

# Caregiver Mental Health & Wellbeing in Humanitarian Crisis Settings

Experiences from working with the Rohingya Communities





## Voices from the Community

“““

*“When I first arrived in the camp, my child was very sick and I used to cry and sleep the whole day. I was afraid, worried and tensed. After joining the sessions, I learned how to manage my emotions. Now I put a lot of effort to ensure my child’s wellbeing. I am happy and doing well.”*

*-A mother from  
the Mothers’ Intervention Program*

”””

*“Before the sessions, I used to get easily angered over random issues. I would breakdown and hit my child. Now I can control myself. I understand that anger is not the solution.”*

*-A father from  
the Fathers’ Intervention Program*



# Key Features of the Caregivers' Intervention Program

## Mothers' Intervention

<b>Community Based program</b>	Facilitated by Mother Volunteers supported by Paracounselors
<b>Duration</b>	<b>12</b> month program
<b>Number of Women who attend per session</b>	<b>10 to 14</b> mothers with children aged <b>0-2y</b>
<b>Mean Age</b>	<b>24</b>
<b>Modality</b>	Group sessions

## Fathers' Intervention

<b>Community Based program</b>	Facilitated by men from communities who are trained by male Paracounselors
<b>Duration</b>	<b>6</b> month program
<b>Number of Men who attend per session</b>	<b>10 to 14</b> fathers with children aged <b>0-2y</b>
<b>Mean Age</b>	<b>32</b>
<b>Modality</b>	Group Sessions and Home visits







# Measurement Tools & Research

## Measurement Tools

### Caregivers

PHQ 9, GHQ 9, KAP  
Questionnaire, Fidelity tool to  
assess quality of programs

### For Children

**ASQ: SE:** Measures Self  
regulation, Self Concept, Peer  
Interaction, etc.

## Findings

### Mothers

Significantly reduced depressive symptoms (Baseline: **17.39%**  
Vs. Endline **14.78%**), Significance **<.01**

### Child Outcome Quantitative Findings

**Socioemotional Outcomes:** Baseline: **2.68** Versus Endline: **1.99**  
(A lower score in ASQ-SE-2 indicates better socio-emotional  
development), Significance **<.05**

### Fathers (Qualitative findings from Pilot Study)

Understanding that mothers have a role to play in childcare and  
fathers as well; a shift in perception of fatherhood; managing  
emotions & anger, etc.



# Findings from External Evaluation

BRAC Institute of Governance and Development (BIGD)

1

After a year of intervention, the mental health of mothers and children improved significantly, compared to the control group

2

Mothers reported feeling happier, expressed a higher sense of belonging and feeling safe

3

Children's communication, problem solving, social, and gross-motor skills have improved significantly

4

The Intervention helps to treat and heal psychological trauma and depression in displaced mothers which can have strong positive impacts on their children's cognitive development and growth



# Engaging Communities for Caregiver Mental Health & Wellbeing

Identify traditional cultural practices through bottom-up approaches for self-care and wellbeing

Capacity-Building of community members and developing empathy

Engaging men and fathers, a need voiced by community members

Investing in the mental health & wellbeing of women and men for child development through community driven approaches

Co-created design through community involvement





# Lessons Learned

Investing in both the caregivers' mental health and wellbeing is essential for child development

Culturally relevant practices need to be explored and integrated in humanitarian settings

Validated tools and data have to be a part of the intervention from the beginning to ensure quality

System of care should be in place throughout the intervention

Caregiver Mental Health should be a part of the humanitarian work from the very beginning



