

Briefing: Analysis of Funding for Parents' and Carers' Mental Health

Millions of mothers, fathers and carers around the world suffer from mental ill health. This has impacts on their own welfare but also can significantly impact on the health and development of the children they care for. Current trends demonstrate a great and growing need to improve mental health policy, practice and funding given the disease burden and treatment gap, particularly in the case of the mental health of parents and carers. 15-23% of children are estimated to live with a parent with mental illness, predisposing them to having one themselves.ⁱ

The roots of such mental health disorders are numerous and complex, but the right interventions – at the right time and with sufficient funding – can lead them and their children to good mental health. It is critically important to empower parents and carers with the necessary skills and competencies, and ensure there is the necessary medical, psychosocial and policy-related support for the management of mental disorders they may experience.

NB: While parents would be the main biological carers of children, the broad category of carers includes grandparents and extended family members including older siblings who play an important role in child development all over the world.

Impact of Parents' and Carers' Mental Health on Childhood Development

There is a strong link between parents' and carers' mental ill health and the physical and mental development of children. Parents and other caregivers living with mental illness are significantly less likely to engage in positive and interactive parental practices which are particularly important for a child's own mental health and development. For mothers, their mental health determines how they understand, respond to and interact with children which can have a profound impact on a child's development and future health. It is well-documented that post-natal depression has a detrimental impact on parenting, family functioning, parent-child relations and children's physical, social, behavioural health and cognitive functioning.ⁱⁱ But combining interventions such as early screening, home-visiting and therapy is proven to help mothers cope. Integrating these types of interventions into existing public services – such as through Community Health Workers, nurses or midwives – is a proven way of getting mothers the help they need.

Given half of all mental health conditions develop before the age of 14 and three quarters before the age of 20, adolescent parents – especially mothers – require additional support for their mental health needs.ⁱⁱⁱ UN figures estimate over 16 million girls worldwide give birth between ages 15-19 and around 1 million before the age of 15 in LMICs.^{iv} Adolescent pregnancy predisposes girls to poor physical health outcomes and adverse mental health consequences. In adolescent mothers post-natal depression is estimated to be between 26-50%, making it 2-9 times more likely in adolescent mothers.^v Young boys married as children also have significant mental health needs. With a reported 155 million young boys married as children – one in five before the age of 15^{vi} – boys also struggle with mental health due to the pressures of early marriage, parenthood and the requirement to earn a livelihood. Single parenthood also poses particular risk factors for optimal child development and single fathers should not be overlooked, nor the importance of looking after fathers and male carers in relation to their mental health and its impact on children. Studies have shown fathers with low levels of education, and those with mental health conditions, were more likely to exert a negative effect on the mental health of their children.^{vii}

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The Funding Environment for Parents' and Carers' Mental Health

Total poor mental health costs the world economy trillions in lost output each year. In 2010, the cost was estimated to be USD \$2.5-8.5 trillion in lost output due to mental, neurological and substance use disorders. This sum is expected to nearly double by 2030 if a concerted response is not mounted.^{viii} Despite this, both international and national funding fail to provide even a fraction of the funds required. Spending specifically targeting parent carer and/or child mental health is hard to track internationally and nationally. But the available data suggests very low levels of investment, with a focus on international assistance primarily on humanitarian programmes. While 79% of WHO Member States have reported a stand-alone policy or plan for mental health, only half of the member states reported having the financial resources needed to implement it.^{ix}

The [Lancet Commission on global mental health and development](#) recommends all countries should commit to increase their mental health spending allocation to at least 5% in low and middle-income countries (LMICs) and at least 10% in high-income countries (HICs) of the total health budget to achieve mental health parity with physical health by 2030.^x Few countries are meeting these targets. The [2017 WHO Mental Health Atlas](#) reported that the global government mental health expenditure is less than 2% of global median of government health expenditure. In low-income countries the median government mental health expenditure stands at USD \$0.02 pppa; in lower middle-income countries it is USD \$1.05 pppa, with more than 80% of these funds going directly towards institutions such as mental hospitals.^{xi}

This means that national governments that are responsible for providing adequate and timely support for parents, carers and children are failing in their duties. Mental health services, even in resource rich countries, remain inaccessible and insensitive to the needs of parents and caregiver, despite some efforts to include families in mental health programming.

Global mental health is also chronically underfunded from international sources, representing just 0.4% of overall Development Assistance for Health (DAH).^{xii} However, despite these low figures, development assistance for mental health (DAMH) has experienced a six-fold increase – albeit starting from a low base – from USD \$18 million in 1995 to USD \$132 million in 2015.^{xiii} This is still far below the levels of many other health issues and if mental health is a key driver of long-term well-being and economic prosperity – and critical to achieving the [Sustainable Development Goals \(SDGs\)](#), the current allocations are woefully insufficient.

The financial burden of mental health care for parents and carers – as with all those living with mental illness – can come down to the individual and out-of-pocket expenses. This can place a heavy burden on limited household incomes, especially in LMICs, and negatively impacts on the family as a whole, including children. In some regions a high percentage of individuals are responsible for paying for their own mental health services, notably 43% in African region and 40% in South East Asia region, as well as often pay for psychotropic medications (45% in African region and 30% in the South East Asia region).^{xiv}

Mental health interventions for mothers, fathers and caregivers need to combine treatment along with prevention and promotion elements including the education of parents and communities about the importance of mental health and the impact on childhood development. Critically, investment in building community health structures is missing as a large part of funding support goes in sustaining psychiatric facilities and institutions, often ignoring the need to keep parents and carers with the children for whom they are responsible.

In the short term, the quickest, low-cost way to increase mental health funding in LMICs would be by integrating mental health and psychosocial support into existing humanitarian response and development programmes, as emergency settings pose wider challenges and stresses for carers. The SDG indicators and targets for mental health include reducing the rate of suicides; doubling the coverage and treatment rates for substance abuse disorders by 2030; and ensuring mental health is a core part of the delivery of a national Universal Health Coverage plan. There are benefits to be gained towards achieving the UN SDGs by including a mental health component in other sectoral programmes, which could take advantage of larger funded programmes and uncommitted budgets. For example, in education, maternal and child health, and communicable as well as non-communicable disease budgets given the link between mental health and positive outcomes, including for parents and carers and their children, in these areas.

Encouraging national governments to engage with various UN Pooled Funds and multilateral health initiatives could also be a way to harness further resources to programmes that support the mental health of parents and carers. This could include working with the World Bank's [Global Financing Facility](#), and UN Pooled Funds that are active globally. For more information on these, see United for Global Mental Health's other resources on these topics on our [Financing](#) page.

Action Required to Support Funding for Parents' and Carers' Mental Health

There is a compelling need to strengthen existing research, programming and advocacy work for parents' and carers' mental health. Strengthened policy buy-in and increased funding for the delivery of services that address the mental health needs of parents, carers and children is urgently required and specifically includes:

Investment in the mental health of parents and carers must be significantly boosted with mental health support for mothers a first priority, services for young adults tailored to meet the needs of pregnant and parenting adolescents, and fathers and extended caregivers included in mental health programmes

Prioritization of intervention areas in order to make a strong case for funding e.g. adolescent pregnancy, substance use and suicides in youth, address developmental disabilities in children, and supporting the mental health of young parents

Increased funding for humanitarian aid addressing mental health of those most vulnerable and marginalised, specifically parents and carers in crisis

Integrate mental and physical health programmes more effectively which will utilize funding more efficiently e.g. maternal and child health, Early Childhood Development (ECD), prevention, detection and response to diseases.

Multisectoral engagement to promote information sharing and integration of child and adolescent, maternal and child mental health e.g. Ministries of Finance, Social Policy, Justice and Gender in addition the Ministry of Health.

Further develop and present strong cost-effectiveness evidence for parental mental health, outlining the return on investment (ROI) and wider societal and individual benefits of funding specific interventions addressing carers needs

Strengthen existing research on the mental health of parents and carers, with a focus on implementation effectiveness.

Case study

There are a number of successful community-, school- and health facility-based maternal and parental mental health interventions that have been tested worldwide, including in LMICs. Such interventions provide evidence for building the case for support of greater investment in the mental health of parents and carers.

Case Study of Maternal depression and parenting support scale up in Pakistan

The Thinking Healthy Programme (THP) is the first low intensity psychological intervention endorsed by the WHO for the treatment of perinatal depression in LMICs. THP was originally based on cognitive behaviour therapy and delivered by Community Health Workers. It was recently adapted to enable delivery by lay health care providers (Thinking Healthy Program Peer-delivered - THPP, evaluated in India and Pakistan). THPP produced better outcomes than enhanced usual care alone, and led to moderate effects on clinical, social and functional outcomes over six months post-natal. THPP was delivered in 6 to-14 individual sessions in four phases (prenatal phase, baby's arrival, prenatal, early infancy, middle infancy) until the baby was 6 months old, with sessions lasting between 30-45 minutes.

In 40 district clusters of Rawalpindi, Pakistan women between ages 16-45 who were in their third trimester and manifested perinatal depression were recruited for the study. The primary outcomes measured were infant weight and height at 6 months and 12 months, and the secondary outcome was rates of maternal depression. Around 40 female health workers were trained in a brief two days long training that was followed by regular once in a month supervision and every four-month refresher course. The infant outcomes improved and it was found that there was an increased rate of immunization and uptake of contraception in affected women. Mothers in the intervention group had lower depression and disability scores and better perception of social support and better overall functioning

Resources

- i Leijdesdorff S et al. (2017) Prevalence of psychopathology in children of parents with mental illness and/or addiction: an up to date narrative review. *Curr Opin Psychiatry*, 30(4):312–317. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/28441171>
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- iv UNICEF. Adolescence Health. <https://data.unicef.org/topic/maternal-health/adolescent-health/> (accessed 17.04.19)
- v Nunes AP, Phipps MG. Postpartum depression in adolescent and adult mothers: comparing prenatal risk factors and predictive models. *Maternal Child Health J* 2013; 17(6): 1071-9.
- vi Thomson Reuters Foundation. U.N. finds 115 million 'child groomers' with Central African Republic topping list. <http://news.trust.org/item/20190606234356-stcbo/>
- vii Kumar, S. V., Oliffe, J. L., & Kelly, M. T. (2017). Promoting Postpartum Mental Health in Fathers: Recommendations for Nurse Practitioners. *American journal of men's health*, 12(2), 221–228. doi:10.1177/1557988317744712
- viii Chisholm D, Sweeny K, Sheehan P, Rasmussen B, Smit F, Cuijpers P, Saxena S (2016) Scaling-up treatment of depression and anxiety: a global return on investment analysis. *The Lancet Psychiatry*; 3: 415-424
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- x Patel V, Saxena S, Lund C, et al. The Lancet Commission on global mental health and sustainable development. *The Lancet* 2018;392:1553–98.
- xi WHO. Mental Health Atlas 2017. Geneva: World Health Organization, 2018
- xii Charlson FJ, Dieleman J, Singh L, et al. (2017). Donor financing of global mental health, 1995–2015: an assessment of trends, channels, and alignment with the disease burden. *PLoS One*.



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- xiii Charlson FJ, Dieleman J, Singh L, et al. (2017). Donor financing of global mental health, 1995—2015: an assessment of trends, channels, and alignment with the disease burden. PLoS One.
- xiv WHO. Mental Health Atlas 2017. Geneva: World Health Organization, 2018