Clinic Director: Itsoseng Clinic, Mamelodi

Resources for people experiencing mental health problems in under-resourced areas such as townships outside cities are few and largely inadequate in most areas of South Africa. Typically, residents have to travel long and costly distances to access mainstream health care facilities and mental health facilities are almost non-existent in most places. Mamelodi, with a population of about one million is one such place where virtually no psychological services are available. The Itsoseng Community Clinic offers services to the communities around Mamelodi. Senior masters, honours, and registered counsellor or psychometry students and interns deliver the services under supervision at appropriate levels. A team of volunteers assist with administrative work or informal groups.

Many psychologist practitioners have attempted to integrate different perspectives into a useful framework. At Itsoseng Clinic which has been serving Mamelodi and the surrounding areas for over 21 years, alternative approaches in working with vulnerable children have been explored and are evolving. The vast majority of referrals to the clinic are children referred by schools, police services, social workers and the courts. Many clients and patients are also referred by word of mouth.

Children are pervasively affected by social problems which may include mental health issues in the families as well as sexual assault, trauma, previously undetected developmental challenges, conduct disorder, neurological problems, substance abuse, and grief. Many present as co-morbidities. Child patients seen at the clinic are as young as 6 months old, but typically include children of various ages up to adolescence.

Language barriers can present challenges to even local African language speakers as clients may originate from anywhere in South Africa or even from neighbouring countries as refugees. This then can also present cultural barriers.

Waiting lists lengthen to months while crises often present in the interim, needing to be dealt with urgently, further interrupting and delaying services to those on the waiting list. Many of the children can sit on waiting lists for up to 8 months or more.

In an attempt to address the long waiting lists prior to formal treatment, volunteers started inviting children on the waiting lists to join informal groups focusing on play, creative and

expressive arts, music, dance, and even soccer and homework groups.Clinic staff noticed that in certain cases children seemed to spontaneously improve before any formal treatment had begun. This inspired a wait list project which is now ongoing.

Group leaders may or may not be students at different levels of training, or they may be community members interested in the clinic activities. The groups started out being open with fairly large numbers of children – up to 20 in each. Through a process of experimentation, observation, and reflection, the group size has been whittled down to about 12 maximum and children are selected and invited to attend more structured closed programmes lasting 8 weeks each. These still remain "non-therapeutic" and focus on play and fun activities.

The wait list research at the Itsoseng Community Clinic explores whether putting children in experiential activities can provide therapeutic benefits or whether it is just a "fill-in the gap" for delayed therapy. There is also a need for more research into experiential activities to determine what these can offer to complement child psychotherapy for children who have to be on the waiting list until formal therapy interventions can be provided. Finally, to our knowledge, relatively few empirically designed studies with control samples have been conducted on university-run clinics with a primary focus on children's mental health in South Africa.

The exploration of alternative approaches to mental health care at Itsoseng Clinic for children makes use of *gogos* (grannies), retired teachers, and volunteers from the university and also from the local community. Unemployed youth wanting to make a difference and pick up some skills in the process, students frustrated by the inability to further their studies, students looking for experience, and family members of patients and clients, can contribute in varying ways to providing services complementing the professional activities of the clinic. Such volunteers are trained in different skills such as translation, administrative work, informal group facilitation, front desk assistance to new and revisiting clients, and some computer skills.

Of particular interest at this point in time is the ongoing focus on service to children. Many of the children come from situations of poverty such that appointments are often not kept if the bus fare is not available. Some children walk several kilometres to visit the clinic to meet with their therapist or group. Stories of hunger preventing children from completing assessments have led to some therapists bringing sandwiches for children to eat prior to testing. An important

objective of the wait list study mentioned above, is to gather empirical data that can inform the development and delivery of effective mental health services for children in a university-run clinic.

Further developments, some of which are in early stages of development include the design of screening instruments to aid more streamlined service delivery. An autism spectrum screening instrument is currently being developed by a masters student. It is envisaged that further such instruments can facilitate not only treatment but also preventative action for early childhood development.

Funding and resources remain a continuous challenge for the clinic which is expected to fund itself. While the university provides generously in the form of facilities, expendables and staff need to be funded by clinic activities.

Submitted by Dr Linda M Eskell Blokland