



## REPORT FOR THE THIRD CYCLE OF THE UPR OF VENEZUELA 2017-2021

### MENTAL HEALTH OF CHILDREN AND ADOLESCENTS IN VENEZUELA

#### **Authors of the Report:**

Community Learning Centers (CECODAP) (<http://www.CECODAP.org>) is a Venezuelan social organization that, since its foundation in 1984, works on the promotion and defense of the human rights of children and adolescents, with special emphasis in the construction of violence-free cohabitation through citizen participation and the assistance of children and adolescents, families, education centers and the society at large.

The Network for the Human Rights of Children and Adolescents (REDHNNNA) is a coalition of social, academic and community organizations, research centers and institutes and defenders of the rights of children and adolescents (CHA), founded and operational since 2006 (<http://www.REDHNNNA.org>) and dedicated to the promotion, defense and enforceability of the rights of children and adolescents, through the implementation of actions and mechanisms of collective and democratic participation, aimed at promoting the Best Interest of the Child inclusively and with openness to dialogue with various actors.

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### **Executive Briefing:**

1. The Complex Humanitarian Emergency (CHE) that Venezuela is experiencing has had a devastating impact at multiple levels nationwide, affecting especially children and adolescents (CHA) and their families. However, the damage caused to children is often measured through other indicators, such as infant malnutrition, mortality, school absenteeism, access to the right to identity, among others. Mental health is not among these indications, and neither are official and humanitarian responses.
2. The definition of mental health quickly reveals how the context of CHE is a clear threat to the integrity of the individual, and the effects of this directly impact the possibility to recover from the trauma of violence, poverty, hunger and political conflict. Growing in a context of CHE undoubtedly marks the development of CHA. The way in which they either fulfill or miss their potential, the dynamics in which they learn to socialize and their very constitution as citizens are intersected by mental health.
3. Alterations in mental health are not always evident like other health issues, so their manifestations could go unnoticed. However, they have tangible effects in the lives of people that limit their capacity to fully exercise their rights and achieve wellness.
4. People affected by mental health issues in Venezuela experience an impact in two levels. The first is related to living with the effects of “abnormal tensions” in their life and the concurrent violations of their human rights. The second level is the disregard for the gravity of the effects of mental health alterations by those that must provide attention to the traumatic influence of the CHE and contribute to repair or mitigate it. This promotes situations that increase the damage beyond material considerations.
5. The current situation of mental health in Venezuela is extremely precarious especially in the case of children and adolescents. There are no official figures, national records or sufficient institutions in operation and with capacity to offer the psychosocial attention that CHA and their families require, to offset the effects of the emergency.
6. This report seeks to document and expose mental health as a public health issue in Venezuela. The qualitative and quantitative records shown here are statistical data from CECODAP’s Service of Psychological Attention (SPA) corresponding to the period 2020-2021, which shows a decline in living standards that has a direct and devastating impact on the socioemotional wellbeing of children and adolescents.

### **Characterization of the population and methods of attention for mental health:**

7. By definition CECODAP-SPA is a free service that assists CHA regardless of socioeconomic condition. The majority of consultants come from low income areas across the country. Anyone can request attention, including children, adolescents and relatives.
8. The COVID-19 pandemic led to a review of the methodologies of attention in order to keep the services operational. A strategy for remote attention was developed that includes phone calls, video calls and text messages. This new form of attention expanded the reach to regions and communities that were physically inaccessible before due to distances and costs.

### **Applicants of CECODAP’s Psychological Attention Service in 2020 :**

9. According to information recorded by the SPA, 48% of requests were made by the mothers of CHA, while 34% were made by the patient itself in cases of adolescents; 5% were made by uncles or aunts, 4% by fathers and 3% by either paternal or maternal grandmothers or grandfathers.

10. The access to healthcare services, and especially the psychosocial attention requested directly by adolescents, is a positive sign of the increasing importance of this topic in this sector of the population, and also an expression of civility and self-care. Requests for attention made by the adolescents themselves may be empowered with greater efforts of information and sensitization.

#### **People assisted during 2020:**

11. In 2020, there have been a total of 3,519 assisted between psychotherapy cases which are long term and cases of orientation that offer a maximum of three sessions, which allow a greater reach of therapeutic attention. Out of the 145 families currently attending psychotherapy consultations, 641 people have benefitted from the program. Additionally, 2,878 people have benefitted from the 1,033 orientations carried out between March 16th and December 31st 2020 (a period of lockdown due to COVID-19.)
12. During the pandemic, a mixed methodology of attention was implemented which included both online and person-to-person assistance. This decisions are based on the need to adequate the therapeutic frameworks to the context and needs of affected population, understanding that the goal of attention is intimately related to mitigating the suffering associated with the ravages of the CHE in the country.
13. 66% of the people assisted in 2020 were CHA. 6% of these were children aged 2-4 years old, 33% were children aged 4-12 years old and 27% were adolescents aged 13-17 years old. 30% of the people assisted were adults aged 18-59 years old and 4% were elderly adults aged 60-85 years old.
14. This percentual distribution is associated with the nature of CECODAP-SPA, which is mainly focused on CHA. In this sense, it is important to note that the adults assisted were included in the support to the families of CHA that receive some kind of psychosocial support in the SPA.
15. It is also important to highlight that the services of psychosocial attention specialized in children and adolescents are limited in Venezuela. This is alarming, especially in areas outside the capital region and communities removed from the capitals of their respective states.

#### **Percentage of people assisted by region during 2020:**

16. People from 23 states of the country and the Capital District were assisted during 2020. The largest percentage of serviced cases corresponded to the central region of the country at 83%, followed by the western region with 6%, the eastern and insular region with 5%. The smallest percentage was located in the Andean region, the flatlands region and lastly the southern region with 2%.

#### **Attention of cases and requests of attention received during 2020:**

17. CECODAP-SPA received 716 requests in 2020. It is important to note that each request may result in several people assisted within the same family, which is the reason for the aforementioned number of consultations made. The largest number of requests during the year were made in July (105), August (99) and October (73).
18. In March, with the onset of the COVID-19 pandemic in Venezuela, there was an increment in the requests received, which was never below the number reached in March (32). The most important peaks in the volume of requests took place in July and August, which correspond with the period of school holidays in Venezuela. Due to the conjunction of this period with lockdown measures, there was greater demand of families in search of psychological attention for CHA. After the onset

of the pandemic, the attention offered never returned to pre-pandemic status, not even in December (historically the month with the least amount of consultations due to the festivities.)

#### **Consultations attended by the SPA during 2020:**

19. A total of 4,365 consultations were carried out, 3,332 of which were psychotherapy consultations that involved long-term clinical attention to treat the issues of consultants. To contextualize this information and give it its proper dimension, it must be pointed out that in 2020, the estimates projected for CECODAP-SPA was 1,000 consultations, regardless of the method selected. In other words, the projection was surpassed by 436.5%.
20. As a consequence, CECODAP-SPA started providing attention 365 days a year, extending its consultation hours and the coverage of its services, which allowed it to reach the reported results. The number of consultations attended by CECODAP-SPA since its creation in 2017 has increased exponentially, starting at 303 a year and ending with over 4,365 in 2020.
21. October showed a greater number of records with 545 consultations attended; it is important to highlight that this is the month where school activities typically start in most educational centers in the country. This could be linked to the complexity that starting a school year digitally means for the dynamics of CHA and their families. September is next with 544 consultations and November ranks third with 513 consultations. There is a visible correspondence between the total of consultations per month and the number of attention requests (each request covers several patients in the same family.)

#### **Reasons for consultations in 2020:**

22. 39% of the cases attended by CECODAP-SPA were related to mood alterations, namely, symptoms of depression and anxiety, as well as feelings of stress, irritability and/or expressions of rage, among others. Next we see conflicts in the family, representing 14% of cases, especially due to issues of cohabitation, sibling rivalry, separation of the parents and conflicts between partners. In equal proportion, 14% of cases are related to disruptive behavior at home, expressed in defiant conducts, hyperactivity and the breaking of rules. 12% of cases were primarily situations of violence, related to sexual and gender-based violence, human rights violations and school harassment. 6% of cases are linked with migration and human mobility.
23. 4% of cases involved poor school performance. 3% of cases reported neuro-development disorders such as autistic spectrum disorder (ASD), attention-deficit hyperactivity disorder (ADHD), among others. Similarly, we found other psychiatric disorders such as schizophrenia, bipolar disorder and sleep disorders in 4% of cases. Cases associated with early sexual exploration represented 2% and 1% were motivated primarily by addictions.
24. There is evidence that the pandemic and the lockdown, coupled with the pre-existing CHE, noticeably contribute to the decline in mental health of children and adolescents. Mood alterations have increased from 29% of total cases attended in the first half of 2020 to 44% in the second half, closing with a global total of 39% of reasons for consultations. This suggests that starting in June, there is an escalation of 15% in less than a year.
25. We also observed increments in conflicts within the family, which went from 13% during the first half of the year to 15% in the second half. On the other hand, the cases of disruptive behavior at home declined from 17% to 12% in the second half of the year. The latter figure could be associated with the process of adaptation that families experienced during confinement and the development of resources to handle this complex circumstance.

26. After a year of pandemic, it is now possible to say that the main effect detected of the presence of COVID-19 in the country regarding the mental health of CHA and their families, are *mood alterations*. Depressive and anxious symptoms stand out among the reports of the people attended. This category shows the fastest escalation among the reasons for consultations, which makes it a priority. To more clearly portray the evolution of the problem we must highlight that 2017 comprised 24% of cases, increasing to 28% in 2018, then dropping to 22% in 2019 and climbing to 39% in 2020.
27. Qualitatively speaking, it is clear that the precarious conditions of public services had a major impact in the reports associated with people living in the country's interior, which increases the vulnerability of these cases.
28. Regarding the cases of mood alterations in 2021, 19% of cases reported unique or recurrent episodes of depression, 16% reported general anxiety, panic attacks, among others, and 14% reported feelings of stress. A smaller percentage of cases were related to feelings of sadness and/or frequent weeping at 13%, irritability and/or bursts of anger at 13%, mourning at 12%, mixed mood alteration at 8% and depression at 6%.

#### **Ideation and risk of suicide in children and adolescents in 2020:**

29. One of the most complex implications observed regarding mood alterations is ideation and risk of suicide. There is a major risk when suicidal thoughts include concrete plans, which make them structure ideations. The presence of suicidal ideation (thoughts of death, structured or unstructured suicidal ideation) was reported in 21.24% (72/339 cases of mood alterations.) Based on this number it is possible to say that 1 out of every 5 people attended with mood alterations shows some kind of suicidal ideation. It is a shocking figure about the severity of present conditions of mental health of CHA and their families.
30. It is equally important to point out that amidst these issues there is a marked precariousness in public services of specialized mental health for CHA, which leaves civil society associations and private institutions in charge of most of the response to this and other problems. However, due to the current reach and magnitude of this phenomenon, it is indispensable to create a response at the public policy level to enable the State to fulfill its obligations regarding the health and protection of children.
31. After the first month of the pandemic, there was a spike in April 2020 in reports associated with both mood alterations and suicidal ideation, which can be associated with the immediate impact caused by the radical changes in the living conditions of CHA and their families. In fact, this change is visible in the number of cases, which went from 1 case in March to 5 in April. However, August showed the highest number of cases associated with suicidal ideation, at 12. Although the cases of mood alterations declined during December, this is related to the Venezuelan sociocultural context, where festivities might have reduced the requests for psychological attention and the associated clinical conditions. This decline should not be interpreted as an improvement of structural or contextual conditions, as is shown in the section dedicated to preliminary data of the first quarter of 2021.

#### **Violence against children and adolescents:**

32. Regarding the consultations motivated by any kind of situation of violence, they took 12% of the total serviced by CECODAP-SPA. The classifications of the various forms of violence reported are domestic abuse, school harassment, gender-based violence, sexual violence and human rights violations, including situations that involve State security bodies.

33. During 2020 the main form of violence reported was sexual violence at 34% of cases. This demands a profound attention because it represents a greater visibility of the problem and its incidence within a social and domestic context severely impacted by the pandemic. We find that confinement has led to the prolonged contact of CHA with their aggressors, which are mostly in close proximity to them.
34. School harassment represents 25% of the situations of violence reported. The expressions of this phenomenon become increasingly sophisticated and harder to control, because they often take place over digital platforms which parents and teachers have little capacity to oversee. This shows the possible risk of neglect for a phenomenon that causes profound wounds in CHA.
35. 19% of cases were associated with situations of gender-based violence and domestic abuse. The fact that both categories are present in that magnitude, coupled with the impact of sexual violence, leads us to consider that girls and women have differentially experienced forms of violence during the COVID-19 pandemic, which demands a specialized approach.
36. Lastly, 3% of cases were associated with human rights violations. Here we highlight the actions of State security bodies as well as the persecution against political leaders or social actors. In this sense, we point out that, although these primary violations are sometimes aimed at parents or relatives of CHA, the latter are seriously affected by the loss of their family members or by the severe limitations in communication that may be imposed after these incidents.

#### **Use of physical and humiliating punishment against children and adolescents:**

37. According to the analysis of 2020, the use of physical and humiliating punishment (PHP) was the reason for 18% of cases attended. We can even detect how in cases whose primary motivation for consultation was not violence, it was still used as a practice of upbringing. PHP has its main expression in those cases that report disruptive behavior at home, which indicates that, amidst the difficulties of families regarding discipline at home, 34% of CHA are victims of this form of violence.
38. It is worrisome to find that, in cases where CHA report mood alterations, 23% of parents or caretakers use PHP, because they may interpret those alterations as part of defiant or challenging conducts, so they resort to violence as a corrective method. Similarly, when conflicts arise in the family, 16% of CHA are victims of PHP. This suggests that the accumulation of tensions at home increases the possibility of the use of this practice, showing how violence becomes a self-perpetuating cycle that affects all family members.

#### **Conflicts in the family:**

39. Multiple conflicts may arise in the core of the family, especially in a context of CHE. They are characterized by the problems caused by differences of attitude, the management of issues at home or any other everyday incident, without implying situations of violence. This includes conflicts between partners which do not lead to the dissolution of the relationship, the separation of parents, sibling rivalry, medical alterations and other unspecified reasons. In the current context, we must highlight that the confinement caused by the pandemic has given way to an increase in conflicts reported by families, with the socioeconomic situation in particular as a main potentiator of cohabitation problems.
40. Conflicts in the family ranked second among the reasons for consultation in 2020, along with disruptive behavior at home. Consultations are mainly driven by cohabitation issues in 44% of cases, followed by parental separation at 20% and 15% for other reasons (conflicts with parents who no longer live together and improper behavior of children); 13% of cases involved conflicts

between partners. To a lesser extent, sibling rivalry represented 5% of cases and medical alterations constituted 1%.

#### **Disruptive behavior at home:**

41. Disruptive behavior at home is the attitude primarily identified by parents or caretakers in children and adolescents. It represents 14% of the total of cases attended and is arranged in categories such as disregard for rules at home, aggression, restlessness and defiant conduct.
42. 39% of the cases associated with disruptive behavior at home have to do with disregard for rules. This is especially related with the use of PHP at home and the recurring difficulties reported by families in the handling of discipline.
43. 21% of cases include aggressive behavior which parents associate with everyday elements and the handling of rules and boundaries; however, it must be taken into account that aggression in CHA is often tied to feelings of sadness or emotional hardship. This is intimately related to the current impact of mood alterations on this population.
44. In a way which is consistent with the difficulties observed in the handling of upbringing in families, we find that 15% of the cases associated with disruptive behavior at home are related to defiant conduct and 14% corresponds with restlessness. To a lesser degree, some cases of disruptive behavior were related to other reasons.

#### **Human mobility and migration of children and adolescents:**

45. Consultations motivated by human mobility and migration ranked fifth with 6% of cases received in 2020. This reason for consultation involves children left behind; in other words, the condition in which CHA are separated from their parents due to their forced migration. Similarly, it pertains to the migration of children and adolescents, and their return.
46. It is convenient to specify that, regarding the return, psychosocial assessment is important because in some cases, this process takes place harmoniously, even representing the end of the need for attention; however, in other cases it can present a series of challenges for reintegration. The data studied only mentions the return of the mother because there were no reports of returning fathers, which does not mean that it is not possible. Within this category, the cases of children left behind constituted the first reason for requests of assistance at 92%, followed by the migration of CHA at 6% and 2% of cases involved the return of the mother.
47. This is consistent with the figures reported in the Special Report of the Dangers and Violations of the Human Rights Children and Adolescents in the Context of Human Mobility and Pandemic (2020)<sup>1</sup>. Statistics show that although the population experiencing this condition is estimated at 839,059 CHA, less than 4% receives any kind of psychosocial support.
48. In cases of separated and unaccompanied CHA, we found that CHA were left under the care of one of the parents, grandparents, aunts or uncles, siblings or neighbors. In cases of migrant CHA, they were accompanied by one or both of their parents.

#### **Human mobility and migration of children and adolescents:**

49. In the indicated period we have received 332 requests, corresponding to 1,582 people attended. We underscore the fact that there was an increase in cases where the consultation was directly

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<sup>1</sup> CECODAP (2020) Informe especial de peligros y vulneraciones a los derechos humanos de niños, niñas y adolescentes en contextos de movilidad humana y pandemia 2020. <https://CECODAP.org/migracion-forzada-mantiene-a-839-059-ninos-venezolanos-alejados-de-sus-padres-en-2020/>.

made by the patient or applicant themselves. As has been previously reported, in the case of adolescents, this form of contact even includes the referral of the service among peers. Similarly, the number of requests by women increased to 60%.

50. On the basis of the same dimensions employed in 2020, the first quarter of 2021 showed an increase in the percentage associated with mood alterations. There is a discreet increase of conflicts in the family, as well as a discreet decline in the motives associated with violence, conflict in the family, migration and low academic performance. These percentual modifications do not imply a smaller number of cases caused by these issues, on the contrary, it shows an escalation in mood alterations, with implications related to suicidal risk and as an effect of the fact that CHA grow and live with constant feelings of sadness, fear and anxiety; these emotional states have a direct impact on aspects such as learning, academic performance, social development and even physical health.
51. Mood alterations show how the emotional resources of the population, the capacities and mechanisms that CHA and their families can use to confront the usual tensions of everyday life, are increasingly more fragile in a context of adversity whose all-encompassing effects are devastating. This is evidenced by the increase of the presence of suicidal ideation that went from 21.24% in 2020 to 25.93% in the first quarter of 2021.
52. Another element that shows the complex situation experienced by children and adolescents is the increase in the use of physical and humiliating punishment from 18% in 2020 to 26.3% in the first quarter of 2021 which, as explained above, is a risk factor that far from contributing to the improvement of family cohabitation, aggravates the socio-affective conditions of CHA.
53. The complete absence of official data, institutions and programs to document these realities and provide assistance is also evident in the increase in the number and complexity of the cases that we have been servicing in 2020.

#### **Recommendations for the protection of the right to mental health of children and adolescents:**

54. Designing and implementing a public policy regarding mental health, aimed at protecting children, adolescents and their families, which must be integral, sustained, planned and with sufficient resources and mechanisms for monitoring and evolution with a human rights perspective.
55. Publishing and divulging the data on morbidity in the public healthcare system in order to contribute with the assessment of the needs of the population regarding mental health.
56. Strengthening the capabilities of the education system for the promotion of mental health. This means implementing strategies to train teachers and even developing actions of psychosocial attention for them because, the healthier teachers are, the more support and protection they can provide for children and their families.
57. Strengthening the capacity of response of the protection system to situations of violence and rights violations, which means increasing the operational, technical and financial capabilities of the various institutions and services that are part of the protection system in accordance with the principles enshrined in the Convention on the Rights of the Child.
58. In view of the infrastructural decline in services of mental health and psychosocial attention in Venezuela, providing them in the country's provinces must be a priority, as these are the areas where children and adolescents are most vulnerable.
59. Adopting measures that guarantee services of psychosocial attention with special emphasis in the population of children and adolescents with psychiatric conditions. For that, it is necessary to



increase the services of hospitalization and psychiatric outclinic attention, as well as the access to specialized medication. It is also necessary to develop protocols of attention on this matter, with appropriate technical and bioethical considerations.

60. Ceasing the persecution and harassment against organizations that defend human rights and humanitarian actors. Amidst the voids and omissions left by the State regarding the attention of CHA, civil society organizations are the one that develop programs and services of psychosocial attention which are often the only alternative of attention for families. The involvement of civil society is a right and it is the duty of the State to guarantee it.
61. Developing plans of cooperation and financing through the agencies of the United Nations System and other humanitarian actors, to guarantee the continuity of the services of protection and psychosocial attention implemented by civil society organizations.
62. Developing multisectoral agreements of training and extension with universities, unions and scientific groups, in order to strengthen the competences of professionals in the area of mental health and the protection system of CHA.
63. Implementing plans to allow the development of primary services of psychosocial attention within the education system in order to facilitate access for children and adolescents, considering schools as privileged spaces for the protection and attention of CHA.
64. Promoting the creation of programs of family support to offer psychosocial assistance to families, allowing parents and caretakers the development of the resources necessary to approach everyday issues and favor the protection of the mental health of children and adolescents.
65. Prioritizing the collection of data and the provision of integral services in view of the increase of cases associated with sexual violence against children and adolescents, considering the devastating short and long term effect that these situations have on their mental health.