Joining Hands with the Rest of the World [Title slide 1]

My relationship with Kwa Zulu Natal began when I first travelled here ten years ago in 2004.

I spent my childhood in Western Australia; a small-big town in a wonderful coastal setting, which like Durban, has it shores washed by the Indian Ocean.

I was fortunate to be born into a loving family. My parents were kind to one another and kind to my siblings and to me. They nurtured us and our curiosity and creativity; a wonderful legacy.

I studied English literature, and after three years working as an English teacher, I set off to London to study at the Institute of Education, very near the British Museum. It was a marvelous year and helped crystalize my interest in epistemology and that important question of being and becoming, what it means to come to know our self.

During my years of teaching I was perplexed and curious about the complex forces that influenced the lives of the young girls I taught: some of them seemed able to make creative and sound choices, others seemed always to get it wrong and to land themselves in all sorts of mess. I wanted to better understand the forces that influenced them and their development. So I set out to become a child and adolescent psychiatrist. I have never regretted the decision. I came to understand that adolescents who make creative choices have usually had nurturing and facilitating experiences in their early life - physical, intellectual, emotional, social and spiritual. This led to my decision to focus my energy and attention on infant mental health, which has been the heart and focus of my professional life since.

In 1999 I worked as a consultant at the Children's Hospital in Perth. My task was to establish WA's first mental health service for infants, toddlers, pre-school children and their families. It was an intense and creative time, tough too and I learned a great deal. The team I worked with did some excellent work. After five years the funding was withdrawn. Broken hearted - and exhausted - I resigned and wondered what I might do next.

Soon after, in January 2004, the World Association for Infant Mental Health held its biennial meeting in Melbourne. Professor Linda Richter, then Director of the Children and Family Department of South Africa's Human Sciences Research Council, was there. I had heard about Linda and her work and her assertion that many young children in southern Africa were "failing to thrive" not always because they did not have enough to eat, but sometimes because they were too depressed to eat: an arresting notion for an infant psychiatrist.

I told Linda I would like to come and work with her and my husband Peter and I arranged to visit in May. Linda and her team were associated with The Africa Centre, a research institute 250km north of Durban near a town called Mtubatuba. A consortium of research groups were seeking funding to establish a clinical health stream for the paediatric population living with the research area catchment. Linda wondered if I might have a role helping set that up.

Mtubatuba is a small regional town in the Zulu heartland. The nearest hospital is in Hlabisa, about 60km away. Driving from Mtubatuba to Hlabisa means driving through the

middle of two game parks - Hluhluwe and Umfolozi - the world heritage St Lucia wetland is a short drive the other way. The natural beauty is awe-inspiring.

This was my first visit to Africa. As you know, South Africa has a complex history and it continues to be a land of stark contrasts and deep divides. I was confronted in many ways and my experiences took me to the edge of my humanity, where new vistas opened for me.

Of course, the HIV & AIDS pandemic, which I had heard about and read about, became very real in a new way.

The first South African child I met was a little girl I will call Sbongile. Sbongile was seven – painfully thin, dressed in threadbare pajamas, lost and wandering aimlessly midst the dry grounds of the Hlabisa Hospital. Her dark, sunken eyes looked out vacantly from her gaunt face. Sbongile had advanced AIDS, she was dementing and was not going to celebrate her eighth birthday.

The ravages of the HIV and AIDS pandemic were confronting. Ten years on, some things have changed for the better, though there is still much to concern us.

[Slide 2] In the recent supplement of the AIDS Journal, Richter and Mofenson wrote:

“Between 2009 and 2012, new infections among children dropped 35% and, between 2005 and 2012, nearly 1 million new HIV infections among children in low and middle-income countries were prevented. However, despite measures to scale up programs for treatment of pregnant women and prevention of mother-to-child transmission, a considerable number of HIV-infected pregnant women do not receive treatment; in 2012, only 37% pregnant women in low and middle-income countries received antenatal HIV testing. This suboptimal coverage resulted in an estimated 260 000 children acquiring HIV during 2012, adding to the 3.3 million children under the age of 15 living with HIV. HIV treatment for children (34%) continues to lag behind that of adults (64%), and perinatally-infected children experience major health challenges as they grow through adolescent into young adulthood. Thus, the paediatric HIV epidemic is far from over.

The HIV epidemic continues to affect children who, though not infected themselves, have parents and/or other family members who are chronically ill or have died. This causes ripple effects in the lives of children, frequently leaving them distressed, poorer, stigmatized, prematurely out of school and responsible for livelihood and care, and potentially at increased risk of HIV infection as they enter adolescence. Some 17.8 million of the world’s children – 85% residing in sub-Saharan Africa – have lost one or both parents to AIDS. Many times more children live with parents who do not know their HIV status, are ill with HIV disease, or are on a lifelong treatment that may require onerous out-of-pocket expenses.”

In Sbongile’s community, Hlabisa, 89% of people live in households where the average income is below the national poverty line. In a facility such as this, and in a country that has much to offer the wealthy traveller, it is challenging to note that 66%, 2 in every 3, of South Africa’s children live in poverty, and that by Africa’s measure, South Africa is a well off country.

Richter and Mofeson tell us that nearly 18 million of the worlds’ children have lost one or both parents to HIV and AIDS. Many of our colleagues live and work in a context where

countless children and families and communities are burdened and live in the shadow of grief. [Video clip 1]

Despite this reality the Zulu people retain a proud cultural heritage. They have warm and generous hearts, and music and dance are central to their life. Their Zulu traditions remain strong and they are deeply committed to doing the best for their children.

Since my first visit, I have returned many times. My second visit was for a month in October 2004. I needed to join the Africa Centre team with time to explore the proposal and to "feel" whether or not there was a good enough professional fit. Suffice to say, there was not. For me then the divide, between the research agenda and the community development agenda seemed unbridgeable. It was neither the role nor the organisation for me, and I am immensely grateful for the experiences my time at the Africa Centre afforded me. These experiences laid the foundation for the Uthando Project - a small project which exists to make a contribution to enhancing child caregiver relationships and emotional well being and mental health through creative play.

Families and communities in Southern Africa cannot always wait for professionals to assist them: resources are limited, and even when there are vacancies, recruiting trained staff may be difficult. Thoughtful and sustained community development programs that build upon and maximise inner and community resources are the only hope, working along side and together building a well-qualified workforce to support community development.

By the end of 2004, I realised that as an Australian Child Psychiatrist, I was both under and over qualified for a full time role in Africa. I decided that the best contribution I could make was to base myself in Australia, to work in a context familiar to me, and to support KZN through financial and emotional and professional support to colleagues doing excellent work in South African. At home, I could talk with others and enlist their help and support for Africa's children; who are indeed our children too.

Uthando has provided my link with KZN. My experience in South Africa has shown me what it really means to not have enough resources. Mark Tomlinson, a South African psychologist working in Capetown, said at the 2010 World Association for Infant Mental Health Congress in Leipzig he is often surprised at *how little* many of us in the developed world do with so much. I agree.

As mental health professionals we whole-heartedly understand that if a child is to flourish, rather than to merely survive, then he or she must be given more than food and shelter. Children need to be cared for by people who care about them. They also need varied and rich experience, including the opportunity to develop a capacity for play.

In Playing and Reality Winnicott wrote:

It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self. (p.72 -73)

Winnicott also said that the play space can be located in the space between a mother and a child. My experience tells me that central to coming to know our self, is the experience of first being known to another.

The Uthando Project, is about creativity and play and children's healthy emotional development.

It began with a conversation Peter and I had during our first visit to Hlabisa Hospital, the day we met Sbongile. Since this time, Uthando has grown in many wondrous and surprising ways. 100s of people, indeed 1000s of people from all over the world have accepted the invitation to make a doll to make a difference to a child's life.

These days, despite my title of Director, I am simply an ambassador for Uthando and its work. The hearts and minds and energies of the many involved are inspired and harnessed by the capability of a wonderful woman, Georgia Efford, the project co-ordinator. Georgia works with a small and dedicated team who all volunteer their time, their energy and their talent.

In 2004 Uthando began as a way of generating a supply of dolls for the 40 or so children who were seen at the children's crisis centre at Hlabisa Hospital - a centre created by Tamsen Rochat and her nursing colleague Dudu Kumhulo. Tamsen was the first psychologist to work within the Hlabisa district. Since this time Tamsen has gone on to make a stellar contribution to our understanding of the experience of children and families living in rural Africa and how we might support their emotional well being. Uthando has grown too. Grown from the conversation we shared that first day, a conversation about play. Seeded when Tamsen remarked "Julie it is heartbreaking, the children always want to take the doll from the crisis centre therapy home because most of them have never had a toy of their own."

Since this time, groups of creative, industrious, generous and dedicated knitters and sewers have come together to create dolls to send to KwaZulu Natal. [Slide 3] Participants from these groups have taken what they have experienced and learned to share with others. Many Australian women have visited and joined KZN colleagues, co-facilitating workshops for groups of women, and some interested men, where sewing and making a doll is intertwined with reflection on children's emotional needs and the benefits of play.

There are countless heart-warming stories of those who have created a doll reporting on their experience. Said in different ways, each remarks on having been enlivened in the creation, and the qualities of engagement, energy and liveliness abound. [Slides 4,5 & 6]

Since 2004, Uthando has developed precious working partnerships with five South African organisations who all work with families and communities through: promoting and supporting family literacy, or responding to distressed children through offering a life-line, or offering psycho-social support to children in primary schools, or providing training, resources and education for early childhood teachers, or helping communities think about and better understand and respond to children and their distress. [Video clip 2]

Uthando is an isi-Zulu word for love, and dlalanathi the organisation that most closely aligns itself with my vision for children, is an isi-Zulu word meaning "play with us" (this was formerly named in honour of Rob Smetherham, as under Robyn's name in that clip), [slide 7] I am delighted to have five members of the small dlalanathi team taking part in this week's conference. Dlalanathi's mission is to bring hope and healing to children and their caregivers using play for communication. They do this by mobilising the community and working in partnerships to strengthen adult-child relationships so that safe spaces and positive care is provided. Rachel Rozenthals-Thresher, from dlalanathi is presenting a

workshop on Friday morning at 8am – those of you interested in psycho-social support in KZN will be well rewarded.

Each of our five partner organisations uses dolls from Uthando in different ways. Where-ever possible, when a doll is to be given to an individual child, then the doll is given to an adult who has a significant relationship with the child, for them to give to their child on a day and in a manner of their choosing. My title for today's paper *Joining Hands with the Rest of the World* was something a father of four daughters said when he was given dolls for his girls – "My daughters will love these dolls, as I hold them I feel like I am joining hands with the rest of the world". [Video clip 3]

As professionals, that is our task – to join hands with the rest of the world – to stand beside, to bring together, to share, to help settle distress, to promote well being and to celebrate life and the small successes.

[Slide 8] Later today Jon Jureidini and I are running a workshop to explore the ways that we might work together – across countries, cultures and languages – across economic and religious divides. Hall 2B this afternoon at 17.45. It would be great to see you there.