

## **SOCIAL WORK AND CRITICAL THINKING ON THE FRONTLINE: IMPLEMENTING A COMMON ELEMENTS APPROACH IN SOUTH AFRICAN SCHOOLS**

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### **Abstract**

Facing a global youth mental health crisis, this study explores South Africa's innovative school-based implementation of the Common Elements Treatment Approach (CETA). Analysing official data through theoretical lenses of Person-in-Environment, Street-Level Bureaucracy, and Cultural Humility, the research explores how this program delivers care amidst significant constraints. Findings reveal the critical role of non-specialist Learner Support Agents, whose discretionary use of CETA's flexible modules represents a pragmatic task-shifting strategy that demands constant contextual adaptation. The study highlights the initiative's deliberate efforts to culturally adapt global guidelines, navigating tensions between model fidelity and local relevance, and between individual-level intervention and unaddressed systemic drivers of distress. It argues that the program exemplifies a form of macro social work practice, shifting professional focus from direct therapy towards designing equitable systems, supervising lay providers, and advocating for sustainable funding and policy change. The study concludes that such innovative, systems-oriented approaches which prioritise contextual critical thinking and resourceful service delivery, are essential for addressing mental health disparities in low-resource settings and must be integrated into modern social work education and practice.

*Keywords: Mental Health, CETA, Schools, Task-Shifting, Implementation, Social Work, South Africa, Adaptation, Systems, Resilience*

### **1. Introduction**

The global mental health crisis among adolescents presents a complex challenge that demands a multi-sectoral response. In low- and middle-income countries (LMICs), where resources are scarce and the burden of need is high, this challenge necessitates innovative models of service delivery that move beyond traditional clinical settings (WHO, 2021; Dorsey et al. (2019); Rahman & Hamdani (2019). Schools have emerged as a critical frontier for this work, acting as central points of access for vulnerable youth. This context calls for the direct application of social work's core mission: to enhance human well-being and meet the basic needs of all people, particularly those who are vulnerable, oppressed, and living in poverty (NASW, 2021).

Nowhere is this need more acute than in South Africa, where learners navigate a landscape shaped by historical trauma, pervasive violence, substance abuse, and profound socioeconomic inequality (Blaney et al., 2025). The consequences are stark: recent data indicate that 65% of South African youth report experiencing a mental health issue without seeking help, and suicide accounts for 9% of teen deaths (DBE, 2023; SADAG). The education system, a mirror of societal pressures, is itself strained, with mental health concerns being a leading cause of extended leave among educators (DBE, 2023). This situation represents a classic "person-in-environment" dilemma, central to social work theory, where individual distress is inextricably linked to broader systemic forces.

In response, the South African Department of Basic Education (DBE) has launched a pioneering initiative within its Care and Support for Teaching and Learning (CSTL) framework, embodying the principles of community-based social work practice. A cornerstone of this response is the large-scale implementation of the Common Elements Treatment Approach (CETA), an evidence-based, modular intervention designed for delivery by trained lay providers (Murray et al., 2014). This program represents a significant real-world experiment in task-shifting, a strategy highly relevant to social work's focus on expanding access to services.

This paper examines the implementation of CETA through a social work lens, analysing it as a case study in innovative practice. I argue that the program's efficacy hinges on the very competencies that define effective social work: critical thinking, ethical decision-making, and adaptive practice within complex systems. The rollout requires navigating a fraught interplay of factors central to the social work domain:

**Ethical Practice and Scope:** Training and supporting a cadre of Learner Support Agents (LSAs), non-specialist personnel to perform psychosocial interventions raises critical questions about supervision, scope of practice, and quality assurance, core concerns for the social work profession.

Cultural Humility and Adaptation: Translating a globally developed intervention into a locally relevant model is an exercise in cultural competence, requiring a critical assessment of its fit with diverse South African worldviews and expressions of distress.

Systems-Level Intervention: The program operates within and must negotiate constraints imposed by educational bureaucracy, funding instability, and community-level challenges, demonstrating macro social work practice in action.

By analysing the strategies and challenges of this initiative, this paper seeks to contribute to social work knowledge on effective models for scaling up mental health interventions. It explores how the field can ethically and effectively leverage task-shifting to address service gaps, and it investigates the practical competencies required to implement such programs in real-world, resource-constrained settings. The findings aim to offer valuable insights for social work practitioners, educators, and policymakers committed to developing a workforce capable of meeting the profound mental health needs of young populations in crisis.

## **Literature Review**

### **The Imperative for Critical Thinking in Social Work Practice and Education**

Social work is fundamentally a discipline of application, requiring practitioners to navigate the "swampy lowlands" of complex, unpredictable real-world problems (Schön, 1983; Pascoe et al., 2023). This necessitates more than the rote application of theory; it demands critical thinking the capacity to question assumptions, analyse power dynamics, synthesise information from diverse sources, and adapt interventions contextually (Gambrill, 2012). The current call for papers on academic freedom and critical thinking (Lens, Thyer, & Alam, 2025) underscores that this is not merely a clinical skill but a foundational pedagogical imperative. It is the tool through which social workers balance competing values, negotiate ethical dilemmas, and translate abstract professional standards into just and effective action (Mettang, 2026). In resource-constrained environments like South Africa, where systemic failures are often stark, this critical capacity moves from being an asset to a non-negotiable requirement for practice.

### **The Treatment Gap as a Case Study in Systemic Failure**

The profound mental health crisis among South African youth, as detailed in the DBE presentation (2023), is not merely a collection of individual pathologies but a manifestation of systemic and historical failures. The statistics, 65% of youth with unmet mental health needs, 9% of teen deaths by suicide, represent a catastrophic treatment gap. This gap is a direct result of constraints that define LMIC contexts: a crippling shortage of specialists, inadequate funding, and community-level stressors that overwhelm traditional service models (Patel et al., 2018). This context forces a radical re-imagining of the social work role. It demands moving beyond a reliance on scarce, highly trained professionals towards innovative, scalable models that can be integrated into community structures, such as schools (Mokgwathi, 2026). This shift inherently requires critical thinking to challenge the orthodoxy of who can provide care and where it can be delivered.

### **Task-Shifting and the Critical Negotiation of Professional Boundaries**

The response, as embodied by the DBE's CSTL framework, is task-shifting: delegating specific intervention tasks to trained non-specialists (WHO, 2008). The deployment of Learner Support Agents (LSAs) to deliver CETA is a prime example. However, this is not a simple technical transfer of skills. It is a site of intense critical and ethical practice (Barnett et al., 2018). It forces a critical examination of core social work questions: What defines a "professional"? How are quality and fidelity maintained? What are the ethical boundaries of a lay provider's role? The DBE's solution, a rigorous "apprenticeship model" of training and ongoing supervision for CETA providers (DBE, 2023), represents a practical answer to these theoretical questions. This model itself is a pedagogical innovation that teaches critical decision-making to LSAs, empowering them to tailor the modular CETA approach to each learner's needs.

### **CETA as a Vehicle for Teaching Critical Thinking and Adaptive Practice**

The Common Elements Treatment Approach (CETA) is uniquely suited to this endeavour. Unlike manualized protocols that demand strict adherence, CETA's modular, flexible nature is its core strength (Murray et al., 2014). It does not prescribe a linear path; instead, it provides a toolkit of evidence-based elements (e.g., cognitive coping, behavioural activation). The provider, in collaboration with the client, must critically assess the problem and selectively apply the appropriate elements. This process is a practical, applied form of critical thinking. It requires the LSA to diagnose, prioritise, and adapt in real-time. Therefore, training in CETA is, de facto, training in a structured method of critical thinking for problem-solving in mental health. The DBE's plan to roll out CETA to a third of its LSAs (DBE, 2023) is thus not just a clinical rollout, but the scaling of a particular method of thinking about psychosocial support.

## **2.5. The Gap: Academic Freedom in the Field of Practice**

This is where the themes of the call for papers converge with the case study. The call questions how to preserve academic freedom and expose students to diverse viewpoints within the constraints of accreditation and professional ethics (Lens, Thyer, & Alam, 2025). We argue that this challenge is mirrored in the field. The DBE's implementation of CETA is an act of academic and practical freedom. They are not simply adopting a foreign model; they are critically adapting it. The report explicitly states the "gap" in a national guideline and the "plan to engage the World Health Organisation to adapt the 2018 WHO Mental Health Guideline" (DBE, 2023). This process of adaptation, of making a global knowledge product locally relevant, is a form of critical thinking exercised at a systems level (Goldberg, 2022). It requires challenging the assumed universality of Western psychological constructs and creating a space for diverse, local ways of knowing and healing within an evidence-based framework.

It demonstrates how critical thinking is enacted not just in the classroom but in the field, through the adaptive implementation of interventions, the ethical negotiation of task-shifting, and the systemic advocacy for contextually relevant care (Nhari & Nzimakwe, 2024). The following analysis will use the DBE's own data and strategies to illuminate this process in action.

### **Theoretical/Conceptual Framework**

To analyse the implementation of the Common Elements Treatment Approach (CETA) within the South African school system, this paper employs a multi-dimensional conceptual framework. This framework intertwines three theoretical lenses to illuminate how the program operates at the intersection of innovative practice, systemic constraints, and the core social work competencies of critical thinking and adaptive action.

#### **The Person-in-Environment (PIE) Lens: The Foundation for Intervention**

The foundational lens for this analysis is social work's core Person-in-Environment (PIE) perspective. This theory posits that individuals cannot be understood in isolation from their multiple, interacting environments (Karls & Wandrei, 1994). The mental health challenges faced by South African learners, detailed in the DBE's report through statistics on suicide, substance abuse, and unmet needs, are not intrinsic pathologies but are profoundly shaped by environmental factors: poverty, community violence, historical trauma, and a fragmented mental health care system.

The CSTL framework and the CETA intervention are inherently PIE-informed responses. They recognise that the "person" (the distressed learner) exists within the "environment" of the school system. By embedding support within this environment, the program seeks to change the system's capacity to support the person. However, the environment also presents constraints ("what is not within our control," DBE, 2023), such as parental involvement and community safety. Thus, the PIE lens allows to frame the CETA rollout not just as a clinical intervention, but as an ecological intervention that attempts to alter a key system in the learner's life to better support their well-being.

#### **Street-Level Bureaucracy Theory: The Practice of Critical Thinking**

To understand how the intervention is enacted within this complex system, we turn to Street-Level Bureaucracy Theory (Lipsky, 2010). This theory posits that public service workers (like teachers, social workers, and, in this case, Learner Support Agents) are not mere implementers of policy but are de facto policymakers. They possess significant discretion in how they interpret and apply rules and resources in their daily, frontline practice.

This theory is perfectly suited to analyse the critical thinking required of LSAs delivering CETA. As street-level bureaucrats, they operate under severe constraints: high caseloads, limited time, and complex client needs. The modular, flexible nature of CETA grants them significant discretion. They must critically assess each learner's situation, diagnose the primary issues, and select which CETA elements (e.g., cognitive coping vs. trauma confrontation) to apply. This decision-making process, done at the point of service, is where policy (the DBE's mental health mandate) meets practice. The "apprenticeship model" of training mentioned in the DBE's report can be seen as a mechanism to structure and support this discretionary, critical thinking, ensuring it is effective and ethical rather than arbitrary.

#### **Cultural Humility and Adaptive Practice: Navigating Knowledge and Power**

The third lens integrates the concept of Cultural Humility (Tervalon & Murray-García, 1998) with implementation science's focus on adaptive practice. Cultural humility moves beyond a checklist approach to competency, advocating for a lifelong process of self-reflection and redressing power imbalances in the client-practitioner dynamic.

This lens is critical for analysing the central challenge noted in the policy documents: the adaptation of a Western-developed intervention (CETA) for the South African context. This process is not merely technical translation; it is an exercise in critical thinking about power and knowledge. It requires:

**Intellectual Humility:** Acknowledging that the CETA model does not hold all the answers and must be informed by local understandings of wellness, healing, and distress.

**Contextual Critique:** Critically examining CETA's elements for cultural congruence and adapting protocols, examples, and metaphors to resonate with local lived experiences.

**Systemic Advocacy:** The DBE's plan to work with the WHO to adapt guidelines (DBE, 2023) is a macro-level example of this an act of asserting academic and practical freedom to ensure global knowledge serves local needs. collectively, these three lenses form a cohesive conceptual framework for analysing the CETA rollout:

- The PIE Lens defines the problem space: distressed individuals within a challenging environment.
- Street-Level Bureaucracy Theory explains the mechanism of action: how frontline LSAs use critical thinking and discretion to implement a flexible intervention within systemic constraints.
- Cultural Humility guides the process of adaptation: how the program must critically engage with its own theoretical foundations to ensure relevance and equity.

This framework directly engages with the focus on academic freedom and critical thinking. It posits that these concepts are not confined to academia but are lived realities for practitioners. The "academic freedom" to question and adapt knowledge is exercised by the DBE in customising CETA and by the LSA in customising a treatment plan. Critical thinking is applied by all actors, from policymakers to providers, as they navigate the complex, values-driven terrain of delivering justice-oriented care in an unjust world. This paper will use this framework to structure its analysis of the strategies, challenges, and implications of this groundbreaking program.

## **2. Method**

This study utilises a qualitative case study design (Yin, 2018) to conduct an in-depth analysis of the strategies and challenges characterising the South African Department of Basic Education's integration of the Common Elements Treatment Approach into its school system. This approach is particularly suited to investigating complex real-world interventions where context is integral to understanding the phenomenon.

## **3. Data Source and Selection**

The primary data for this analysis originates from the official reports, internal statistics, and strategic plans synthesised within the document "CETA Integration in SA Schools" (DBE, 2023). This document, presented to the CSTL Research Programme Steering Committee, aggregates primary data from key sources, including internal DBE policy frameworks such as the Care and Support for Teaching and Learning (CSTL) framework and the Strategy on Screening, Identification, Assessment and Support (SIAS). It also incorporates national statistics from surveys conducted by organisations like UNICEF South Africa and the South African Depression and Anxiety Group (SADAG), alongside internal programme data on workforce deployment and partnership agreements. This consolidated official overview provides an authoritative evidence base for examining the programme's operational status and strategic direction.

## **4. Data Analysis Technique**

The official data were analysed using a systematic thematic analysis approach (Braun & Clarke, 2006). The process involved a thorough familiarisation with the extracted quantitative statistics and qualitative descriptions of interventions. Initial coding identified recurring concepts such as 'task-shifting strategy,' 'workforce shortage,' and 'adaptation of guidelines.' These codes were subsequently collated and analysed to generate broader themes relating to critical thinking and adaptive practice within implementation science. The conceptual framework, integrating Person-in-Environment, Street-Level Bureaucracy, and Cultural Humility, guided this thematic generation and refinement to ensure the analysis remained focused on the research aims.

## **5. Ethical Considerations**

In analysing official government data and reports, all findings are rigorously attributed to their original sources, such as the DBE or its partner organisations. The focus of the analysis remains on programme-level strategies and systemic challenges as presented in the official documentation, ensuring an accurate representation of the department's stance and reported data.

## **6. Limitations**

A primary limitation of this methodology is its reliance on the DBE's synthesis of primary data, which, while authoritative, represents an official departmental perspective. Consequently, the findings could be enriched by future research incorporating primary data from frontline workers to triangulate these official viewpoints and

provide a more granular understanding of the implementation process. Despite this limitation, the analysis of compiled official data offers a critical and timely evidence-based insight into a significant national intervention.

## **7. Findings**

Thematic analysis of the official data, guided by our conceptual framework, revealed how the CETA implementation is fundamentally an exercise in critical thinking and adaptation across three levels: the systemic, the practitioner, and the cultural-contextual.

### **Person-in-Environment: Navigating Systemic Constraints and Resources**

The data unequivocally illustrate the programme's operation within a complex and constrained environmental system, a core tenet of the Person-in-Environment perspective. The implementation is shaped by powerful external forces that are beyond its direct control. The findings highlight significant environmental barriers, notably "parental involvement" and "community safety" (DBE, 2023), which are explicitly acknowledged as factors not within the programme's control yet critically impact learner well-being and the ability to deliver services.

In response to these environmental constraints, the programme demonstrates a strategic approach to mobilising resources within the system. The deployment of 3,886 Learner Support Agents (LSAs), primarily funded through the HIV and AIDS Conditional Grant, exemplifies leveraging existing financial mechanisms to address a new problem (DBE, 2023). Furthermore, the reliance on a multi-agency collaborative model is a key finding. Services are delivered through a patchwork of partnerships with organisations including PEPFAR, the Global Fund, Vodacom Foundation, UNICEF, and the NECT (DBE, 2023). This indicates that the programme's capacity is not built in isolation but is instead woven from the resources available within its broader institutional environment, a pragmatic adaptation to systemic fiscal and human resource limitations.

### **4.2. Street-Level Bureaucracy: LSAs as Critical Decision-Makers**

The data reveals that the programme's design inherently casts Learner Support Agents as street-level bureaucrats (Lipsky, 2010), granting them significant discretion and demanding high-level critical thinking. This is most evident in the deliberate choice of the Common Elements Treatment Approach (CETA) itself. Unlike a rigid, manualized protocol, CETA is a flexible, modular system requiring providers to diagnose problems and select therapeutic elements (e.g., cognitive coping vs. trauma confrontation) appropriate to each learner's needs.

The "apprenticeship model" of training cited in the data (DBE, 2023) is not merely for skill transfer; it is a mechanism to build the capacity for this discretionary judgment. The finding that the programme faced "challenges in attendance and participation" (DBE, 2023) further underscores the reality of the LSA's role. They must constantly adapt their engagement strategies and intervention delivery to the unpredictable, non-clinical reality of the school environment, making on-the-spot decisions that effectively become programme policy for each learner they serve (Wale & Bishaw, 2020)

### **4.3. Cultural Humility and Adaptive Practice: Contextualising a Global Intervention**

The findings provide clear evidence of the programme's engagement in principles of cultural humility and adaptive practice, moving beyond a mere technical transfer of a Western-developed intervention. The most potent example is the explicitly identified gap: the "absence of a sector-specific guideline for mental health support" for learners (DBE, 2023).

The strategic response to this gap is not to simply import an international guideline. Instead, the programme is actively planning to "engage the World Health Organisation to adapt the 2018 WHO Mental Health Guideline for children and Adolescents for South African Schools" (DBE, 2023). This planned adaptation is a practical enactment of cultural humility, an acknowledgement that global knowledge must be critically examined and contextualised to be effective and relevant. It represents a claim of academic and practical freedom to ensure that the intervention resonates with local understandings of wellness and distress, rather than imposing an external standard. This finding positions the implementation as an ongoing process of negotiation between evidence-based practice and culturally situated knowledge.

## **Discussion**

This analysis positions the South African Department of Basic Education's (DBE) CETA rollout not merely as a public health intervention but as a critical case study in the operationalisation of social work values under constrained conditions. The findings are deeply interwoven with the conceptual framework, revealing how the programme navigates the complex interplay between systemic constraints, frontline discretion, and the imperative for culturally resonant practice. This discussion critically engages with these intersections, placing the programme's strategies in dialogue with broader theoretical and practical debates in social work and global mental health.

### **Street-Level Bureaucracy: Discretion as a Necessary Tool in a Constrained System**

The findings underscore that LSAs function as classic street-level bureaucrats (Lipsky, 2010), wielding significant discretion in their application of CETA's modular framework. This discretion is not a design flaw but a necessary adaptation to the "swampy lowlands" of practice (Schön, 1983), where standardised protocols are often inadequate for complex, contextual problems like trauma and substance abuse. The programme's "apprenticeship model" can be interpreted as a structural attempt to manage this discretion, transforming it from arbitrary decision-making into informed, critical thinking. This aligns with Evans' (2010) assertion that street-level discretion is not inherently negative but can be a source of innovation and responsiveness when properly supported. However, this reliance on discretion also raises critical questions about fidelity and equity. While CETA's flexibility is a strength, the variation in its application across different LSAs and schools' risks creating a postcode lottery of care quality. This tension between flexibility and fidelity is a central dilemma in implementation science (Damschroder et al., 2009), and the programme's long-term success will hinge on its ability to foster consistent, high-quality discretionary practice without stifling the adaptability that makes CETA suitable for diverse settings.

### **Cultural Humility in Practice: Beyond Translation to Transformative Adaptation**

The programme's plan to adapt WHO guidelines with local partners moves beyond superficial translation towards a practice of cultural humility (Tervalon & Murray-García, 1998). This is a critical engagement with the power dynamics of knowledge production in global mental health. It challenges the presumption that evidence-based interventions developed in the Global North are universally applicable, a concern raised by scholars of coloniality in psychology (Mkhize, 2004). The adaptation process represents what Swidler (1986) might call the development of a "cultural toolkit" that is both evidence-informed and contextually relevant. However, this ambitious goal is fraught with challenges. True co-production of knowledge requires ceding power to local stakeholders and valuing indigenous forms of healing and support, which may not easily align with the biomedical and cognitive-behavioural foundations of CETA. The programme's approach will thus serve as a critical test case for whether global mental health frameworks can truly be decolonised in practice or if adaptation risks becoming a euphemism for minor adjustments that leave Western epistemological dominance intact (Bemme & Kirmayer, 2020).

### **The Person-in-Environment Paradox: Building Individual Resilience in Unresilient Systems**

The programme's implementation vividly illustrates the core social work dilemma of the person-in-environment perspective. While its goal is to build individual learner resilience using CETA's tools (e.g., cognitive coping, problem-solving), it operates within an environment, the school and broader community, that is often itself non-resilient. The data explicitly identifies factors like community safety and parental involvement as beyond its control, yet these are fundamental determinants of mental health (Bronfenbrenner, 1979). This creates a potential paradox: can individual-level interventions significantly impact well-being when broader systemic and structural drivers of distress remain unaddressed? This tension is central to critical social work theory (Fook, 2016), which argues for the necessity of complementing individual interventions with advocacy for structural change. The programme's multi-stakeholder partnerships could be leveraged for such advocacy, positioning the DBE not only as a service provider but as a powerful evidence-based voice for policies that address the social determinants of mental health, such as poverty and violence reduction. Without this, the programme risks perpetuating a neoliberal focus on individual responsibility for well-being amidst structurally produced inequality.

### **Implications for Social Work: Redefining Professional Boundaries and Identities**

Finally, this case forces a critical re-examination of social work's professional identity in resource-constrained settings. The large-scale delegation of psychotherapeutic tasks to LSAs fundamentally challenges traditional notions of expertise and professional boundaries (Mendenhall et al., 2014). This could be interpreted as a deprofessionalisation of complex practice. Alternatively, and more constructively, it can be viewed as a redefinition of the professional social work role towards one of supervision, capacity-building, systems navigation, and quality assurance, a shift from direct service provision to what might be termed "meta-practice." This aligns with Healy's (2009) concept of social workers as knowledge brokers who mobilise and translate knowledge across different systems and levels. For social work education, this implies a need to radically rethink curricula to prioritise skills in training, supervision, programme evaluation, and political advocacy alongside clinical assessment skills. The South African programme, therefore, is not just implementing an intervention; it is piloting a new model for the social work profession's role in addressing population-level mental health challenges, a model that may well define its relevance in the 21st century.

In conclusion, the DBE's CETA programme is a microcosm of the larger challenges and innovations defining contemporary global social work. It demonstrates that the critical thinking called for in the special issue's theme

is not confined to the academy but is a daily, practical necessity for navigating the ethical, cultural, and political complexities of implementing justice-oriented care in an unjust world. Its lessons are profound, urging the profession towards greater intellectual humility, contextual adaptability, and a courageous reimagining of its scope of practice.

### **Recommendations**

Based on the critical analysis of the CETA programme's implementation within the South African school system, the following recommendations are proposed. These are directed at programme stakeholders, including the Department of Basic Education, social work educators, and policymakers, to strengthen the intervention, enhance its sustainability, and inform similar future initiatives.

#### **Develop a Standardised Fidelity and Adaptation Framework.**

To navigate the tension between model fidelity and necessary contextual adaptation, a formal framework should be co-developed with researchers and LSAs. This framework would provide clear, principled guidance on which elements of CETA are core and immutable and how adaptation of delivery, examples, and metaphors can be conducted in a culturally congruent and evidence-informed manner. This would help structure the discretionary power of street-level bureaucrats (Lipsky, 2010), ensuring consistency and quality while preserving the flexibility that makes the intervention effective.

#### **Secure Sustainable, Domestic Funding for Core Components.**

The programme's reliance on external partners introduces fragility. A robust advocacy strategy, led by the DBE and informed by the data on programme outcomes, should be deployed to secure line-item funding within the national budget for core elements such as the LSA stipends, the Tele-health app, and the Suicide School Kit. Demonstrating the programme's impact on key educational metrics (e.g., reduced dropout rates, improved attendance) will be crucial for making an economic case to the National Treasury, moving the programme from a project to an integral part of the educational support system.

#### **Formalise and Strengthen the Supervision Structure.**

The apprenticeship model should be institutionalised into a formal, ongoing supervision system. This could involve creating a cadre of senior LSAs or dedicated social work supervisors tasked with providing regular case consultation, facilitating peer support groups, and conducting observational coaching. This investment in clinical supervision is essential for maintaining ethical standards, supporting LSA well-being and preventing burnout, and ensuring the quality-of-service delivery as the programme scales (Barnett et al., 2018).

#### **Integrate Task-Shifting and Supervision into Social Work Curricula.**

Social work education must evolve to prepare graduates for their changing roles. Curricula should be updated to include content on how to train, supervise, and support non-specialist providers like LSAs. This includes teaching skills in programme management, quality assurance, and the ethical considerations of task-shifting. This prepares social workers to assume the "meta-practice" roles of capacity-building and systems leadership that are critical to the success of such large-scale public health interventions (Mendenhall et al., 2014).

#### **Foster Critical Engagement with Global Mental Health Models.**

The adaptation process of the WHO guidelines presents a critical teaching opportunity. Social work programmes should use this case study to teach students how to critically appraise international interventions for cultural congruence, power dynamics, and contextual fit. This fosters the intellectual humility and skills of co-production advocated by cultural humility scholars (Tervalon & Murray-García, 1998), ensuring future practitioners can be agents of decolonising practice rather than passive implementers of foreign models.

#### **Leverage Data for Systemic Advocacy.**

The DBE and its partners should systematically collect and analyse data on the social determinants of mental health identified as barriers (e.g., community violence, poverty). This data should be used not only for internal programme improvement but also to advocate for macro-level policy changes. By presenting evidence to other government departments (e.g., Social Development, Police), the DBE can transition from solely building individual resilience to also advocating for the creation of more resilient and supportive environments for learners, addressing the Person-in-Environment paradox at its root.

## **Formalise Career Pathways for LSAs.**

To professionalise the LSA role and reduce turnover, a clear career progression pathway should be established. This could include credentials, salary increments based on experience and advanced training, and opportunities for high-performing LSAs to transition into supervisory or trainer roles. This enhances motivation, recognises the value of their acquired expertise, and contributes to the long-term institutionalisation and stability of the programme within the education sector.

By implementing these recommendations, the CETA programme can evolve from a innovative pilot into a sustainable, integrated, and ethically robust system of support, offering a replicable model for other nations grappling with the global challenge of youth mental health.

### **Conclusion**

The implementation of the Common Elements Treatment Approach (CETA) within South Africa's education system represents a profound and innovative response to a pervasive mental health crisis among learners. However, as this analysis has demonstrated, the programme's significance extends far beyond the sum of its clinical parts. It serves as a powerful, real-world case study in the practical application of critical social work principles under conditions of severe constraint. The programme's design and rollout necessitate a form of critical thinking that is deeply embedded in practice from the strategic decision to task-shift to non-specialist Learner Support Agents, to the flexible, modular application of CETA, and the conscious effort to adapt global guidelines for local relevance.

This initiative vividly illustrates the dynamic interplay between the three lenses of our conceptual framework. It operates within the Person-in-Environment reality of systemic barriers, leverages the discretionary power of Street-Level Bureaucrats to make the intervention responsive, and pursues Cultural Humility by questioning the universal application of Western mental health models. In doing so, the programme moves from being a mere intervention to becoming a form of praxis a cycle of action and reflection that is central to critical social work (Fook, 2016). It highlights that academic freedom and critical thinking are not abstract academic ideals but essential, daily practices for anyone seeking to implement justice-oriented care in a world of uneven resources and complex structural challenges.

The lessons from South Africa's experience are universally relevant. They offer a blueprint for other jurisdictions on how to marshal limited resources creatively, how to build a workforce capable of evidence-informed improvisation, and how to hold the tension between fidelity to a model and adaptation to context. Ultimately, the CETA programme underscores a fundamental truth for the social work profession: that our most crucial expertise may not lie solely in delivering therapy, but in designing, supporting, and advocating for systems that make care accessible, relevant, and effective for all. The success of this endeavour will be measured not just in improved mental health scores, but in the creation of a more resilient, equitable, and responsive system of support for generations of learners to come.

### **Data Availability**

The data that support the findings of this study are derived from official policy documents and reports from the South African Department of Basic Education and its partner organizations, which are cited within the article and publicly available.

### **Competing Interests**

The author declares that there are no competing interests.

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