

THE WAVES FOR CHANGE 5 PILLAR METHOD:



Scaling Adolescent Mental Health Services in Khayelitsha Township, Cape Town

BACKGROUND

Poor mental health is projected to cost the global economy \$6 trillion annually by 2030¹ with more than 80% of the global mental health burden occurring in low-middle income countries².

There is growing evidence that persistent exposure to stress, poverty and violence negatively impacts the infant and adolescent brain³, leading to a toxic stress response. Toxic stress significantly impairs executive functions, negatively impacting children's ability to self regulate, and increasing risk of the development of mental health conditions. The 2021 Mental State of the World report identified South Africa as the lowest-ranked country based on mental wellbeing. The latest Child Gauge (2022) highlights that two-thirds of South Africa's children are living in multidimensional poverty, affected by maltreatment, food insecurity, discrimination and the constant threat of violence at homes, in schools and neighbourhoods. Low socioeconomic status is associated with worse executive functioning, including deficits in working memory, attention shifting and inhibition. Child poverty has been associated with smaller ventro-medial prefrontal cortex volumes, an area involved with emotion regulation and making value-based decisions. Child poverty has also been linked with increased adult amygdala activation, associated with heightened anger and fear responses (salience evaluation).

Adolescence is the peak age of onset for most mental health conditions, with 75% of all mental health challenges beginning before the age 24, and approximately 50% of lifetime mental health conditions having their origin before the age of 14.

Adolescence is a crucial period of physiological and emotional development, where the foundations of future health are laid. Around 20% of children and adolescents suffer from mental disorders globally and these disorders account for a significant number of healthy years of life lost in 10 to 19 year olds. In South Africa, adolescents (aged 10 to 19 years) comprise 19% of the total population, it is vital that adolescent mental health is prioritised. However, there is a major 'treatment gap' between the number of people

who require mental health services and those who receive them in South Africa.

Compared to their peers in other parts of the world, African adolescents are at elevated risk due to the heavy burden of many social determinants for poor mental health — including HIV, conflict, exposure to violence and trauma, multidimensional poverty and orphanhood.

There is a growing body of evidence that children and young people growing up in chronic poverty in South Africa are experiencing Toxic Stress at pandemic levels. The 2021 Mental State of the World report identified South Africa as the lowest-ranked country based on mental wellbeing.

Only 4% of South Africa's national health budget is committed to mental health treatment. 78% of this funding goes to financing apex services such as psychiatric hospitals, treatment services that address mental health problems that have already established themselves in teens and adults.⁴

The problem is especially acute in urban areas, where rapid population growth is putting additional pressure on ailing public infrastructure. Sub-Saharan Africa has the fastest rate of urbanisation in the world. 64% of South Africa's youth now live in cities⁵. For those youth who need mental health support, only 10% receive it (The Child Gauge 2022).

A meta-analysis of child and adolescent mental health programmes in low-middle income countries found that interventions that focus on improving interpersonal relations and emotion regulation were consistently associated with overall effectiveness.⁶

Typically, programmes use techniques derived from psycho-therapy interventions, such as 1:1 counselling, to create these attachments and teach emotion regulation techniques. However, recent research into scaling psycho-therapy interventions in LMICs shows significant challenges in recruiting, training and mobilizing community facilitators in what are complex practices that aren't always culturally appropriate.

We need interventions that are child-friendly, culturally appropriate and less complex to deliver.

PROBLEM:
90% Treatment gap, with less than 10% of children and adolescents who need mental health services, receiving it

SOLUTION:
Optimize existing community coaches delivering group-based physical activity, to deliver mental health promotion and prevention services

RESULTS:
Increased access to culturally-appropriate mental health services and relief on an overburdened health system

¹ [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30432-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30432-0/fulltext)

² <https://unitedgmh.org/sites/default/files/2021-07/Philanthropic%20Finance%20Report.pdf>

³ <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

⁴ <https://mentalhealthconference.co.za/dr-olive-shisana/>

⁵ <https://www.rockefellerfoundation.org/blog/cities-hope-young-people-opportunity/>

⁶ <https://pubmed.ncbi.nlm.nih.gov/31262779/>

KHAYELITSHA TOWNSHIP POPULATION

+/- 1 MILLION

PROBLEM:

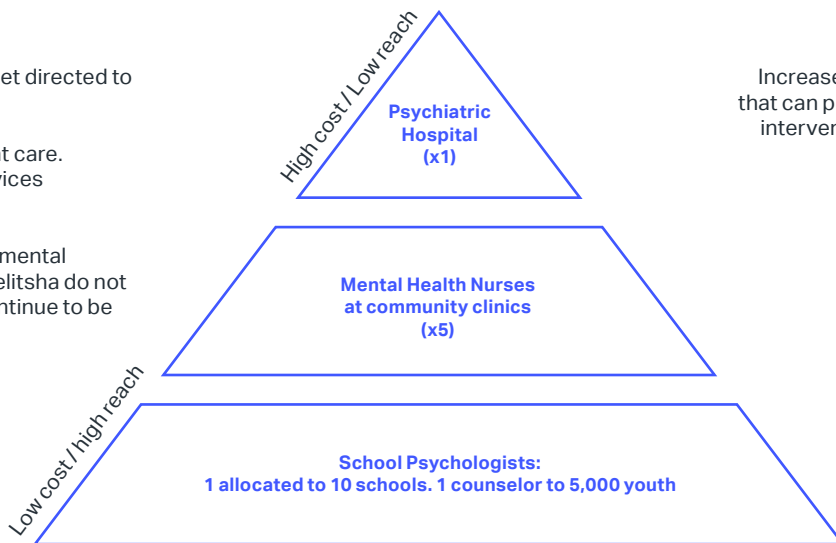
5% of total health budget directed to mental health.

78% spent on in-patient care. Community based services under-funded.

9 in 10 people needing mental health support in Khayelitsha do not receive it. Hospitals continue to be overwhelmed.

SOLUTION:

Increase number of organisations that can provide mental health early intervention/prevention services.



An example of underfunding & treatment gaps in Khayelitsha township

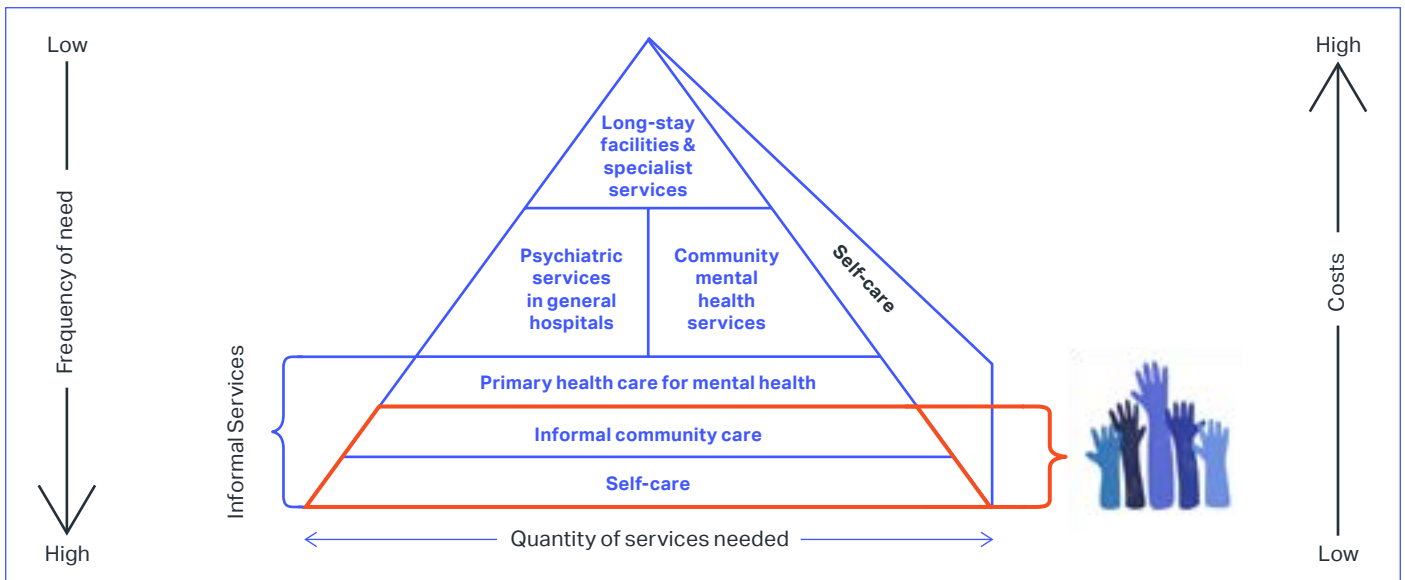
THE 2022 KHAYELITSHA SPORT FOR WELLBEING NETWORK PILOT

The 2022 Khayelitsha Sport for Wellbeing Network Pilot aimed to transfer the Waves for Change (W4C) 5 Pillar Method to other group-based, physical activity organisations working with adolescents in Khayelitsha, and sought to understand the feasibility of scaling up training in the method to similar organisations in other low-income settings. **The 5 Pillar Method is a framework with 5 key conditions identified to promote resilience and improve mental health outcomes in adolescents through physical activities.**

The components of the method are: the creation of a physically and emotionally safe space, consistent caring adults and positive peers, fun and challenging new tasks, learning self-regulation and social skills or socio-emotional coping tools, and connection to other services and opportunities.

The 5 Pillar Method was co-developed with children and young people living in volatile communities, alongside mental health experts, through multiple research projects and consultations hosted by W4C between 2011 and 2022.





THE APPROACH: BUILDING A NETWORK OF COMMUNITY COACHES

W4C bridges the mental health treatment gap through a scalable, community-based approach. In recognition of the barriers to accessing mental health/wellbeing services and the severe mental health crisis in South Africa, W4C aims to support a growing network of community-based organisations to include a focus on wellbeing/mental health promotion in their existing programmes/services, and so grow inclusive access to safe spaces which boost youth wellbeing and health.



We train and support coaches to form attachments and teach social/emotional skills to their participants



We design games/activities for coaches that teach youth self-regulation skills using sport/group physical activity

THE PROCESS

In 2022, Waves for Change (W4C) embarked on a journey with a cohort of 9 organisations based in Khayelitsha and the surrounding areas to deliver the initial training of the 5 Pillar Method to promoting youth mental health in the Western Cape, as well as to integrate wellbeing promotion into their existing programme/service. This was a place-based approach in Khayelitsha. This network enabled the delivery of the W4C 5 Pillar Method activities to a group of youth and sports for development organisations over a period of 8 months.

- An initial 5-day grounding training to establish a shared understanding of the core ingredients of mental health and wellbeing promotion programmes. We developed coach facilitation skills and shared activities that boost wellbeing for coaches and children.

- Ongoing coach support throughout the implementation supported by bi-weekly online group coach support calls.
- Monthly in-person meet-ups, site visits, and ongoing individual check-ins. These calls and in-person meet-ups were an opportunity to introduce and practise new activities, build understanding and knowledge, share experiences, and troubleshoot as a collective.

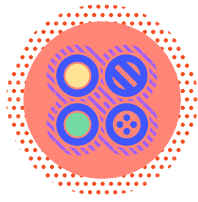
THE RESULTS

The W4C 5 Pillar Method was found to be appropriate and acceptable for adoption by other group-based, physical activity organisations in low-income settings. The approach may reduce the burden on the mental health system through the provision of mental health promotion and prevention services. Community coaches understand, and feel, their current work can be part of the solution.

Findings demonstrated that:

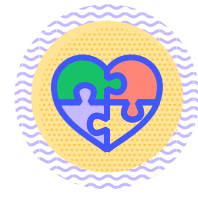
- In principle, the W4C 5 Pillar Method was acceptable, appropriate and adoptable by the nine organisations in the pilot project; this was particularly visible through changes adopted by coaches on a professional and personal level.
- Coaches had adopted a set of *values* or *culture* in working with their participants, that involved being a caring adult and creating a safe physical and emotional space, through employing fun activities and basic tools such as the group and individual check-in.
- Coaches demonstrated a deeper understanding of the impact of children's backgrounds on their behaviour, and of the necessity in creating a safe space to heal, or at least experience a sense of reprieve, from the multiple levels of trauma and deprivation they constantly face in their communities and families.
- Creating a safe space was a learning and a change that was incorporated by all NGOs.
- Being consistent and caring adults were mentioned across all participating organisations, demonstrating that all coaches had embodied this quality.

ORGANISATIONS:



Reach = 9

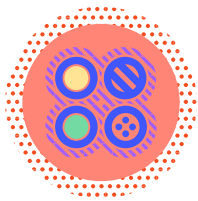
“With [AB], initially they were very performance based. And you could see the shift in just things like praising kids for just, you know, bouncing the ball three times. So, I think it just depends on the organisation and just highlighting that sense of mastery and allowing kids to progress at their own pace and celebrating that”



Reported changes =

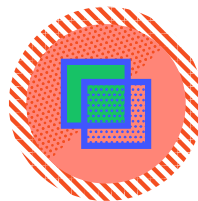
changes in curriculum and adoption of the 5 Pillar Method by participating organisations

COACHES:



Reach = 44

repeat coaches of 89 which registered



Coach feedback on 5 Pillar Method training:

95%

agreed the training improved their knowledge of mental health

93.4%

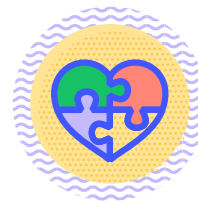
agreed the training equipped them to better deliver mental health informed activities

93.5%

agreed the training was useful for their work as a community coach

95.1%

indicated they would recommend the 5 Pillar Method training to other coaches



Reported changes =

changes in coach behaviours and understandings, such as an increased awareness of mental health, improved understanding of children's backgrounds and reason for behaviours, understanding the 'internal and external worlds' of children, gaining confidence in themselves and in their facilitation skills, and changes at a personal level

“After the coaches were part of the programme they started to identify learners that needed more interaction or special care. Then they started building a relationship with those learners to find out what exactly is happening... The coaches are now speaking more about mental health issues and they come forward about it... also in their own communities... they have broken that stigma around mental health”

“[Before the training] we tended to be a little kind of, “aggressive”, with kids, and hide it behind passion. But because of the training we now work hard to create an emotionally safe space and I check in with myself first. And so now I am more patient and empathetic with the children”

“One thing I can say about my role and how I've changed is that I try to be there, like a caring coach. I really try to be there for the youth. There are instances where people share really hectic stuff, so I always try to like, try and listen and not try to distract what is being said. Like let everyone get a chance to talk after the session, then I'll pull the person to the side and ask them if they need to talk further about whatever it is that's going on, or if they would like, need further assistance and maybe get them that referral or stuff like that. So, I think I took the caring coach pillar to heart and, or put the people that I have had in my groups, I feel like it's made a lot of, like they are more aware that there's people that care about them and they know that they have a safe space in me and other people that share the same feelings as them”

PARTICIPANTS (CHILDREN AND ADOLESCENTS WHO RECEIVED MENTAL HEALTH SERVICES):



Reach = 451
(307 F, 144 M)

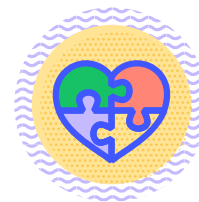


Observed changes
by coaches =

children becoming more confident in speaking up and sharing about themselves, learning to trust their mentors, being more engaged with the programme, and feeling a sense of belonging in the group, learning to identify their feelings, and their qualities.

“So you feel a sense, there’s a sense of belonging, so you know that you are being valued and everything you said, means something to us.”

“They have increased confidence, they are learning to speak up about themselves, to develop confidence to know what is right and wrong, and knowing their goals and what they want to achieve”



Reported changes =

2 out of 3 participants (62%) (from a sample of 66) reported improved overall wellbeing, using the The World Health Organisation- Five Wellbeing Index (WHO-5)

“So, in terms of engaging with us now, they are more confident, they’re more calm and they’re more relaxed in terms of there’s that level of trust also to interact”

KEY RECOMMENDATIONS:

1. Clarification of roles and scope for coaches working with an increased mental health focus
2. Training in identification of children in need of referral
3. Ensuring that there are concrete counselling referral pathways in place for each organisation before implementation of the 5 Pillar Method in their service
4. Ensuring foundational understanding of the 5 Pillar Method in the grounding training
5. In-person training and practical follow-up support after grounding training
6. Ensuring availability of counselling services for coaches when required
7. Guaranteed supervision and support for coaches
8. Executive-level buy-in of the training and methods
9. Coaches committing to attending follow-up training consistently
10. Further optional recommendations such as: training in basic counselling skills, selectively choosing coaches for the 5 Pillar Method training, reducing or simplifying the self-regulation activities, developing a parenting programme, and translating the tools into Afrikaans and isiXhosa.

WHAT'S NEXT:

- We'll be continuing to grow the number of partners we work with in 2023, expanding across Cape Town. Our goal is to engage 100 coaches.
- We have begun to implement the recommendations as we expand our number of partners in 2023.
- We're exploring a new network in a new remote location. We'll announce that at the end of 2024!
- We're compiling a research team to design and implement a feasibility and acceptability study of this method for scaling adolescent mental health interventions using the proven 5 Pillar Method, in 2024.

Thank you to the partners who worked with us to extend essential mental health promotion/prevention services to adolescents last year:

SENTINEL OCEAN ALLIANCE
COOLPLAY
GARY KIRSTEN CRICKET FOUNDATION
IKASI SOCCER SCHOOL
JAG FOUNDATION
HOOPS 4 HOPE
ZIP ZAP CIRCUS
AMATHUBA COLLECTIVE
EDUCO AFRICA

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Founder & CEO

Director of Global Development

This Learning Brief shares relevant information from the report:

Research Report: Feasibility and acceptability of the Waves for Change 5 Pillar Method for use by physical activity organisations in Khayelitsha, Cape Town, and potential for scaling up the method to similar organisations in low income settings.

Report compiled by Thandi Davies, PhD. (18 April 2023)