

# ADVOCACY BRIEF

## CAREGIVER MENTAL HEALTH KNOWLEDGE SHARING SERIES



### Caregiver Mental Health—an Untapped Development Opportunity

*“Every person has a right to mental health, and good mental health can facilitate sustainable development, improve general health, and lead to a fairer world.”<sup>i</sup>*

#### I. Summary “In Brief”

Mental health plays an indispensable role in the overall health and wellbeing of an individual, and by consequence a community. It affects a person’s ability to live, to take care of themselves and others, and to function within society. There is indeed “no health, without mental health”.<sup>ii</sup>

In particular, the mental health of mothers – or other primary caregivers of young children – impacts early childhood development, health and nutrition in various ways, beginning even before birth. Mental health determines how caregivers understand, respond to and interact with children, which can have a profound impact on a child’s development and future health.

Yet, given the core role good mental health plays in an individual’s ability to survive and thrive, mental health awareness and services are tragically lacking – both in high-income and in low-income countries. The growing burden of poor mental health is increasingly recognized as a global health crisis. The good news is that mental health is treatable, and many effective interventions can be delivered by well-trained, non-specialist health providers.<sup>iii</sup>

Global leaders are beginning to place mental health as a health priority within the global development agenda. Mental health is now an explicit target in the United Nation’s Sustainable Development Goal (SDG) 3: Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being. Yet a significant increase in political will and financial investment in mental health is critical to accelerate action to reach the SDGs and to achieve the right of everyone to good health—mental health included—by 2030.

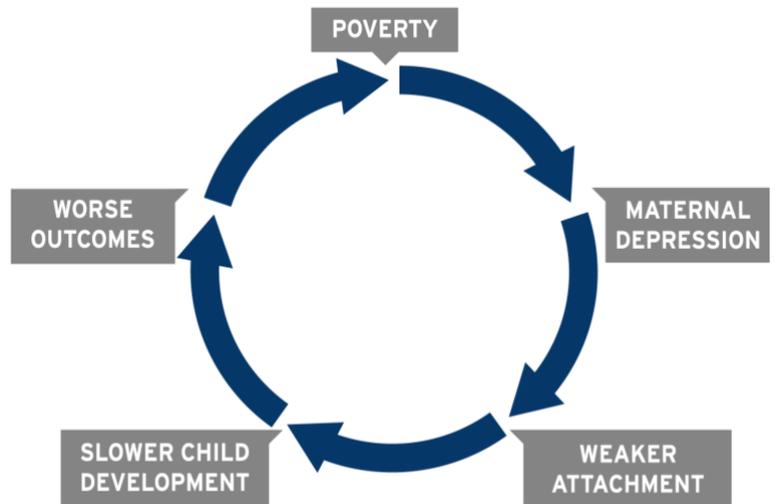
## **II. What We Know: Evidence on Caregiver Mental Health**

The World Health Organization (WHO) articulates mental health as, “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.”<sup>iv</sup> Mental disorders—also referred to as mental illness—comprise a broad range of problems, with varying symptoms. However, they are generally characterized by a combination of abnormal thoughts, emotions, behavior and relationships with others. Mental illness includes mental, neurological and substance use disorders, suicide risk and associated psychosocial, cognitive and intellectual disabilities.<sup>v</sup>

Caregiver mental health specifically refers to the mental wellbeing of any adult(s) who are in a primary caretaking role for young children. Caregivers are typically mothers and fathers, but also include adoptive parents, grandparents, relatives or other adults who most closely care and assume responsibility for the child. Young children are largely dependent on their caregiver for their wellbeing. A caregiver’s own wellbeing will also have a direct impact on the child. Mental health issues most commonly affecting caregivers are depression and anxiety. While research on caregiver mental health is actively growing and evolving, several critical tenets have been well established:

- 1) Mental illness is common.** Globally, nearly one billion people are living with a mental disorder. In contexts characterized by fragility, conflicts, and violence, the number of people affected by mental health rises to approximately one in five people (22%).<sup>vi</sup> Worldwide, 15-23% of children live with a parent with a mental illness. Children living with a parent with a mental health condition are at an increased risk of cognitive, emotional and physical development. Yet, comparatively few people around the world have access to quality mental health services. In low- and middle-income countries, more than 75% of people with mental, neurological and substance use disorders never receive treatment for their condition.<sup>vii</sup> Compounding high prevalence and low treatment of mental illness, stigma, discrimination, and human rights abuses are widespread.<sup>viii</sup>

**2) Primary caregivers of young children, and women in the perinatal and postpartum period in particular, are disproportionately at risk for mental illness.** Pregnant women and women who have recently given birth suffer a higher degree of mental illnesses compared to other women. In low-income countries it is estimated that nearly one in six women (16%) will suffer from a mental illness during pregnancy and one in five women (20%) will suffer from a mental illness after childbirth.<sup>ix</sup> Depression and anxiety tend to be most severe in communities that experience poverty, conflict or humanitarian crises, or among families with other social disadvantages like having a child with a disability or single parenting. As illustrated in the inset diagram<sup>xi</sup> from the Brookings Institute, these social factors are interconnected in the cycle of poor mental health, social disparities, and subsequent poor child outcomes.



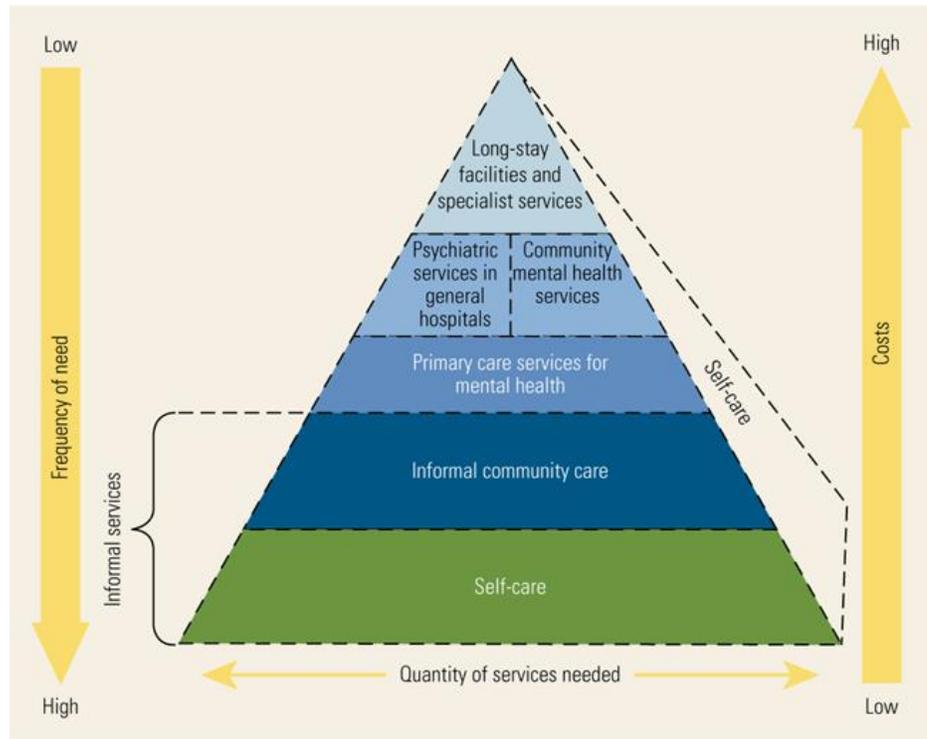
**3) Mental health and countries' economic performance are interlinked.** Mental illness limits caregivers' opportunity to work and earn an income. It is estimated that 12 billion productive days are lost each year due to depression and anxiety alone.<sup>xii</sup> As a result, the global economy loses about US\$1 trillion annually in productivity due to these common mental conditions.<sup>xiii</sup> Despite this significant economic burden, mental health suffers from global underinvestment. Low- and middle-income countries include over 80% of the global population but include less than 20% of the world's mental health resources.<sup>xiv</sup> Globally, government mental health expenditures are less than 2% of total health expenditures<sup>xv</sup> and less than 1% of international development assistance for health is allocated to mental health.<sup>xvi</sup> Yet, investing in mental health yields significant benefit. Recent research shows that for every US\$1 invested in scaled-up treatment for common mental issues, there is a return of around US\$4 in improved health and productivity.<sup>xvii</sup>

**4) The COVID-19 pandemic has intensified mental health needs.** Initial research suggests that depressive symptoms have tripled, and there are higher rates of suicide or suicidal ideation worldwide during the pandemic. Furthermore, the WHO has reported that the pandemic has disrupted the provision of mental health services in over 90% of countries.<sup>xviii</sup>

### III. What We Can Do: High-Impact Solutions in Low-Resource Settings

Fortunately, there are numerous proven, feasible pathways for high-return, impactful investment in mental health. The WHO Optimal Mix of Mental Health Services Pyramid<sup>xix</sup> illustrates the continuum of care of mental health services as they relate to need, frequency, and cost. Community-based solutions in particular provide significant reach for highly needed services that are less cost—making it a critical high-impact area for investment.

Low-cost, community-based interventions can include training of non-specialized professionals such as community health workers to: organize support groups using



evidence-based psychosocial support approaches; integrate psychosocial and preventive mental health education into community health outreach; recognize more serious conditions that should be referred to professional mental healthcare providers; and engage in local government advocacy for more mental health services.

Increased global action and investment in mental health is essential to achieve the SDGs and benefit the welfare of communities worldwide. Increased attention on caregiver mental health will have a beneficial effect on caregivers themselves, as well as improve child growth and development, which in turn enhances the future health, development and socioeconomic status of societies.

### IV. How Policy Makers and Funders Can Help

*If ever there was a time to invest in mental health, it's now ... We must take this opportunity to build mental health services that are fit for the future: inclusive, community-based, and affordable. Because, ultimately, there is no health without mental health."*

*Dr Tedros Adhanom Ghebreyesus, WHO Director-General, May 2020*

A growing group of global champions, progressive governments and implementing organizations — along with voices of those with lived experience — are collaborating to accelerate efforts to achieve good mental health for all. The following recommendations are tangible pathways for donors, decision makers, and implementers to adopt in order to advance caregiver mental health.<sup>xx</sup>

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**Donors and international bodies should:**

- Increase political will, effective governance and leadership, and financial investment for mental health.
- Prioritize mental health as an essential component of COVID-19 response and recovery plans as well as national and global Universal Health Coverage.
- Strengthen information gathering and research of mental health issues and documentation of the impact of intervention approaches with an emphasis on the most effective means to prevent and treat mental illness at scale in communities.

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**National governments should:**

- Include mental health services in essential packages of the country's primary and community health services and in national insurance coverage.

Integration of mental health services into primary care has been described by WHO as the most viable and cost-effective way of ensuring mental health care access, along with integration into priority health programs such as maternal, newborn, and child health, and emergency and disaster response. Efforts that reach marginalized groups and non-specialist, community-based solutions are effective, low-cost pathways to achieving significant mental health gains.<sup>xxi</sup>

- Increase political backing, governance and financial support for mental health and psychosocial wellbeing initiatives including creating national mental health policies and corresponding budget allocations that include a comprehensive approach to mental health.
- Integrate mental health indicators into national health information systems.

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**Health systems and NGOs should:**

- Integrate low-cost, evidence-based, effective mental health interventions that can be delivered by well-trained non-specialists into community health efforts.
- Promote early screening, referral and treatment for more severe conditions (postpartum psychosis, suicidality, etc.) by connecting with existing health systems and hiring specialists as needed.
- Conduct awareness and norm shifting activities to end stigma and discrimination.

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Investing in the proven pathways for effective mental health programming and services has the promise of invaluable impact to caregivers, communities, and local and national economies. The opportunity to build a mental health system that delivers quality psychosocial services to communities can transform societies and economies. In light of COVID-19 and this momentous time, donors, governments, and implementers are well-positioned to ensure communities and nations recover and rebuild in ways that promote human rights, sustainable development, productivity and economic growth, and wellbeing for years to come.

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Cynthia Bauer	Kupenda for the Children
Erin Pfeiffer	Independent Consultant
Irene Mugo	Food for the Hungry
Josephine Akellot	HealthRight International
Liz van Zyl	Food for the Hungry
Mariam Amadi	Food for the Hungry
Phil Moses	Food for the Hungry

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## Endnotes

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