

Investing in mental health during the first 1,000 days of life: Now and future

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Abstract

COVID-19 has disrupted the mental health services in 93% of the countries worldwide. Approximately 130 countries are affected catastrophically by COVID-19, which limits access to mental health services. Most vulnerable are children, pregnant women, and adults with limited access to mental healthcare. In highlighting the importance of mobilising resources, the WHO has given leaders around the world an opportunity to galvanise efforts. Maternal and children's mental health are crucial factors that may have a lifelong impact. In a post-pandemic world, a renewed focus is required to develop sustainable policies and action plans to support new mothers and new-borns in the first 1,000 days of life. This viewpoint shares a reflective discourse on contextualising the need of investment in mental health in times of crisis and global pandemic and what needs to be catered to in the near future.

Keywords: First 1,000 days of life, Maternal health, Women's health.

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Expecting women are more vulnerable to anxiety and mental health issues during the pandemic.¹⁻³ Similarly, due to modified immunity, women with chronic diseases are at a higher risk. Also, a sudden increase has been noticed in domestic violence, increased pandemic-related anxiety in the household, anxiety related to personal health, decreased self-care, and issues of adapting to the new normal and also prioritising health in pandemic situation has doubled the burden of maternal mental health which directly influence the health and wellbeing of the new-born child. Lockdowns and overburdened healthcare system have been known to limit a large number of women from seeking professional help.⁴ There is little evidence that COVID-19 pandemic could have an adverse impact on the physical health of the mother and child; however, the potential adverse impact on mental health should be considered as a critical health concern and addressed

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accordingly.⁵ It must be stated here that, as of now, there is a lack of empirical evidence on the impact of COVID-19 on the mental health of the expecting or new mothers and the child. However, any form of mental health issue could manifest multiple health issues and can impact their health seeking behaviour. The holistic approach to well-being is essential for a good life. There is a need to call for action for healthy maternal and child mental health. It is evident from the literature and opinion of various experts that continuous, accessible, affordable, and secure antenatal support to expecting couples and post-natal support to the families have resulted in building reassurance in the communities and specifically to the most vulnerable, i.e. pregnant couples and new parents. It is essential to make timely and multi sectorial focused plans and programmes to support mental health in the first 1,000 days of life to support pregnant couples, new parents and mothers to thrive better and adapt to the new normal.

Suggestions and practical tips: The following section aims to highlight the urgent need to continue improving and safeguarding the mental health of the mother and the child in the first-1,000 days with a renewed focus post-pandemic.

Mental health self-reporting questionnaires: Mental health problems, such as depression and anxiety, could impact women in several ways. Expecting mothers could deliver pre-term and may be unable to bond emotionally and physically with their child; moreover, there could be delayed or poor cognitive development in the child due to the mother's mental health during pregnancy.⁶ Encouraging mothers to self-report their mental health condition is an opportunity in these trying times. Self-reporting portals such as online surveys and cellular surveys, could help women identify whether they need help and provide professionals with important data. Similarly, new mothers could be encouraged to assess for positive indicators of the health and well-being of their new-born child with self-reported questionnaires. These questionnaires could educate mothers and families on how to manage the well-being of their child and help identify potential issues.

Changes in the approach to providing mental health services: The healthcare industry, organisation and governments should strategise the collective approach in

creating awareness about the post-pandemic mental health problems. The public should be made aware of the sources that could help them in managing their mental health issues. The system for delivery of mental healthcare should be adapted in a way that it is sustainable and effective.⁷ Experts and professionals should come together to rethink strategies to access and mitigate mental healthcare disparities among women from various backgrounds. Forums and organisations should focus on ethics and rights of the people regardless of their circumstances and address mental health issues germinating due to the pandemic or pre-existing conditions. All of these initiatives and programmes should have a mandatory facet to support pregnant women, new parents and young children. Health care providers, educationists, motivational speakers and child birth and post-partum doulas could be engaged in this drive and can work as a potential task force delivering mental health support in the communities. Expecting and new mothers should be encouraged to participate in social groups using technology, social media and short message service to engage with their peers and the community of healthcare providers.

Tele-health service: Tele-health services provide an opportunity for expecting and new mothers to seek emotional support and advice.⁴ During the pandemic, the option of using tele-health service during pregnancy to avoid visits to overcrowded hospitals received greater focus and response.⁸ Tele-health services could also be introduced in remote areas where women generally have limited access quality healthcare due to various reasons. With concerted efforts in making technology affordable, reliable and accessible, tele-health services could assist professionals to reach women and children in need of help.

Inspiration and information: The general approach to living a good life should begin with inspiration and information to recognise the need, and find and value the importance of quality of life. Expecting women should be given emotional and social support to lead a fulfilling life, and plan and look forward to the positive outcomes of their pregnancies. Quality antenatal, postnatal and childcare programmes should be available to women through a wide variety of mediums and channels, giving inspiration in terms of support and value and information in terms of managing the changes in their lifestyles.⁹⁻¹² In times of pandemic, cost-effective and accessible care bundles can be designed for pregnant women and their families.¹³ This means, providing them mental health support remotely or via helplines. Another way is to engage the populations through technology for access to buddy groups whereby they share their issues and have a community to relate to;

this can be done using open social media platforms.^{14,15} Hospitals and health care agencies should launch some live shows, dramas, plays, radio programmes and TV shows to provide relevant mental health support information and awareness in a viewer-friendly way. Media and communications should run mental health awareness campaigns on television to provide awareness to the general population. Schools should offer free mental health clinics for parents and student communities.

Call for Action: Mental Health is a parallel pandemic that escalated with the rise of COVID-19; this calls for action by the key stakeholders to invest in mental health initiatives and make it ecologically centred and placed to cater to all the participants from micro to macro level. More investments should also be made to encourage evidence-based interventions which require increased funding for conducting experimental research and clinical trials to assess the impact of an intervention in our targeted populations. This is a much needed investment in the first 1,000 days of life as maternal overall health and wellbeing has a transgenerational impact; if a mother is healthy and is thriving well, it all translates into the child and so on. Similarly, the early years of life are proven to be a time of massive personality development and investing in the mental health and wellbeing initiatives in the first 1,000 days of life can build early resilience skills in children and their families which can widely influence how they will perform in their later life.

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