

# Why supporting caregivers' mental health in crisis settings is essential for young children's holistic development



IMAGE: Courtesy of UNICEF

**Investment in multi-sectoral programming, that promotes and protects the mental health and psychosocial wellbeing of caregivers and their children, is essential in crisis settings but is rarely prioritised. Caregivers of young children face unique risk factors, which can directly impact their ability to provide responsive care that is critical for children's holistic development.**

To date, little investment has been made in funding interventions and activities that address these risk factors and promote and protect the mental health and psychosocial wellbeing of caregivers and their children. This lack of investment and prioritisation has led to caregivers and their young children falling through the cracks, which has detrimental individual and community-wide effects.

## The scale of the global mental health crisis

Mental health and psychosocial conditions take a huge toll on families, communities, and on a larger scale, economies. Worldwide, close to 1 billion people are living with a mental health condition (WHO, 2020). Common mental health conditions, such as depression and anxiety are generally expected to more than double during humanitarian crises (WHO, 2022). It is estimated that nearly one out of every five people living in conflict and crisis affected settings (22.1%) are living with a mental health condition, whilst one in 11 (9%) have a moderate or severe mental disorder (Charlson, et al. 2019). Evidence suggests that social determinants of mental health

(poverty, violence, discrimination, isolation, on-going stressors, etc.) are directly linked to the prevalence of mental health conditions seen in conflict and crisis affected settings (Miller, et al. 2021).

Despite the scale of the problem, many affected populations do not receive any mental health and psychosocial support services due to systems of care being inadequate or non-existent. It is estimated that low-income countries spend an average of 0.5% of their health expenditure on mental health, with a large portion of the money going to over-medicalized services, with little to no investment in community-based services. Globally, this figure hardly increases with governments spending just 2% of their health budget on mental health (WHO, 2021). According to analysis conducted in 2019 of global funding for child and family mental health and psychosocial support (MHPSS) activities in development and humanitarian assistance, only 0.31% of official development assistance and 1% of private sector funding went towards funding for child, youth and family mental health and psychosocial support (MHPSS) (The MHPSS Collaborative, 2022). It is often caregivers, their children and other marginalised communities who pay the biggest price of these shortcomings.

## Why caregivers' mental health in crisis settings matters...

Caregiver and child mental health and wellbeing are inextricably linked especially in the early years when the child is growing most rapidly.



Around **1 in 5** people

in conflict and crisis affected settings are living with a mental health condition.

### Key interventions can focus on:

- direct ways of improving caregiver mental health
- whole-family approaches that support caregivers' mental health, and giving them tools to engage in responsive caregiving

Caregiver mental health =

significant predictor of adverse childhood outcomes, as it impedes the caregiver's ability to provide responsive care.

It is critical to invest in and prioritise the wellbeing and support to caregivers in conflict and crisis affected

due to their own mental health and ability to responsively parent, having clear implications for the healthy development and resilience of their children, future generations, and communities.

# Responsive caregiving for holistic development

In conflict and crisis settings, responsive caregiving serves as a critical buffer and protective factor for the developing child. It is all the more important for young children given that the early years of a child's life directly shapes who they become as adults. A responsive caregiver-child relationship is foundational during the prenatal period through to the third year of life. This is when the child is growing most rapidly and is primarily dependent on their caregivers, not just for protection and survival, but to also help them emotionally cope and build foundational capacities for self-regulation, learning, social development, language and exploration (Winston and Chicot, 2016). Across many cultures, healthy caregiver-young child interactions include responsive communication, cuddling, smiles and eye contact to help stimulate connections in the brain and strengthen bonds. These protective interactions lead to healthy development and learning whilst helping to mitigate the effects of stress and adversity (Center on the Developing Child, Harvard University, n.d.).



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An integral component of responsive caregiving is playful caregiver-child interactions. Children learn and develop through play by using their imagination, creativity and exploring the world around them. Through play, caregivers can support the healthy social, cognitive and emotional development of young children, while encouraging them to gain skills and form a sense of self. Research shows that there's a link between play and a child's ability to understand and cope with the demands of their environment, how to respond to challenges with creative problem solving and find ways to manage their anxiety in stressful situations (The LEGO Foundation, 2022).

## Caregiver mental health and psychosocial wellbeing

Caring for infants and toddlers is a challenging task, which becomes exponentially more difficult in conflict and crisis affected settings, when entire communities may be displaced and traditional sources of support may be unavailable. Caregivers, such as parents, other family members, foster parents and others with the responsibility of caring for a child may face multiple obstacles that can impede healthy, responsive and playful interactions with their young children. Caregivers are required to quickly adapt to unstable situations while also caring for themselves and their children's wellbeing in environments that can be dangerous, unpredictable and unfamiliar.

The stressors caregivers face are often compounded by the social determinants of mental health and can together lead to negative mental health outcomes. Poor mental health can manifest in different ways, including varying levels of distress such as anxiety, grief, sadness, difficulty sleeping, or other reactions, depending upon individual, family and environmental factors. Caregivers might experience low energy, struggle to enjoy time to bond and play with their children, and may generally feel overwhelmed or unable to cope with the common ups and downs of parenthood.

The overwhelming majority of caregiving tasks often fall on mothers, which compounds the various risk factors they already face in conflict and crisis affected settings. This is particularly true for adolescent and single mothers. Just as the risk for mental health conditions is higher in conflict and crisis affected communities, so is the risk for adolescent pregnancy (UNICEF, 2021). Depression occurring in the perinatal period is common among women and more so among adolescent mothers (Gureje, 2020); about 20% of mothers in low and middle-income countries (in 2021, low and middle-income countries hosted 83% of the world's refugees (UNHCR global trends, 2021)) suffer from mental health conditions after childbirth, compared to almost double the percentage in high-income contexts (WHO, 2015).



**Research shows that caregiver mental health is closely linked to various adverse childhood outcomes, such as low birth weight, prematurity, developmental delays and various health problems later in life.**

Data suggests that poor caregiver mental health may be associated with adverse childhood outcomes, such as low birth weight, prematurity, developmental delays and various health problems later in life (Zhang, et al, 2018; Abimana, et al, 2020; Spry, et al. 2020 ). Perinatal mental health and psychosocial conditions have been linked to the increased risk of difficulty breastfeeding, poorer nurturing care practices and disruption of maternal-infant bonding and attachment (McNab et al., 2022). Moreover, multiple studies demonstrate that caregiver mental health, including psychosocial stress, ‘can predict child mental health in conflict and crisis affected settings through the proliferation of stressful social environments, as well as biological pathways’ (e.g. Eltanamly et al., 2019; Verdeli et al., 2016; Weissbecker et al., 2019; Slone & Mann, 2016; Devakumar et al., 2014, as cited in UNICEF et al., 2020).

These factors alone highlight the importance of prioritising and investing in the wellbeing and support of caregivers in conflict and crisis affected communities, due to the effect that their mental health has on the wellbeing and resilience of their children, future generations and communities as a whole. For communities to thrive, there must be a shift towards valuing caregivers, especially mothers in the perinatal period.

### **Illustrative examples of evidence-based interventions, that adopt a whole family approach to promote the mental health and psychosocial wellbeing of caregivers, responsive caregiving and early learning:**

#### **Thinking Healthy Programme**

The [Thinking Healthy Programme](#) is the first scalable psychological intervention endorsed by the WHO for the treatment of perinatal depression in low and middle-income countries. The intervention can be effectively delivered by people without previous mental health training and is grounded in cognitive behavioural techniques. Thinking Healthy is delivered in groups, or through home visits, during the last trimester of pregnancy and lasting until approximately 10 months postnatal. The intervention focuses on preparing for the baby, the baby’s arrival, the mother’s personal health and her relationship with the baby and those around her. The intervention was rigorously tested in a rural Pakistani population of 1.2 million; approximately 4000 pregnant women were screened - 903 of which had perinatal depression. The intervention cost under US \$10 per woman per year and led to the recovery of 3 out of every 4 women that were treated (Rahman, et al. 2008).

#### **Caregiver Support Intervention**

The [Caregiver Support Intervention \(CSI\)](#) aims to strengthen parenting by lowering stress and improving psychosocial wellbeing among parents, while also increasing knowledge and skills related to positive parenting. CSI works to lower stress and improve wellbeing among parents and other caregivers. The intervention strengthens the abilities of caregivers by supporting them to make the best use of the parenting knowledge and skills they already possess. All this ultimately serves to further support conflict-affected children by boosting the psychosocial wellbeing of the people who care for them. CSI, developed by War Child Holland, is a nine-session group intervention delivered by non-specialist trained and supervised providers. A total of 66% Syrian caregivers, who took part in the intervention in Lebanon, reported reduced stress levels and 54% reported applying less harsh parenting to their children (Miller, et al. 2020).

## Caring for the Caregiver

Caring for the Caregiver aims to build front-line workers' skills in strength-based counselling to increase caregivers' confidence and help them develop stress management, self-care and conflict-resolution skills to support their emotional well-being. Developed by UNICEF, the DSI-NRF Centre of Excellence in Human Development, at the University of the Witwatersrand, and the Harvard T.H. Chan School of Public Health, Caring for the Caregiver is a foundational training package that focuses on engaging the caregiver and the family to strengthen relationships and encourage families to support and protect their own children. In Caring for the Caregiver, the counsellor's role is to develop the family's abilities to problem solve, find suitable solutions and transfer essential skills that can be generalised to a wide variety of situations across the life course.

## Reach Up and Learn

Reach Up and Learn lays out weekly or biweekly home visits for infants and toddlers from six months to 42 months. Originally developed in Jamaica with over 30 years of research and evidence, the home visit programme has shown to improve cognitive, social, educational and mental health benefits and increase wages. Reach Up and Learn delivers age-appropriate activities that are introduced and then repeated at specific time intervals to help reinforce key concepts. The home visits are centred on a modelling approach, where visitor demonstrates positive, playful interactions with the child and then supports the caregiver in having their own positive interactions with them. The International Rescue Committee adapted Reach Up and Learn in the Middle East, which demonstrated a positive response from refugee and host community caregivers about the home visiting experience, noting that their children learned new skills and became more social as a result of their participation, outlined in the Reach Up and Learn in the Syria Response report.

IMAGE: Courtesy of UNICEF



## Baytna

Baytna – meaning “our home” in Arabic – is a refugee-led, play-based, early childhood development model that involves play, enquiry-based learning, storytelling, art and movement. Amna, formerly known as the Refugee Trauma Initiative, supports the mental and emotional wellbeing of refugees and other displaced communities. Their approach has a strong emphasis on children’s identity, belonging and joy. Through their Baytna Hub model they are building the capacity of local, grassroots organisations to deliver the programme in various crisis settings. An evaluation conducted by the University of Virginia Humanitarian Collaborative (2022) showed promising results of the Baytna programme, including improvement in children’s developmental milestones, social-emotional development and stronger relationships with their caregivers. Caregivers reported that they observed a number of positive changes in their children, especially in terms of their emotional wellbeing and psychosocial development. They reported that their children’s sleep improved and that they were generally calmer and happier. Children felt safe interacting with others and had opportunities to develop social skills and forge positive relationships with peers and facilitators.

## Semillas de Apego

Semillas de Apego is a group-based community psychosocial programme delivered over 15-weekly sessions by community facilitators for caregivers with children. The programme promotes caregiver’s mental health as an outcome and as a pathway to promote the healthy and nurturing relationships that are essential for appropriate regulation and healthy social emotional development of children who are exposed to conflict, forced displacement and other adversities. The programme was developed by the University of Los Andes in Colombia in partnership with the Child Trauma Research Programme at the University of California, San Francisco and has been tested in different phases: a pilot to test its validity and acceptability; an impact evaluation in a setting of on-going conflict; and an at-scale pilot to test the scalability. The impact evaluation demonstrated a reduction of 46% in symptoms of anxiety for caregivers who participated in the programme, a 36% reduction in symptoms of anxiety and distress for children and a 68% increase in the likelihood that children exhibit core social and emotional competencies.

## How humanitarian workers promote and protect the mental health and psychosocial wellbeing of caregivers

**Humanitarian actors can prioritise multi-layered, multi-sectoral programming and approaches that address the mental health and wellbeing of caregivers and young children. For example:**

- To effectively work with caregivers and their young children in conflict and crisis affected settings, programming should focus on supporting caregivers, young children and families within the community and within spaces (health facilities, community centres, etc.) that they frequently visit and feel comfortable in. As with programming and services that support early childhood development and caregivers, MHPSS interventions and activities are most effective when integrated into existing services and developed in collaboration with community members (UNICEF, 2021).
- Shift away from *single-component* interventions towards “whole family” or family-based interventions that focus on early detection, response and prevention of mental health conditions for *all* family members, consistent with how families are locally defined (The MHPSS Collaborative, 2021). Family-based interventions have the potential to improve child and caregiver mental health and wellbeing and improve a range of family processes



and functioning indicators. Bunn, et. al. 2022, reports that family-based interventions are generally feasible to implement and acceptable to families and cultural adaptation processes, including those that utilise community advisory boards or cultural consultation processes that may enhance acceptability across culturally diverse groups.

- Act early and create mentally healthy environments by supporting multi-disciplinary team services and interagency coordination – across sectors and based in communities – for early detection, response and prevention of mental health concerns for children and their caregivers (especially pregnant women, mothers and high-risk groups, such as adolescent and single caregivers). Make explicit the role and contribution of interventions and programmes for children and families across all sectors towards securing children’s mental health and development, in the design of multi-disciplinary cross-sectoral services and coordination ([The Copenhagen 2020 Action Plan](#)).
- Provide training and on-going supportive supervision on MHPSS for all front-line workers, supporting new and expectant caregivers and young children. This will include topics such as, child development and nurturing care, positive caregiving practices and learning through play, supporting caregivers and children in distress, supporting at-risk caregivers and young children and self-awareness and self-care ([The Mental Health and Psychosocial Support Minimum Service Package](#)).
- Advocate for increased long-term and flexible funding for early childhood development and caregiver mental health and wellbeing initiatives, in line with the needs on the ground. As conflicts become increasingly protracted, consistent and sustainable, multi-year funding for MHPSS is more important than ever to reach children early in their life cycle.


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## About the MHPSS Collaborative


The MHPSS Collaborative is a global hub for child, youth and family MHPSS research, innovation, learning and advocacy.


[www.mhpsscollaborative.org](http://www.mhpsscollaborative.org)

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## About Moving Minds Alliance

The Moving Minds Alliance is a growing collaborative network of 26 member organizations globally, focusing on early childhood in crisis contexts.

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## References

- Abimana, M., Karangwa, E., Hakizimana, I., Kirk, C., Beck, K., Miller, A., Havugarurema, S., Bahizi, S., Uwamahoro, A., Wilson, K., Nemerimana, M. & Nshimyiryo, A. (2020). Assessing factors associated with poor maternal mental health among mothers of children born small and sick at 24-47 months in rural Rwanda. *BMC Pregnancy Childbirth*, 21;20(1):643. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7579859>
- Bunn, M., Zolman, N., Smith, C. P., Khanna, D., Hanneke, R., Betancourt, T. S., & Weine, S. (2022). Family-based mental health interventions for refugees across the migration continuum: A systematic review. *SSM - Mental Health*, 2, 100153. <https://doi.org/10.1016/j.ssmmh.2022.100153>
- Charlson, F., et al. (2019). New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. *Lancet*, 394, pp. 240-248. [https://doi.org/10.1016/S0140-6736\(19\)30934-1](https://doi.org/10.1016/S0140-6736(19)30934-1)
- Center on the Developing Child. (n.d.). Harvard University. *Serve and Return*. <https://developingchild.harvard.edu/science/key-concepts/toxic-stress>
- Gureje, O., Kola, L., Oladeji, B.D. et al. Responding to the challenge of Adolescent Perinatal Depression (RAPiD): protocol for a cluster randomized hybrid trial of psychosocial intervention in primary maternal care. *Trials* 21, 231 (2020). <https://doi.org/10.1186/s13063-020-4086-9>
- IASC. (2007). Guidelines on mental health and psychosocial support in emergency settings. Geneva: Inter-Agency Standing Committee (IASC). [https://interagencystandingcommittee.org/iasc-task-force-mental-health-and-psychosocial-support-emergency-settings-2007](https://interagencystandingcommittee.org/iasc-task-force-mental-health-and-psychosocial-support-emergency-settings/iasc-guidelines-mental-health-and-psychosocial-support-emergency-settings-2007)
- The LEGO Foundation (2022). Learning to cope through play. Playful learning as an approach to support children's coping during times of heightened stress and adversity. <https://learningthroughplay.com/explore-the-research/coping-through-play>
- The MHPSS Collaborative (2021). Follow the money: Global funding of child and family MHPSS activities in development and humanitarian assistance. <https://mhpscollaborative.org/wp-content/uploads/2021/10/Follow-the-Money-online-version.pdf>
- The MHPSS Collaborative & Save the Children Denmark (2020). Copenhagen 2020 Action Plan for Child, Youth and Family MHPSS. <https://redbarnet.dk/mhps-conference/actions-and-recommendations>
- McNab, S. E., Dryer, S. L., Fitzgerald, L., Gomez, P., Bhatti, A. M., Kenyi, E., Somji, A., Khadka, N., & Stalls, S. (2022). The silent burden: a landscape analysis of common perinatal mental disorders in low- and middle-income countries. *BMC Pregnancy and Childbirth*, 22(1). <https://doi.org/10.1186/s12884-022-04589-z>
- Miller, K., Koppenol-Gonzalez, G., Arnous, M., Tossyeh, F., Che, A, Nahas, N. & Jordans, M. (2020). Supporting Syrian families displaced by armed conflict: A pilot randomized controlled trial of the Caregiver Support Intervention. *Child Abuse Negl*. <https://pubmed.ncbi.nlm.nih.gov/32408022>
- Rahman, A, Malik, A., Sikander, S., Roberts, C. & Creed, F. (2008). Cognitive behaviour therapy-based intervention by community health workers for mothers with depression and their infants in rural Pakistan: a cluster-randomised controlled trial. *Lancet*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2603063>
- Spry, E., Wilson, C., Middleton, M., Moreno-Betancur, M., Doyle, L., Howard, L., Hannan, A., Wlodek, M., Cheong, J., Hines, L., Coffey, C., Brown, S., Olsson, C. & Patton, G. (2020). Parental mental health before and during pregnancy and offspring birth outcomes: A 20-year preconception cohort of maternal and paternal exposure. *EClinicalMedicine*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7599306>
- UNHCR. (2021). UNHCR's Global Trends Report. <https://www.unhcr.org/globaltrends>
- UNICEF. (2021). Global Multisectoral Operational Framework for Mental Health and Psychosocial Support of Children and Families Across Settings (field demonstration version). New York, UNICEF. <https://www.unicef.org/reports/global-multisectoral-operational-framework>
- UNICEF, The MHPSS Collaborative, IOM, USAID & Proteknon. (2021). Mental Health and Psychosocial Support for Children in Humanitarian Settings: An Updated Review of Evidence and Practice. <https://www.mhps.net/toolkit/mhps-and-eie/resource/mental-health-and-psychosocial-support-for-children-in-humanitarian-settings-an-updated-review-of-evidence-and-practice>
- Winston, R. & Chicot, R. (2016). The importance of early bonding on the long-term mental health and resilience of children. *London J Prim Care* (Abingdon). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5330336>
- World Health Organization. (2015). Thinking Healthy: A Manual for Psychosocial Management of Perinatal Depression (WHO generic field-trial version 1.0). <https://apps.who.int/iris/handle/10665/152936>
- World Health Organization. (2022). Mental health in emergencies. <https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies>
- Zhang, S., Dang, R., Yang, N., Bai, Y., Wang, L., Abbey, C. & Rozelle, S. (2018). Effect of Caregiver's Mental Health on Early Childhood Development across Different Rural Communities in China. *Int J Environ Res Public Health*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6265717>