

## INTRODUCTION

There is no doubt that Africa is among the continent most prone to strife such as wars, political violence, communicable and non-communicable diseases and violations of fundamental human rights. In particular, Sub-Saharan African (SSA) has been affected by most of these vices. The situation in this region is compounded by poverty. Most of the countries in this region are low income nations. These vices result in the increase of orphans and vulnerable children. The official definition of an orphan is a child aged zero to 17 years whose mother, father, or both have died. There are, however, other children who are referred to as social orphans even though one or both their parents may still be alive but who have been unable to perform parental duties because of illness or acute poverty among other reasons. On the other hand, vulnerability is viewed as "a high probability of a negative outcome", or an expected welfare loss above a socially accepted norm, which results from risky or uncertain events, and the lack of appropriate means to deal with them (World Bank OVC toolkit). Throughout this review, the terms orphans and vulnerable children are used in this context.

As a result of HIV and AIDS, war, diseases, poverty and high mortality rates, mental health problems particularly among children and adolescents are likely to be more common in this region (Benjet, 2010). Moreover, a systematic review of mental health problems in children in SSA found that overall, 14.3% of children were identified as having psychopathological problems (Cortina, Sodha, Fazel & Ramachandani, 2012). Unfortunately, mental health issues often come last on the list of priorities for policy makers (Gureje & Alem, 2000). This paper will discuss mental health problems in SSA children and resilience among children. Clinical and research implications will also be discussed. To contextualize this paper, childhood mental health problems resulting from armed conflicts, HIV and AIDS, child abuse and poverty, and resilience among such children will be the focus of the discussion.

### Review Criteria

This was not a systematic review because the aim of this review

was to provide a summary of literature on mental health and resilience

17.8 million children under 18 have been orphaned by AIDS and that this will rise to 25 million by 2015. Around 15.1 million or 85 percent of these children live in SSA. In some countries which are badly affected by the epidemic, a large percentage of all orphaned children, for example 74 percent in Zimbabwe, and 63 percent in South Africa are orphaned due to AIDS (AVERT International, 2014). Table 1 shows the number of orphans in selected countries in SSA as of 2012. There is also an increase of reported child-headed households within the region (van Dijk & van Driel, 2012; AVERT

and community level. Individual resilience refers to the ability of a person to successfully adapt to or recover from stressful and traumatic experience (Crawford, Wright & Masten, 2005) while family and community resilience is seen as the collective ability to adapt and recover from adversity as a family, population or a community respectively (Panter-Brick & Eggerman, 2012). Another important



- Diabetes mellitus and comorbid depression in Zambia. *Diabetic Medicine*, 32(6), 814-818.
- International Diabetes Federation (2013). IDF Diabetes Atlas. 6<sup>th</sup> Ed. Retrieved on October 21, 2015 from: [https://www.idf.org/sites/default/files/EN\\_6E\\_Atlas\\_Full\\_0.pdf](https://www.idf.org/sites/default/files/EN_6E_Atlas_Full_0.pdf)
- Luther, S.S., Cicchetti, D., & Becker, B. (2000). The construct of resilience. A critical evaluation and guidelines for future work. *Child Development*, 71(3), 543-561.
- Harms, S., Kizza, R., Sebunnya, J., & Jack, S. (2009). Conceptions of mental health among youths orphaned by AIDS. *African Journal of AIDS Research*, 8(1), 7-16.
- Marais, L., Sharp, C., Pappin, M., Rani, K., Skinner, D., Lenka, M., et al. (2014). Community based mental health support for orphans and vulnerable children in South Africa: a triangulation study. *Vulnerable children and youth studies: An international Interdisciplinary Journal for Research, Policy and Care*, 9(2), 151-158.
- Masten, A.S., & Wright, M.O. (2010). Resilience over the life span: developmental perspective on resistance, recovery and transformation. In J.W. Reich, A.J. Zautra, & S. Hall (Ed.), *Handbook of adult resilience* (pp. 213-237). New York, NY: Guilford.
- Murray, L.K., Familiar, I., Skavenski, S., Jere, E., Cohen, J., Imasiku, M., et al. (2013). An evaluation of Trauma Focused Cognitive Behavioral Therapy for children in Zambia. *Child Abuse and Neglect*, 37(12).
- Murray, L.K., Skavenski, S., Michalopoulos, L.M., Bolton, P.A., Bass, J.K., Itziar, F., et al., (2014). Counselor and client perspective of Trauma-Focused Cognitive Behavioral Therapy in Zambia: A qualitative study. *Journal of Clinical Child & Adolescent Psychology*, 43(6), 902-914.
- Ngugi, A.K., Bottomley, C., Kleinschmidt, I., Wagner, R.G., Kakooza-Mwesige, A., Ae-Ngibise, K., et al. (2013). Prevalence of active convulsive epilepsy in Sub-Saharan Africa and associated risk factors: cross-sectional and case-control studies. *Lancet Neurology*, 12, 253-263.
- Panther-Brick, C., & Eggerman, M. (2012). Understanding culture, resilience and mental health: the production of hope. In M. Ungar (Ed.), *The social ecology of resilience* (pp. 369-386). New York: Springer.