



A case for mental health of children and adolescents in Zimbabwe

Mental health of children and adolescents in Zimbabwe is underreported, suffers from lack of reliable data, remains stigmatized and is rarely acknowledged.

Mental health in Zimbabwe

Challenges about mental health which include depression, anxiety and suicide, continue to be misunderstood and/or associated with negative connotations in Zimbabwe.

Recent research published by the Ministry of Health and Child Care and UN partners - *“Prevention and management of mental health conditions in Zimbabwe: The case for investment”* - states that in Zimbabwe, mental health-related morbidity and mortality are increasing. Anxiety disorders are estimated to affect 2.8 per cent of the population and to account for 4 per cent of total years lived with disability. But the report highlights this might be underestimated. Data and literature on the prevalence of depressive disorders vary.

Mental health conditions are still highly stigmatized in Zimbabwe, even by health professionals. Individuals with mental health conditions are stigmatized due to lack of awareness and misconceptions about causes of mental illness.

Stigmatization can have a negative impact on help-seeking behaviour, community and family support, adherence to treatment and recovery for people with mental health conditions.¹

Mental health of children and adolescents

A healthy balanced mental life finds its roots in the early days of a child's life.

The first 1,000 days of life - between a woman's pregnancy and her child's second birthday - is a unique period of opportunity when the foundations for an optimal health and development are established. The right nutrition and appropriate care and support during the first 1,000 days window influences not only whether the child will survive, but also his or her ability to grow, thrive and learn as the child adapts to his or her environment. Evidence shows that many mental health challenges of children and adolescents – and even in the later stage of one's life – find their origin in the early childhood.²

Hence it is of crucial importance to support parents and caregivers in their role to ensure young children can grow healthy. Maternal and early childhood conditions, such as stunting, have a life-time impact on mental health. Similarly, infants and children whose primary caregivers have mental health conditions - e.g. pre- or post-partum depression - are also vulnerable to mental health conditions.³

¹ Prevention and management of mental health conditions in Zimbabwe: The case for investment/Ministry of Health and Child Care, UNDP, UN Agencies Taskforce on NCDs and WHO, 2023.

² <https://www.unicef.org/on-my-mind>

³ Prevention and management of mental health conditions in Zimbabwe: The case for investment/Ministry of Health and Child Care, UNDP, UN Agencies Taskforce on NCDs and WHO, 2023.

Mental health of children and adolescents in Zimbabwe

Children and adolescents are largely overlooked when it comes to mental health issues, also in Zimbabwe. The 2019 Multiple Indicator Cluster Survey provides one of the rare data available on mental health of children and adolescents in Zimbabwe. It indicates that among adolescents aged 15-17 years, 2 per cent suffer from depression and 3 per cent from anxiety⁴.

But it is likely that many more children and adolescents in Zimbabwe are struggling at one given time in their young lives with their mental health. If left unaddressed, mental health concerns in children and adolescents compounded by risk factors including poverty, social exclusion and family violence, contribute to risk behaviours in adolescents and children.

Socio-economic challenges and rising poverty in Zimbabwe have increased the vulnerability of children and families, leading to more school dropouts, higher levels of violence against children, emotional stress, gender-based violence, intimate partner violence and child labour. 64 per cent of children experience some form of violent 'disciplining' in everyday life and more than one third of girls experience sexual violence before their 18th birthday.⁵

Zimbabwe is vulnerable to a range of disasters and has experienced floods, cyclones, tropical storms and droughts, which affect the most vulnerable rural regions in particular. The effects of natural disasters and extreme weather are far-reaching. Natural disasters can result in distress reactions, increased health risk behaviour such as increased drug and substance use, and exacerbation or development of psychiatric conditions. Children are at particularly high risk. Research suggests that experiencing a natural disaster by the age of 5 years significantly increases the risk of developing mental health disorders. Natural disasters can also negatively affect parenting behaviour.⁶

Zimbabwe continues to fight the HIV epidemic. Despite significant progress in containing the spread of the disease since the late 1990s, the prevalence of HIV in Zimbabwe remains higher than the regional average for sub-Saharan Africa. UNAIDS estimates that nearly 12% of Zimbabweans aged 15–49 are living with HIV. A link has been observed between HIV and depression, as nearly one third of people living with HIV in sub-Saharan Africa are affected by depression.⁷

Recommendations with regard to mental health of children and adolescents

- (1) *Change the conversation and narrative on mental health of children and adolescents*; as recommended by the *Special Initiative on mental health of the Ministry of Health and Child Care* mental health of children and adolescence must be de-stigmatized, de-medicalized and de-institutionalized.
- (2) *Contribute to improved mental health and psychosocial support for the wellbeing for parents, caregivers, and teachers*, as key actors for the 'mental wellbeing' of children.
- (3) *Contribute to improved community and schools' capacity for non-stigmatizing, accessible, available, and quality mental health and psychosocial prevention and support service delivery* across the primary health care, welfare, protection, and education systems; including in post-emergency situations.¹
- (4) *Contribute and advocate for an improved enabling environment* for mental health and psychosocial support services for children and adolescents across policy, legislation, financing systems, social workforce, referral pathways and research and data.

⁴ Supporting mental health and psychosocial support/UNICEF, 2022.

⁵ Ibidem

⁶ Prevention and management of mental health conditions in Zimbabwe: The case for investment/Ministry of Health and Child Care, UNDP, UN Agencies Taskforce on NCDs and WHO, 2023.

⁷ Ibidem