



Panel Discussion Report

Caring for the Caregiver:

How Mental Health Shapes

Child Development



Webinar Report

Caring for the Caregiver: How Mental Health Shapes Child Development

17 October 2025

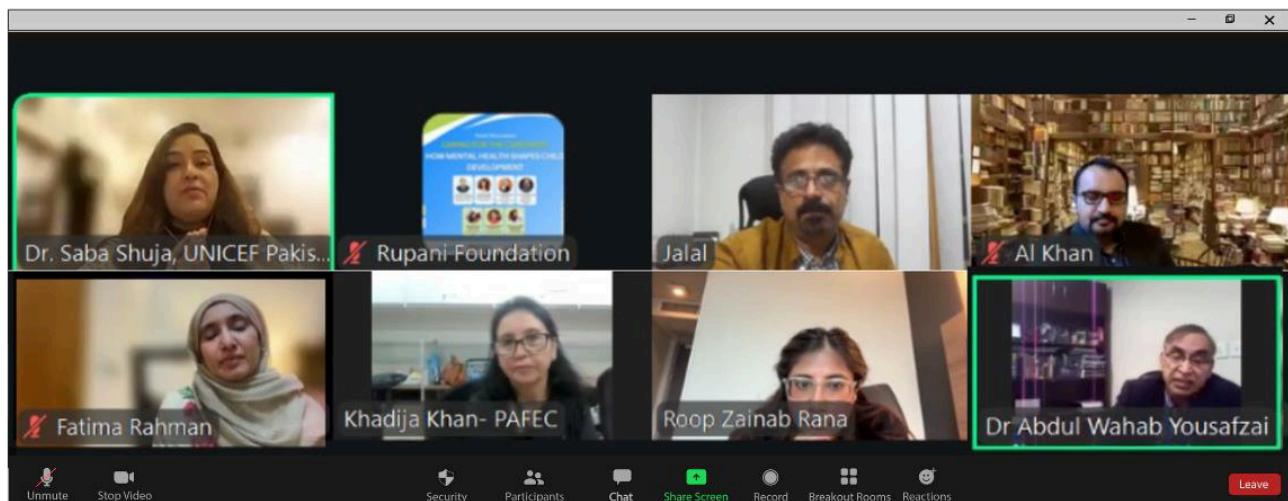
BACKGROUND

Pakistan Alliance for Early Childhood (PAFEC) and Rupani Foundation, in collaboration with UNICEF, organized an online panel discussion titled “Caring for the Caregiver: How Mental Health Shapes Child Development” on 17 October 2025 at 17:00 PKT. This session was part of a 2025 webinar series, which serves to transform PAFEC into a dynamic platform for knowledge exchange, advocacy, and the promotion of holistic and inclusive early childhood development (ECD) practices.

The webinar, attended live by 92 participants out of 200 registered, centered on caregivers' mental health, providing evidence-based insights, deliberating on strategies and interventions, highlighting gaps in current practices, and identifying actionable recommendations to support caregivers and promote positive outcomes for children and families.

The programme (see Annex I for the full agenda) was moderated by Dr. Saba Shuja, Manager ECD, UNICEF, and Ms. Khadija Khan, CEO, Pakistan Alliance for Early Childhood (PAFEC) and began with opening remarks, introduction of objectives, and a brief overview of the session. The first round of discussion featured four expert speakers delivering presentations on caregivers' mental health and its impact on child development. Key topics included maternal depression, the joys and burdens of motherhood, the impact of caregiver stress on brain

development, the importance of trauma-informed early development, and best practices, with speakers sharing policy recommendations and programme strategies to support both caregivers and children. The second round of discussion focused on evidence-based best practices and actionable recommendations, with experts suggesting steps to integrate caregiver mental health into maternal, child health, and education policies and programmes. The session also included an interaction segment for participants to engage with the panelists, followed by closing remarks summarizing key points.



The objectives of the webinar were to:

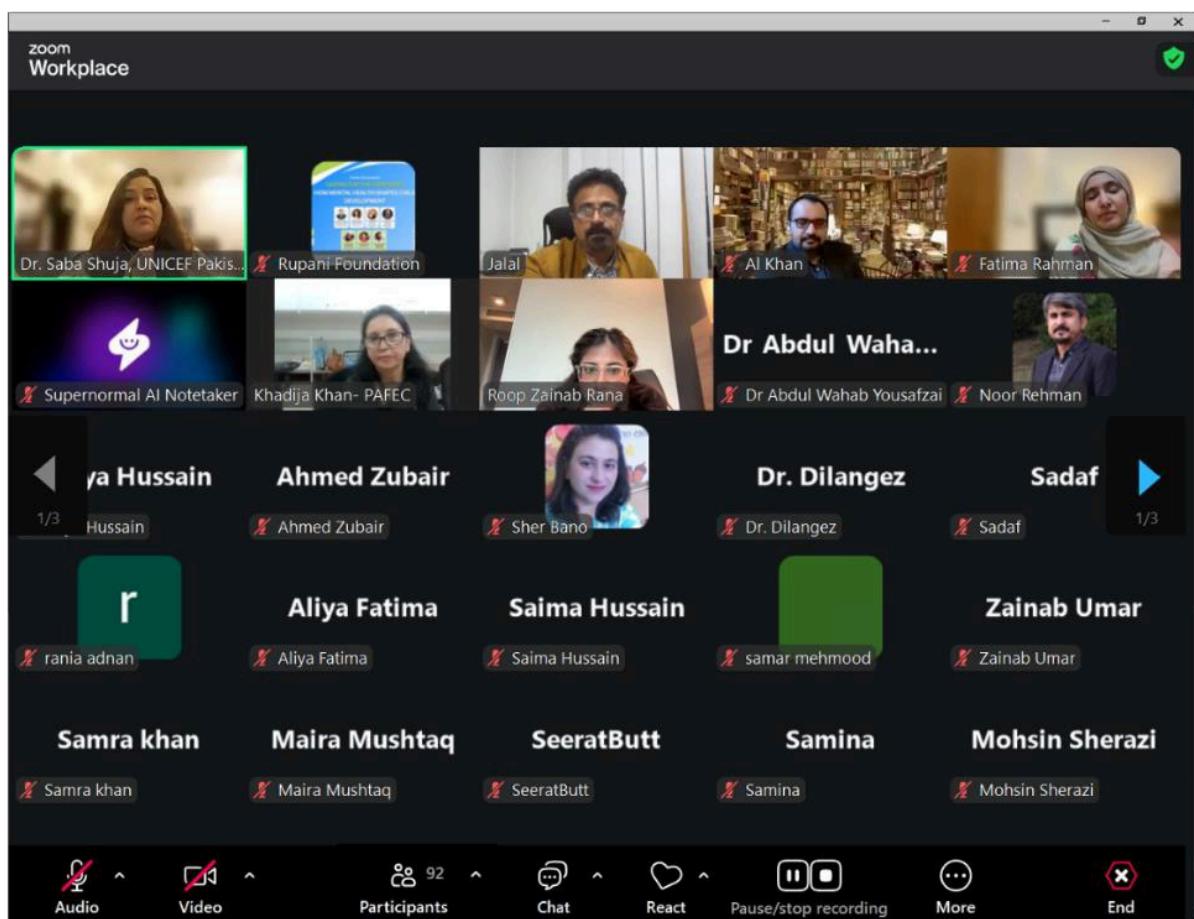
- **Understand the prevalence, nature, and depth of Caregivers' Mental Health Issues – exploring how widespread these challenges are and what forms they take in different contexts**
- **Examine the Impact of Caregivers' Mental Health on Child Development – highlighting the effects on children's emotional security, learning, nutrition, and long-term well-being**
- **Identify contributing factors and barriers – analyzing psychosocial, cultural, economic, health, and crisis-related influences that shape caregivers' mental well-being**
- **Highlighting local and global models and evidence-based practices that successfully support caregivers' mental health and improve child outcomes**

- Developing actionable recommendations and steps for integrating caregiver mental health into maternal, child health, and education policies and programmes

The video recording of the webinar is available [\[Here\]](#)

TARGET AUDIENCE

The webinar targeted a wide range of participants, including key ECD stakeholders, parents and caregivers, PAFEC individual and institutional members, health professionals such as pediatricians, psychologists, nutritionists, and midwives, as well as academicians and researchers. The aim was to engage those directly involved in early childhood development and create a shared understanding of the importance of supporting caregiver mental health for the well-being of children and families.



SESSION I

Topic: When Mothers Struggle: Depression and Its Effect on Caregiving



Expert Speaker: Dr. Abdul Wahab Yousafzai

Professor & Head, Department of Psychiatry, Shifa International Hospital

Dr. Wahab Yousafzai began his session by highlighting that maternal depression is an equally critical yet often under-recognized driver of poor child growth. He explained that depressive symptoms during or after pregnancy can significantly increase the risks of low birth weight, undernutrition, and infant mortality. He emphasized that depressed mothers are also less likely to attend childcare and vaccination visits, compounding the health risks for their children. Drawing attention to the intergenerational dimension, he described how early trauma can lead to maternal depression, which in turn contributes to child neglect — forming a cycle that can persist across generations.

He pointed out that maternal depression can directly contribute to stunting, noting that around 40% of Pakistani children are stunted, with malnutrition remaining one of the leading causes of under-five mortality. He then transitioned to the theme “Breaking the Cycle – From Trauma to Transformation”, explaining that maternal depression often stems from early-life trauma, including abuse, neglect, or gender-based violence. These adverse experiences, he noted, shape brain development and emotional regulation, thereby increasing vulnerability in the next generation. He emphasized that children of depressed mothers are at higher risk of infections, neglect, and later mental health problems, and that addressing stunting requires investment in trauma-informed, community-based mental health care for mothers.

He further explored how maternal depression remains largely undiscussed in low- and middle-income countries (LMICs) despite its profound effects on both mothers and children.

Citing global evidence, he explained that antenatal depression increases the risk of child maltreatment by almost four times. He added that children exposed to both antenatal depression and child abuse are nearly twelve times more likely to develop psychopathology compared to those not exposed. Furthermore, he highlighted research showing that maternal depression is associated with a two- to threefold increase in the risk of physical abuse, psychological aggression, and medical neglect.

To illustrate the biological and developmental impact of neglect, Dr. Wahab presented striking images from the Bucharest Early Intervention Project. He explained that the first pair of brain scans compared the brains of two three-year-old children: one who received adequate care and another who experienced extreme neglect. The “Normal” brain appeared fuller and structurally developed, while the “Extreme Neglect” brain showed significant underdevelopment, including reduced brain volume and enlarged ventricles. He emphasized that such structural differences reflect the long-term effects of neglect and poor stimulation on brain growth, emotional regulation, and cognitive function.

Continuing, he presented a second set of PET scan images showing brain activity differences between a healthy child and an abused child. He explained that the healthy brain displayed high activity levels—particularly in the temporal lobes—indicating strong emotional and cognitive engagement. In contrast, the abused child’s brain showed large dark areas of low activity, signaling severe developmental delays and emotional dysregulation. He further discussed a Harvard study illustrating how positive, responsive relationships in early childhood enhance brain activation, whereas extreme neglect results in minimal brain activity and diminished emotional and cognitive resilience.

Dr. Wahab then shifted focus to the situation in Pakistan, highlighting alarming statistics on maternal mental health. He explained that the prevalence of postpartum depression (around 31%) is the highest in South Asia, with some studies estimating a rate as high as 28% to 63%. He also cited research from Khyber Pakhtunkhwa province reporting up to 80% prevalence of antepartum depression. These figures, he emphasized, make maternal depression one of Pakistan’s most pressing yet overlooked public health challenges.

He summarized that while undernutrition is widely recognized as a major cause of child mortality, maternal depression — affecting nearly one-third to over half of mothers — remains a hidden but significant contributor. He reiterated that depressive symptoms are

strongly linked with poor birth outcomes, undernutrition, and child morbidity and mortality. Early trauma and gender-based violence, he noted, amplify this risk, perpetuating a cycle of poor care and poor child health.

In his concluding remarks, Dr. Wahab emphasized several key takeaways. He stated that physical and mental health cannot be addressed through nutrition alone — maternal mental health must be seen as a critical determinant of child growth and survival. He underscored that maternal depression reflects deeper societal vulnerabilities, including trauma and gender-based violence, requiring systemic attention. He urged early identification and treatment of perinatal depression to prevent long-term developmental and intergenerational consequences. He then called for the integration of trauma-informed mental health services within maternal, child health, and nutrition programmes as the most sustainable path forward to break the cycle from trauma to transformation.

Finally, Dr. Wahab underscored that investing in mothers' psychological well-being today builds the foundation for a healthier and more resilient generation. He explained that unless we take care of the mother, the first caregiver of the baby, we cannot expect to raise a strong and capable generation with problem-solving skills and the ability to contribute effectively to their communities. He noted that neglecting a mother's psychological health means missing two-thirds of the care. Addressing maternal mental health, he stressed, is central to the survival and strength of future generations.

SESSION II

Topic: Motherhood The Good, the Bad, the Opportunity



Expert Speaker: Dr Roop Zainab Rana

CEO and Psychiatrist at The Healing Triad, Expert Infant Mental Health

Dr. Roop began her session by sharing that the topic of discussion was deeply personal to her, both as a mother and as a mental health professional. Setting the tone for her session, she invited the audience to reflect and asked a question she often poses at the start of her presentations: how many believe that a newborn is born as a blank slate? She explained that while many might assume that a baby's mind is empty at birth, in reality, a newborn enters the world with more brain cells than there are stars in the galaxy. Over one hundred million neural connections are formed every second, she noted, and these connections emerge in response to the child's relationship with their surroundings.

Before a baby even encounters the external world, Dr. Roop explained, their world is their mother — the environment in which they spend the first ten months of life. The mother, as the first caregiver, shapes this early world and lays the foundation for how the baby's brain develops and relates to others. She linked this process to investment principles, noting that just as in finance, investing at the right time in the right place yields the greatest return. Similarly, she emphasized, the most critical investment in human development occurs in the first three to five years of life, including the period in utero.

On joy, she reflected on the profound fulfillment that comes from sustaining life — describing it as the sacred joy of creation, a joy that mothers, parents, and caregivers are uniquely privileged to experience. She spoke about the intimacy of this bond, the unspoken understanding that develops between a parent and child. For instance, when others struggle to interpret a baby's babbling or a toddler's half-formed words, a mother can understand

perfectly what her child is trying to communicate. That intuitive comprehension, she explained, represents the ultimate connection. She went on to say that joy is not confined to milestones or achievements alone, but is deeply intertwined with the act of sustaining and witnessing life itself — being part of a child’s growth, watching them develop not only intellectually but emotionally and spiritually. To nurture a being, to guide them through their first steps and triumphs, is, in her words, to partake in creation itself.

Dr. Roop then turned to the burdens that accompany parenthood. She discussed the biological, psychological, social, spiritual, and ecological challenges that both parents face. These include the exhaustion of sleepless nights, the emotional adjustments to new responsibilities, the stress of raising children in an increasingly uncertain world, and even the anxiety of ensuring a livable environment for the next generation. Yet, she said, within these challenges lies the opportunity to achieve divine potential — for both parent and child. Each child, she reminded, is born not only with visible potential but with capacities far beyond what adults can immediately perceive.

She emphasized the need to protect the conditions that allow joy to exist. This, she explained, requires society to become a predictable source of support for caregivers. Even those who are not parents can play a part by showing empathy — for instance, by being understanding when a child cries on a plane or in a restaurant. She encouraged the creation of physical and emotional spaces where both children and parents feel safe and accepted.

For joy to flourish, Dr. Roop noted, there must be rest, pain control, and permission for ambivalence. Caregivers must be allowed to feel uncertainty, frustration, and even moments of dislike without guilt. She reminded the audience that when a baby is born, a mother is born too — both learning to adapt to a new world. She described the biological changes that accompany this transition, including hormonal shifts, changes in brain volume, and the phenomenon she referred to as “endocrine remodeling.” Importantly, she added that fathers also experience biological and emotional changes, influenced by their level of involvement and bonding with the child.

Dr. Roop stressed that even mental health professionals are not immune to postpartum anxiety or depression, which is why building support networks is essential. These networks, she said, help individuals navigate massive life changes that may be intensified by factors such as poverty, migration, or poor physical health. She urged the audience to watch for signs of

distress among parents — those who seem unable to cope or feel overwhelmed by their responsibilities — and to reach out, educate, and help them access professional support. Sharing from her professional experience, Dr. Roop advised parents to identify and name their emotions, to validate what they are feeling, and to seek regulation before responding. She explained that children learn not from words but from observing how their caregivers manage emotions like anger, sadness, or jealousy.

Dr. Roop also encouraged parents to recognize and respect their child's individuality, warning against trying to mold every child into a single ideal. Each child, she said, is a unique creation of nature with their own abilities and path. She emphasized that there is no perfect parenting, only thoughtful and intentional caregiving that adapts with time and reflection.

In closing, she reinforced the importance of investing in infant mental health, noting that building better brains leads to a better, brighter, and healthier future. She referenced the Heckman Curve, which demonstrates that dollar for dollar, investment in early childhood — and in the caregiver — yields the highest economic and social returns by developing human capital. Such investment, she said, leads to stronger families, breaks cycles of trauma, and results in improved physical and mental health outcomes. She concluded with a powerful reflection: "Only that which gives you pleasure can give you pain. Only that which is a burden can bring you joy. And only that which is difficult can lead to a feeling of success." With this, she thanked the audience for their time and compassion, acknowledging their shared commitment to nurturing the foundations of healthy, resilient futures.

SESSION III

Topic: Early Intervention: Protecting Developing Brains from the Impact of Caregiver Stress The title is hiding, please check thi.



Expert Speaker: Fatima Rehman

Assistant Professor, Developmental Behavioral Pediatrics at The Children's Hospital

Dr. Fatima opened her session by taking a scientific approach to early childhood development, building on Dr. Roop's earlier analogy that a newborn's brain is like a galaxy of stars. She emphasized that this comparison actually underestimates the complexity of the infant brain. At 24 weeks of gestation, she explained, a child's brain already contains approximately 10 billion cells, which start from a small lump and eventually form the foundation of the human brain. By the age of three, the brain reaches about 80 percent of its adult volume, establishing itself as the central powerhouse that regulates all bodily functions. She encouraged the audience to view parenting as a full-time, highly demanding role that requires constant attention, comparing it to a professional position with no breaks, highlighting the immense responsibilities placed on caregivers.

She elaborated on the concept of serve-and-return interactions, noting that these dynamic exchanges between caregivers and children are essential for healthy brain development. According to Dr. Fatima, such interactions teach the brain to respond to environmental cues and help children develop emotional regulation, cognitive skills, and resilience. She reminded the audience that parental learning never stops, stressing that even the most educated or experienced parents must continually adapt, learn, and reflect on their approaches.

Dr. Fatima then discussed the biological impact of maternal stress on child development. She described the pathway from stress perception to physiological response: the amygdala detects stress, releasing adrenaline, which activates the hypothalamus and triggers cortisol

release. She linked the sympathetic nervous system to a car's accelerator and the parasympathetic system to its brakes, emphasizing the necessity of balance for regulating stress responses in both mothers and infants.

She classified stress into three types: positive, tolerable, and toxic. Positive stress is normal and essential for building resilience, allowing children to experience brief challenges that strengthen coping mechanisms without harming the brain. Tolerable stress arises from more significant challenges but is buffered by supportive caregivers, such as experiencing the loss of a loved one while another protective figure is present or surviving a brief natural disaster. Toxic stress, however, occurs when children face frequent or prolonged unprotected adversity, including neglect, abuse, caregiver substance misuse, economic hardship, or exposure to disasters. Dr. Fatima noted that toxic stress has profound effects, including structural changes in the brain, long-term physical health problems such as heart disease and diabetes, mental health challenges, and developmental delays.

She highlighted epigenetics as a critical factor in understanding how the environment interacts with genetic potential. While every child is born with genetic potential, environmental influences can alter gene expression, either positively or negatively. She cited research demonstrating that prolonged caregiver stress affects Nr3C1 methylation in children, resulting in decreased resilience and impaired coping abilities. These biological and epigenetic mechanisms, she explained, illustrate how early experiences shape the long-term developmental trajectory of a child.

Dr. Fatima then emphasized the critical importance of the first thousand days of a child's life, describing this period as foundational for brain architecture. She explained how the brain grows in volume, synapses develop, and later undergoes pruning, a process in which unused neural connections are eliminated while frequently used connections are strengthened, optimizing brain efficiency and function. She highlighted the profound impact of early experiences on lifelong development. Dr. Fatima advocated a dyadic intervention like Child-Parent Psychotherapy (CPP) or Parent-Child Interaction Therapy (PCIT), multidisciplinary approach to early childhood development, combining awareness, responsive stimulation interventions, and home visiting support for maternal mental health and child development.

Stress reduction strategies—including prayer, mindfulness, deep breathing, exercise, and seeking professional help—were emphasized as essential for parents to maintain their well-

being. She underscored the significant return on investment in early childhood interventions, noting that efforts from conception through the early years can yield seven to ten times the original investment in social, economic, and developmental outcomes.

Dr. Fatima shared a compelling case she was personally managing—an 8-year-old child with autism spectrum disorder and behavioral challenges, whose mother was struggling with depression, a reality familiar to many caregivers of children with disabilities. By carefully diagnosing both the child and the mother, she implemented targeted interventions, including responsive caregiving coaching and therapy. When the mother first came to them, she wore simple clothes and no makeup, her demeanor heavy with the weight of stress and uncertainty. Three months later, after consistent support, she returned radiating confidence and joy, wearing makeup and jewelry, and told Dr. Fatima that her happiness was a direct result of the guidance and care she had received. This transformative experience highlighted the profound, intertwined impact of nurturing both child and caregiver—showing that when caregivers are supported, children flourish,

Dr. Fatima also outlined implementation opportunities in Pakistan, such as raising awareness, conducting developmental screenings for all children, training frontline workers, integrating early interventions into primary care, establishing referral pathways for at-risk children, and fostering inter-sectoral collaboration. She stressed the importance of stress and developmental screening for healthcare workers and caregivers and encouraged psychologists to implement trauma-informed and relational care models. In conclusion, Dr. Fatima reinforced that parents should not aim for a stress-free life, which is unrealistic, but rather a “buffered life” where parent and child needs are balanced, creating conditions that support healthy development and resilience for both.

SESSION IV

Topic: Maximizing Early Childhood Returns: The Case for Trauma-Informed Development



Expert Speaker: Dr Alaptagin Khan

Assistant Neuroscientist, Investigator, Harvard Medical School

Dr. Alaptagin Khan began his session, sharing deep insights on the neurobiology of trauma and the economic rationale for trauma-informed care. Drawing on over a decade of academic and field experience, he reflected on how early life stress and unaddressed trauma shape the architecture of the developing brain, influence emotional regulation, and determine how individuals respond to challenges throughout life. His work in refugee camps and large-scale education projects across Pakistan and other low-resource settings has shown that trauma is not only a psychological issue but a biological and developmental one that profoundly impacts learning, health, and productivity.

Referring to Nobel Laureate James Heckman's economic model—the Heckman Equation—Dr. Alaptagin reiterated that investment in the first 1,000 days of life produces the highest developmental and financial returns. However, he highlighted a key limitation in Heckman's model: it assumes ideal conditions. In reality, such conditions rarely exist—especially in settings marked by maternal depression, community violence, poverty, or other forms of adversity. He emphasized that children exposed to stress at home, insecure attachments, or fear often struggle to learn effectively in classroom settings. As a result, without trauma-informed adjustments, even the best-designed interventions fail to achieve their full potential.

To bridge this gap, Dr. Alaptagin proposed a trauma-informed adaptation of the Heckman model. When early childhood development (ECD) interventions integrate trauma-informed

care, the return on investment (ROI) can rise from 7–13 percent to as high as 15–20 percent per year. Moreover, while the traditional Heckman framework identifies the critical window for intervention as ages 0 to 5, trauma-informed care can extend this window up to age 10, allowing more time and flexibility to support children’s development effectively. This approach not only enhances developmental outcomes but also extends the effective window of intervention, allowing children and families to benefit over a longer period. He noted that trauma-informed programming builds resilience, improves caregiver-child relationships, and fosters greater emotional security—all of which are foundational for long-term social and economic stability.

He explained that extending the intervention window is highly beneficial, as it allows more time to effectively support children’s development. He stated that the traditional Heckman model assumes a natural decline, or decay, in the effectiveness of interventions over time. According to this model, the earlier the intervention begins, the greater the return—reaching up to 70–80% if started very early in life—but gradually decreasing until it falls close to 10% by around age 50. However, when trauma-informed care is integrated, the results are dramatically different. The intervention starts at 100% potential, maintaining high effectiveness well into later childhood—achieving over 80% returns even between ages 9 and 12—and still showing up to 40% returns at age 50, which is remarkable.

Dr. Alaptagin noted that while any form of intervention is beneficial, the impact varies greatly depending on whether it is trauma-informed. In contexts where resources are limited and trauma-informed care cannot be fully integrated, even basic interventions can yield returns of about 40 to 60 percent. However, when interventions are trauma-informed or TIC-enhanced, their effectiveness can rise dramatically—up to 80 to 95 percent.

He further emphasized the critical role of schools as effective spaces for such interventions. While prenatal and maternal mental health support are vital, addressing trauma through teachers and classrooms offers a more accessible and sustainable pathway. Teachers, he explained, can be sensitized to recognize the subtle daily struggles of children who live with stress or a depressed caregiver.

He explained that schools are the most ideal and accessible point for intervention. Regardless of location—whether in West Africa, Pakistan, the United States, or the United Kingdom—schools provide universal access to children. Although Pakistan faces a significant challenge,

with 22 million children out of school, making it the second-highest number globally, schools still represent the most reliable platform for reaching large numbers of children in a structured and sustained manner. Children spend over six hours daily in contact with teachers, and schools already have the infrastructure and systems needed to deliver interventions effectively. This makes them uniquely positioned to support trauma-informed approaches and foster emotional well-being alongside learning.

He added that the returns on trauma-informed interventions are even higher in low- and middle-income countries than in high-income nations. This is because the potential for improvement—and the gap that trauma-informed care can fill—is much greater in these contexts, amplifying both the human and economic impact of such investments.

He then connected this idea to investment in trauma-informed care (TIC) on a macro-economic level. He noted that for every dollar invested, even the first generation of beneficiaries shows significant economic returns. Without any intervention (the red line), developmental and economic outcomes remain stagnant. With traditional early childhood development (ECD), outcomes improve, but trauma-informed interventions dramatically increase returns, even in high-income countries.

In low- and middle-income countries (LMICs), the impact is even greater — returns on investment are higher, and benefits last longer. He emphasized that while only 1% of Pakistan's national budget goes to healthcare, and just 0.4% of that to mental health, trauma-informed interventions could potentially raise the national GDP by up to 14% over 30 years, a staggering figure rarely discussed in policy conversations. He cautioned, however, that much of the existing research comes from high-income countries — mainly the US, UK, Canada, Australia, and Germany — where about 90% of global trauma data originates. Even so, the evidence consistently shows clear differences between no intervention, basic ECD, and trauma-informed ECD, with TIC outperforming all others.

He concluded with four key takeaways: Trauma-Informed Care (TIC) creates effective learning conditions by turning off “survival mode”; starting early with mothers and caregivers enhances outcomes and extends the window for high returns (Heckman equation); protecting children from trauma is both a moral responsibility and an economically sound investment; and finally, trauma-informed care builds national social capital by reducing trauma prevalence, improving resilience, and fostering healthier, more productive societies.

SECOND ROUND

Topic: Sharing Evidence-based Best Practices and insights to Improve Caregivers' Mental Health and Child Outcomes



Expert Speaker: Mr. Jalal-ud-Din
CEO, Rupani Foundation

Mr. Jalal-ud-Din highlighted the best practices of his organization, Rupani Foundation — a non-profit established in 2007 to create economic opportunities and provide Early Childhood Development and education services in remote and marginalized communities of developing countries. He shared that Rupani Foundation's approach is grounded in the belief that "when we care for the caregiver, we nurture the child." The organization operates over 100 Agah Walidain -Informed Parents Centers across its programme areas. These are early childhood development (ECD) centers that cater to children from prenatal to three years of age, starting with the registration of pregnant mothers and continuing until the child turns three. Mothers and children attend sessions at these centers daily for two to three hours, engaging in structured, nurturing activities guided by the WHO and UNICEF Nurturing Care Framework. Each center focuses on holistic development, emphasizing nutrition, cognitive development, motor skills, and emotional growth. This initiative currently serves over 2,000 children and a similar number of mothers, promoting responsive caregiving and healthy early learning environments.

He stated that, particularly in Gilgit-Baltistan, a large number of children exhibit signs of emotional stress, while many mothers experience psychological strain due to household pressures, poverty, and the broader challenges of living in patriarchal communities. As a result, the region has become a hotspot for emotional distress and mental health challenges. In response, they introduced a mental health component within its ECD framework, integrating mental well-being and suicide prevention into its regular training curriculum. This

expansion aims to build local capacity for early detection, prevention, and support within community settings.

He explained that to strengthen their approach, Rupani Foundation has trained a cadre of Family Support Motivators (FSMs) who are based in the centers and work directly with mothers and children. These FSMs act as first responders — they are trained to recognize early signs of emotional or behavioral irregularities in both children and caregivers. When they identify symptoms such as withdrawal, anxiety, or depression that go beyond normal stress levels, they activate a referral mechanism that connects the affected families to specialized care and mental health facilities.

Regular sessions on stress management and positive parenting are being conducted for caregivers, Mr. Jalal-ud-Din shared. These classes focus on emotional regulation and empathy, positive discipline and communication, and mindfulness practices. The aim is to equip caregivers with tools to manage stress effectively, respond sensitively to their children, and foster healthy emotional connections. He reported that as a result, caregivers experience reduced stress levels, stronger parent-child relationships, and improved emotional security and confidence in children.

He further described how Rupani Foundation prioritizes early screening for maternal mental health through the routine use of the Edinburgh Postnatal Depression Scale across all Aagah Walidain – Informed Parenting Centers. Mothers and pregnant women identified at risk are referred for counseling or specialized care. He shared a case where an 8-year-old girl showing avoidant?? behavior and reluctance to communicate was brought in by her older sister. While the child displayed intellectual promise in academics, further assessment revealed that her challenges stemmed from her mother's psychological distress. The team engaged both mother and child in counseling and supportive therapy, gradually helping them return toward emotional stability and normalcy. This case, he stressed, underscores that addressing mental health within family systems, alongside nutrition and community awareness, creates the foundation for holistic family well-being.

Mr. Jalal-ud-Din outlined how the Rupani Foundation works extensively to raise community awareness and reduce stigma around mental health through regular sessions that address its causes, symptoms, and available interventions. The Foundation has also initiated prenatal

conferences and community sessions for pregnant mothers, emphasizing the close link between nutrition and mental health, both of which strongly influence maternal and child outcomes. He highlighted that the Foundation maintains an evidence-based approach to ensure interventions are precise and measurable, using tools such as DASS-21 for general mental health assessment and EPDS for maternal screening. In Gilgit-Baltistan, screening of over 3,000 school-going children and adolescents revealed high levels of psychosocial trauma, particularly in Gilgit, Nigar, and Skardu. These findings have strengthened collaboration with government departments in health and education to design responsive programmes addressing the mental health needs of children and families.

Mr. Jalal-ud-Din emphasized that the Foundation's mental health initiative is grounded in strategic partnerships with government entities and local institutions to integrate mental health into public sector policies. A key focus involves training frontline workers—Lady Health Workers and Lady Health Visitors—to identify signs of maternal depression and anxiety, provide basic psychosocial support, and make appropriate referrals. This has enhanced early intervention and improved the well-being of both mothers and children.

Looking ahead, he shared the Foundation's strategic roadmap to expand its Brain Well-being Framework across all districts of Gilgit-Baltistan, integrate digital mental health tools for remote monitoring, and deepen collaboration with public health systems for sustainability. Partnerships with institutions such as Lahore University of Management Sciences (LUMS) continue to support evidence generation and programme refinement. Concluding, he stressed that "if we work together, we can build resilient families and communities."

RECOMMENDATIONS

Actionable Recommendations for Integrating Caregivers' Mental Health into Parental, Child, and Education Policies and Programmes

DR. ROOP'S RECOMMENDATIONS

- Distinguish clearly between prevention, promotion, and treatment in caregiver and child mental health frameworks.
- Place infant mental health at the center of all health and development policies as a foundational element.
- Focus on implementation gaps rather than creating entirely new policies.
- Shift from treatment to prevention and promotion, emphasizing early support.
- Prepare future parents, especially mothers, for nurturing and serve-and-return interactions to foster healthy emotional and cognitive development.

DR. FATIMA'S RECOMMENDATIONS

- Prioritize prevention by integrating emotional and psychological support into antenatal care, not just physical health.
- Introduce antenatal classes to prepare parents for childbirth, nurturing, and early caregiving—modeled after international best practices.
- Implement psychological first aid at a mass scale for mothers, fathers, and caregivers to provide basic mental health support within limited resources. Promote universal developmental screening in the first three years of life to enable early detection and timely intervention for children's developmental and emotional needs.

DR. WAHAB'S RECOMMENDATIONS

- Integrate maternal health and postpartum depression as core components of Early Childhood Development (ECD) programs.
- Ensure maternal mental health is embedded in all relevant policy, community, and research initiatives. Explicitly recognize in policy documents that child development goals cannot be achieved without addressing maternal mental health.
- Strengthen advocacy efforts to influence the Planning Commission and other authorities for greater investment in mental health, which currently receives less than 1% of total health expenditure. Allocate at least one-third of total health resources to mental health, emphasizing maternal and perinatal care.

DR. ALAPTAGIN'S RECOMMENDATIONS

- Prioritize nationwide mental health screening before designing prevention or intervention measures. According to the Pakistan Psychiatric Society's 2024 data, 38 percent of Pakistan's population already requires psychiatric help, excluding those under 18. If children were included, the figure would approach half the population, highlighting the alarming scale of mental health needs across all ages
- Recognize women's vulnerability due to widespread gender-based violence and prenatal depression, treating all women as potentially at risk and ensuring universal screening with adequate resource allocation.
- Develop and implement a comprehensive mental health policy, particularly in Khyber Pakhtunkhwa (KP), where no functional policy has existed for decades.
- Ensure coordinated national action through a unified, government-endorsed framework that brings all stakeholders together to replace fragmented efforts and enable coherent nationwide implementation.

MR. JALAL'S RECOMMENDATIONS

- Conduct regular community awareness sessions to address misconceptions and stigma surrounding mental health.
- Emphasize the critical role of husbands and extended family members in supporting maternal mental health and reducing household stressors.
- Strengthen community engagement and participation to promote understanding of mental well-being among families.
- Empower local health systems to provide timely referrals and support, improving mental health outcomes at the grassroots level as well as to train frontline health workers as first responders to identify and address early signs of psychological distress in mothers and families.

AUDIENCE FEEDBACK

Khadija Latif – Roshni Homes Trust

On behalf of Roshni Homes Trust, I would like to extend our heartfelt thanks to the entire webinar panel for conducting such an insightful and meaningful session on 'Caring for Caregivers.' The discussion was truly valuable, and our team learned a great deal from the perspectives and experiences shared. We deeply appreciate your time, effort, and dedication to supporting caregiver well-being

Rafia Haroon, Training Officer – Right To Play

Thank you for the opportunity to be part of the insightful panel discussion, 'Caring for the Caregiver: How Mental Health Shapes Child Development.' It was truly an enriching experience to engage with such a diverse group of professionals dedicated to early childhood well-being. The discussion reaffirmed the critical link between caregivers' mental health and the holistic development of children. I particularly valued the emphasis on creating supportive ecosystems where educators, parents, and community members are empowered to care for their own emotional well-being as they nurture young minds. Within my own organization, I plan to integrate these insights into our ongoing psychosocial support and play-based learning initiatives by reinforcing caregiver well-being as a foundational element of child-centered programming. We aim to further strengthen our training modules to include self-care, stress management, and emotional resilience for teachers and caregivers.

Thank you once again for organizing this meaningful dialogue and for your continued efforts to promote the mental health and well-being of caregivers and children across Pakistan

Dr. Irshad Ali Mahar, Executive Director – MAGNETS

It was a privilege for Management and Governance Network Society (MAGNETS) to participate in the panel discussion on 'Caring for the Caregiver: How Mental Health Shapes Child Development.' The discussion highlighted the crucial link between caregivers' mental health and children's emotional and cognitive growth. We found the exchange of experiences and strategies particularly inspiring and aligned with our mission to build resilient families and supportive communities. Moving forward, MAGNETS aims to: Strengthen its community-based programs with a stronger focus on caregiver well-being, facilitate awareness sessions on stress management, self-care, and mental health literacy, and encourage multi-sector collaboration to promote child-friendly and mentally healthy environments. We appreciate the organizers for creating a platform that encouraged open dialogue and actionable insights. Such initiatives play a vital role in shaping inclusive and compassionate community practices

WAY FORWARD

The session concluded with a strong emphasis on advancing the integration of mental health into Early Childhood Development (ECD) at both policy and implementation levels. Participants collectively acknowledged that the recently launched ECD Policy Framework marks a milestone achievement, providing a structured foundation for coordinated action across sectors. The framework includes 11 strategic objectives, among which Objective 3 specifically focuses on mental health — a dedicated commitment that underscores the government's recognition of its critical role in child and family well-being.

It was noted with appreciation that the mental health component within the ECD Policy Framework was endorsed and released by the Government of Pakistan earlier this year, marking a major step toward integrating mental health into national ECD priorities. However, it was highlighted that the next crucial phase lies in translating these policy commitments into practical and measurable actions. This requires deliberate and sustained engagement of experts, practitioners, and policymakers to ensure that the objectives outlined in the policy are effectively operationalized at the community level.

Speakers stressed the importance of multi-sectoral coordination as a cornerstone of successful implementation. Mental health, by its nature, intersects with multiple domains—health, education, nutrition, and social protection—and therefore demands a collaborative approach that brings together government departments, NGOs, academia, and development partners. The need to revive the Technical Working Group (TWG) on ECD and Mental Health was also brought up, which was previously formed to facilitate inter-sectoral dialogue and guide evidence-based policy implementation. Reinstating and strengthening this platform will allow stakeholders to share knowledge, align efforts, and develop joint action plans for scaling up mental health interventions within ECD programmes.

The participants further emphasized that this momentum should be used for advocacy, capacity building, and public awareness. The group agreed that webinars, policy dialogues, and technical roundtables can serve as continuous advocacy tools to maintain visibility for mental health within ECD. Strengthening partnerships with provincial governments and relevant departments will be critical to ensure that mental health is not treated as a separate component but as an integral and cross-cutting element of ECD programming.

In conclusion, the session reaffirmed a shared commitment among stakeholders to continue working collectively to strengthen mental health integration within ECD. Participants agreed that moving forward will require revitalized coordination mechanisms, practical action plans, and ongoing advocacy. By bridging research, policy, and practice, Pakistan can take a significant step toward building resilient families, thriving communities, and a healthier generation of children.

ANNEX I: AGENDA



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FOUNDATION

Draft Programme

Caring for the Caregiver: How Mental Health Shapes
Child Development

17TH OCTOBER 2025

FRIDAY

05:00 PM - 07:00 PM

Agenda	Presenter	Start Time
Opening <ul style="list-style-type: none"> Sharing Objectives of the Discussion Expert Panelists Introduction 	Dr. Saba Shuja (Moderator) Manager ECD, UNICEF Ms. Khadija Khan (Moderator) CEO Pakistan Alliance for Early	5:00 - 5:10 PM
Expert Session I (First Round) <ul style="list-style-type: none"> Topic: When Mothers Struggle: Depression and Its Effect on Caregiving 	Dr Abdul Wahab Yousafzai (Speaker) Professor & Head, Department of Psychiatry, Shifa International Hospital	5:10 - 5:25 PM
Expert Session II <ul style="list-style-type: none"> Topic: Motherhood The Good, the Bad, the Opportunity 	Dr Roop Zainab Rana (Speaker) CEO and Psychiatrist at The Healing Triad, Expert Infant Mental Health	5:25 - 5:40 PM
Expert Session III <ul style="list-style-type: none"> Topic: Early Intervention: Protecting Developing Brains from the Impact of Caregiver Stress 	Dr Fatima Rehman (Speaker) Assistant Professor, Developmental Behavioral Pediatrics at The Children's Hospital	5:40 - 5:55 PM
Expert Session IV <ul style="list-style-type: none"> Topic: Maximizing Early Childhood Returns: The Case for Trauma-Informed Development 	Dr Alaptagin Khan (Speaker) Assistant Neuroscientist, Investigator, Harvard Medical School	5:55 - 6:10 PM
Second Round <ul style="list-style-type: none"> Sharing Evidence-based Best Practices and insights to improve caregivers' mental health and child outcomes 	Mr. Jalal-ud-Din (Sharing Best Practices) CEO, Rupani Foundation	6:10 - 6:20 PM
Second Round (Continued) <ul style="list-style-type: none"> Actionable Recommendations: Suggesting steps to integrate Caregivers' mental health into maternal, child health, and education policies and programmes 	Dr Abdul Wahab Yousafzai (Speaker) Dr Roop Zainab (Speaker) Dr Fatima Rehman (Speaker) Dr Alaptagin Khan (Speaker)	6:20 - 6:40 PM
Interaction Point <ul style="list-style-type: none"> Audience Questions and Answers 	Dr. Saba Shuja (Moderator) Manager ECD, UNICEF Ms. Khadija Khan (Moderator) CEO Pakistan Alliance for Early	6:40 - 6:55 PM
Closing <ul style="list-style-type: none"> Note of thanks and acknowledgements 	Dr. Saba Shuja (Moderator) Manager ECD, UNICEF Ms. Khadija Khan (Moderator) CEO Pakistan Alliance for Early	6:55 - 7:00 PM