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COMMENTARY: SUPPORTING MATERNAL MENTAL HEALTH AND NURTURING CARE IN HUMANITARIAN SETTINGS

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ORNELLA LINCETTO, TARUN DUA, AND XANTHE HUNT**

INTRODUCTION

The estimated number of forcibly displaced persons around the globe is at a record high—nearly 70.8 million (UNHCR 2019)—75 percent of whom are women and children. This includes 34 million adolescent girls and young women, who are among the groups with the highest risk for health concerns. Indeed, many of the countries with the worst maternal and child health indicators are currently experiencing or have recently experienced a humanitarian crisis. The breakdown of health systems in humanitarian settings can cause a dramatic rise in mortality that would otherwise be easily preventable (Al Gasseer et al. 2004), including some 60 percent of maternal deaths (UN OCHA 2019), excess stillbirths, and high mortality rates for newborns and children (Morof et al. 2014; Zeid et al. 2015).

Beyond these dismal mortality statistics, the coping capacities of women, children, and their families are seriously affected by stressors associated with humanitarian disasters. Crises greatly increase social and economic insecurity, which undermines families' physical and mental wellbeing and weakens their ability to provide nurturing care for young children. This is due to a lack of shelter and access to basic services, as well as disrupted family networks and exposure to violence. Instability, discrimination, and exclusion in the host community can also restrict displaced people's access to health services, education, and social and child protections. Even if families remain in or return to their homes, it can take years to restore stability and safety, and enduring emergency conditions may become a fact of life for many generations.

The concentration of adversities associated with humanitarian settings puts young children at great risk of impaired development. Despite the enormous need for early childhood services in humanitarian settings—some 250 million children are living in countries affected by armed conflict—there is a severe lack of such support. Approximately 2 percent of global humanitarian funding goes to education, and early childhood development programming accounts for only a tiny fraction of that. Additionally, issues related to the mental health and wellbeing of caregivers are often overlooked, despite evidence that attending to their needs is essential in effective interventions (Casey 2015; Chynoweth et al. 2018).

Children need caregivers who are physically and mentally able to provide quality child care, which includes adequate nutrition, security, and opportunities for early learning. In humanitarian settings, responsive caregiving is often compromised by poor maternal mental health and its cascading effects. Though limited, current evidence shows that psychological, economic, social, and environmental stressors in humanitarian settings lead to mental health conditions that diminish primary caregivers' capacity to respond sensitively and appropriately to their children's cues (Ehrlich et al. 2010; Silove et al. 2015; Hirani and Richter 2019). Refugee populations and others living in humanitarian settings have higher rates of common mental disorders (Steel et al. 2009), including those specifically affecting mothers (Stevenson et al. 2019; Tobin, Di Napoli, and Beck 2018; Rees et al. 2019; Charlson et al. 2019). Recent estimates set the prevalence of mental disorders in conflict settings, including depression, anxiety, posttraumatic stress disorder, bipolar disorder, and schizophrenia, at 22.1 percent, or one in five people, compared to the mean global prevalence of one in fourteen (Charlson et al. 2019; Vos et al. 2017). Exposure to stress is not only detrimental to the mother and family, it increases the risk of pregnancy complications, such as prematurity and low birth weight, which increase newborns' risk of death, impairment, and developmental delay.

Young children in humanitarian settings are exposed to many of the same stressors and risks as their caregivers, and to the effects of those risks through suboptimal care. Advancements in neuroscience, genetics, epigenetics, developmental psychology, and many other fields have led to the recognition that deficits in early childrearing environments place children at risk of cascading negative development (see Figure 1). To provide children living in humanitarian settings with the best possible chance of achieving their full developmental potential, caregivers' mental and physical health must be at the heart of providing responsive care.

Figure 1: Cascading Negative Impact of Humanitarian Settings on Caregiver Mental Health and Child Development



TAKING THE AGENDA FORWARD

The World Health Organization (WHO) has made it a priority to address health care in humanitarian emergencies, in keeping with the UN Sustainable Development Goals and the Global Strategy for Women's, Children's and Adolescents' Health. Understanding health-care needs in these contexts and developing effective guidance materials has been an increasingly important topic on the WHO's global health agenda over the last few years, as illustrated by three examples below.

The Nurturing Care for Early Childhood Development framework (WHO 2018) provides a roadmap for addressing children's health and developmental needs in the early years, starting with pregnancy. It is based on an ecological approach that recognizes the profound roles primary caregivers play in the lives of young children and highlights the importance of caring for the caregiver as well as for the child. Responsive caregiving, safety and security, and opportunities for early learning are the central tenets of nurturing care that can be promoted and supported in caregivers' routine contacts with the health-care system and other systems. These tenets also can be applied at the community level. Various countries' experiences illustrate that support for nurturing care strengthens caregivers' capacities, efficacy, and self-esteem, and that the activities offered provide joyful moments for families and their children, even when living in conditions of hardship. Support for nurturing care can be provided in humanitarian settings through a variety of channels, including caregiver group sessions, health-care contacts, child day-care or play sessions, mobile phone messaging, and preschool education. More investment is needed to demonstrate how humanitarian settings

affect parents' responsive caregiving capacity and what intervention options are effective in terms of fidelity, intensity, and duration.

The WHO also collaborated with Every Newborn Action Plan partners to develop and disseminate *Newborn Health in Humanitarian Settings: Field Guide* (Save the Children and UNICEF 2018); a companion publication, the *Newborn Care Supply Kits for Humanitarian Settings: Manual* (IAWG 2019); and a *Roadmap to Accelerate Progress for Every Newborn in Humanitarian Settings 2020-2025* (Save the Children et al. 2020). Special consideration for women and newborns living in humanitarian and fragile settings is included in the WHO and the UN Children's Fund report titled *Survive and Thrive: Transforming Care for Every Small and Sick Newborn* (2019), in the *Standards for Improving the Quality of Care for Small and Sick Newborns in Health Facilities* (WHO 2020a), and in the operational guidance for addressing child and adolescent health in humanitarian settings in the Eastern Mediterranean region, which was developed by the WHO (forthcoming).

These documents emphasize the need to ensure that mothers and newborns receive quality health-care services in order to reduce unnecessary mortality, disability, or developmental delay, even under the most difficult circumstances.

In parallel to this work with children, international momentum has been building for more than a decade around efforts to provide mental health and psychosocial support (MHPSS) services to adults, including mothers, in humanitarian settings. The Inter-Agency Standing Committee (IASC) guidelines for providing these services in emergencies established the core principles that guide such interventions. A wide range of publications by the IASC Reference Group on Mental Health and Psychosocial Support in Emergencies are available, including MHPSS guidelines, a monitoring and evaluation framework, assessment and referral tools, and a dedicated portal for mental health and psychosocial resources in the context of COVID-19 (IASC 2020). Other key guidance documents include the *Core Humanitarian Standard on Quality and Accountability* (CHS Alliance, Groupe URD, and Sphere Association 2014, 2018), which describes elements of "principled, accountable and quality humanitarian action"; the *Child Protection Minimum Standards* (Alliance for Child Protection in Humanitarian Action 2019); and the *Inter-Agency Standing Committee Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* (IASC 2015). The latter outlines how, while doing humanitarian work, to coordinate, implement, monitor, and evaluate actions for the most effective prevention and mitigation of gender-based violence.

Regardless of the setting, much mental health programming must center around interventions that are evidence based, brief, deliverable by nonspecialist workers, culturally and contextually adaptable, affordable, and cost-effective. Many MHPSS interventions use simple generic techniques and are designed with adaptation and scaling in mind. The strength of these approaches lies in the fact that they are constructed using nondiagnostic approaches and therefore are agile and responsive. For instance, interpersonal therapy and Step-by-Step—a guided, technology-supported intervention for depression—are general mental health interventions targeting depression, anxiety, and other symptoms that have been implemented successfully in humanitarian settings; this is because the underlying principles are broad and can be adapted to particular contexts. Step-by-Step provides psychoeducation and training in behavioral activation through an illustrated narrative, with additional therapeutic techniques such as stress management, identifying strengths, positive self-talk, increasing social support, and relapse prevention. Interpersonal therapy is a form of psychotherapy for depression that focuses on relationships with other people. It is based on the idea that personal relationships are at the center of psychological problems.

These approaches have been applied successfully in several countries and territories, including Bangladesh, The Bahamas, Colombia, Iraq, Jordan, Lebanon, Nigeria, South Sudan, Syria, Turkey, Ukraine, and the West Bank and Gaza Strip. These efforts have provided an opportunity to build back better, and in many countries the presence of refugees has been a catalyst for the development of sustainable mental health care for both the refugees and the host population. During the past two decades, some of the most significant leaps forward in mental health in low- and middle-income countries occurred following emergencies. Despite the adverse and often tragic impact they have on people's mental health and wellbeing (Epping-Jordan et al. 2015), emergencies also draw attention and resources to these issues and provide an opportunity to develop mental health services. A prime example of this is Lebanon, where an influx of Syrian refugees led to widespread mental health care reform (El Chammay and Ammar 2014).

FILLING THE GAPS

To bridge the gap between evidence and action for the health and wellbeing of women, children, and adolescents, the WHO examined existing research and practical guidance on sexual, reproductive, maternal, newborn, child, and adolescent health in humanitarian settings. In 2018-2019, the WHO developed research questions through a two-step approach, one being to solicit suggestions

from 177 experts in the field. Research priorities were set for five domains: four were population groups—women, newborns, children, and adolescents—and the fifth was sexual and reproductive health. Top priorities for child health revolved around testing whether (1) integrating inclusive nurturing care into early childhood development promotes children’s better health and development; (2) community-based management approaches are effective in reducing morbidity and mortality for children under five in humanitarian settings; and (3) the current delivery of nutrition interventions in refugee camps meets the needs of high-risk infants and children, such as those born prematurely, with low birth weight, or with perinatal injury (Aboubaker et al. 2020).

The objective of the review of internationally available guidance documents for providing sexual and reproductive, maternal, newborn, child, and adolescent health and nutrition services in conflict situations was to determine the scope and quality of currently available guidance documents on a variety of parameters. This work included (1) identification and review of the guidance, (2) review and appraisal of the content and quality, (3) key informant interviews with representatives from the implementing agencies about their process of making decisions for action, and (4) a stakeholder survey on the perceived sufficiency and applicability of, and gaps in, the currently available guidance.

The assessment of 105 guidance documents solicited from 75 organizations revealed important gaps in the guidance, especially in the procurement and provision of emergency contraception, safe abortion care, newborn care, early childhood development, mental health, health among migrant or five- to nine-year-old children, adolescent health beyond sexual and reproductive health, and noncommunicable diseases. In March 2020, the WHO published *Improving Early Childhood Development: WHO Guideline* (WHO 2020b), which lays out four recommendations for governments, policymakers, and other stakeholders to adopt. The WHO is currently developing guidance for implementing these recommendations in humanitarian contexts. Selected tools to support maternal mental health and nurturing care for young children are summarized in the Appendix.

CONCLUSIONS

Addressing the health and developmental needs of newborns, children, and adolescents in conflict situations and other humanitarian emergencies is a critical global priority, yet there are still marked gaps in the research and in actions taken. Evidence-based programs for maternal mental health do exist, but

tailoring approaches to include content on nurturing care and acknowledge the link between maternal mental health and child development must be a priority for multiple interventions and platforms. Similarly, providing nurturing care for children that includes giving attention to good health, adequate nutrition, security and safety, responsive caregiving, and early learning opportunities at every phase of development must be planned and adapted to a range of humanitarian settings. Moreover, if no child is to be left behind in such complex and stressed environments, sustained investment is essential.

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APPENDIX

WHO MHPSS Interventions Relevant to Mothers in Humanitarian Settings		
Program Name	Aim	Content
Thinking Healthy	Reduce prenatal depression	16 sessions delivering evidence-based cognitive-behavioral techniques recommended by the mhGAP program
Caregiver Skills Training (CST)	Train caregivers of children with developmental conditions	Nine sessions addressing communication, engagement, daily living skills, challenging behaviors, and caregiver coping strategies
Problem Management Plus (PM+)	Improve the mental health of adults experiencing distress in communities affected by adversity	Five 90-minute individual sessions delivered by non-specialists that combine problem-solving with behavioral strategies to build clients' ability to manage their own emotional distress and reduce their own practical problems
Early Adolescent Skills for Emotions (EASE)	Improve the mental health of young adolescents ages 10-14 who are experiencing high psychological distress	Seven 90-minute sessions that teach young people skills to enhance their psychological coping
Self-Help Plus	Improve the mental health and functioning of people affected by humanitarian emergencies	Self-help package delivered by multimedia that provides recommendations for managing stress and coping with adversity
Operational Guidance for Addressing Child and Adolescents Health in Humanitarian Settings	Provide guidance on addressing child and adolescent health in a comprehensive manner	Forthcoming guidance that considers children's physical and mental health needs as part of integrated services by frontline workers

WHO Interventions Relevant to Child Development in Humanitarian Settings		
Program Name	Aim	Content
Care for Child Development	Provide resources for building providers' skill in counseling on responsive caregiving and early learning in contacts that caregivers and young children have with health care and other services	Age-appropriate counseling guidance to strengthen caregivers' knowledge and skills in responsive caregiving, and opportunities for early learning through guidance on play and communication
Caring for Children's Healthy Growth and Development	Strengthen capacity of community health workers and primary health-care workers to support children's growth and development	Age-appropriate counseling guidance to support feeding infants and young children, responsive caregiving, illness prevention, and seeking care in a timely manner
The Newborn Health Field Guide	Ensure access to quality care and essential interventions for newborn health in humanitarian settings	Document defines essential interventions and services for newborn care in conditions of conflict, disaster, or forced displacement
The Newborn Health Commodities Kit	Improve quality of newborn care through procurement and availability of essential commodities	Guide lists essential medicines and equipment for providing newborn care, including management of complications
The Newborn Health Roadmap	Increase investment in evidence-based interventions to address the health and development needs of newborn infants in humanitarian settings	Document lays out essential actions to establish and resurrect newborn care services in conditions of conflict, disaster, or forced displacement