by facilitators who were once participants in the programme.

Over the past two years, BRAVE has been getting closer to its goal of having these three young women step into leadership roles and of BRAVE becoming fully girl-led one day. It has promoted these three young leaders into more senior roles in the organisation. They have received mentoring and training to be increasingly responsible for different aspects of the operational side of the organisation so that they can lead BRAVE into the future.

Lesson 3: Using Creative Methodologies Is Powerful

Supporting young people with their mental health involves helping them identify, express, and manage their emotions. While this can be done through traditional counselling and talk therapy, young people face barriers to opening up in these spaces. Organisations are showing us that they can provide emotional support by giving young people access to safe, non-judgemental sessions where they can come together with others in ways where they feel included, seen, heard, and able to open up about what they are going through. These group spaces help them to feel less alone in their struggles, knowing that others also experience similar challenges, and can equip them with practical tools and practices that can help them to manage their emotions. Just having access to these kinds of spaces can support young people to expand their sense of who they are, build their confidence, and contribute towards a growing sense of belonging, all of which support improvements in mental health and well-being. Organisations also use these group sessions to share practical tools, including mindfulness and other practices for emotional regulation. Given the challenges that young people face at home and at school, these tools are essential for their daily lives.

Organisations highlighted some of the factors that support young people to explore and express who they are more freely. They note that safe spaces require a sense of physical and psychological safety, sharing of power between youth and adults, and a dose of healthy challenge/risk—inviting young people to try new ways of engaging and responding to difficult situations.
Promising practices

Organisations use a range of practices to create these kinds of learning spaces for young people. This commonly takes the form of group work (peer support groups or youth groups). Organisations vary in their approaches based on their target groups. For example, Khululeka provides eight-week grief support groups for adolescent girls using narrative therapy tools to help them process their feelings around loved ones they have lost. Adonis Musati Project provides nine-week peer support groups for refugee youth offering mental health information and refugee-specific information (e.g., documentation). It also facilitates art therapy-based activities to help young people share their experience of being foreign nationals in South Africa and to process the trauma they carry from experiences in the countries from which they have fled.

Some organisations employ a social-emotional learning approach using sports such as rugby (School of Hard Knocks), boxing (Fight with Insight), and surfing (Waves for Change) to create learning opportunities for young people. They highlight the importance of working in the physical and emotional environment of the young person, focusing on learning by doing, and using moments in real time to help young people know themselves better and build skills to respond differently to stressful situations. They take young people out of their comfort zones into new environments, forcing them to face their fears and deal with challenging emotions in a safe setting. Some organisations use wilderness-based and rites of passage processes to mark important transitions in young people's lives.

They will often come [to the programme] because they want to be better street fighters. Then they learn the discipline of boxing and through the boxing they learn the life skills to manage themselves, to manage their emotions. When you can face being in the boxing ring, managing that kind of stress, you can also manage your stress if your teacher screams at you or if you are confronted by your parents. Instead of retaliating, you can respond rather than react. That's the power of combat sports, they create an environment that imitates putting young people into the fight and flight response, but the difference is, they have a team around them.”

–Director of Child Development, Fight with Insight

Things to keep in mind

These alternative modalities offer youth creative ways to express themselves, process their difficulties, and release some of their stress. The real power of these creative approaches is that they give young people the opportunity to manage their emotional responses in real time, in a safe space where they can be themselves, make mistakes, build meaningful connections, and learn to be with others in new ways. Culturally sensitive group activities such as sports, movement, art-making, and storytelling can help young people reflect, develop their leadership skills, and create new narratives about who they are and what they can do.

In addition to these creative modalities, young people highlighted the importance of having access to information about mental health, trauma, and emotional regulation. This helps them to identify and manage their emotions and understand the impact that different experiences have had on them.

The help that I got after a family member died, the counselling and training on mental health was very helpful. It taught me about my emotions and how to work and deal with them. If I had not got that help I would not have been mentally stable or able to do what I am doing now.”

–Youth Facilitator & former participant, BRAVE Rock Girls
Grantee Spotlight: Waves for Change

Waves for Change operates its Beach Safe Hub Programme in coastal communities affected by violence and poverty. It provides mental health services to children and young people from these communities, where mental health services are stigmatised and under-resourced. Recognising that children and young people who are exposed to repeated trauma and adversity are often unable to cope with their difficult thoughts and feelings, Waves for Change developed an innovative, evidence-based model that combines the health benefits of surfing and physical activity with activities proven to help young people build protective relationships, identify emotions, self-soothe, and build a positive image of their future. Surf therapy supports these children to develop meaningful connections, experience respite from difficult thoughts or feelings, and adopt healthy behaviours to cope with stress.

Lesson 4: Programmes and Staff Need to be Gender Sensitive

Patriarchal violence, rape culture, and gender-based discrimination are pervasive in South Africa. Girls and young women are far more likely to deal with discrimination and fear of and exposure to sexual violence than their male peers, which has a strong negative impact on their mental health. They are often also expected to take up responsibilities in the home at an early age and therefore access fewer educational and other opportunities than their male siblings and peers, which limits their growth. Youth participants in the focus groups said that mental health challenges are different for boys and girls.

Girls can be raped, robbed and sexually assaulted. Boys have fewer risks.”
–Girl/Young woman participant

Boys can do whatever they want to, whereas girls get judged. For example, when a girl wears a skirt, then people will say she is easy. It can be boys who are the easy ones, but girls always get blamed. Whatever boys do, it doesn’t matter, it is the girls who get blamed.”
–Girl/Young woman participant

This patriarchal culture and ongoing exposure to violence also negatively impacts boys and young men. They must contend with the policing of their masculinity, pressure to become men in the eyes of their peers and communities through violent and aggressive behaviour. The lack of healthy rites of passage for young men means that they do not have ways to express their masculinity in healthy ways, leading many young men to turn to gangsterism as a last resort for affirmation and to sustain themselves and their families.

Gang violence affects us all but especially boys because there are no activities or programmes [for them] so getting into gangs is the only way out, the only thing to do.”
–Girl/Young woman participant

Young people who identify as lesbian, gay, bisexual, transgender, queer, or intersex (LGBTQI+) face additional challenges, including marginalisation, exclusion, intimidation, homophobic violence, and even death threats. Many young people fear revealing their sexual orientation, likely in response to the South African LGBTQI+ community’s exposure to frightening levels of violence and abuse. A staggering 40% of LGBTQI+ South Africans know of someone who has been murdered for being (or suspected of being) lesbian, gay, bisexual, or transgender.³⁴

Many LGBTQ young people feel ashamed and embarrassed. There is no awareness in our community, even grown-up people feel ashamed and shy because people will judge them.”
–Girl/Young woman participant

Organisation staff confirmed that young LGBTQI+ people face many challenges, and they highlighted that in many of the local communities, even talking about these issues is difficult. In more conservative religious communities, being gay or trans is still taboo and is therefore harder to be open about. Staff acknowledged that they also struggled to talk openly about gender and sexuality. Some felt challenged talking about gender and sexuality in general, and others did not feel equipped to talk with LGBTQI+ youth and all youth more generally about the gender spectrum. Others’ religious and cultural beliefs mean that they hold pre-defined ideas around gender and sexual orientation, and while they spoke of respecting all the young people they work with, they also acknowledged that they may hold unconscious biases that could negatively impact their ability to work with LGBTQI+ youth.
There’s not a lot of focus on this area, staff turn a blind eye to these things and don’t want to engage with young people on this topic. There needs to be training on how to approach this better.”
–Programme Manager

Promising practices
Organisations acknowledge the impact of toxic masculinity and the need to provide safe spaces for girls and young women. Many of the EMpower-funded organisations provide girl-only safe spaces as part of their work. Facilitating female-/male-only groups offers young people a safe space to discuss sensitive issues while also creating an environment to think critically and reflect on gender dynamics as a way of building relationships of greater equity in a mixed-gender group.

Things to keep in mind
The consultative process highlighted two gaps related to gender-informed programming. One is the need for gender-specific programming to address the particular mental health challenges of boys and young men, including encouraging healthier models of masculinity. Organisations pointed to the high levels of suicide amongst boys and young men in South Africa as an indicator of the need for support and spoke about the value of supporting these boys and young men alongside empowering girls and young women to break the cycles of violence, gender discrimination, and gender inequity.

The second gap pertains to interventions and support services for youth struggling with issues relating to their gender identity and sexuality. In the consultative process, none of the organisations noted providing specific support groups or safe spaces for LGBTQI+ youth or gender non-conforming youth. Even though there are quite a few organisations that provide such support, no referral services were listed in the community mapping exercise at the Learning Journey, which suggests that organisations do not know about them.

Young people can often be re-traumatised when they seek help from adults regarding their gender or sexuality if these adults hold discriminatory beliefs. It is important to offer staff a space where they can deepen their understanding of these issues and address unconscious or underlying bias. This is necessary for staff to be able to create conditions where all young people feel safe and welcome and where they can meet the specific needs of young people with challenges around their gender and sexuality. Where gender stereotypes are deeply rooted and gender-based violence is pervasive, organisations need to consider gender-specific interventions, taking into account that young people of different genders experience challenges differently and therefore require different kinds of support. Interventions and programmes should include activities explicitly intended to process and challenge gender stereotypes.

Grantee Spotlight: Earthchild Project
Earthchild Project offers complementary education to eight schools in Cape Town located in Lavender Hill and Khayelitsha, under-resourced communities that are heavily impacted by violence. Earthchild Project’s approach to education is holistic. The programme designs classroom activities as part of the schools’ curriculum, including yoga and meditation sessions. It also runs after-school activities, including the Young Women’s Club, which provides a safe space for adolescent girls to discover new pathways to personal growth and empowerment. Earthchild Project brings young women together to learn about their bodies, their emotions, how to take care of themselves, and setting healthy boundaries. The weekly extramural sessions include themed learning processes to build positive body image, strengthen confidence, develop relationship-building skills, and improve communication through practices including sharing circles, dance/movement, journaling, and storytelling. These groups are facilitated by former participants who have firsthand experience of what it means to be a young woman in these communities.

Lesson 5: Collaboration Is Key
Adolescent mental health services in South Africa are extremely limited. In order to ensure that young people with mental health problems do not fall through the gaps, organisations need to be resourceful. The community mapping exercise conducted as part of the Learning Journey invited participants to identify local organisations that offer support services relating to mental health as well as
state-run service providers where organisations can refer young people whose mental health needs fall beyond the scope of their direct work.

This exercise allowed organisations to share their experiences of trying to refer youth with mental health challenges to these service providers. They shared that although the mapping exercise listed numerous support services, their actual options for places to refer to were extremely limited. They also said that they found the referral processes to be extremely challenging, noting that while these services were meant to be available, the reality is that they were often nearly impossible to access.

They also shared that services were sometimes not appropriate for the youth in their programmes. For example, if a service is not available in the area where an organisation is working, one might assume that the young person can be referred to a service provider in a neighbouring community. In South Africa, it is not that simple. As a result of Apartheid spatial geography, communities are located far from where some of these services are provided. Many people lack the funds for transport to travel the distance to these areas. Another challenge is that local NGO-based services are generally offered by staff from the particular cultural background that is most prevalent in that area and who speak the language most commonly spoken in that area or by that group. For example, the neighbouring community may have a counselling centre where sessions are offered in Afrikaans. Referring an isiXhosa-speaking child there for counselling would not be appropriate. The language and culture of services is at least as important as the distance from services.

Promising practices

Organisations spoke about the importance of working in collaboration, building meaningful partnerships, and working collectively to support young people who need specialised care. For example, partnerships between organisations with in-depth knowledge and long expertise in delivering tailored services for refugee youth and organisations who have some refugee youth in their programmes could help ensure that programmes are better equipped to meet the needs of the youth they serve.

Things to keep in mind

Forming a circle of support around a young person is often what enables them to persevere, especially when navigating the systems through which they must move to get the care they need is difficult. Strong partnerships and collaborative relationships can be a huge help in the referral process. Having someone you can call on for advice or knowing which organisation offers specialised care can ensure that young people get the (additional) help that they need.

Grantee Spotlight: Mamelani Projects

Mamelani Projects has pioneered The Youth Resilience Initiative, an integrated systems-wide approach to supporting young people in their transitions from alternative care. The initiative works at three levels: Mamelani collaborates with the young people; it provides training and consultations, helping organisations build supportive environments for these young people; and it influences policy and legislation to strengthen transitional support and after-care services. Mamelani’s main goal is to support young people as they transition from child and youth care centres and foster homes. Many of the youth who come through its programme have grown up in these settings and risk moving into adulthood with limited networks of support. When they need to move on from state-run care, they are expected to cope on their own, which is often difficult, even for young people who have grown up with their own families. Mamelani helps them build support networks so that they have a team of people they can turn to for help when they move on. In order to achieve this, the organisation builds strong partnerships with a range of service providers, intentionally creating a circle of care around these young people.

Lesson 6: It Is Worth the Time It Takes to Develop Suitable Learning and Impact Systems

How do organisations know whether the services that they provide are working in the ways that they hoped? Why do some interventions work better for some young people than others? How can organisations tell which aspects of their programme are enabling improvements in young people’s mental health? There are often anecdotal signs that indicate what improvements have taken place
and why, but all the organisations interviewed in the consultative process spoke about the challenges associated with tracking, monitoring, and evaluating young people’s mental health.

Many factors contribute to an improvement or decline in a young person’s mental health, and adolescence is a time of significant change (e.g., cognitive, emotional, physiological) which further complicates determining correlation or causation of changes. This makes it challenging to develop Programme Learning and Impact Measurement systems that can accurately assess young people’s mental health and well-being, quantify shifts in these areas, and know whether these shifts can be attributed to programme interventions alone. Also, an indicator of progress for one young person may not be an indicator of growth for another. Given that shifts in mental health and well-being differ among people, some indicators on pre- and post-test questionnaires can be generalised but, without qualitative data, they may not sufficiently help organisations understand what has really shifted for each young person and why.

When discussing programme learning and impact practices, organisations noted that the tools they initially struggled to develop were pre- and post-programme questionnaires. Aside from the task of finding the right questions and ensuring that nuances were not lost in translation (tools are often in English, not in young people’s mother tongue), the main difficulty lay in the fact that these self-reported questionnaires did not always provide a true reflection of the young person’s mental/emotional state, especially at the start of the programme. The questionnaires rely almost completely on the young person’s ability to self-report their internal emotional state and their perception of how well they are coping. If their emotional literacy and understanding of mental health is not strong (often the case at the start of a programme) the data that is captured may not accurately reflect where they are. The potential inaccuracy of the baseline data can complicate the learning and outcome tracking process, making it difficult to understand the shifts that are reported at the end of the programme.

Strong impact measuring systems lie at the heart of organisational learning and are how organisations gain insight into why their intervention is or is not working. Although it is difficult terrain, grantee partners have invested in developing innovative tools and systems to track intervention success. Several organisations shared examples of these tools at the Learning Journey.
The process and offer support to complete the tools, participants see the process as a tool for gathering data for external reporting and a meaningful way to reflect on their own growth.

Working collaboratively, sharing tools, ideas, and practices can go a long way in helping organisations with the complex task of tracking success, especially at the outset of the programme. Communities of practice can support further learning in this area.

Grantee Spotlight: Fight with Insight

Fight with Insight is a boxing programme that aims to create a safe space for the youth of inner-city Johannesburg. The space provides more than a boxing gym; it also provides young people with life skills, psycho-social support, and access to food and a community of care. Roughly 90% of the young people who train regularly report having stopped getting into trouble at school and on the streets. Aside from its creative approach to youth development, it has also been innovative with tracking programme learning and impact. Fight with Insight engages participants from the start of the programme through a participatory theory of change development process. Participants help determine what indicators and outcomes should be prioritised and tracked. Including participants in the process improves the quality of data captured and leads to higher levels of engagement. When participants are asked to give their perspective on why the programme is or is not working and the effectiveness of particular tools, they see that their opinion matters because they play a key role in shaping the way the programme is assessed and structured moving forward.

The Sozo Foundation shared a psycho-social assessment tool that it uses to assess mental health risks and worrying behaviours.

Adonis Musati Project shared a pre- and post-programme questionnaire it uses to assess perceptions around gender equity, gender-based violence, gender-based discrimination, and stereotyping in its young men's and young women's groups. Questionnaire responses are shared with the groups to open conversations about discriminatory and limiting beliefs.

Earthchild Project shared a questionnaire that it uses in its young women's groups to assess self-esteem, body image, and knowledge about menstruation and puberty.

Khululeka shared a questionnaire that it uses with teenage girls to assess the impact of unprocessed grief on their daily lives.

Waves for Change shared a tool that it uses to measure heart rate variability as a way of assessing shifts in young people's internal responses to stress over time.

Promising practices

Organisations spoke about the importance of triangulating what they see from the data with other people who are present in young people's lives. They spoke about gathering information from partner organisations, family members, teachers, and other adults who connect with the young person to get a fuller picture of what they may be struggling with and what areas may need attention.

Things to keep in mind

The organisations that felt that their learning and impact tracking systems were working well to identify, monitor, and evaluate progress in young people's mental health emphasised the importance of taking the time to develop these tools. They also stressed the importance of incorporating practices that enable real engagement to ensure that the impact measurement process is meaningful for participants, rather than one that is extractive and makes them feel like subjects who are being studied. When organisations take time to explain the purpose of
Recommendations for Funders

As funders, we must recognise the critical importance of including mental health support in our work with young people. Focusing solely on educational or employment outcomes will have less success because the emotional load that young people carry makes learning and applying new skills, coping well under stressful situations, and entering new environments successfully more difficult. Young people need support to cope with the emotional turmoil in their lives so that they have the resilience to be able to work towards their longer-term goals, and as grant makers and philanthropists, we should be willing to invest in the full range of services that will help them get there. It is also important that we expand our ideas of what mental health interventions look like, recognising the multiple benefits of creative and community-based practices.

Having suitably trained staff providing mental health support is central to effective mental health programming. We urge grantmakers to consider funding these posts and providing resources to ensure that organisations have the capacity to adequately train and support staff who play this important role in young people’s lives. Given how gender impacts mental health, we also encourage philanthropists and grantmakers to invest in processes that can help organisations explore and address gender discrimination and gender inequality inside their organisations, in the programmes they create and deliver, and in the communities where programming for young people takes place. This should go beyond the traditional focus on empowering girls and also support staff to shift narratives that confine and stigmatise youth who do not fall within what is considered normative in their settings.

Especially in settings where mental health services are of low quality and state-run services are insufficient, we encourage philanthropists and grant makers to invest in partnership development and collaborations that work towards building networks of support between organisations.

Because systems and tools for tracking shifts in young people’s mental health are still evolving, this is an area that could benefit from increased investment, and we encourage philanthropists and grantmakers to support organisations in growing this field of practice.
Helpful Questions to Ask When It Comes to Investing in Adolescent Mental Health

The consultative process revealed some basic programme components that form part of effective mental health support for adolescents and young people. We have formulated the questions below to help organisations reflect on areas of their work that could be strengthened. The questions can also be used as a framework for grantmakers and others in strategic decision-making roles to advocate for support for these areas when it comes to strengthening programmes. These questions are a point of departure and with the support of our grantee partners, we hope to expand our understanding of the factors that contribute most effectively to positive, lasting change when it comes to young people’s mental health.

1. Does the programme meet young people’s basic needs?

Young people need consistent, safe spaces where they can have their emotional and physical needs met. They need access to food, as they can’t explore mental health or personal development issues when they are worried about where they are getting their next meal.

2. Do young people have at least one caring adult that they can turn to?

Youth should have a relationship with at least one consistent and caring adult, someone they can trust and turn to when they are struggling. This can be someone in their family or community or a staff member from an organisation. Organisations are encouraged to support young people in building these kinds of connections and where possible, programmes should offer longer-term interventions where strong relationships can be built over time.

3. Are organisations listening to and embedding youth voices in their programming?

It is important that approaches, programme components, indicators, and curriculum be based on needs identified by young people. Young people should be included in programme development processes to ensure that the programme is developed in a way that values their lived experiences, recognises their real felt needs and coping strategies, and makes their resilience and strengths more visible.

4. Does the organisation invest in positive role models from the young people’s own communities?

Youth need positive role models and facilitators from their own communities. They need access to staff and mentors from a similar background, who understand the cultural practices that shape their lives, have faced similar challenges, and can guide and support them in ways that make sense to them.

5. Does the programme provide youth with access to practical tools?

Youth should have access to practical tools that support emotional regulation, reflection, and self-expression. They should have access to practical tools that help them speak about and process what they are feeling, that they can use to manage difficult feelings and experiences when they are at home, at school, or at work.

6. Does the programme provide youth with access to meaningful opportunities?

Young people need access to a range of meaningful opportunities that develop their skills and offer exposure to different spaces. This can include training, internships, and job placements as well as exchange programmes and volunteer opportunities. It is important that young people have the chance to spend time in new spaces that broaden their perspectives about the world and take them out of their comfort zones.
7. Is the programme trauma-informed?

Staff working with young people should have an understanding of the impact of trauma on their mental health and be able to work in ways that are trauma-informed. Trauma training should be provided for staff, along with emotional/psychological support for them to work through their own trauma-related issues that may arise.

8. Is the programme working in ways that intentionally challenge harmful gender norms?

Organisations must acknowledge how gender impacts mental health. Programmes should be designed, implemented, and facilitated in a way that makes all young people, especially girls and young women, feel emotionally and physically safe. Understanding the specific mental health vulnerabilities and risks of adolescent boys/young men, adolescent girls/young women, and gender expansive young people will result in more impactful mental health programmes. These programmes should tackle harmful gender norms and stigma. Training opportunities for staff, teachers, parents, and family members can help equip them to ensure physical and psychological safety for all young people, regardless of their gender.

9. Is the organisation connected to a mental health professional who can assist with referrals?

Hiring or making connections with mental health professionals can assist with improving referral processes. We encourage working with registered counsellors for referrals and social workers for family care and debriefing and supervision for staff. Strengthening relationships between community-based organisations and clinical care institutions can help close the treatment gap. Organisations should prioritise creating stronger referral systems that can funnel youth to professional services when needed.

10. Does the organisation amplify youth voices around the issues that affect them?

Programmes working with young people are uniquely positioned to educate and advocate for improved mental health services for young people. Organisations working on these issues can contribute to a better understanding of the barriers that young people face. Young people's voices should always be included when advocating for improved services. Policy makers should acknowledge young people's unique needs and challenges. For this reason, organisations should help young people discover their own voices, articulate their needs, build their leadership, and facilitate access to advocacy platforms that aim to expand and improve services and opportunities for young people.
Conclusion

Organisations invest creativity, tenacity, and relentless hard work into supporting the youth that they serve. We celebrate those organisations and honour the courage and strength of the young people who choose to change their lives by participating in—and helping run—these programmes, despite the many challenges they face.

Our grantee partners in South Africa play a pivotal role in improving young people’s mental health. We have learnt about the importance of locally driven interventions designed with young people’s perspectives and their contextual realities at the centre. This report also highlights the importance of offering mental health services in ways that are culturally sensitive and creating emotionally safe spaces where youth can speak openly about what they are going through. Organisations have shown the value of creating strong partnerships, strengthening networks of support, and creating circles of care around young people, especially those requiring specialised clinical intervention.

We hope this report and the lessons learned from our grantee partners and the young people they serve will further guide other organisations and funders committed to advancing adolescent mental health. After all, this is how the movement will continue to grow until young people everywhere feel fully supported.
Notes


2 Income Poverty, Unemployment and Social Grants, Katharine Hall, Children’s Institute, University of Cape Town.


4 National Income Dynamics Study – Coronavirus Rapid Mobile Survey (NIDS-CRAM).


10 Ibid.


15 National Income Dynamics Study – Coronavirus Rapid Mobile Survey (NIDS-CRAM).


17 Crimes against women in South Africa, an analysis of the phenomenon of GBV and femicide: An overview of the prevalence of crimes against women in the country and the conditions that exacerbate GBV leading to femicide. STATS SA, 2018.


20 Ibid.


24 Ibid.


29 Ibid. p. 100


34 “We’re queer and we’re here!” Fast Facts: Centre for Risk Analysis, South African Institute of Race Relations (IRR), November 2017.

35 A trauma-informed approach to care acknowledges that health care providers need to have a complete picture of a patient’s life situation—past and present—in order to provide effective services with a healing orientation.