

# Mental Distress and Substance Use among Rural African Youth who are Not in Education, Employment or Training (NEET)

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SACENDU

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# Global Estimates



Common mental disorders (CMDs), affect millions of people worldwide.

Depression and Anxiety are the two leading common mental disorders

In 2015

- 4.4% of the world's population had depressive symptoms and
- 3.6% had anxiety symptoms

World Health Organization (WHO), 2017

10-20% of children and adolescents experience common mental disorders

- WHO, 2019

# Africa Region



Many in Africa experience common mental disorders, although these often go unrecognized.

2015 Africa region estimates

- 9% had depressive disorders and
- 10% had anxiety disorders

- WHO, 2017

## South Africa

- 12.8% to 16.6% of people living in South Africa had one or more common mental disorder

Including depression, anxiety, or substance use difficulties

Excluding serious mental disorders such as schizophrenia or bipolar disorder

- 2017 estimates

- Youth unemployment – a global challenge → youth vulnerable to increased risk of mental disorders and risk-taking behaviours  
- (OECD, 2020)
- South Africa – highest youth unemployment rates in the world

## NEET

- Globally – 40 million (15-29 yrs)  
- (OECD, 2020)
- South Africa - 3.5 million (15-24 yrs) NEET in 2018  
- (STATSSA, 2020)

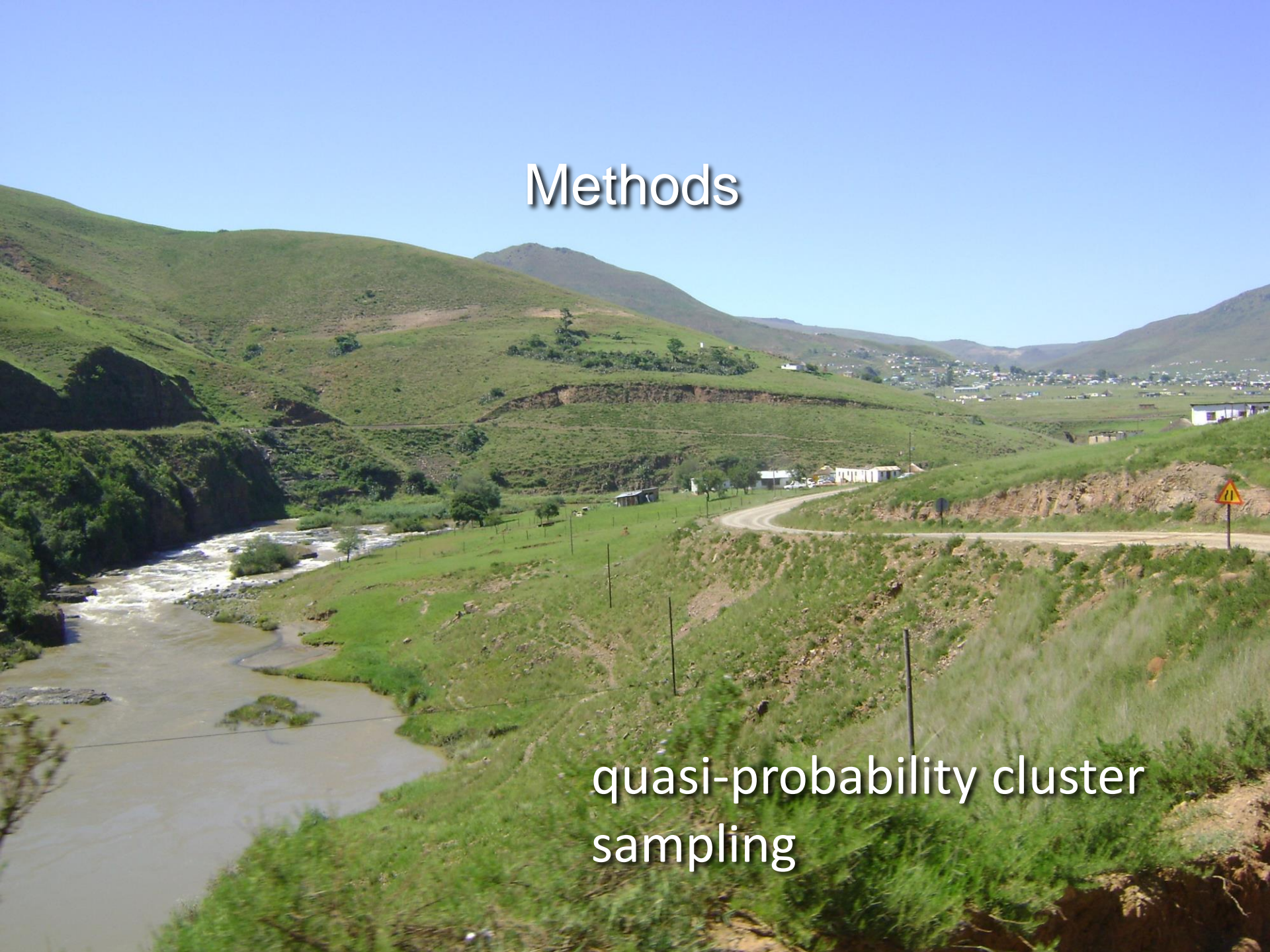


# The Canada/Sisonke HIV and GBV Intervention Project



# Methods

quasi-probability cluster  
sampling



# Project Area: KwaZulu-Natal



2 settlements per ward

4 settlements per ward

**Harry Gwala District**



# Audio Computer Assisted Self Interviewing



**ACASI  
Privacy and  
Confidentiality**



# Substance Use - Ontario Student Drug Use and Health Survey (OSDUHS).



- Alcohol
  - **Frequency**: How many times did you have alcohol to drink this past year/past month
  - **Binge drinking**: Now think back over the last 2 weeks. How many times did you have five or more drinks in a row?
  - **Intoxication**: When you drink alcoholic beverages, how often do you drink to feel pretty drunk? (drinking to get intoxicated)

## Cannabis

- **Frequency:** How many times did you use **marijuana** [dagga] to get high in the past year/past month?

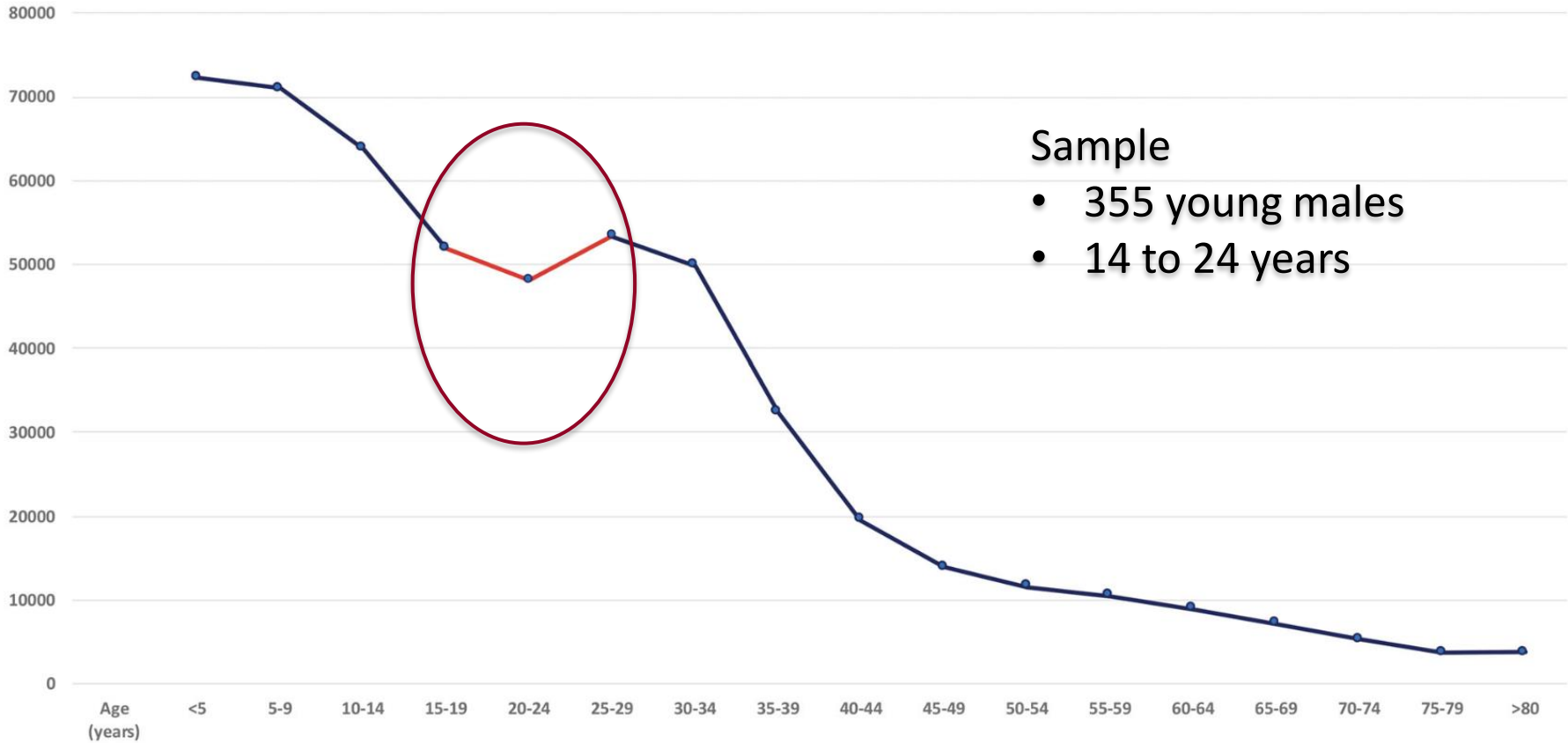
## Illicit drugs

- **Frequency:** How many times did you use an **illegal drug** other than marijuana [dagga], such as cocaine, crystal meth, mandrax or heroin in the past year/past month?

# Sample



DC43 - Rural KZN Population Distribution (2020 census projection)

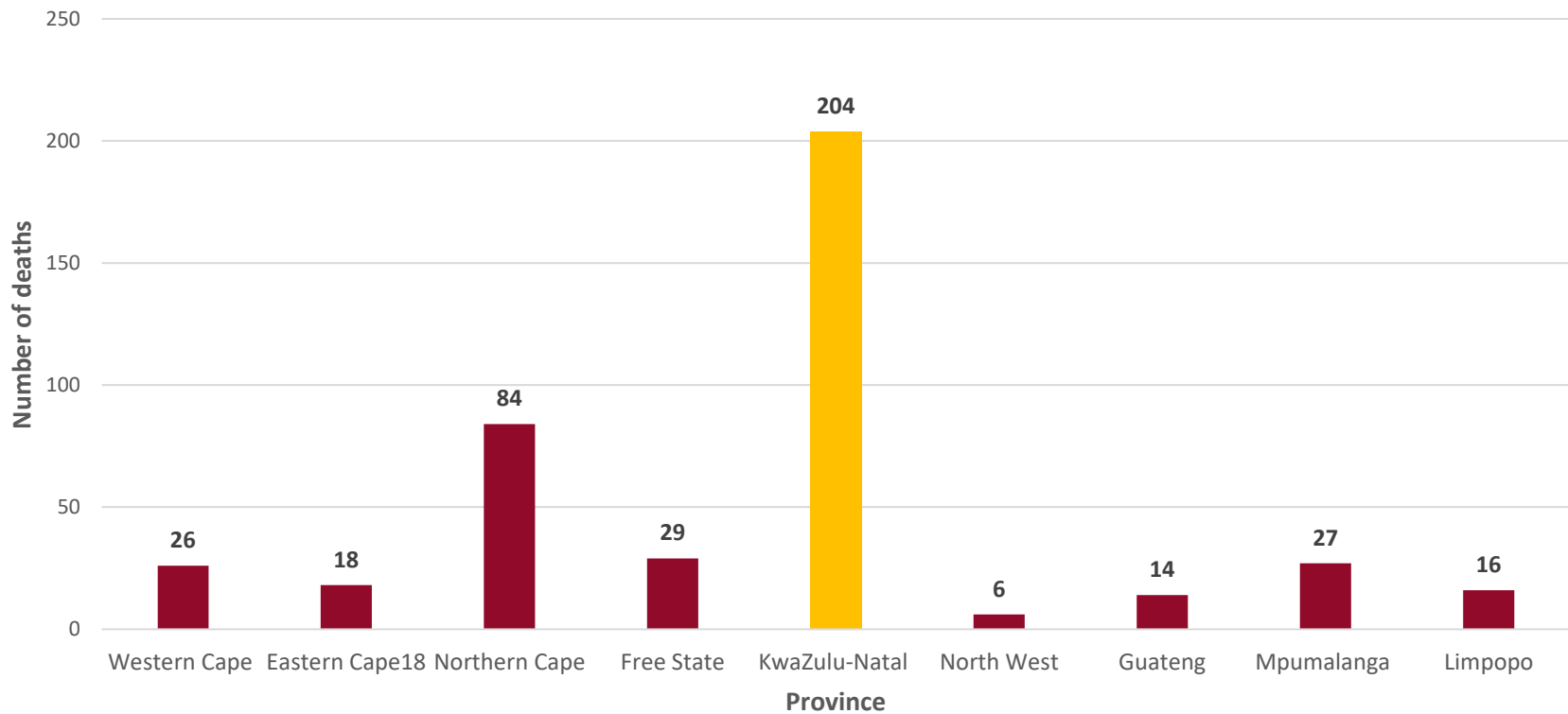


## Sample

- 355 young males
- 14 to 24 years

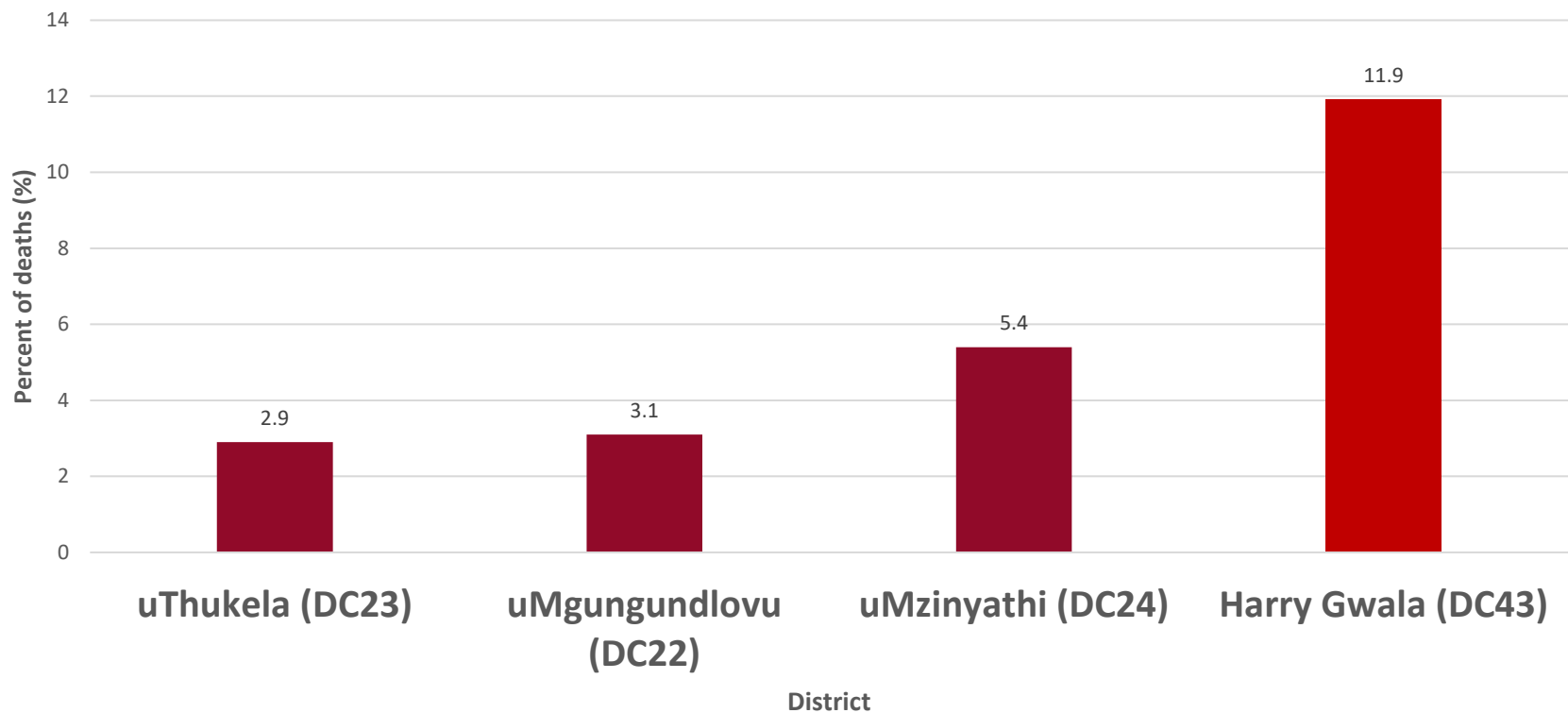
**Figure 2.** Rural KwaZulu-Natal population distribution—2020 census projections for Harry Gwala (DC43) district (STATSSA, 2018; Massyn et al., 2018).

### Death by Intentional Self-harm by Province in South Africa (N = 424) (2016)





### Self-inflicted injuries as leading cause of death (%) in 15-24 year old men



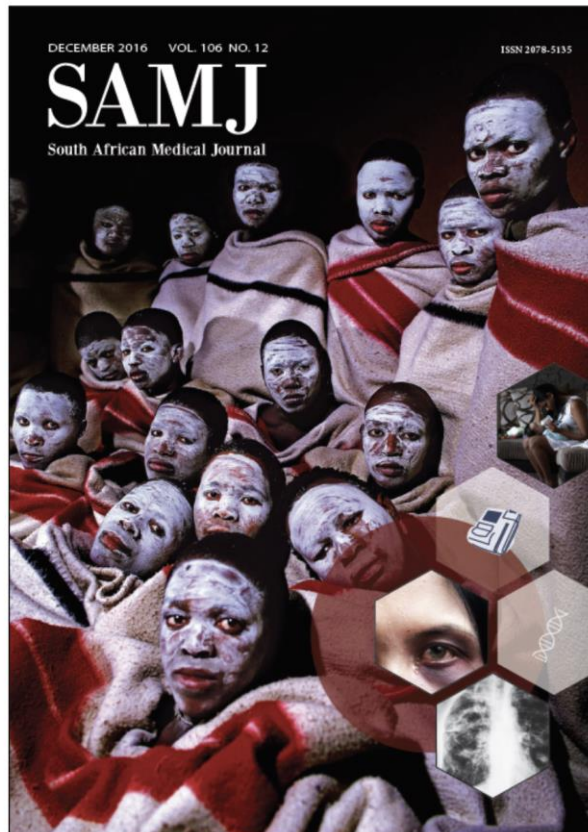
Self-inflicted injuries as a leading cause of death (%) in 15–24-year-old men (STATSSA, 2018; Massyn et al., 2018).


# The State of Youth Mental Health in DC43



- GBV Perpetration with Risk and Protective Factors
- Rates of Psychological Distress and Substance Use
- Distress, NEET Status and Substance Misuse

# Psychosocial Risk and Protective Factors (GBV Perpetration) - 1



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SAMJ RESEARCH

## Psychosocial risk and protective factors associated with perpetration of gender-based violence in a community sample of men in rural KwaZulu-Natal, South Africa

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**Background.** Rates of gender-based violence (GBV) in South Africa (SA) are among the highest in the world. In societies where social ideals of masculinity encourage male dominance and control over women, gender power imbalances contribute to male perpetration and women's vulnerability. The drivers that cause men to perpetrate GBV and those that lead to HIV overlap and interact in multiple and complex ways. Multiple risk and protective factors for GBV perpetration by males operate interdependently at a number of levels; at the individual level, these include chronic anxiety and depression, which have been shown to lead to risky sexual behaviours.

**Objectives.** (1) To examine psychosocial risk factors (symptoms of anxiety and depression) as well as protective factors (social support and self-esteem) as self-reported by a cohort of males in rural KwaZulu-Natal (KZN) Province, SA; and (2) to determine whether there are differences in anxiety, depression, social support and self-esteem between perpetrators and non-perpetrators.

**Methods.** A cross-sectional study using quasi-probability cluster sampling of 13 of 28 wards in Harry Gwala District, KZN. Participants were then randomly chosen from each ward proportionate to size.

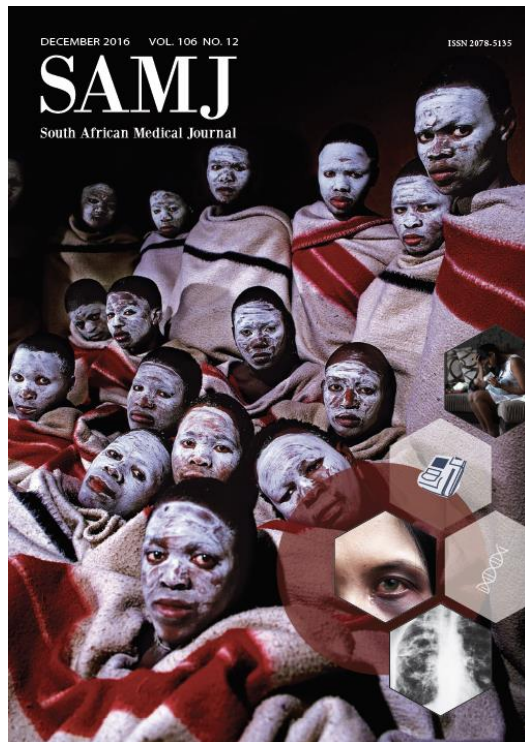
**Results.** The participants were relatively young (median age 22 years); over half were schoolgoers, and 91.3% had never married. Over 43% of the sample reported clinical levels of anxiety and depressive symptoms on the Brief Symptom Inventory. Rates of GBV perpetration were 60.9%, 23.6% and 10.0% for psychological abuse, non-sexual physical violence and sexual violence, respectively. GBV perpetration was associated with higher depression, higher anxiety, lower self-esteem and lower social support.

**Conclusions.** Interventions to address GBV need to take modifiable individual-level factors into account.

S Afr Med J 2016;106(12):1211-1215. DOI:10.7196/SAMJ2016.v106i12.11803

# Psychosocial Risk and Protective Factors (GBV Perpetration) - 2

## Key Findings –Perpetrators of Gender-Based Violence



- Psychological abuse (61%)
- Physical violence (24%)
- Sexual violence (10%)

### Profile of GBV perpetrators

- Younger men
- Depressed
- Anxious
- Low self-esteem
- Lower social support



## Distress \* Desperation \* Despair

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<https://doi.org/10.1080/09540261.2020.1741846>



ORIGINAL RESEARCH



### Distress, desperation and despair: anxiety, depression and suicidality among rural South African youth

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*Original Article*



# **Mental distress and substance use among rural Black South African youth who are not in employment, education or training (NEET)**

Nomusa F. Mngoma <sup>1</sup> and Oyedeji A. Ayonrinde<sup>2</sup>

# NEET vs Non-NEET



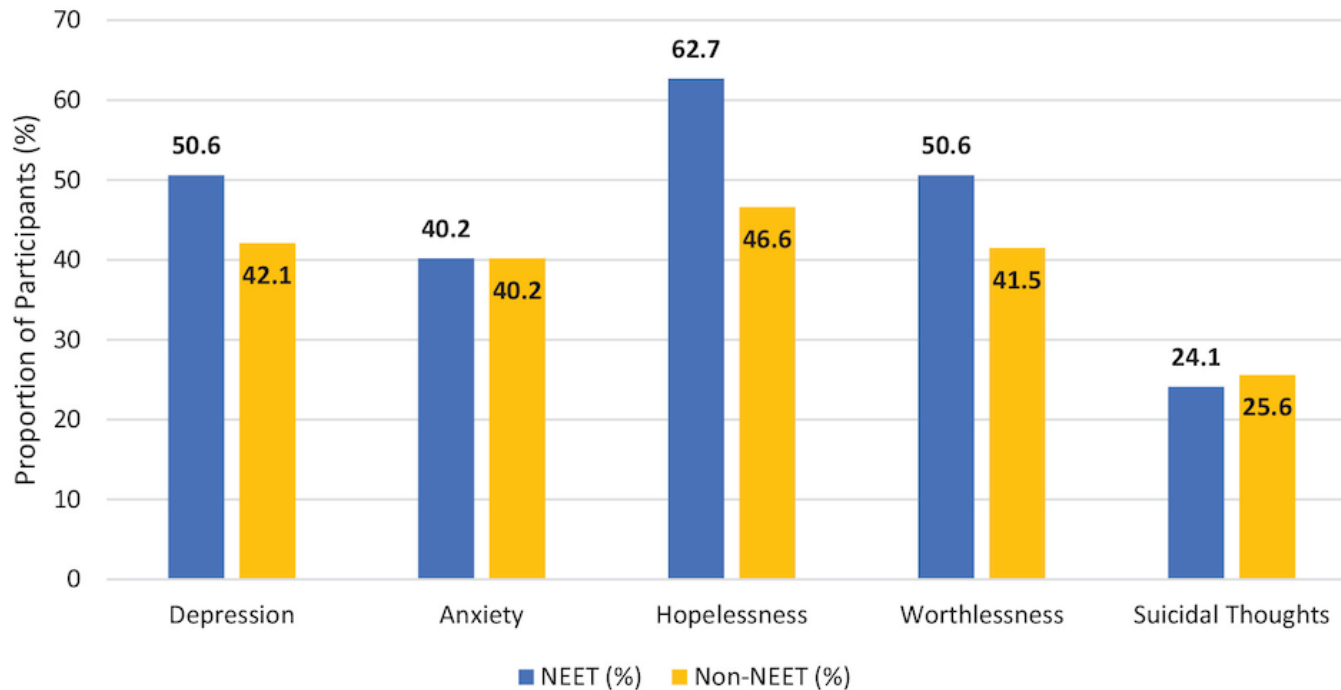
Table 1. Participant demographic information.

	<b>NEET, <i>n</i> = 84 (23.7%)</b>	<b>Non-NEET <i>n</i> = 271 (76.3%)</b>
Age (years)		
Median (min-max)	21 (17–24)	18 (14–24)
Mean	21.1	17.8
Age groups*	<i>n</i> (%)	<i>n</i> (%)
14 years	0 (0)	35 (12.9)
15–19 years	17 (20.2)	173 (63.8)
20–24 years	67 (79.8)	63 (23.2)
Household wealth		
0–3	42 (50.1)	127 (46.9)
4–7	33 (39.2)	100 (36.9)
8–10	9 (10.8)	44 (16.2)

# Rates of Psychological Symptoms: NEET vs Non-NEET



Rates of Psychological Symptoms, NEET and Non-NEET (%)



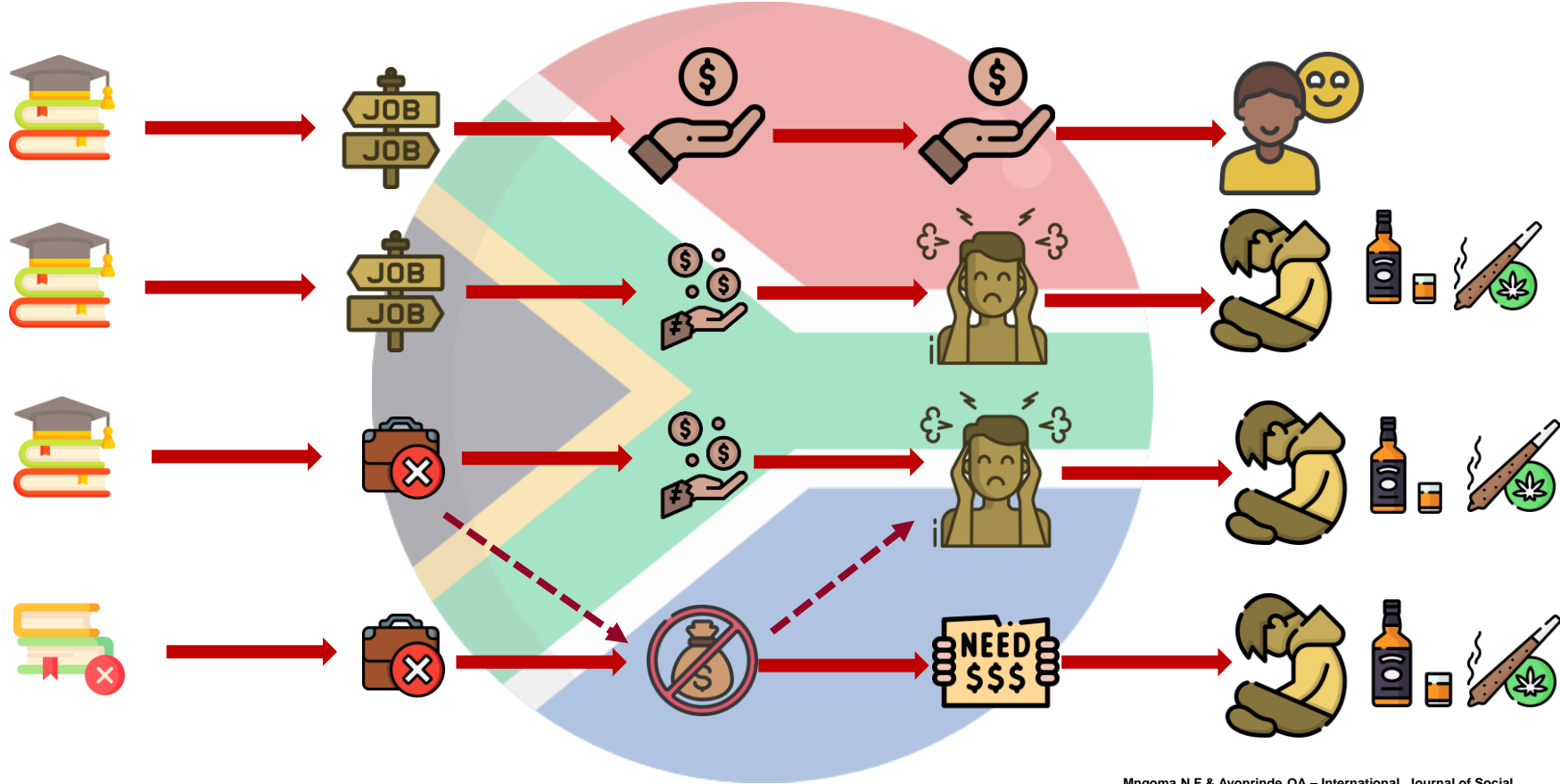


# Substance Use



	NEET, n = 84 (23.7%)	Non-NEET, n = 271 (76.3%)
Alcohol Use		
• Non-Drinkers	15 (31.3)	45 (39.5)
• Monthly Drinkers	17 (35.4)	32 (28.1)
• Weekly Drinkers	7 (14.6)	17 (14.9)
• Daily Drinkers	9 (18.8)	20 (17.4)
<i>Drinkers</i>	<b>= 68.7%</b>	<b>= 60.5%</b>
Binge Drinking		
• Non-Binge Drinkers	6 (18.2)	23 (34.3)
• Monthly Binge Drinkers	14 (42.4)	20 (29.9)
• Weekly Binge Drinkers	8 (24.2)	12 (17.9)
• Daily Binge Drinkers	5 (15.2)	12 (17.9)
<i>Binge Drinkers</i>	<b>= 81.8%</b>	<b>= 65.7%</b>
Drink to get intoxicated		
• Never - Less than half of the time	29 (60.4)	78 (69.0)
• About half of the time	14 (29.2)	17 (15.0)
• More than half of the time - always	5 (10.4)	18 (15.9)
<i>Drink to Intoxication</i>	<b>= 39.6%</b>	<b>= 31.0%</b>
Cannabis Use		
• Non-Users	6 (23.0)	7 (25.0)
• Monthly Users	8 (30.8)	7 (25.0)
• Weekly Users	3 (11.5)	5 (17.9)
• Daily Users	9 (34.6)	9 (32.1)
<i>Cannabis Users</i>	<b>77.0%</b>	<b>= 75%</b>

# Education without sustainable vocation linked with frustration, poverty, alcohol, drugs & mental distress in rural South Africa



Thank You!



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