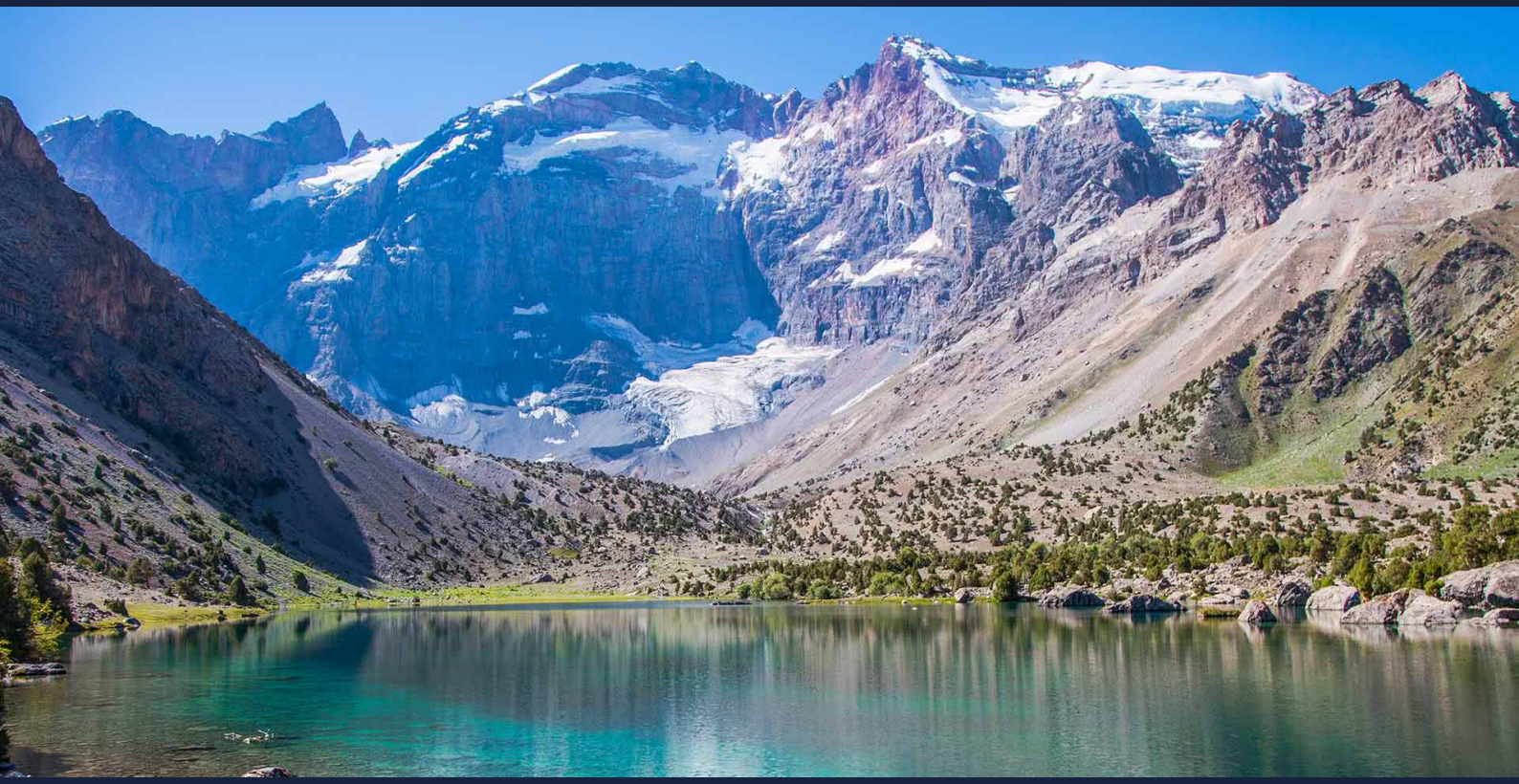
Resilience on the Silk Road



Resilience on the Silk Road:

A report on “First 1000 Days” provision for parent-infant mental health in Tajikistan

THE UNIVERSITY of EDINBURGH

ХАЁТ ДАР ОИЛА

HealthProm
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PROMOTING PARENT CHILD RELATIONSHIPS

“You were born with potential. You were born with goodness and trust. You were born with ideals and dreams. You were born with greatness.”

Rumi

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The mental health of parents during pregnancy and the early years after a child’s birth have a significant effect on developmental outcomes for children, including resilience, cognitive, emotional, and mental health domains. Mental health in turn affects infants through impacts on parent-infant interaction and the family environment. However, the provision of access to appropriate, timely mental health support in the First 1000 Days, particularly through psychologically informed approaches, is effective in reducing maternal mental health difficulties and improving child outcomes.

There is substantial evidence that interventions for parent-infant mental health can be delivered safely, and at scale, both antenatally and postnatally. Having a better understanding of the existing provision and strengths in parent-infant mental health in Tajikistan is an important step towards identifying and scaling up successful intervention programmes and creates a platform for research and implementation to better understand needs and outcomes in this vital part of society. This in turn contributes to meeting multiple Sustainable Development Goals (SDGs) including SDG3: Health and Wellbeing and SDG5: Gender Equality. Tajikistan has potential to be a regional leader in this area and it is important to grasp that mental health in the First 1000 days is “everyone’s business”.

Our report highlights several existing strengths in the coverage, implementation, and potential to develop “First 1000 Days” oriented initiatives in Tajikistan. Primary healthcare provides antenatal classes for all expectant mothers and significant others nationwide and in urban settings ~60% of husbands now attend antenatal classes. There is an increasing openness to disclose and discuss mental health in the perinatal period, relating to decreasing stigma.

There is also momentum and infrastructure for providing early child development and early intervention (EI) support with Public Organisations (PO, also known as Non-Governmental Organisations) providing specialist community support, and although this remains mostly urban there are successful examples of rural outreach models. There are several successful partnerships with POs and development of professional training opportunities. Parent-infant focussed interventions such as Mellow Parenting are

acceptable and scalable, with growing evidence for their effectiveness. We acknowledge that as a scoping review our report may not have captured all activity in parental mental health across Tajikistan, but we believe that it does provide a detailed overview.

There is also an increased awareness of the importance of education in promoting social determinants of mental health, and that increased provision of information on women's rights and legal literacy enables problem solving which in turn improves mental health. Tajikistan has made substantial progress on maternal physical health, maternity health and Early Child Development (ECD) approaches, and therefore the building blocks for integrating mental health into these approaches are already present. However, improving First 1000 days mental health provision also needs to address social determinants of health including interpersonal violence and poverty.

Our report highlights exiting training structures in place to support further development of maternal and child focussed mental health interventions, across the state (public services) and PO sectors. A training curriculum for parent-infant mental health can span a broad range of competencies, including, but not limited to perinatal mental health awareness within training for maternity staff, obstetricians and gynaecologists; training around perinatal mental health within the curriculum for psychiatry; integration of perinatal mental health training into primary care and school; and implementation-focussed training for specific interventions (e.g. Mellow Parenting) through existing PO providers and the Family and Child Support Centres (FCSCs). The FCSCs provide a potential location for parent-infant mental health hubs. The Universities and POs including the Aga Khan Foundation, Open Society Foundation and UNICEF are already active in the country and well-placed to help develop a policy infrastructure for training and development in parent-infant mental health. There is also substantial scope for work with international partners such as the University sector to develop research and evaluation.

However, there is often a reluctance from women and families to address mental health needs either due to costs or cultural aspects relating to both stigma of mental health and a reluctance to trust and disclose difficulties to health professionals such as psychologists (who are perceived as 'strangers'), with women instead preferring to discuss their issues with relatives and friends. This suggests that peer-support based interventions may be of

value in Tajikistan. There are also opportunities to understand some of Tajikistan’s unique socio-cultural factors and how these impact on maternal and infant mental health. For instance, the high proportion of remittances from migrant workers presents a social dimension that is poorly understood in relation to maternal and child health. Alongside this, there are opportunities to harness the above developments to other trends in global mental health including increasing digitally enhanced care delivery and explore the feasibility of micro-financing initiatives for women in relation to mental health.

From our report we note a number of recommendations to build on the progress in parent-infant mental health already made in Tajikistan.

- Scale up and roll out of effective and acceptable parent-infant interventions, particularly the Mellow Parenting approach.
- Develop cross-professional maternal and infant mental health training packages.
- Work across sectors to address social determinants of mental health, particularly interpersonal violence.
- Scale up Family and Child Support Centres nationally that include parent-infant mental health care, and parent peer support.
- There are already examples of good working between government and public organisations in this area. There are opportunities to develop partnerships for research and implementation between these stakeholders and international academic institutions already active in the country.
- Strengthening research networks in this area between international Universities and academic institutions in Tajikistan has potential to attract increased investment via global research and development funding.

Acronym List

ADOS	**Autism Diagnostic Observation Schedule**
CBR	**Community Based Rehabilitation**
CRU	**Child Rights Unit**
CFCSU	**Comprehensive Family and Child Support Units**
ECD	**Early Child Development**
EI	**Early Intervention**
FCSC	**Family and Child Support Centres**
GBAO	**Gorno Bakhshan Autonomous Region**
HDO	**Hayot Dar Oila**
MOHSPP	**Ministry of Health and Social Protection of the Population**
MP	**Mellow Parenting**
MB	**Mellow Bumps**
MD	**Mellow Dads**
NGO	**Non-Governmental Organisation**
OSF	**Open Science Foundation**
PO	**Public Organisation**
SDG	**Sustainable Development Goals**

1. Introduction

The mental health of parents during pregnancy and the early years after a child’s birth have a significant effect on developmental outcomes for children, including resilience, cognitive, emotional and mental health domains(1). It is a global problem that requires global efforts(2). This period from pregnancy through to age 2 called “The First 1000 Days” is a window of opportunity to focus on parent and infant mental health. However, adversities such as poverty, experience of stigma, interpersonal violence and existing mental health problems can significantly impact on the health of parents and children. Global estimates for depression and anxiety in this timeframe (also called the perinatal period) suggest common mental health disorders are experienced by ~15% of women(3), with higher rates in middle and low resource parts of the world, and also affect ~ 10% of fathers(4). Mental health in turn affects infants through impacts on parent-infant interaction and the family environment(5). However, the provision of access to appropriate, timely mental health support in the First 1000 Days, particularly through psychologically informed approaches, is effective in reducing maternal mental health difficulties and improving child outcomes(6).

There is substantial evidence that interventions for parent-infant mental health can be delivered safely, and at scale, both antenatally and postnatally. Much of this evidence comes from both high-resource settings in Europe and America, but also in low resource settings in South Asia and Africa. However, as is the case for mental health in general, there has been a lack of research and evidence around parent-infant mental health in Central Asia(7). Therefore, we lack information on the provision of parent-infant mental health initiatives in these nations, and whether there are specific cultural and demographic challenges that affect implementation. Having a better understanding of the existing provision and strengths in parent-infant mental health in Tajikistan is an important step towards identifying and scaling up successful intervention programmes . This offers platform for research and implementation more attuned to needs and outcomes in this vital part of society. This in turn contributes to meeting multiple Sustainable Development Goals (SDGs) including SDG3: Health and Wellbeing and SDG5: Gender Equality, consistent with best practice and policy in the area of global mental health(8). Tajikistan has potential to be a regional leader in this area and it is important to grasp that mental health in the First 1000 days is “everyone’s business”. Based on a

"Mapping and Gapping" exercise this report identifies current First 1000 Days provision in Tajikistan, highlights existing strengths and offers a summary of opportunities for future work.

2. Available support during the "First 1000 days" in Tajikistan

2.1 Antenatal support

2.1.1. Universal Pregnancy Support for all expectant parents

Consultation and childbirth preparation for pregnant women and their partners or close relatives (e.g., mother, father, or sister) is available in reproductive health centres situated within each health centre, and there are primary healthcare maternity homes at a community level across urban and rural areas of Tajikistan. Consultation usually occurs at 12 and 18 weeks of pregnancy. From 36 to 40 weeks of pregnancy women and their close relatives are invited to attend 4 to 5 classes, delivered by trained nurses and obstetricians/gynaecologists. The main aim of these classes is to reduce fear of childbirth and to prepare parents both practically and psychologically, by covering topics such as nutrition and healthy behaviour during pregnancy, wellbeing and physical development of children, breastfeeding, support from significant others during pregnancy, and approaches to managing labour such as relaxation techniques, massage, and positive affirmations. Over recent years there is also evidence that husbands are more involved during the perinatal period, with ~60% of husbands now attending antenatal classes in city areas.

2.1.2. Mental Health Support for expectant parents experiencing emotional distress

If a healthcare professional within the above services identifies an expectant parent is experiencing symptoms of mild to moderate anxiety or depression, they usually refer them to a psychologist with whom they have an established working relationship (usually in private practice). Other healthcare professionals based in health centres such as psychiatrists, neurologists may also work with self-referred adult patients with depression at any stage of their lives including prenatal and postnatal depression. Where available, pregnant mothers experiencing emotional distress may also get referred to attend Mellow Bumps, a six-week group for mums-to-be that aims to decrease stress

levels and help mums-to-be to understand that babies are prepared for social interaction from birth, emphasising the importance of early interaction for the babies' brain development (see below for further details; (9)). Currently, Mellow Bumps groups are offered by the Family and Child Support Centres (FCSCs) of Hayot dar Oila (HDO) and IRODA (both in Dushanbe), the Marvorid FCSC in Khujand, and the PO Ranginkamon (Bobojon, Gafurov, Isfara, Istravshan and Devashtich).

2.1.3. Support for expectant parents experiencing severe mental health symptoms

If an expectant parent is experiencing severe mental health symptoms (e.g., schizophrenia, psychosis and bipolar disorder), they are referred to a psychiatrist, where they are offered treatment with psychotropic medication. Hospitalisation for severe illness is also available. Our work in preparing this report suggests that very few presentations of severe mental health problems are identified in pregnancy.

2.2. Postnatal support

2.2.1. Universal provision for all new parents after childbirth

Gynaecologists from health centres and primary healthcare maternity homes across urban and rural areas monitor women for up to 42 days after childbirth. During this period, healthcare professionals also work with fathers and close relatives, giving advice regarding maternal/infant needs and encouraging positive support by partners. Beyond 42 days postnatal, new parents and their babies are monitored by and may seek support from family physicians, by home visits, with referral to specialist supports if there are concerns around maternal and infant wellbeing.

2.2.2. Support for new parents experiencing emotional distress

Specialist support for new parents experiencing emotional distress is mostly delivered by POs and the private sector.

- **Services operating across multiple areas**

There are 10 Comprehensive Family and Child Support Units (formerly Psychological, Medical and Pedagogical Consultation services (PMPCs)) across the country that can

provide psychological support to parents(10). There are 2 CFCSUs in Dushanbe and 1 each in Panjakent, Isfara, Khujand, Bobojon Ghafurov, Bokhtar, Kulob, Khorog, Rasht. CFCSUs provide early child development and early intervention support via a multidisciplinary team. These Units are focused on early intervention and rehabilitation of children under 18. There is potential for these to serve as a platform for parents' programmes, including mental health.

There are 21 Medical Youth Advisory Departments (MYAD) based in reproductive health centres, dermato-venerological clinics or HIV Centres. These were opened by UNICEF and subsequently state funded. They are also known as youth friendly services (YFSs). Each centre has psychologist provision, although not all positions are currently filled. These centres may offer psychological support to new parents. There are 8 MYADs in Dushanbe, 2 in Kulab and Khujand, and 1 each in Khatlon, Dangara, Bokhtar, Evan, Isfara, Panjakent, Vahdat, Hisor, Tursunzade, GBAO (Pamir).

The PO Ranginkamon has resource centres in the Bobojon Gafurov, Isfara, Istaravshan and Devashtich areas. Their main focus is to provide early child development and early intervention support and they offer psychological support to new mothers through 'Mother's schools', Early Bird and Mellow Parenting programmes.

The Aga Khan Foundation provides support for initiatives to optimise community health and wellbeing, including working across primary healthcare and voluntary organisations to improve child nutrition, social, cognitive and emotional development. They have developed and piloted Care for Development (C4D) training in Savnob, Sejd and Zong sub-districts. Leading to roll out of training via with a cascade model of master trainers, counsellors, and teachers.

- **Dushanbe**

The PO Hayot Dar Oila (HDO) works with families and children under 6 years old, with support lasting from 3 months up to 2 years depending on a family's individual needs. Most mothers using HDO's services had experienced depression or other mild to moderate emotional difficulties prior to referral to HDO. Services are delivered by a multidisciplinary team of specialists including physical therapists, occupational therapists, social workers, and speech language therapists. HDO provides individual,

couple, and group support and in some cases, home visits and remote on-line outreach. New mothers, fathers and their babies can access specialist support from the FCSCs of HDO through health center referral and self-referral.

HDO offers a wide range of services including early child development support and early interventions including Mellow Parenting (an evidence-based attachment informed parent-infant intervention)(11, 12), Mellow Dads, attachment-based training, peer-support parenting groups and groups with grandmothers. Mellow Parenting groups meet weekly, and peer-support groups meet fortnightly. HDO Centres conduct training on improving relationship between women and their mothers-in-law or husbands and provide education on childcare. Relaxation techniques are also taught. During the classes, parents also bake, chat, and share problems.

The PO IRODA also provides specialist support for early child development and early intervention support for children with autism through Mellow Parenting groups for new mums, educational seminars for parents focusing on baby's wellbeing and seminars aiming to improve the relationships between parents and their babies through responsive parenting approaches and with the support of professionals from partner organisations.

The PO Open Hearts Centre has a multidisciplinary team of occupational therapists, physical therapists, psychologists, and speech language therapists providing individual psychological support to new parents.

- **Khujand**

The Marvorid FCSC operated by the PO Sarchasma offers Mellow Parenting group support to new mothers experiencing emotional distress, promoting healthy relationships between parents and their babies, and aiming at improving the wellbeing of both parents and their babies. They also offer individual, couples or family sessions when is needed to support parents' understanding of early relationships and early child development. Families can access this service via referrals from health centres, Child Rights Units, and self-referrals. Women from the regions of Bobojon Gafurows, Sonchi Khiztevar, Sumchak, Districy Asht and Kayrocum Komsar can also access support from the Marvorid FCSCs.

The Marvorid Family and Child Support Centre in Khujand works closely with PO Sarchasma to facilitate Mellow Parenting groups for new mothers and their babies and to offer individual, couples and family support. The centre also provides rooms for mothers and their babies to develop their relationship.

- **Istaravshan**

The FCSC in the Istaravshan district runs a range of activities and training aiming to support birth and breastfeeding, and to improve relationships between parents and babies and the wellbeing of babies and new parents with the guidance of Sarchashma, Marvorid FCSC. Healthcare professionals have received training from partners in HDO, UNICEF and Sarchashma to facilitate these activities, but they do not offer psychological support. They offer support to families and their children up to 6 years old, including newborn babies through individual, couple, family, and group support. Families can access this service via referrals from health centres, CRUs and as self-referrals. The Istaravshan FCSC is based in a rural area and offers a rural outreach service to families remote in their own homes.

- **Roghun**

In the Rogun district (Kadi ob, Kalai nav, Poru, Obi Garm, Sicirog, Javoni, Kalai Nav, Darai tutak, Kaltaho, Kandak) the PO Tavono teaches the responsive parenting approach to support infant wellbeing during the early postnatal years and improve the relationship between babies and their parents. Support in this service is provided on an individual basis and parents can be referred by health centres or refer themselves.

- **Khatlon**

In Khatlon region, early child development and early intervention support is mostly provided through the multidisciplinary local government Comprehensive Family and Child Support Unit (see above).

- **Ayni**

Community-based early intervention is offered through Caritas Germany in Tajikistan for children with disabilities and their families. No psychological services were identified for new parents experiencing emotional distress and their babies

2.2.3. Resources for new parents experiencing severe mental health symptoms

As with antenatal support, severe mental illness (psychosis, bipolar disorder and severe postnatal depression) is managed by psychiatry referral, medication and in-patient admission if required, although these will be in general adult wards rather than mother and baby units. Based on reports from psychiatrists and Directors for women’s consultations, there are few cases of severe postnatal depression and anxiety and minimal presentations of more severe mental illness.

Table 1. Antenatal and postnatal support available in Tajikistan

	Organisation	Location	Antenatal Support	Postnatal Support
			Public Services	
1.	**Reproductive health centres**	Nationwide	Childbirth and parenthood preparation classes for expectant mothers and partners/close relatives	First 40 -42 postnatal days
2.	**Maternity homes**	Nationwide	Childbirth and parenthood preparation classes for expectant mothers and partners/close relatives	First 40 -42 postnatal days
3.	**Comprehensive Family and Child Support Units**	Dushanbe, Khatlon, Penjakent, Isfara, Khujand, Bobojon Gafurov, Bokhtar, Kulob, Khorog, Rash		Psychologist provision
4.	**Medical Youth Advisory Departments**	Dushanbe, Kulab and Khujand, Khatlon, Dangara, Bokhtar, Evan, Isfara, Panjakent, Vahdat, Hisor, Tursunzade, GBAO (Pamir)		Psychologist provision
5.	**Family and Child Support Centres**	Dushanbe (2), Khujand and Istaravshan	Mellow Bumps	Parenting skills; Mellow Parenting/Dads; parent to parent support groups; social protection for parents and children in difficult life situations; specialist support for parents and children where the child has additional needs. Breastfeeding support, sessions to improve relationships between parents and babies and the wellbeing of babies and new parents

Public Organisations (POs)				
6.	**Hayot Dar Oila (FCSCs)**	Dushanbe	Mellow Bumps	Mellow Parenting, Mellow Dads, Attachment trainings, Peer-support parenting groups, Groups with grandmothers
7.	**IRODA**	Dushanbe	Mellow Bumps	Mellow Parenting, educational seminars for baby's wellbeing and relationship between parents and babies
8.	**Open Hearts Centre**	Dushanbe		Individual psychological support
9.	**Sarchasma (FCSC "Marvorid")**	Khujand		Mellow Parenting, sessions to support parents' understanding of early relationships and early child development
10.	**Tavono**	Roghun district (Kadi ob, Kalai nav, Poru, Obi Garm, Sicirog, Javoni, Kalai Nav, Darai tutak, Kaltaho, Kandak)		Responsive parenting approach to support infant wellbeing and improve relationship between babies and their parents
11.	**Ranginkamon**	Bobojon Gafurov, Isfara, Istravshan and Ganchi areas		Mellow Parenting, 'Mother's schools', Early Birds
12.	**AGACHAN foundation**			
13.	**Caritas Germany**	Vahdat, Konibodom, Devashtich, Shakhrituz, Aini, Rasht, Shugnon (GBAO)	Community-based rehabilitation projects for individuals with disabilities and their families	
14.	**Korvoni Umed**	Dushanbe	Support to women, including pregnant women, who have experienced domestic violence or other stressful life events	
15.	**Nuri Firdavs**	Dushanbe	Supports families experiencing financial problems and child maltreatment issues	
16.	**UN Women**	Nationwide	Protection of women rights, prevention of violence against women and girls	
17.	**UNICEF Tajikistan**	Nationwide	Supports parental mental health through programme implementation and consideration of parental mental health within national documents and directives; partnership with HDO and Mellow Parenting; parental wellbeing training modules	

2.3. Support available for specific groups

2.3.1. Support for children with disabilities and their families

Caritas Germany in Tajikistan has been implementing community-based rehabilitation (CBR) projects in Tajikistan for people with disabilities and their families for over 10 years. This CBR project cover the lifespan and as part of the CBR programme and in all pilot districts they have implemented early detection systems for children with developmental disabilities based on primary health care structures and an early intervention system based on social services. To improve parent-baby relationships they provide attachment training and play groups. Services are delivered by a multidisciplinary team including physical therapists, occupational therapists, social workers, speech-language therapists, psychologists, nurses, physicians, and early years practitioners. Pilot CBR areas are in Vahdat, Konibodom, Devashtich, Shakhrituz, Ayni, Rasht, Shugnon (GBAO), and beyond Tajkistan in the Leilek region (Kyrgyz Republic).

The main areas of activities are:

1. Training of family doctors and nurses in developmental screening of children from 0 to 3 years old using simple screening tools and ADOS (Diagnostic screening tools of autism).
2. Establishing referral systems to family support services and community-based early intervention.
3. Training of social service and primary health care workers in early intervention programmes based on home visits and parent self-help groups in the form of Play Groups for children and their parents in every Jamoat1 and, if possible, in every village.
4. Implementation of an early intervention programme for specialist needs at home using individual and group programmes based on the Portage home-visiting educational model; where the main role belongs to parents, as the main specialist for the child. The intervention is carried out in a family's natural environment and

[1] Village communes at the third local government administrative level.

enhances the potential for parental play with their children, with corresponding impacts on development.

Implementation contributes to the identification of children with developmental disabilities in the early stages, organisation of early intervention from trained personnel and improved self-esteem and confidence in the parents of children, other family members and members of the local community. Children who received EI services are then sent to educational services - preschool institutions and general schools.

During 2018 and 2020 in close cooperation with the Ministry of Health and Social Protection of the Population (MOHSPP) and with the support of the European Union Delegation in Tajikistan, HealthProm, UNICEF, Hayot dar oil and Sarchashma four Baby Homes for children from birth to 4-7 years old were transformed into Family and Child Support Centers (FCSCs). These centres grew out of former baby homes and are now government run. HDO provides ongoing coaching and quality assurance. Children with a disability are offered needs-matched case management during rolling 6-month programmes in the centres and at home. Each child has an individual care plan delivered by a team of caregivers, physical therapists and speech therapists. Children with a disability take part in group activities with other children that prepare them for entry into education. Parents of children with a disability are taught how to promote their children's development and receive individual and group support. Further, with the financial support of UNICEF and in agreement with the Ministry of Health and Social Protection of the Republic of Tajikistan, the NGO, Hayot dar Oila, continued to build the capacity of the FCSCs to provide newly created services to support vulnerable families with young children, including children with disabilities.

2.3.2. Support for women and children experiencing stressful life events

PO Korvoni Umed offers support to women, including pregnant women, who have experienced domestic violence or other stressful life events. Women are usually referred in this organisation by the police, health centres, other POs or self-referral. If a woman is experiencing severe mental health symptoms (e.g., complex Post Traumatic Stress Disorder), she is referred on to a public health service psychiatrist. Healthcare professionals provide support to women individually or in groups. Korvoni Umed works

in partnership with other organisations on domestic violence prevention. All staff involved in direct support of women received training from international providers on supporting daily life and marriage, basics of psychological counseling and foundations of Psychology. The 10-15 psychologists who work with this NGO attend monthly support groups with the aim to share their experiences, support each other, discuss different approaches and get advice for some difficult cases. The public volunteer organisation Nuri Firdavs also helps families experiencing financial problems and child maltreatment issues.

The four FCSCs have a primary purpose of supporting parents and children experiencing stressful life events so that the family unit remains intact, and children continue to benefit from the warmth and security of family life. The FCSCs provide emergency social protection, offer counselling, as well as case managed support for children with developmental delays. They also have links with other resources such as shelters for women and children and help with obtaining necessary legal documents. The FCSCs have some limited residential accommodation for vulnerable single mothers and their children, where there is a need for parenting support in the context of difficult life situations.

2.4. Indirect support during the first 1000 days

The work of UN Women focuses on protecting the rights of women and preventing gender-based violence, specifically violence against women and girls. There is no specific remit for the mental health of mothers, fathers and babies or their relationships during the first 1000 days. However, campaigns to protect women’s rights and change social stereotypes on care/unpaid work of women and girls also embrace care for children and sick adults, women with disabilities, women living with HIV, abandoned migrants and families. UN Women has developed programmes focusing on the recognition of care/unpaid labour and the re-distribution of care work from women to all family members, and from families to state public services. Current UN Women policy priorities include financial literacy of women, One-Stop-Shops for receiving state public services and gender responsive budgeting (13).

UNICEF supports the promotion of ECD based on the Nurturing Care Framework(14), this includes the establishment of early detection and early intervention systems and services in Tajikistan and responsive caregiving. They also support parental mental health through programme implementation and advocating for parental mental health within national documents and directives. UNICEF is currently partnering with HDO in rolling out Mellow Parenting at FCSCs, with the aim of supporting parents and preventing children from being placed in the residential childcare Institutions. They are also integrating a training module into pre- and in-service training for primary health care staff on parental wellbeing. This will be implemented for home visiting at community level through Family Doctors and Family Nurses.

The Open Society Foundation (OSF) - Tajikistan supports projects aimed at strengthening the capacity of parent-led organisations for early inclusive development and early childhood intervention, enabling implementation of family-oriented best practices, particularly around the rights and needs of young children with disabilities and their families. Their main work has been in collaboration with IRODA. In parallel, their Public Health Programme is working on the development of a psychological assistance program in Tajikistan. The OSF has launched an open competition aimed at developing a curriculum, developing a module and a textbook on psychological assistance to vulnerable groups of the population.

2.5. Professional education and training

2.5.1. Academic education

The Pedagogical State University (Dushanbe) has General psychology, Social Psychology and Family Relations, Social Psychology and Inclusion Education departments. Graduates from the department of Social Psychology and Family Relations may work as psychologists in preschool institutions and schools. Only professionals with the diploma can work as school psychologists. The Tajikistan National University (Dushanbe) has a Psychology Faculty. Graduates from this department can work as psychologists. The Medical University trains nurses and family doctors who work with parents and children.

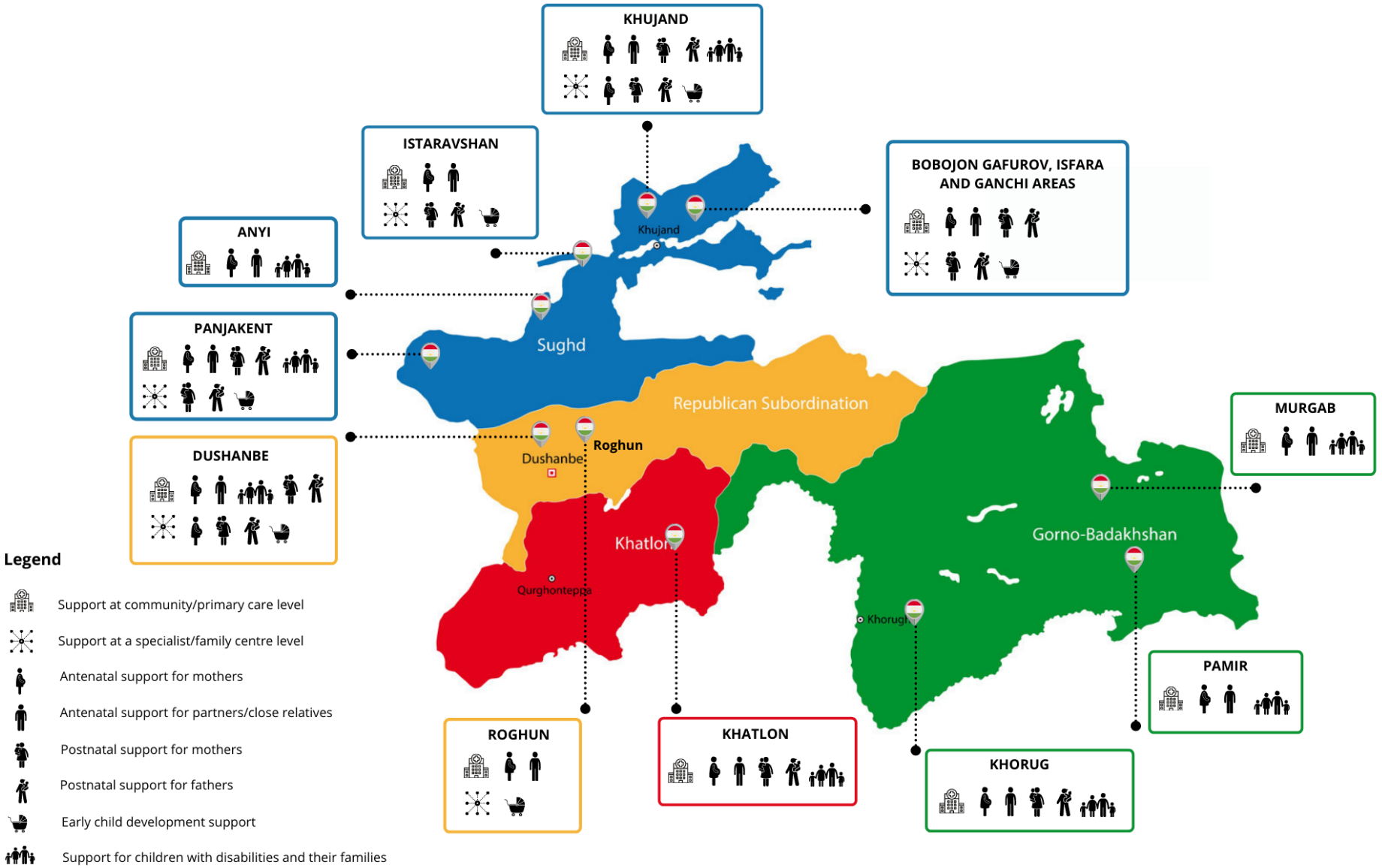
2.5.2. Ongoing professional training

IRODA organizes seminars for other organizations, family doctors and social workers promoting the importance of infant wellbeing and early child development principles. With the permission of the original authors, the Observation of Mother-Child Interaction tool was updated for cultural appropriateness for an NGO project. Following the project, NGO professionals in HDO trained all the FCSCs and the Open Hearts Centre to use this tool when they are working with families. The FCSCs have a standard training manual that provides general skills and knowledge for work with parents and children.

3. Geographic spread of services

Figure 1 maps the provision of “First 1000 Days” related services across Tajikistan. As can be seen, there is provision of both ante- and postnatal care across the nation, which offers potential pathways for maternal and infant mental health care. Services are more developed in urban centres, but there is resource for provision of at least some perinatal mental health related facilities rural settings, although this is largely likely to be delivered at primary care level.

Summary of support available for first 1000 days in Tajikistan



4. Existing strengths

Our report highlights several existing strengths in the coverage, implementation and potential to develop ‘First 1000 Days’ oriented initiatives in Tajikistan (See Figure 2). This complements existing initiatives such as the UNICEF supported development with the Government of Tajikistan of the National Communication Programme for the ‘First 1000 days of a Child’s Life’ in the Republic of Tajikistan (2020-2024). The National Communication Programme is approved and being implemented, and involves responsive caregiving components, to which parental mental health could be integrated into.

- Primary healthcare provides antenatal classes for all expectant mothers and significant others nationwide.
- Over recent years there has been a shift towards husbands being more involved during the perinatal period, as evidenced with ~60% of husbands now attending antenatal classes.
- Healthcare professionals have anecdotally reported an increasing openness to disclose and discuss mental health in the perinatal period, relating to decreasing stigma.
- There is momentum and infrastructure for providing early child development and early intervention support with NGOs providing specialist community support, although this remains mostly urban. There are several examples of successful partnerships with NGOs and development of professional training opportunities. The FCSCs provide a standard model for ECD accepted by the Ministry of Health and Social Protection of the Population.
- Regarding mother-infant focussed interventions, there is growing evidence for the acceptability and effectiveness of Mellow Parenting groups in improving maternal and infant outcomes, including evaluation data being prepared for publication.
- There is an increased awareness of the importance of education in promoting social determinants of mental health and that increased provision of information on women’s rights and legal literacy enables problem solving, in turn improving mental health ante and postnatally.

- Tajikistan has made substantial progress on maternal physical health, maternity health and ECD approaches, and therefore the building blocks for integrating mental health into these existing structures are already present.

5. Opportunities for development

Alongside the strengths that were identified in our work, we note that there are a number of areas where resourcing and understanding of perinatal and infant mental health could be further improved. These can be loosely classified in relation to social-cultural and structural determinants of mental health.

5.1. Social and Cultural Determinants

In line with the increased global awareness of the importance of mental health(2), there was evidence that in Tajikistan access to mental health supports, and the ability to make the most of services were nested within a network of social factors. These include:

- Exposure to multiple adversities including poverty and domestic violence are significant factors linked to increase risk of perinatal mental health difficulties and to sub-optimal outcomes for children (15). However, there is a need for sensitive, culturally appropriate research into how these problems manifest themselves for women and their families in Tajikistan, similar to research in maternal health in general (16).
- Linked to this, the focus in services is often, understandably, on assessment and intervention. Therefore, there are opportunities to develop prevention and early detection focussed approaches, particularly in relation to substance use, domestic violence, child protection and difficult family life situations. Furthermore, the high level of migrant work within the Tajik economy creates fragmentation within families and potential for ‘left behind children’, consistent with other Central, South and South East Asian settings (17).
- The structure and historical norms of Tajik society may impact on gender stereotypes regarding the roles of women and men. There is also a stigma around

mental health, which intersects with traditional-conservative and patriarchal values, particularly in rural settings (18).

- Although there is wider provision of services in urban settings, there is also evidence of more recent projects establishing rural outreach models; for example, the rural outreach service in Istaravshan where FCSC workers visit isolated families periodically to offer advice and also gives access to resources including a toy library. These outreach practices have taken on new significance as the need for remote support has grown with the pandemic. Public organisations have responded to the pandemic with enhanced on-line services and have coached families to receive services over the internet.
- Also challenges in accessing services may have similar patterns in both urban and rural areas e.g., families being limited to their homes to care for physically disabled children.
- There is also a historical reluctance to address both physical and mental health care needs together.

5.2. Structural determinants of health

We also identified a number of areas in which the provision of mental health related training and resources could be further improved, in order to better meet maternal and infant mental health needs.

- Our report highlights that there are training structures in place to support further development of maternal and child focussed mental health interventions. University specialisation, particularly in psychology, deliver a skilled workforce able to work in health, social and school settings. However, as in other public health systems worldwide, there are challenges in attracting and retaining psychologically skilled practitioners in public health settings such as the Comprehensive Family and Child Support Units (formerly known as PMPCs). This leads to the provision of in-depth psychological approaches to be offered more from the private sector.

- Linked to this, there is often a reluctance from women and families to address mental health needs either due to costs or cultural aspects relating to both stigma of mental health and a reluctance to trust and disclose difficulties to health professionals who are 'strangers', with women instead preferring to discuss their issues with relatives and friends. This suggests that peer-support based interventions may be of value in Tajikistan.

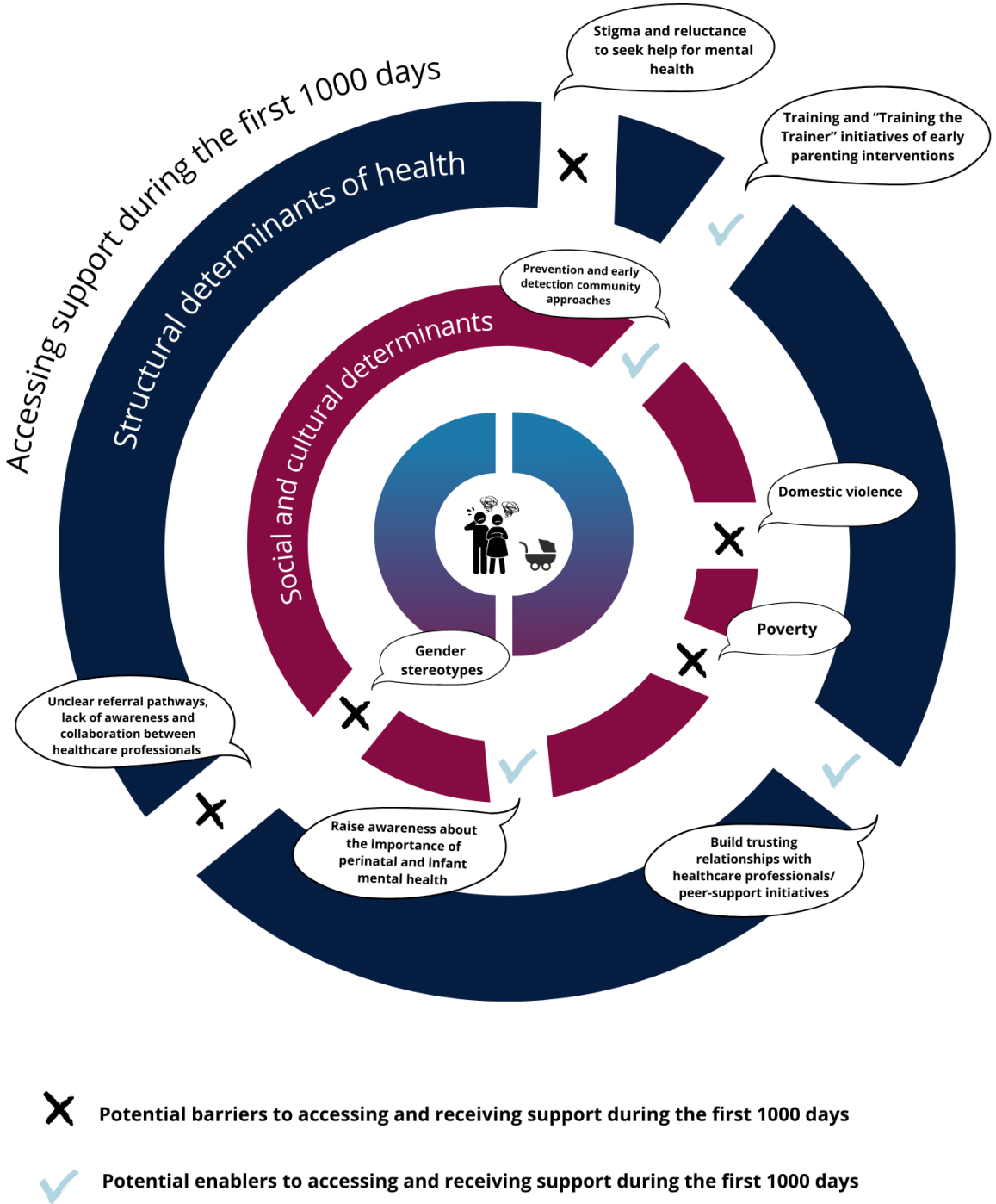
  Importantly, the MOHSPP (Ministry of Health and Social Protection of the Population) has issued a decree to open Mother and Child Rooms at healthcare centres. One of the activities of this service will be group-based parents' activities. The family nurses in healthcare centres will be trained and responsible for running these activities.

5.3. Building from existing strengths

We highlight several ways in which the existing strengths around maternal, perinatal and infant mental health in Tajikistan could be harnessed to further improve outcomes for families. In doing so, these can help to address some of the challenges we outline above. These strengths and areas to develop are highlighted in Figure 2.

- There are existing, evidence-based interventions for maternal and infant mental health that have training and evaluation infrastructures for scalable delivery. A cadre of local professionals exist with up to 10 years' experience of psychologically-informed perinatal and infant mental health interventions, particularly Mellow Parenting, Mellow Bumps and Early Birds (11, 12). Training and 'Training the Trainer' initiatives could be organised to roll out this intervention. An evaluation framework already exists for MP/MB/MD. The ECD units in the Health Centres and the FCSCs form natural hubs to locate training and delivery. It could also be possible to write training in Early Birds, MB and MP into job descriptions for relevant professionals in these Centres.
- Linked to this, there is scope to develop more broad, competency-based training in maternal and infant mental health for ECD professionals, again with an implementation focus (19).

Figure 2: Schematic of strengths and areas to develop for First 1000 Days mental health in Tajikistan.



- Similarly, maternal and infant mental health can be integrated into training for gynaecologist and obstetric specialisms. For instance, it would be important for at least one doctor in each reproductive health centre to be trained in perinatal and infant mental health competencies. This also has implications in terms of development of the medical and healthcare workforce.
- There is a clear enthusiasm across disciplines for engagement in improving maternal and infant mental health. Awareness raising with professionals could take the form of roundtable/seminar events enabling different stakeholders (e.g., psychologists, psychiatrists and NGOs) to discuss issues, (e.g., Roundtable on parental mental health, Dushanbe, June 2021).
- Given the importance of prevention and social determinants of mental health there are substantial opportunities for working in partnership with primary health care, school and preschools, but also with organisations that work on gatekeeping and the communities at the Mahalla2 level. Social workers are already well placed in actively identifying families at risk and signposting to psychological assistance. However, there is scope to develop clear pathways into appropriate mental health care for families, which could reduce the pressure on individuals to need to self-refer to access specialist services. Better collaboration and communication between different types of services and healthcare professionals, particularly in terms of community-based workers can also serve to improve pathways, alongside provision of training.
- There is further work to improve provision of psychological and mental health-based information and support from pre-conception and early pregnancy into the 2nd and 3rd trimesters. One opportunity is to incorporate brief mental health assessment or information into the consultation during the first two antenatal meetings (at 12 weeks and 18 weeks) at reproductive health centres. Assessment options would include quick screens such as the 'Whooley' questions (2 short questions to screen for depression in pregnancy)(20). These early opportunities for assessment are particularly important for women with high-risk pregnancies e.g., due to previous miscarriage and stillbirth, previous premature delivery,

[2] Urban local government divisions.

babies with disabilities, or multiparous women already vulnerable due to social adversity.

- Following on from this, there would also be value in standardising infant mental health assessments, particularly around cognitive and socio-emotional development (e.g. Bayley’s Infant Development Scales, (21)) and early identification of neurodevelopmental disorders, such as the Autism Diagnostic Observation Schedule (ADOS)(22).
- There are also opportunities to link work around understanding the mental health impacts and correlates of high physical health risks in maternity. For instance, it would be important to identify the mental health impacts in regions of Tajikistan where there are also high infant mortality rates.
- In addition, it would be useful to better understand the levers and barriers to referral and uptake of services related to parental mental health, both in urban and rural settings. This could also shed light on issues of accessibility and aid further development of referral systems that are responsive to parental needs.
- There are also opportunities to understand some of Tajikistan’s unique socio-cultural factors and how these impact on maternal and infant mental health. For instance, the high proportion of remittances from migrant workers presents a social dimension of remote fathers that is poorly understood in relation to maternal and child health. This, and other dimensions highlighted in the report have important links to UN SDGs.
- It is also important to recognise the steps Tajikistan has already taken in developing infrastructure, systems/services and interventions for addressing parental mental health in the First 1000 days. Therefore, Tajikistan is in a promising position to share knowledge and skills as a regional leader in this area. There would be opportunities to develop training, knowledge exchange and research collaborations with other Central Asian states such as the Kyrgyz Republic and Uzbekistan.
- Finally, there are opportunities to harness the above developments to other trends in global mental health including increasing digitally-enhanced care delivery (23) and explore the feasibility of micro-financing initiatives for women in relation to mental health (24).

6. Recommendations for future projects and collaborations

The report identifies several areas for future work towards integrating parental mental health:

- Scale up and roll out of effective and acceptable parent-infant interventions, particularly the Mellow Parenting approach and parent-to-parent peer support.
- In doing so, develop standardised assessment packages for infant development, maternal mental health and family mental health.
- Further mapping and strengthening of referral pathways for women and families to access parental mental health support.
- Develop cross-professional maternal and infant mental health training packages.
- Work across sectors to address social determinants of mental health, particularly interpersonal violence (25) and use this knowledge to further develop safeguarding initiatives.
- There are already examples of good working between government and the PO sectors in this area. There are opportunities to develop partnerships for research and implementation between these stakeholders and international academic institutions already active in the country.
- Align workstreams and deliverables to SDGs, particularly SDGs 3 and 5, recognising good practice in relation to these goals.
- Explore opportunities to share knowledge and skills in developing parental mental health awareness and supports to other Central Asian states such as the Kyrgyz Republic and Uzbekistan.
- Related to this, strengthening research networks between international Universities and academic institutions in Tajikistan has potential to attract investment via global research funding.

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