Bridging the gap - The urgent imperative for dedicated, multidisciplinary adolescent health services in South Africa

Adolescents aged 10 to 19 represent approximately 17.4% of South Africa's (SA) population,[1] yet their specific health needs are often overshadowed by the competing priorities of paediatric and adult medicine.[2] Adolescent health reflects the cumulative effects of prenatal and early childhood development and serves as a crucial "gateway" to health outcomes in middle and later adulthood. In urban areas, adolescents face chronic health conditions, low physical activity, and significant mental and social challenges. Family dysfunction, substance abuse, bullying, and unsafe home environments frequently exacerbate poor wellbeing and educational outcomes.[3]

Traditionally, the healthcare system has addressed this demographic through narrow programs - primarily HIV and sexual and reproductive health (SRH) initiatives. While these are critical, recent evidence suggests that such a fragmented approach fails to address the holistic, *"multidimensional"* challenges faced by today's youth.[4] The case for dedicated adolescent services is also a profound economic imperative. A recent *Investment Case* study for adolescents in SA demonstrated high economic and social returns from investing in adolescent well-being. For example, the benefit-cost ratio (BCR) for maternal and reproductive health interventions is estimated at 10.7, while interventions for depression and anxiety yield a BCR of 6.2. Failing to implement enhanced investment programs by 2050 could cost SA an estimated US$550 billion, or approximately 5.8% of our annual GDP.[5]

The current "multiple entry points" approach is inefficient and often discouraging for youth. Focus groups participants consistently highlighted poor healthcare worker attitudes, long wait times, and a lack of confidentiality as major barriers to seeking care. There is an urgent need for "adolescent-friendly clinics" offering integrated physical and mental health services alongside behavioural interventions, using a multidisciplinary team model that bridges the gap between paediatric care and adult medicine. This model should prioritise "co-production" - an approach to designing and delivering public services through an equal partnership between professionals and the adolescents who use them. Such teams should include clinicians, mental educators and social workers to address the "multidimensional challenges" that intersect health, education and social environments. Achieving health equity requires an evidence-based adolescent policy framework that mandates dedicated services at all levels of healthcare.

While the current National Adolescent & Youth Health Policy (2017) provides a foundation, it requires comprehensive revision to align with contemporary health realities. We urge the National Department of Health to lead this consultative process. The updated policy should prioritise the formal establishment of multidisciplinary teams and the institutionalisation of adolescent-friendly healthcare environments. This model is essential to address the complex intersection of non-communicable diseases (NCDs), mental health disorders, and adverse social determinants of health during this critical developmental period, thereby preventing their progression into chronic, lifelong burdens on the adult healthcare system. Furthermore, investment in adolescent well-being should be framed not as a fiscal burden, but as a high-yield strategic investment.

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