

BORN TO BOND, Psychosocial wellbeing for mothers and babies

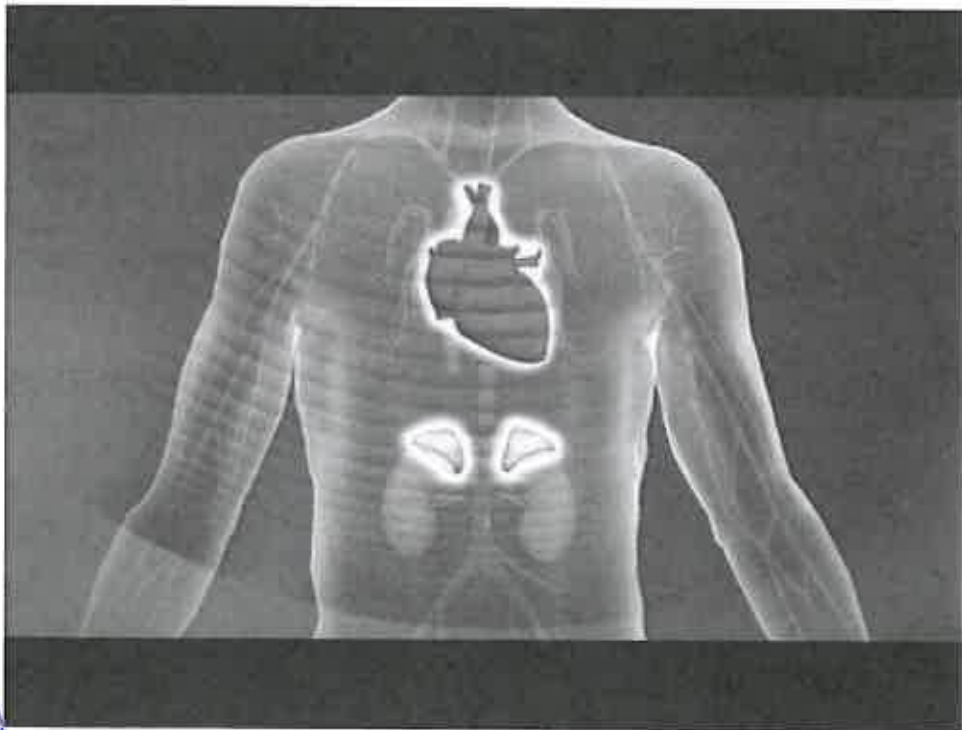
Improving psychosocial development for infants and postnatal depression amongst mothers through Enhanced Timed and Targeted Counselling (EttC)

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Maternal mental health and infant play contribute to physical, neurological and psychosocial wellbeing of infants and reduction of postnatal depression. World Vision uses Time and Targeted Counselling (ttC) to train Community Health Workers to support physical wellbeing of mother and child. This project will pilot and research an Enhanced ttC (EttC) model that integrates maternal mental health and creative infant play to optimise physical and psychosocial infant development, reduce depression symptoms and increase mothers' early childhood development knowledge and practices. The project will implement a Cluster Randomised Control Trial in West Bank comparing standard ttC with EttC to substantiate EttC and advocate for global scale-up.

Describe it -

This idea is intended to -
It will tackle the problem of -
It addresses the problem by -



Depression is the third leading contributor to the global disease burden and the leading cause of disability, affecting more than 121 million people. Mothers living in low and middle income countries (LAMIC) are at higher risk of maternal depression. Conflict in the West Bank, combined with poverty and high rates of unemployment adds to the burden of mental illness. When mothers are depressed, stress hormones are raised in their bodies and brains,

Including during pregnancy

various
which has physical effects on 1) *mother and baby* ~~pregnant women~~ predisposing her to high blood pressure, preeclampsia, difficult delivery, and 2) ~~baby in utero with increased chance of being born low birth weight and stunting~~. Following birth, mothers with depressive symptoms are less engaged with their children and reduce their responsiveness to meeting their children's needs. Such infants tend to become apathetic or irritable and less able to gain their mother's attention in positive ways, creating a cycle leading to potential child neglect and underachievement for the infant in all areas of their development. For example, mothers with depressive symptoms can be intrusive, forceful or withdrawn in their interactions with their infants. This can result in children experiencing language and cognitive problems, insecure attachments, social interactive difficulties, and behavioral problems leading to long term mental health issues, including their own risk for depression later in life.

In 2011, World Vision Jerusalem, West Bank, Gaza (WV JWG) implemented a maternal child health home-visitor project titled "Towards Nourished Infants" using a timed and targeted counselling (ttC) model. Evaluation of this project showed a 23% increase in Palestinian mothers applying improved childcare practices (improved hygiene, feeding and immunisation practices), increased awareness of child rearing needs and an unintended benefit of improving mother to mother-in-law and sister-in-law relationships. Mothers reported that the home-visitor model was culturally sensitive, personalised and they felt comfortable discussing their needs with Community Health Workers (CHWs) who delivered the ttC program. Despite its successes, the evaluation also indicated that greater awareness of psychosocial needs for mothers and their infants was needed in order to reduce symptoms of postnatal depression and to maximise the psychosocial development and potential of infants. This was not surprising given prior research has demonstrated multiple benefits of maternal mental health and infant stimulation activities for optimal child development. Thus, a systematic model of combining physical, mental and psychosocial support for both mother and infant is needed for future scale-up of interventions.

Based on the success of ttC in West Bank, and known benefits of maternal psychosocial wellbeing and infant stimulation/play this pilot will combine these approaches through the development of an Enhanced ttC (EttC) model. EttC will comprise physical development and health messages for mother and child (based on stand-alone ttC), as well as the 5-pillars approach to reduce symptoms of depression amongst mothers. The 5-pillars approach includes empathic listening, family engagement, guided discovery with pictures, behavioural activation and problem solving. This will be combined with parent-infant stimulation initiatives using Learning Through Play (LTP) and regular child development indicators based on the Nippising District Development Screeners (NDDS).

This was confirmed in the KHS report.

The pilot of EttC and subsequent research hypothesises that Enhanced ttC will reduce Edinburgh Postnatal Depression Scale (EPDS) scores in the intervention arm versus control, after 1-year of intervention in West Bank (oPt). Secondly, it is expected that (1) fewer children will report 'no-responses' on the NDDS after 12 months of EttC; (2) the physical health of children in the intervention arm will be greater than the control (e.g. growth monitoring, supplement intakes, breastfeeding and complementary practices, proper management during illness); (3) improved social emotional outcomes in infants will be observed; and (4) improvements in Early Childhood Development Knowledge, Attitudes and Practices (based on the ECD-KAP measure) will be demonstrated.

Who will benefit from this idea and where are they located?

The immediate and direct benefits will be targeted for 400 Palestinian mothers living in West Bank (oPt) of any age in their third trimester of pregnancy. Half will benefit from stand-alone ttC while the other half will benefit from the EttC intervention. For both groups, a further 400 Palestinian infants will benefit from the program. The project will train approximately 40 data collectors for the research as well as approximately 20 community health workers in the EttC training program. Various other people will benefit from the program indirectly, including fathers, sister and mother-in-laws, and siblings of the infants benefiting from ttC/EttC. All participants will be from West Bank (oPt) villages that surround Bethlehem, Hebron, Nablus & Ramallah. The project has chosen to focus on West Bank because the EttC model is consistent with local needs and government priorities for maternal child health and in particular, mental health care, and because minimal services for mental health care exist. As such, establishing community based approaches to mental health care will be critical for the future of West Bank and the mental health and wellbeing of mothers and their infants. Addressing mental health care gaps is globally recognised as a priority in the WHO comprehensive mental health action plan (2013), and likely post-2015 United Nations development goals. By establishing the evidence to demonstrate the effectiveness of combining maternal mental health support and infant stimulation into home visitor models, this has scale-up opportunity worldwide, particularly in low and middle income countries and crisis situations where professional mental health services are scarce.

How could you test this idea in a quick and low-cost way right now?

In a one-month testing opportunity for this idea, the first three things to hone in on would be:• Development of the EttC package – combining the stand-alone ttC manual and program with the aspects of maternal mental health (from the 5-pillars approach), learning through play and developmental screener checks. This would require the dedicated work of one individual for a

number of weeks;• Train community health workers in the EttC manual, simultaneously, monitoring their perceptions about the EttC models relevance, usability and acceptance to the local context and culture;• Ask CHWs to pilot the EttC manual with existing clients to further ascertain its acceptability and usefulness.

What kind of help would you need to make your idea real?

This project will be dependent upon various partnerships, including, but not limited to the following groups:• Palestinian Ministry of Health so that the approach is monitored for future scalability in West Bank and potentially Gaza.• Al Quds University for local assistance on translations and testing of research measurement instruments. Data collectors may also be recruited from the university and their support in data analyses and reporting of findings will be critical. This local university will also be used to support ethics approval for the research and ensure compliance with ethics protocols.• Human Development Research Foundation (HDRF) in Pakistan, working in partnership with the University of Liverpool, have been global leaders in establishing a low cost, low resource Cognitive Behavioural Treatment, using the 5-pillars approach, for women experiencing post natal depression. HDRF and University of Liverpool will be substantial technical partners in the development of the EttC program and piloting of its implementation;• Learning Through Play (LTP) partners will support the integration of play initiatives for parents as part of the EttC model to be developed. This will be in collaboration also with staff from the Nippising District Development Screener (NDDS) association, so that measures relevant to the psychosocial wellbeing of infants can be monitored throughout the project and implementation of EttC model.

Is this an idea that you or your organization would like to take forward?

1. *Yes. I am ready and interested in testing this idea and making it real in my community.*
2. *Yes. I am looking for partners that might be interested in taking this idea forward in their communities.*
3. *This idea is meant to inspire. I hope someone else takes it on!*

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