

# Panel 4

What are the essential conditions/supports to promote children reaching their developmental potential?

## Maternal mental health

Atif Rahman

Professor of Child Psychiatry

University of Liverpool, UK

Hon Director

Human Development Research Foundation, Pakistan

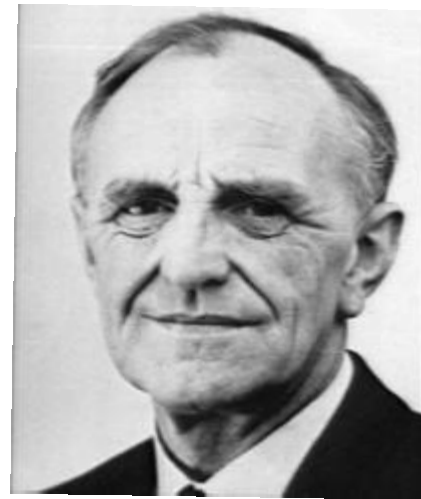
[atif.rahman@liverpool.ac.uk](mailto:atif.rahman@liverpool.ac.uk)



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THERE IS  
NO BABY  
WITHOUT A  
MOTHER

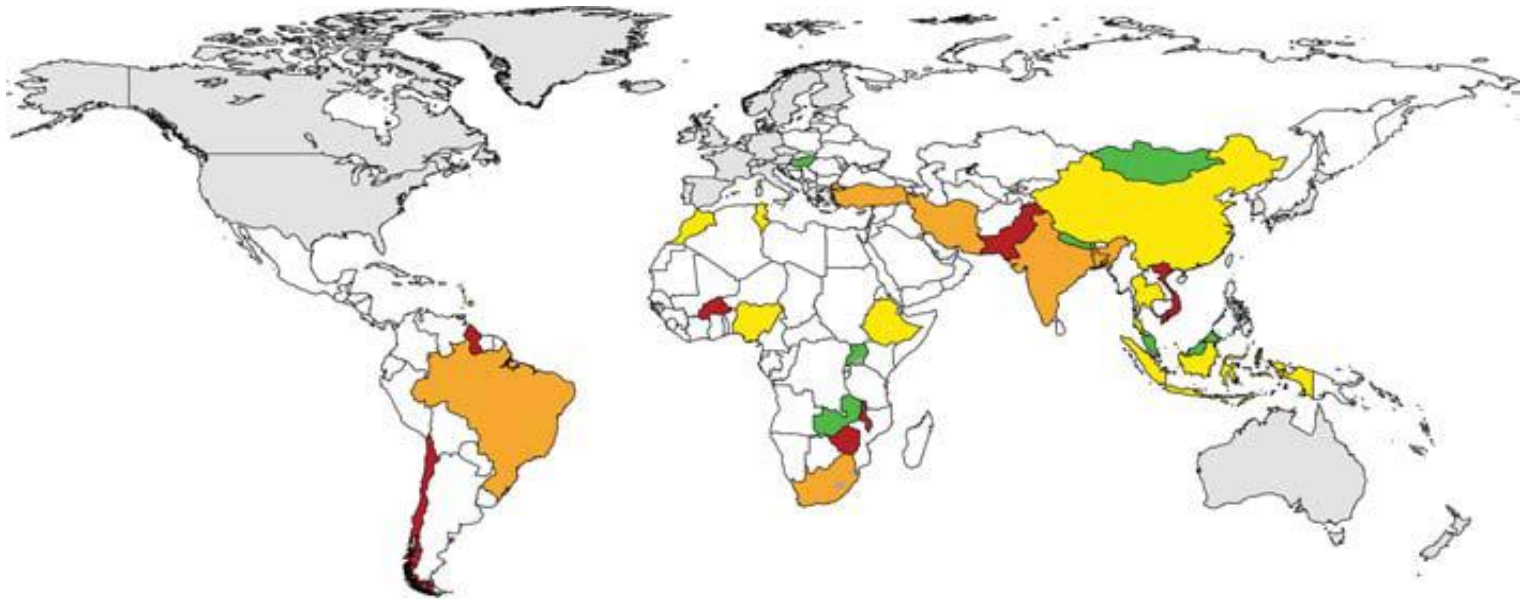


Donald Winnicott (1957)

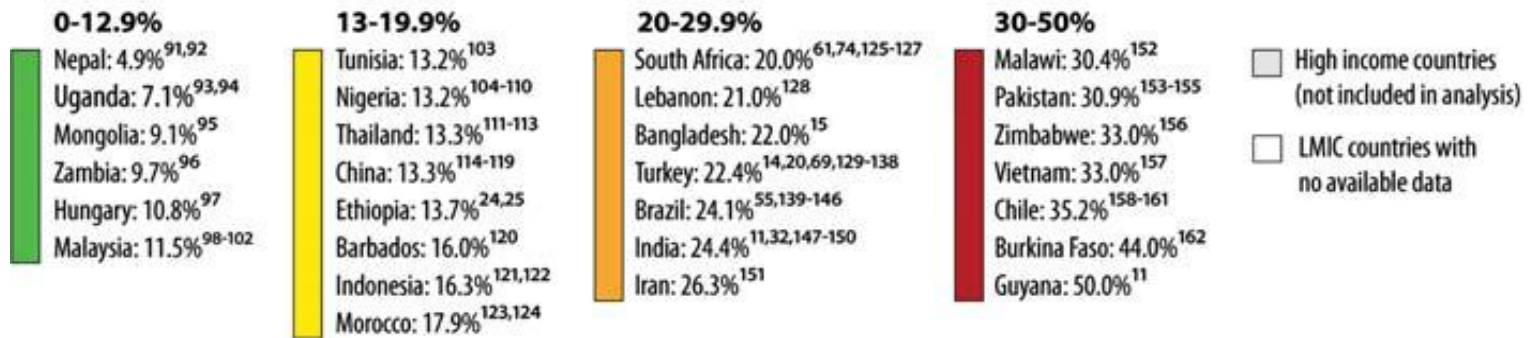
# Maternal mental health – a focus on maternal depression

## Public health dimensions of maternal depression

- Second leading cause of disease burden in women worldwide, following infections and parasitic diseases
- Presents with low mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration – symptoms that profoundly affect maternal functioning and role
- Can lead to suicide – a leading cause of mortality in women of child-bearing age
- Can become chronic or recurrent and lead to substantial impairments in the mother's ability for child care



**Low and middle income countries**

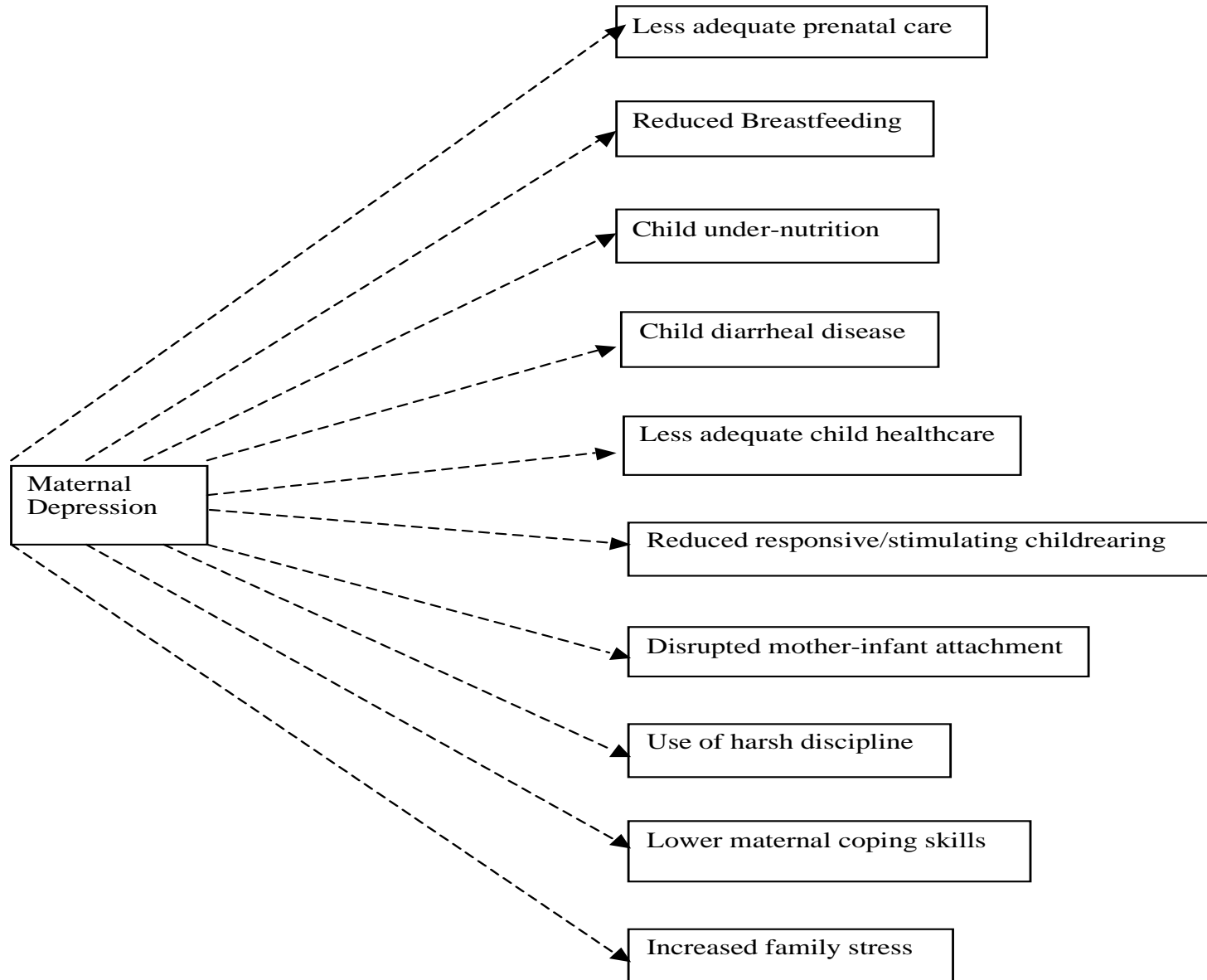


**Prevalence of perinatal depression by country**  
**Mean prevalence 18-23%**

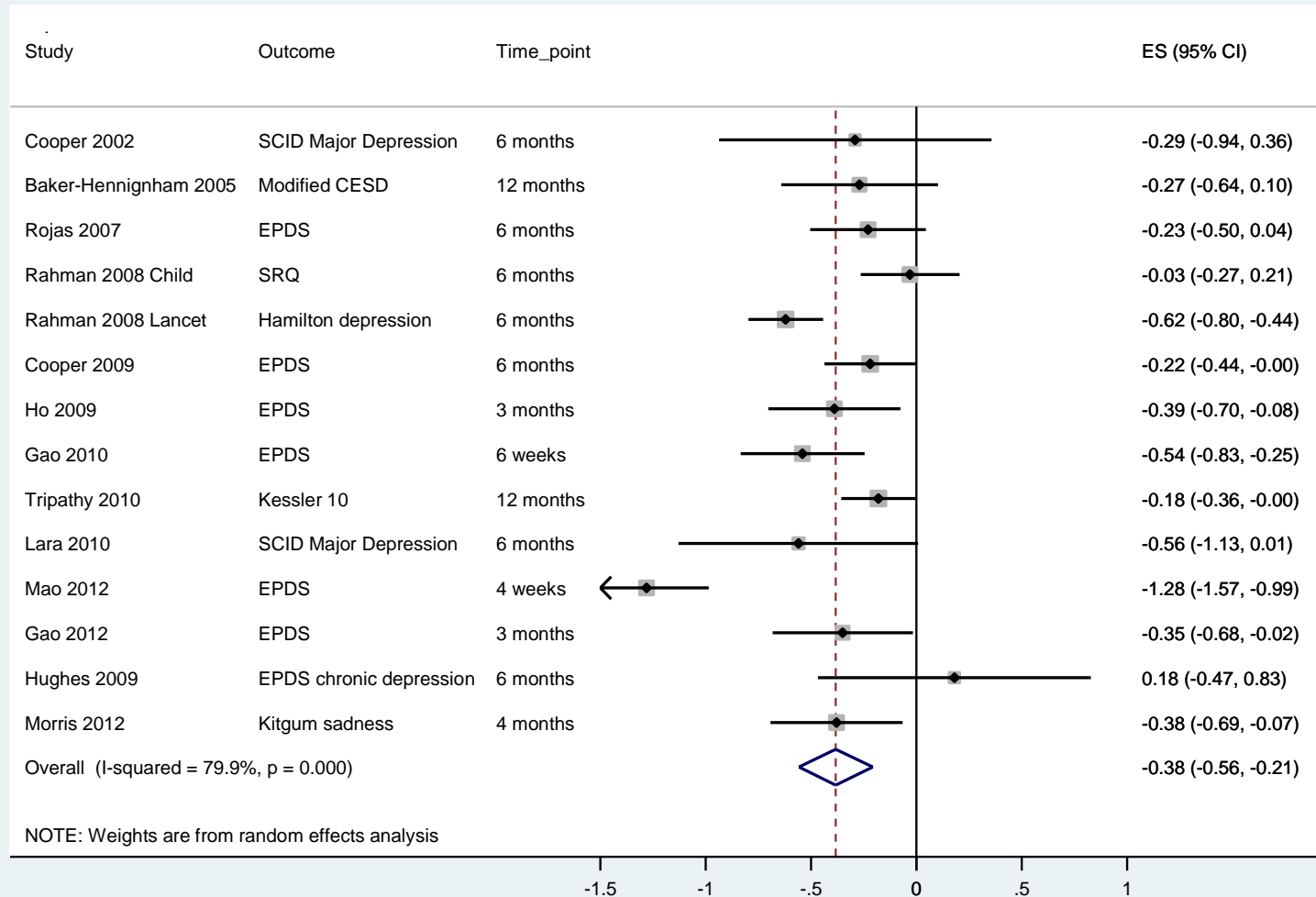
Parsons et al, 2011

# Impact on child care

Wachs & Rahman 2013; Rahman 2013



# Interventions for maternal depression in LMIC through non-specialists



# Benefits to the child include

- improved mother–infant interaction
- better cognitive development and growth
- reduced diarrhoeal episodes
- increased immunization rates

## Policy Forum

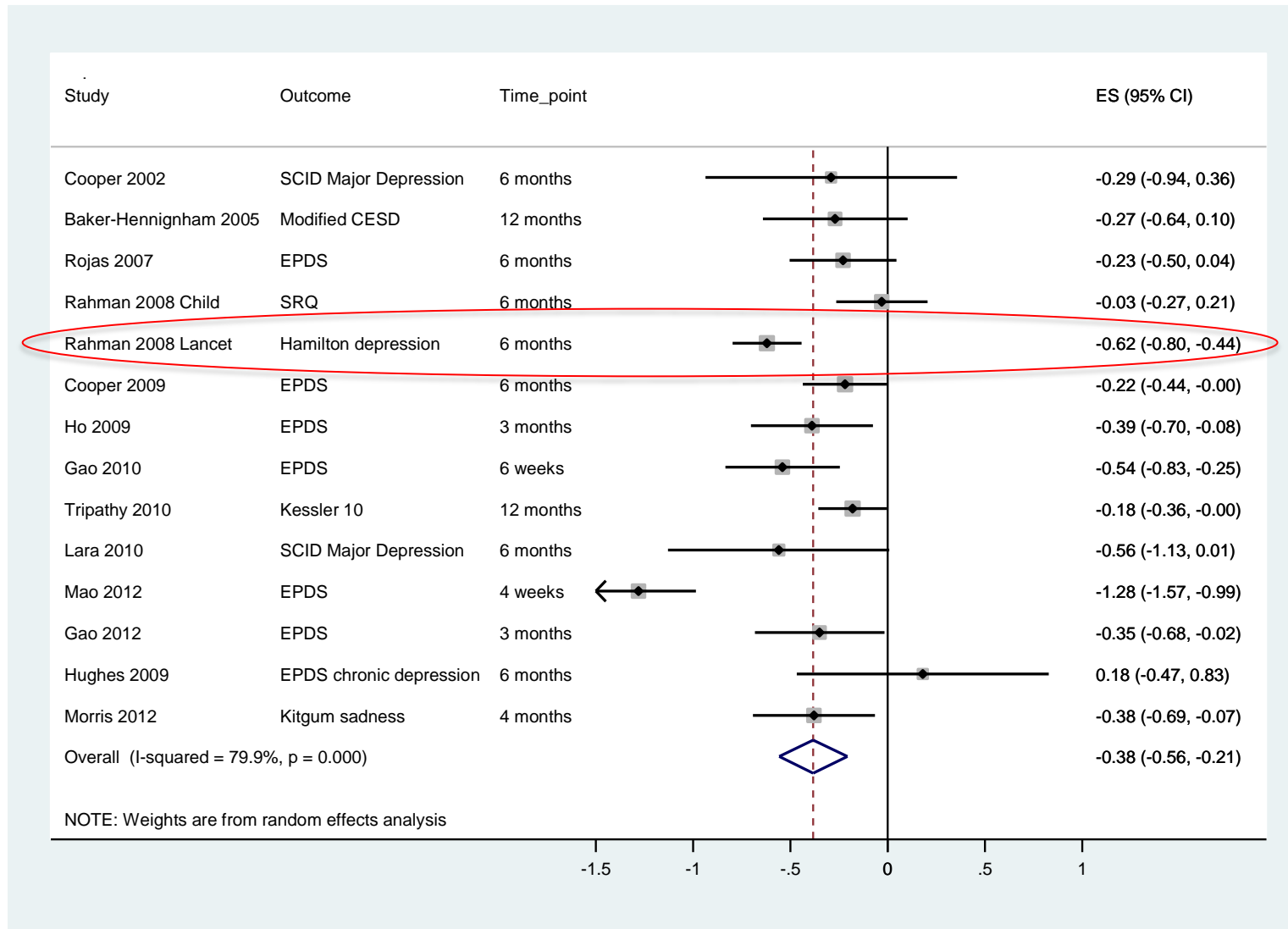
# Grand Challenges: Integrating Maternal Mental Health into Maternal and Child Health Programmes

**Atif Rahman<sup>1\*</sup>, Pamela J. Surkan<sup>2</sup>, Claudina E. Cayetano<sup>3</sup>, Patrick Rwagatare<sup>4</sup>, Kim E. Dickson<sup>5</sup>**

**1** University of Liverpool, Institute of Psychology, Health & Society, Child Mental Health Unit, Alder Hey Children's NHS Foundation Trust, Mulberry House, Eaton Road, Liverpool, United Kingdom, **2** Social and Behavioral Interventions Programme, Department of International Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States of America, **3** Mental Health Programme, Ministry of Health, Belmopan, Belize, **4** Department of Mental Health, University Teaching Hospital of Kigali, Nyarugenge District, Rwanda, **5** Health Section, UNICEF, United Nations Plaza, New York, United States of America



# Interventions for maternal depression in LMIC through non-specialists



ANNALS OF THE NEW YORK ACADEMY OF SCIENCES

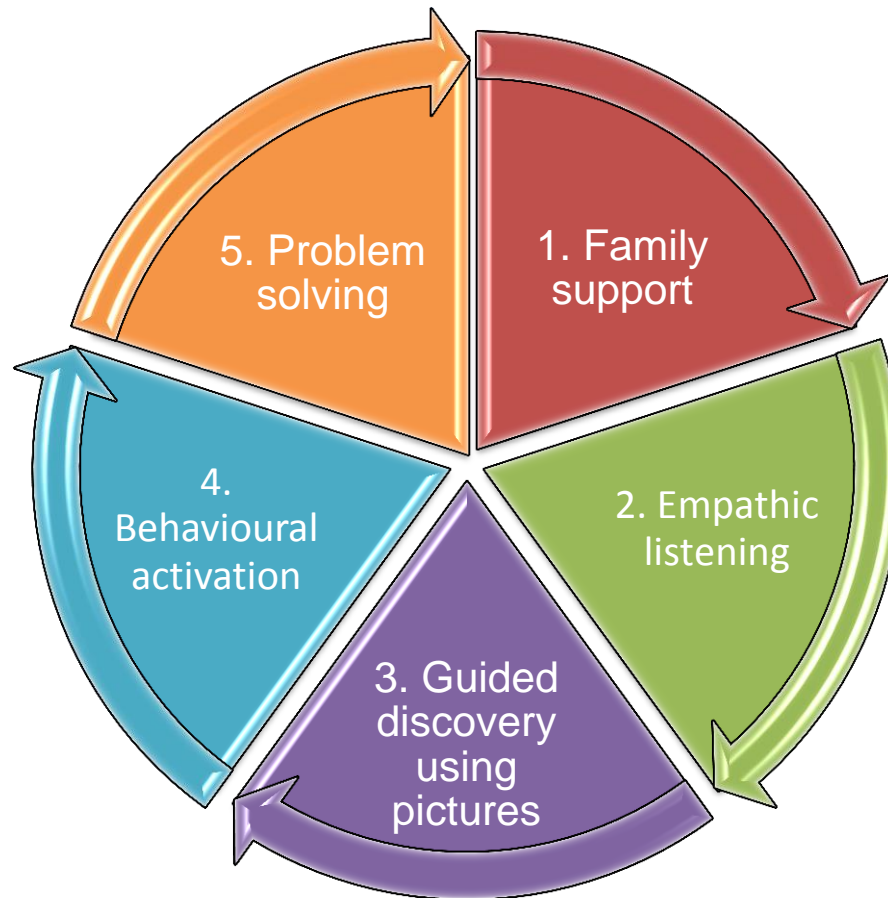
Issue: *Integrating Nutrition and Early Childhood Development Interventions*

# Integrating maternal psychosocial well-being into a child-development intervention: the five-pillars approach

Shamsa Zafar,<sup>1</sup> Siham Sikander,<sup>1</sup> Zaeem Haq,<sup>1</sup> Zelee Hill,<sup>2</sup> Raghu Lingam,<sup>3</sup>  
Jolene Skordis-Worrall,<sup>2</sup> Assad Hafeez,<sup>4</sup> Betty Kirkwood,<sup>3</sup> and Atif Rahman<sup>5</sup>



# The Five Pillars (5P) approach



Zafar et al, 2014 (Annals of NYAS)

<b>Pillar 1</b>	<b>Description</b>
<b>Improving family support</b>	<ul style="list-style-type: none"><li>• Shared agenda of child development helped LHWs engage with husbands and mothers-in-law, allowing programme ‘buy-in’</li><li>• Improve support for the mother</li></ul>

<b>Pillar 2</b>	<b>Description</b>
<b>Empathic listening</b>	<ul style="list-style-type: none"><li>• Conveying interest and empathy, giving feedback</li><li>• ‘Therapeutic’ relationship, not just with the mother but the whole family</li></ul>

<b>Pillar 3</b>	<b>Description</b>
<b>Challenging beliefs using pictures (guided discovery)</b>	<ul style="list-style-type: none"><li>• Powerful tool for engagement and behaviour change communication.</li><li>• Could discuss deeply held beliefs and undesired behaviours without alienation</li><li>• Also helpful with less literate women</li></ul>

<b>Pillar 4</b>	<b>Description</b>
<b>Behavioral activation</b>	<ul style="list-style-type: none"><li>• Useful to motivate mothers to put things into practice.</li><li>• Breaking tasks into small manageable activities, and then working with the mother and other family members to develop a schedule in which these activities could be conducted.</li><li>• A simple 'health calendar' was found useful to record progress or problems</li></ul>

<b>Pillar 5</b>	<b>Description</b>
<b>Problem solving</b>	<ul style="list-style-type: none"><li>• Problems and barriers in putting new knowledge and skills into practice are analyzed.</li><li>• Taking the time to listen to problems, and then work with the clients and their families to generate solutions was found to be more effective than the didactic approach</li><li>• Peer-supervision employed problem solving</li></ul>



## Pilot study shows that

- CHWs can be trained in the approach
- It improves the skills of CHWs in program delivery
- It is both feasible and acceptable

Zafar et al, Annals of NYAS, 2014



# Summary

- Mental health problems – especially depression – are common in women in the critical perinatal period
- Associated with negative outcomes in the child, especially growth and development
- Intervention for maternal psychosocial well-being can be delivered by non-specialists and benefit both the mother and the child
- Should be integrated into maternal and child (MCH) programmes

**Mental health is too important to be left  
in the hands of mental health specialists**

Thank you