PROCEEDINGS REPORT OF WEBINAR ON

MENTAL HEALTH AND BULLYING

science & innovation

Department:
Science and Innovation
REPUBLIC OF SOUTH AFRICA

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November 2022

DOI: http://dx.doi.org/10.17159/assaf.2022/0085

Cite: Academy of Science of South Africa (ASSAf), (2022). Webinar on Mental Health and Bullying DOI http://dx.doi.org/10.17159/assaf.2022/0085

Published by: Academy of Science of South Africa (ASSAf)
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The Academy of Science of South Africa (ASSAf) was inaugurated in May 1996. It was formed in response to the need for an Academy of Science consonant with the dawn of democracy in South Africa: activist in its mission of using science and scholarship for the benefit of society, with a mandate encompassing all scholarly disciplines that use an open-minded and evidence-based approach to build knowledge. ASSAf thus, adopted in its name the term 'science' in the singular as reflecting a common way of enquiring rather than an aggregation of different disciplines. Its members are elected based on a combination of two principal criteria, academic excellence and significant contributions to society. The Parliament of South Africa passed the Academy of Science of South Africa Act (No 67 of 2001), which came into force on 15 May 2002. This made ASSAf the only academy of science in South Africa officially recognised by government and representing the country in the international community of science academies and elsewhere.

This report reflects the proceedings of
Webinar on Mental Health and Bullying held on Zoom.

Views expressed are those of the individuals and not necessarily those of the Academy nor a consensus view of the Academy based on an in-depth evidence-based study

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Moderator: Prof. Mark Tomlinson (Institute for Life Course Health Research, University of Stellenbosch)

WELCOME AND INTRODUCTORY REMARKS (Prof. Mark Tomlinson)

Prof. Tomlinson opened the webinar, welcomed everyone, and introduced the topic.

Prof. Tomlinson thanked the Academy of Science of South Africa (ASSAf), especially Dr Khutso Phalane-Legoale, for having organised the webinar.

BACKGROUND

Bullying among adolescents has been identified as a significant public health concern. It is a life-changing experience that has drastically affected more than a third of adolescents in schools globally[1]. There are important negative consequences to victims, perpetrators, schools, families, and communities at large. Several studies have shown that victims of bullying are at increased odds of adverse outcomes including physical health problems[2], emotional and behavioural problems[3], and psychiatric disorders[4]. At the mental health level, evidence has linked being a victim of bullying to higher rates of depression, insomnia, feelings of hopelessness, loneliness[5],[6] low self-esteem[7], suicide ideation and suicide attempts[8]. Due to the potential mental health effects on everyone involved, it is important to heed the warning signs of bullying and to highlight intervention and prevention strategies.

This webinar sought to understand the impact of bullying on mental health, the mental health of those who experience and witness it and to identifying intervention and prevention strategies.

INTRODUCTION OF SPEAKERS

Vanessa Hemp

Vanessa Hemp is a Clinical Psychologist who trained at Wits University. She started working at Tara Hospital with children, adolescents, and their parents, on an outpatient basis. She became Head of Department of Psychology, managing and supervising the psychological service provision throughout the hospital, including the outpatient and outreach services at Alexandra Clinic. She was also involved in the training and supervision of interns and psychiatry registrars as well as in the planning of the Children's Ward and training of staff. Vanessa's role in the Alex AIDS Orphans Project was to identify the psychological needs of orphaned children, and to develop and supervise a number of bereavement groups. This work was presented at conferences, including the World Association of Social Psychiatry in Kobe, Japan. At Tara, she served as a joint appointee to the Wits University Department of Psychiatry. Since leaving the hospital, Vanessa has been in private practice, focusing on adolescents and parenting. She continues to present at conferences on topics relating to children, adolescence, and parenting. Addressing issues of affect regulation and assisting children, teens, and their parents to manage stressful situations and overwhelming feelings has been a major focus of her work.

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Anthony Pillay

Professor Anthony Pillay is in the Department of Behavioural Medicine at the University of KwaZulu-Natal (UKZN) Medical School and Fort Napier Hospital. He is a Harvard graduate and has held Visiting appointments at the Boston Children's Hospital in the US and at the University of Mauritius. He is the Editor-in-Chief of the South African Journal of Psychology, and Associate Editor of the Journal of Child & Adolescent Mental Health. Prof Anthony Pillay was awarded Fellowship at the Psychological Society of South Africa (PsySSA) 25th Anniversary Congress. His research interests include forensic psychology, professional training, as well as women and children's mental health. He received his post-doctoral training in Maternal and Child Health at Harvard University, and he is widely published in academic journals internationally.

Sifiso Ngobese

Mr Sifiso Ngobese is Director: Sport and Enrichment in Education at the Department of Basic Education.

PRESENTATIONS

The Self-Esteem Factor in the Developmental Trajectory of Bullying (Prof. Anthony Pillay, Principal Clinical Psychologist, Department of Behavioural Medicine, University of KwaZulu-Natal, and Fort Napier Hospital)

Prof. Pillay has tracked the construct of self-esteem in human development, psychology, and mental health for several years and believes it is critically related to the issue of bullying in both children and adults.

Bullying presents as behaviours that include picking on smaller or younger children, violence, physical aggression, emotional abuse, teasing, name-calling, mockery, threats, harassment, taunting, hazing (attempts to humiliate), social exclusion, rumour mongering and cyberbullying. The manifested behaviours are an attempt by an individual to be recognised as a person with power, a dominant person, and one that is almost a tyrant.

A recent news report involving a school child who committed suicide after his teacher allegedly humiliated him over his sexuality is shocking but certainly not new. World Suicide Prevention Day (10 September) is an opportunity to remember the thousands of children around the world who have killed themselves or made attempts on their lives because they were bullied. Research has demonstrated that young people who are bullied are more prone to depression and suicidal behaviour. A study in the United States found that adolescents are at least five times more likely to have suicidal thoughts than those that have not been bullied. This is a global problem. Some years ago, a Bulletin of the World Health Organisation (WHO) carried an editorial highlighting the need to prevent bullying related morbidity and mortality, which were a concern both in terms of injury or death as well as the indirect effects of mental health problems such as depression, anxiety, and suicide. The United Nations International Children's Emergency Fund (UNICEF) has also come out strongly on the issue stating that 'bullying is a pattern of behaviour rather than an isolated incident'. Psychology practitioners speak about a pattern of behaviour as relating to personality.

Role players in the bullying scenario include the perpetrator, the child who is being targeted, and bystanders (in some cases). There are mental health effects for all those involved in the bullying

scenario. The targeted child could have direct injury depending on the severity of the bullying and indirect injury in the form of emotional trauma, self-esteem damage and a host of mental health problems. For the perpetrator, the bullying generates a false sense of self-esteem and reinforces anti-social tendencies and conduct problems. The likelihood of developing mental health and conduct problems is very high. 'Conduct problems' is a term used by those in mental health to describe very severe behavioural problems that develop overtime from middle to late childhood and more so in adolescents and can develop further into anti-social personality disorder. These individuals are more likely to engage in criminal behaviour and violent crimes and tend to land up in prisons. Witnessing bullying can be a traumatic experience and a negative social learning experience for bystanders.

Many risk factors contribute to the development of bullying. These include:

- Familial factors, which have to do with family functioning and other variables within the home life of the child.
- Environmental factors, which relate to social, peer group and other influences from outside the family.
- Personality factors, which refer to the child's characteristic way of interacting with the world.

In mental health and psychology, 'personality' refers to the distinctive pattern of thinking, feeling, and behaving, which develops over the course of childhood and adolescence, and even into early adulthood. Recent research suggests that personality development begins before birth. In interacting with the world over time, a characteristic pattern develops that is unique to an individual. Personality features in bullying reveal a number of disagreeable characteristics including violent or aggressive behaviour, controlling behaviour, a lack of empathy, the disregard for rules and the need to dominate.

The need for recognition is a significant issue and relates to self-esteem. The commonly used terms, 'self-esteem' and 'self-worth', simply refer to how individuals think of themselves. Self-esteem comes from a combination of biological and environmental influences, and is generally conceptualised in terms of high, low, and inflated self-esteem. The latter is the problem in people with bullying behaviours. Children who are bullied start out with low self-esteem and as a result are an easy target for bullies. Feeling insecure and worthless makes them further targets for bullying and results in mental health problems including depression and suicidal behaviour. Low self-esteem is a precursor to bullying. However, the research with regard to perpetrators of bullying shows mixed results because self-esteem research uses self-report instruments and because bullies develop self-esteem as they bully others over time. The developmental trajectory for perpetrators starts with low self-esteem and the bullying behaviour inflates the self-esteem resulting in further dominant behaviours that lead to mental health problems such as conduct disorder and anti-social personality disorder. The developmental trajectory for targeted children shows that they also start with low self-esteem and being bullied lowers their self-esteem even more, leading to mental health problem that include suicidal behaviour.

Considerations for prevention of bullying include building self-esteem in children, which can help them conduct themselves appropriately and respectfully without the need to violate the rights of others to feel good. This approach could help others to feel secure in themselves and give them the personal strength to avoid the vulnerability that makes them easy targets for bullying. This cannot be done reactively or retrospectively and has to be done early in life. Across the mental health spectrum, a healthy self-esteem promotes wellbeing. It is not a panacea, but it is a simple thing that can be done and has an amazing impact on children's development.

Looking at the Impact of Bullying on Mental Health (Mrs Vanessa Hemp, Clinical Psychologist)

Some of the defining factors of bullying are:
- An unequal power dynamic between the victim and the bully
- Boys bully more than girls and tend to use more direct methods than girls
- Girls are more likely to have depression and self-esteem issues as a result of bullying
- Direct bullying involves physical aggression, hurtful words, unpleasant facial expressions and gestures.
- Indirect bullying involves ignoring, isolating, denying wishes as well as subtle non-verbal communications
- Cyberbullying involves both direct and indirect bullying
- Girls report that their mental health is negatively impacted by bullying, possibly because they have a greater investment in peer status and friendships, leading them to internalise the negative experiences and be more greatly affected by the victimisation
- Role players are the victim, the bully, and the bully victim. In terms of the degree of mental health difficulties, bully victims make up about 20% of the bullied population and have most severe mental health difficulties. Those who victimise others have low self-esteem and provocative aggression at the beginning of their bullying cycle, as well as high levels of impulsivity.
- Adverse home environments appear to predispose children to become bullies. These include:
  - A negative emotional attitude from the primary caretaker characterised by a lack of warmth and involvement, which point to attachment difficulties in the relationship between the parents and the child
  - A tolerant or even permissive attitude to aggression with no clear limits for aggressive behaviour
  - A power assertion approach to child rearing where physical punishment and violent emotional outbursts are the usual control methods.

Features of a typical victim of bullying include:
- They are different in some way, such as their language, culture, race, religion, sexuality, or are disabled
- They present with mental health issues such as anxiety, depression, learning difficulties or fall on the autistic spectrum
- They tend to have an anxious temperament, low self-esteem, a sense of insecurity and to be isolated and lack friends
- They are emotionally reactive, responding in a way that bullies find gratifying
- They are easily dominated and not particularly aggressive.

When looking at child and adolescent development, it is important to take the growing brain into consideration. In terms of brain development, adolescents are in the 'mismatch years' when the limbic region of the brain (the emotional centre) is being flooded with dopamine (sensation seeking neurochemistry) making them more vulnerable to bullying and struggle with the impact of bullying. The prefrontal cortex of the brain (controls impulses, self-regulation) is only mature in the mid- to late twenties. Unfortunately for some people, the prefrontal cortex does not develop fully, and they are incapable of considering the impact and consequence of their actions.

There is a cycle of bullying and mental health issues. Young people are more likely to develop mental health issues if they are bullied and young people with mental health issues are more likely to attract bullying because of their struggles. Being bullied and bullying others impacts mental health by wearing down confidence and self-esteem, leaving them feeling low, depressed and very isolated, which is why they don't reach out for help with their bullying behaviour. This results in a cascade of mental health issues such as depression, anxiety, self-harm, self-esteem difficulties and suicidal thoughts.

Mental health also has an impact on bullying. For example, if a child has an eating disorder and their peers know about it, they see the child differently and can make him/her a target of bullying thereby starting a vicious cycle with both the perpetrator and the victim getting into worse states of mental health. Being bullied increases an adult's chance of suffering depression by 30%. During the formative years, a child's sense of self and their personality is forming and developing. Adolescents in particular are very sensitive to fitting in, belonging, feeling like they are seen, and are forming their identities. Being bullied can impact and distort this process and in turn lead to further mental health issues. An incident of bullying provokes a variety of responses from bystanders, who can be passive or sympathetic. If the

bullying is not taken seriously, post-traumatic stress disorder (PTSD) can result and the impact on the growing and developing child is similar to that of childhood emotional abuse with long-term implications for his/her mental health.

Is has been theorised that 83% of people experience some form of mental health issue throughout their lifetime and for around 75% of them, mental health issues start before the age of 18. A study of college students shows that those who experience bullying have more mental health problems than their peers and females tend to struggle more with the emotional damage inflicted by bullying, reflected in high levels of depression, anxiety, and PTSD.

A case study presented by Ms Hemp clearly illustrated how catastrophic bullying can be. The study involved a 14-year-old girl who was very intelligent but had social difficulties throughout primary school and started avoiding school in high school. She was diagnosed as being on the autistic spectrum when she was 13 years old and extremely sensitive to noise, had relationship difficulties, struggled to make friends, was very anxious, tended to alienate teachers and would retreat into gaming to find a space that had meaning. In her Grade 8 year, her teacher decided to try and perform an intervention and invited the class to give their feedback as to why they were struggling with her. Their personal attacks on her brought her to tears while the teacher watched on. Her avoidance of school increased, her performance in class got worse and she started self-harming and became suicidal. In Grade 9, she did something that aggravated the teacher who confronted her about her inappropriate behaviour. This traumatised her and she did not return to school again. She completed her high school career through home schooling online and was considered registering at university. Subsequently she had come out as non-binary and trans-male.

It is very important for teachers and those around people who are being bullied to notice any signs of bullying and to check the impact it could be having on their mental health, such as changes in performance, behaviour and weight, increased isolation and withdrawal, loss of interest in activities and signs of physical injury.

Cyberbullying is a new form of bullying that has come to the fore in recent years. It is about deliberately using digital media to communicate false, embarrassing, or hostile information about another person. Those bullied in real life are more likely to also be targeted online. It is common for victims to be bullied in their environments and online. Technology makes power plays much easier to conduct because people can do and say things electronically that they would never do face-to-face. Conflicts do not settle but turn into huge drama, infighting and intrigue. Some types of cyberbullying are harassment, impersonation, flaming, denigration, exclusion, outing, trickery, and cyber stalking.

Cyberbullying as well as normal bullying can create a variety of difficult emotional effects that include feelings of humiliation, isolation, anger, and powerlessness, as well as mental effects such as the onset of depression and anxiety and the erosion of self-confidence and self-worth. As the levels of bullying increase, so the effects become stronger, leaving the victim overwhelmed and unable to cope, and leading them to self-harm, become emotionally dysregulated or fanaticise about dying in order to escape the pain and a meaningless life. Low self-esteem plays into this, and academic issues place additional stress and strain adding to the anxiety and depression. There can also be physical manifestations and behaviours, which can have a knock-on impact in terms of creating more mental health issues, such as using drugs or alcohol, gastrointestinal issues, eating disorders and sleep disturbance, which can also lead to more anxiety and depression.

It is vital that bullying is addressed as early and a soon as possible, and for caretakers to look out for signs so that there can be early intervention.

Department of Basic Education (DBE) Strategies to Deal with Bullying in Schools (Mr Sifiso Ngobese, Director: Sport and Enrichment in Education, DBE)

Problems relating to bullying and school violence are found throughout the world and their increasing prevalence is a major disturbance in the South African schooling system, with more than 3.2 million learners experiencing bullying in schools annually. The fact that learners have cell phones at school has created a specific type of challenge in this regard.
Bullying involves one or more people singling out and deliberately and repeatedly hurting or harming another person. Bullying is often confused with teasing. Some of the causes of bullying in schools are low self-esteem (a desire for popularity and a lack of affirmation) and a power imbalance between the perpetrator and victim. Bullying behaviour is also learnt from others and occurs in the following ways:

- Physical bullying (hitting, pushing)
- Verbal bullying (threats, insults)
- Non-verbal bullying (insensitive messaging)
- Social bullying (homophobia, gossiping)
- Sexual bullying (inappropriate jokes, touching)
- Cyberbullying (insult and abuse through social media)
- Stealing (books, school lunch).

School violence and bullying harms the physical health and emotional wellbeing of children and adolescents, and the significant educational impact these have on victims compromises effective learning in the classroom. Victimisation by teachers or peers may make learners who are bullied as well as bystanders afraid to go to school and often interferes with the victims' ability to concentrate in class or participate in school activities. The school climate as a whole becomes one of fear and insecurity, and an unsafe learning environment. Violence and bullying in and around schools also have significant social economic costs. The long-term impact on victims and perpetrators can include increased risk of social and relationship difficulties, anti-social behaviour, and criminal behaviour. Victims tend to have lower grades and even drop out of school, and there is the likelihood that they have inadequate social support. Warning signs to look out for in a learner who is being bullied include loss of self-confidence, low self-esteem, depression, anxiety, stress, fearfulness, and suicidal tendencies.

The DBE has put the following interventions in place to equip schools in terms of preventing and managing bullying and to ensure that they deal with bullying behaviour:

- The National School Safety Framework (NSSF) is based on the following pillars: early identification and intervention, reporting, support, and care for victims of bullying, and a safe and responsive learning environment for all learners. One of its goals is to create a safe, violence and threat-free, supportive learning environment for learners, parents, educators, principals, school governing bodies (SGBs) and administration, and in so doing, make schooling an enjoyable experience and retain learners in the system. The other goal is to ensure schools identify,

prevent, and manage bullying incidents and develop anti-bullying policies, and to train schools on bullying prevention.

- The Life Orientation curriculum which takes a human rights-based approach to teaching diversity and respect, addresses the different categories of bullying and how they manifest, and helps create an environment where learners feel safe to report incidents of bullying.
- The Inter-Departmental Campaign facilitates collaboration between the DBE and other government departments in rolling out a multi-departmental campaign on the prevention of violence, bullying, corporal punishment, learner pregnancy, gender-based violence (GBV), drugs and substance abuse. The campaign is championed by the Minister and Deputy Minister of Basic Education and will be implemented in all provinces by 2023.

QUESTION AND ANSWER SESSION

Question
Will the issue of the victim of bullying becoming a bully in turn be addressed, as this is an issue I see in schools?

Response, Mrs Hemp: The sooner the bullying behaviour is identified or those at risk of becoming bullies are identified and interventions made the better. Bullies should be sent for counselling to help them deal with their difficult feelings, as should victims.

Response, Prof. Pillay: This is certainly something that can happen. The scenario is similar to that of individuals who have been sexually abused when they were young and become abusers of others later on. There are interesting psychological dynamics, such as social learning and the defence mechanism called 'reaction formation' where this type of behaviour can be repeated even though it was unacceptable.

Question
How do we help adolescents supplement the regulation of the intensified emotion they are experiencing while the prefrontal cortex is developing? Are breathing exercises helpful in calming the nervous system, and is there merit in schools offering breath work and meditation practices?

Response, Mrs Hemp: Absolutely. Teaching techniques such as breathing exercises and guided meditation, as well as helping people to notice what is happening in terms of their emotions and how to regulate them, does really help. These skills are invaluable in schools. Exercise is also very useful to help people with aggression and with overwhelming feelings.

Response, Prof. Pillay: Over the last 20 years or so, there has been a lot of scientific data supporting the use of techniques such as meditation and yoga, which were previously viewed largely as fringe approaches, but a number of controlled clinical trial data show the effectiveness of these techniques across many problems not only bullying.

Question
What is the process when children are bullied by teachers?

Response, Mr Ngobese: There are many instances of learners being bullied by teachers and even school principals. Parents need to report such incidents to the principal via the SGB. The first line of support should come from within the school community. When this route has not been successful, we have seen that parents report the incident directly to the Minister and the department attends to it. In cases where victims are dissatisfied with the school's response to their complaints of bullying, the department recommends that they report to the District Offices or even Provincial Offices, especially when the bullying is perpetrated by a teacher.

Response, Prof. Pillay: The questions that relate to the role of the school are challenging as this is not an easy problem. Parents have traditionally expected too much of schools and teachers. It is not the duty of the school or the teacher to bring-up our children and to teach them morals, values, and behaviours. This is the job of caregivers and has to be done at home. It is extremely challenging for schools and teachers to address bullying, especially because of the high numbers of learners, all with different characteristics, demeanours, and personalities.

It would be a huge mistake for society to expect schools and teachers to be responsible for dealing with all aspects of bullying. A much larger portion of the responsibility has to be shared with caregivers.

Response, Mrs Hemp: I would like to emphasise the importance of working with the whole system and not just the school to address bullying and to identify children and families at risk. The child needs to be supported and taught at home so that they can conduct themselves appropriately in the school environment. It is unrealistic to expect teachers and schools to handle all of this.

Question
How do we deal with bullies in school? They are also growing children and may need assistance to relate to others without relying on harassment, bullying, or abusing others.

Response, Mr Ngobese: There is often little inclination to assist bullies as they are seen as the perpetrators but bullying behaviour can manifest as a cry for help. Underlying factors in the family setting, for example, might contribute to someone becoming a bully. It is therefore essential to find out about the background of a learner who displays bullying behaviour at school.

Response, Prof. Pillay: It would do no good to take the bully on in the same kind of aggressive, violent manner. A few useful approaches could be tried, such as:
- Dialectical Behaviour Therapy (DBT) techniques, which are particularly useful since they incorporate a didactic (psycho-educational) component.
- Playing into the child's need for recognition by affording him/her an opportunity to feel important in a functional way (such as through allocation of responsibility) as this reinforces the need to be recognised but without being destructive.

Response, Mrs Hemp: It is important to understand that bullies have their own pain and mental health struggles. Many of them come from dysfunctional homes and children who have attention deficit hyperactivity disorder (ADHD) can be prone to bullying because of their difficulties with impulsivity. Early identification of and intervention in bullying behaviour is vital. Some of the hallmarks of children who are prone to engage in bullying are evident in the communication that comes through pre-school. Parents need to be brought in at an early stage to help understand and support the system. This process helps support teachers and involves labour intensive work. Student counsellors, class monitors, school prefects and caring committees could be brought in as an additional resource.

Question
Indirect emotional bullying seems very hard to be identified and to be dealt with at schools. What are effective interventions to be used in schools?

Response, Mr Ngobese: It is important for parents to have regular conversations with their children about school. This provides opportunities for children to share their feelings about school and for parents to pick up on possible instances of indirect bullying.

Question
What are some of the on-the-ground strategies that have actually worked?

Response, Mrs Hemp: The Life Orientation programme could be used to allow children to practice role-playing, to teach them appropriate assertiveness skills, how to tune in to what is going on and how to let the person know if they are feeling uncomfortable in a situation. These activities could be used to build up resources for a school to use in its approach to addressing bullying.

Response, Prof. Pillay: Whenever many different approaches are being suggested it indicates that there is no quick fix to the problem and that everyone is struggling with it. This is the case with bullying. We are dealing with a personality problem and to change an individual's personality is a very difficult job but certainly something that should be tried. This is a multi-faceted problem that requires us to try various techniques to address it.

Response, Mr Ngobese: We must never underestimate the values that are taught in an informal learning setting, such as during extra-curricular activities where learners participate in sport. This platform provides numerous values that need to be instilled in children and would assist in shaping their personalities.

Question
I would like to know which evidence-based treatment is performed for bullies and the bullied alike. More so I want to know what can be done to prevent bullying as a proactive measure.

Response, Prof. Pillay: Dialectical behaviour therapy teaches emotional regulation and distress tolerance skills. It also covers interpersonal effectiveness.

Question
Are bullies in childhood likely to present with narcissistic personality in adulthood?

Response, Ms Hemp: Yes, they can, or anti-social personality disorder. They can often also present with ADHD and conduct issues. They will often then become bullies as parents, in the work space or with their spouses.

Questions
It seems like despite the all-too known adverse effects of bullying on both perpetrators and victims, schools and families cannot seem to nip it in the bud. Are schools really able to deal with this problem? Most schools appear to have good ways of handling bullying on paper but following through with interventions or consequences seems to be an issue. What can be done to support schools to really implement bullying policies?

Response, Ms Hemp: It is my sense that the whole system needs to be dealt with from supporting at risk families and children through to working together with teachers, parents, and children. Early intervention is important. You can often see the warning signs in nursery school.

Question
In relation to the factors that influence a bully-to-be, is there any research that would suggest that socio-economic factors may be considered determinants? For example, does the research find that bullies are more likely to come from certain socio-economic conditions or broken homes?

Response: The short answer is no. Bullies come from all socio-economic backgrounds. But there are some influential caveats that we can talk about.

Question
Prof. Pillay, do you find it common in your work, for bullies who might be exhibiting a conduct disorder to develop an anti-social personality disorder later?

Response, Prof. Pillay: Yes. Unfortunately, conduct disorder is almost always a precursor to anti-social personality disorder.

CONCLUDING REMARKS (Prof. Mark Tomlinson)

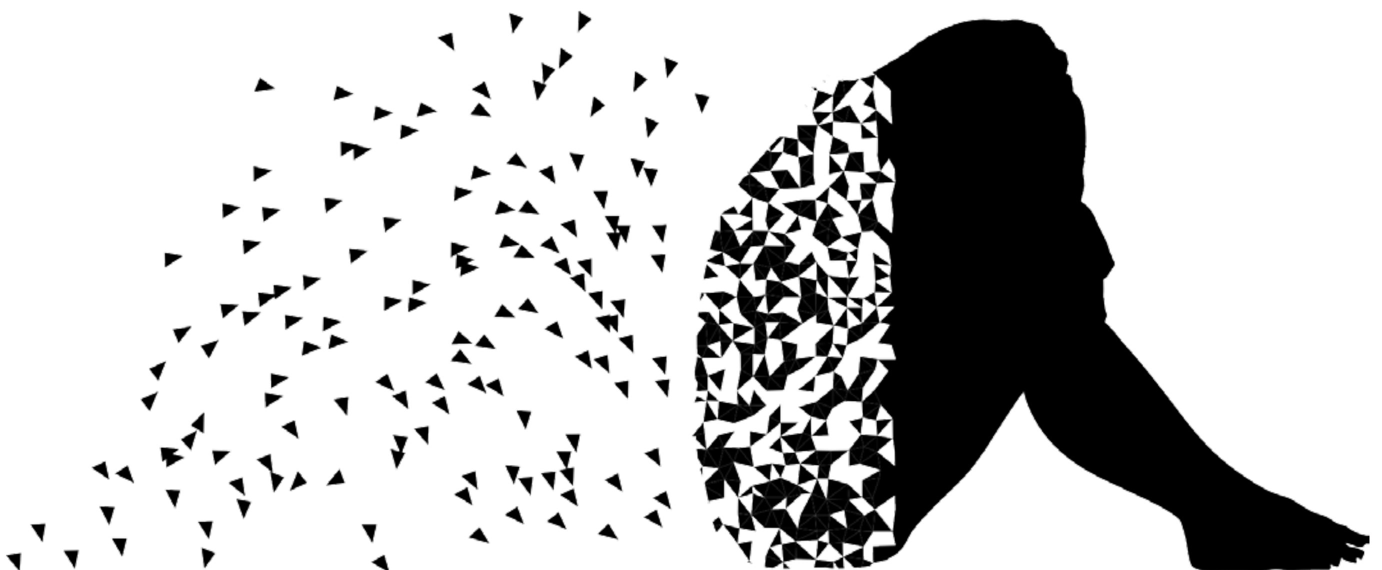
Prof. Tomlinson thanked the speakers for their wise words and the many strategies they put forward to deal with the complex problem of bullying.

Part of the solution to bullying is to create a society in which young people feel a sense of agency and power to effect real decisions in the world. Situations are created in schools and society where there are very strict hierarchies and where the voices of young people are not fully engaged with. Creating a different way of thinking about bullying and a different school atmosphere that is more community orientated requires the voices of young people to be heard, not merely as a tick-box exercise but through in-depth engagement.

Prof. Tomlinson spoke of evidence of how encouraging parental engagement by getting families (parents, caregivers or social carers and their children) to allocate a time every day to sit together and talk about the day, usually around a meal, showed how problem solving improved and where difficulties the child may be experiencing are raised. Instilling this practice every day of a child's life in the home made a massive contribution to resolving the bullying problem.

CLOSURE

Prof. Tomlinson thanked the three speakers for sharing their insights and expertise on this important topic and the participants for their fruitful engagement in the discussion. He expressed appreciation to the ASSAf staff for the efficient organisation of the webinar.



ANNEXURE A: LIST OF ACRONYMS

ADHD	Attention deficit hyperactivity disorder
ASSAf	Academy of Science of South Africa
DBE	Department of Basic Education
DBT	Dialectical Behaviour Therapy
GBV	Gender-Based Violence
NSSF	National School Safety Framework
PTSD	Post-traumatic stress disorder
PsySSA	Psychological Society of South Africa
SGB	School governing body
UKZN	University of KwaZulu-Natal
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organisation

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