MATERNAL MENTAL HEALTH:

A Toolkit for Engaging Faith Actors as Change Agents

MOMENTUM Country and Global Leadership

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INTRODUCTION

Everyone has a basic human right to good mental, emotional, and physical health. Mental well-being is needed for individuals, families, and communities to thrive. Yet, mental health is often overlooked.[1, 2, 3] For adolescent girls and women, mental disorders are the most frequent complications during the vulnerable time of pregnancy, childbirth, and postpartum—called the "perinatal period."[4] This life stage is when girls and women often need the most support. Pregnancy and caring for young children are significant life adjustments that frequently add physical, emotional, and mental strain on girls and women in the perinatal period. Like physical health, mental health is an ever-changing continuum. Poor mental health during this period has long-term implications on the health outcomes of adolescent girls and women as well as intergenerational effects on their children's health outcomes.[5]

Nearly one in five women in low- and middle-income countries (LMICs) suffer from one or more common perinatal mental disorders (CPMDs)[6] such as depression and anxiety.[7]

Given the high prevalence of mental health conditions in this perinatal period—pregnancy up to two years after birth—global attention to mental health is essential. Communities must work together to support prevention, early detection, and treatment of mental health conditions during pregnancy and postpartum, when the risk of mental disorders is highest.[8, 9] While the research and recommendations in this toolkit reflect the specific "perinatal" period in general and "perinatal mental health" in particular, this document will largely use "maternal mental health" to describe mental well-being of pregnant adolescent girls and women and mothers of young children in more familiar terms unless quoting another source that uses the term "perinatal." Although the toolkit focuses on pregnant adolescent girls and women and mothers of young children in all of their diversity (age, gender, ability status, stable/fragile setting), mental health is a part of overall wellness for all individuals. Thus, many parts of this toolkit are relevant for all people.

To be successful, mental health initiatives need to partner with key influential stakeholders, such as faith actors, who are well-positioned to raise awareness, reduce misinformation and stigma, and decrease barriers for utilizing mental health services.

Religious leaders, traditional and faith healers, pastors and imams, and other faith actors are often some of the most respected voices who naturally shape community attitudes, beliefs, and behaviors. For the sake of simplicity, "faith actors" is used in this document to encompass a wide range of formal religious leaders, lay members of a faith-based community, and traditional healers who offer care to community members. Historically, faith actors have been integral to the success of mental health efforts. They can facilitate open dialogue on mental well-being, provide theological dimensions of mental health, and promote positive mental health behaviors and services in their communities.[10, 11]

This toolkit is a resource for faith actors' role of providing holistic, culturally appropriate care to the communities they serve. ***Holistic*** means addressing each of the interconnected parts of individuals and their well-being. ***Culturally appropriate*** refers to being aware of and responsive to the beliefs or values, ethnic norms, religious customs, language needs, and individual differences of a particular context.

While faith communities and leadership have significant positive potential and influence, there have also been cases where religious leaders, traditional healers, and faith communities have spread negative stereotypes and stigmatized those experiencing a mental disorder—claiming mental health conditions are caused by a curse, demonic possession, or wrongdoing. When not equipped with evidence-based information, faith actors can perpetuate these myths and misinformation and cause harm.[12]

With the necessary tools and support, faith actors can be equipped to respond compassionately and practically to the maternal mental health needs in their communities. Faith actors can be agents for positive change that leads to healthier mothers, families, and societies.

TOOLKIT PURPOSE

This toolkit is designed to equip faith actors with the information and tools needed to raise awareness, deconstruct myths, and address barriers that prevent positive maternal mental health so that adolescent girls, women, families, and communities can thrive. The document includes tools to help faith actors promote maternal mental wellness in general as well as practical guidance on how to support perinatal girls and women suffering from a maternal mental health condition.

WHAT IS IN THE TOOLKIT?

Essential Information: Relevant facts on maternal mental health inform faith actors so they can help raise awareness and reduce mental health misinformation and stigma

Theological Dimensions: Faith-based messages for promoting positive maternal mental health and for responding to maternal mental disorders from a religious perspective

Holding Mental Health Discussions: Guidance on communicating about maternal mental health across formal and informal platforms

Social Media Messages: Examples of social media messages that promote good maternal mental health

Ultimately, with the proper support and job aids provided in this toolkit, faith actors can:

- Gain knowledge and skills to combat stigma and discrimination around mental disorders and how they affect different populations of girls and women.
- Learn to address some of the contextually specific mental, emotional, social and logistical concerns and barriers for promoting and protecting mental health.
- Discover how to integrate evidence-based, faith-informed messaging on maternal mental health to promote well-being of their community.
- Understand early detection of mental distress and referral to local support and services that respond to individual needs.

INTENDED AUDIENCE

The intended audience of this toolkit is faith actors. As noted earlier, "faith actors" is a term used to describe a broad range of formal/ordained faith or religious leaders, such as pastors and imams, traditional and faith healers such as herbalists, faith-based organizations or institutions, motivated by a religious or spiritual mission, and lay members of a community based on shared faith or culture. It is estimated that four out of five individuals globally belong to a major faith group,[13] illustrating the large reach of faith actors.[14, 15] Faith actors play an important role in influencing ideology around holistic well-being and health-seeking behavior.[16, 17, 18, 19, 20, 21] In many parts of the world with the absence of trained mental health professionals, many people seek the services of faith leaders or traditional healers as their primary source of mental health care.[22, 23] These individuals can provide basic support to perinatal girls and women experiencing a mental health condition and make referrals for professional care.

Faith actors tend to view well-being in a multidimensional lens, which includes a whole-person response that is inclusive of mental health and the specific challenges and needs of each person.

Faith actors are often respected as credible and trustworthy. They can contextualize concepts by using language that resonates with the faith tradition and local context of the community they serve. They understand social nuance and thus can interpret and influence cultural norms and attitudes. Faith communities can be champions of good mental health and counter misconceptions that mental disorders have their origin in spiritual causes.

Faith actors—susceptible to the same harmful mental health myths and stigma present in the communities they serve—often need support to transform their own perspectives of mental health.

While most faith leaders and traditional healers are not trained mental health practitioners qualified to diagnose or treat mental disorders, they can be critical links in a multi-component chain of support for improving mental health.

The guidance in this toolkit was designed for a global audience. While most of the content is universally relevant across various faith systems, religion-specific messages are provided in the annexes for the three largest religions globally—Christianity, Islam, and Hinduism.[24] The specific messaging and wording throughout this toolkit may be adapted to fit the local context and to be understood by the audience. Information provided is expected to be contextualized as needed according to the language, geography, religion, and cultural background of the particular community.

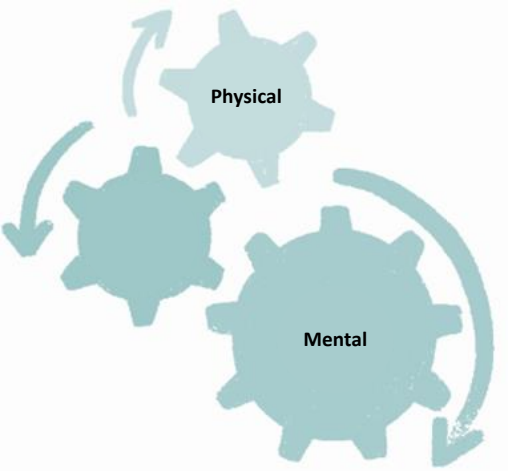
FAITH ACTORS AS ADVOCATES AND INFLUENCERS

Because faith actors are recognized by their religious communities as having authority, they are well-positioned to be mental health champions, change agents, advocates, and influencers. Faith actors can address local barriers, including social norms, mistrust and misinformation, and cultural and religious obstacles, to mental well-being. For example, faith leaders can encourage adolescent boys and men to be more engaged parents and more emotionally supportive partners with adolescent girls and women, which may challenge harmful gender practices and help improve maternal mental health. Additionally, faith actors can generate demand for and improve access to mental health services by facilitating referrals to other organizations that are serving the mental health needs of community members.

Integrating faith actors into mental health care advocacy efforts and referral systems can lead to effective, culturally sensitive interventions that have sustained impact.

MATERNAL MENTAL HEALTH BACKGROUND AND TERMINOLOGY

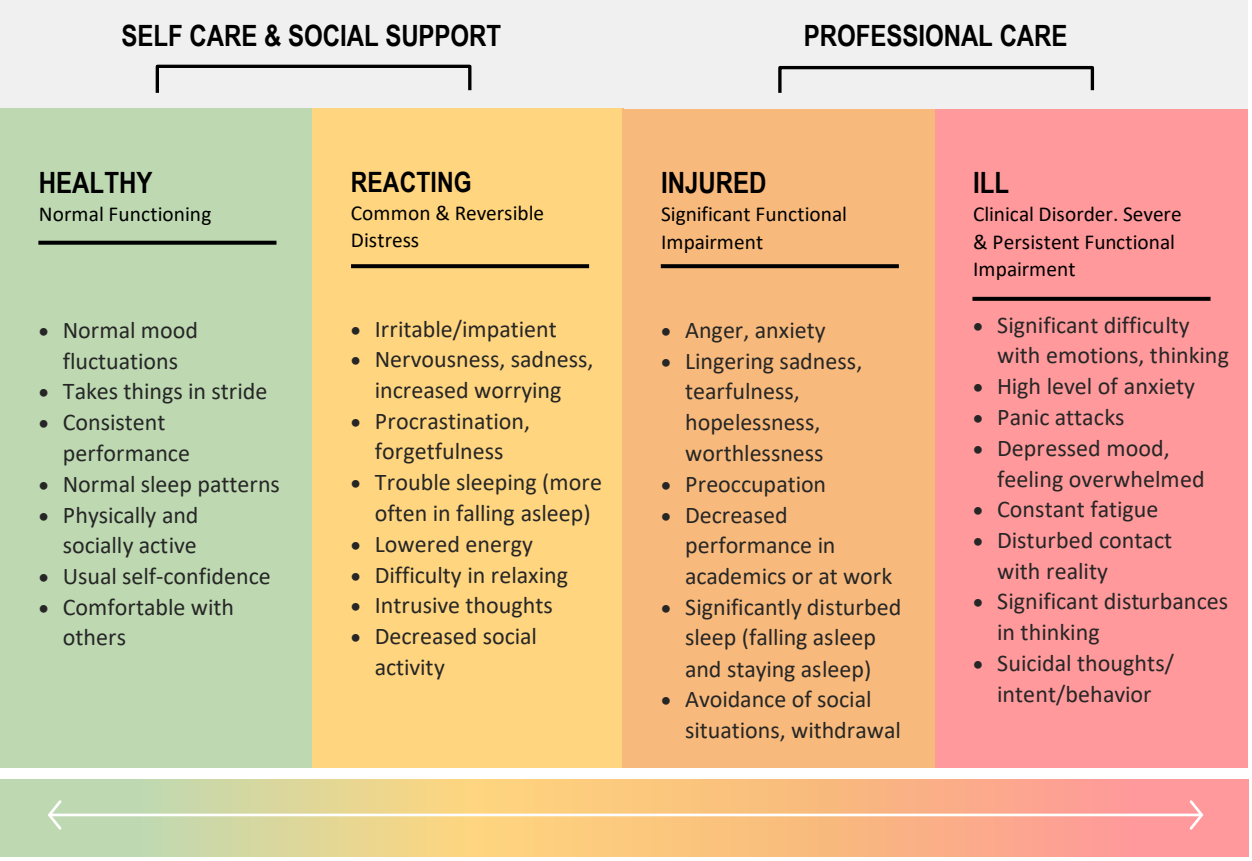
Health is a state of complete physical, mental, and social well-being. Each component of health is important and interwoven—physical health conditions affect mental and social well-being, mental disorders impact physical and social well-being, social factors influence mental and physical outcomes. The traditional belief that an individual is either mentally well or ill does not reflect the fact that mental health exists along a continuum along which people move, spanning healthy mental states, common mental distress, and severe mental disorders that impair daily function.[25]



All individuals have times of mental challenges, and their mental state can move across a range of mental states, as illustrated in the figure below. Some mental disorders are caused by trauma or reaction to external events, while other disorders may be genetic, chemical, or unexplained. During healthy, normal mental functioning and common, reversible times of mental distress, self-care and social support is usually sufficient. In times of significant functional impairment or severe psychological disorders, professional support is needed.

MENTAL HEALTH CONTINUUM MODEL[26]

FIGURE 1. MENTAL HEALTH CONTINUUM MODEL



An optimal state of mental health is one in which an individual "realizes her own abilities, can cope with the normal stressors of life, can work productively and fruitfully, and is able to make a contribution to her community."[27] All people experience times of less-than-optimal mental well-being and need compassion and support.

Nearly one billion individuals globally live with a mental health condition, most common being anxiety and depression.[28, 29]

More than 80% of mental disorders occur in LMICs.[30, 31, 32] Discouragingly, the gap between the number of people who need mental health services but do not have access to them is nearly 90%, with some populations facing additional challenges, restrictions, and stigma (including adolescents and people with disabilities).[33] Available treatment can also be of poor quality.[34]

The perinatal period—the time spanning pregnancy up to two years after birth—has an increased prevalence of mental disorders.

The set of mental conditions frequently experienced in this period are referred to as "common perinatal mental disorders (CPMDs)," which typically consist of depression and/or anxiety. Other forms of mental health conditions, such as psychosis or substance use disorders, are less common but highly debilitating.[35] Tragically, one of the extreme outcomes, suicide, is a leading cause of death in the perinatal period.[36]

Anxiety and depression are the most common maternal mental disorders.[37]

Anxiety is characterized by extreme, uncontrollable worry that impairs daily functioning, irritability, and physical symptoms such as headaches, fatigue, and muscle tension.[38] Anxiety disorders are different from depressive disorders, but many adolescent girls and women suffer from both anxiety and depression at the same time. Depression involves feelings of sadness and indifference, and may include changes in energy, sleep, and appetite.

MENTAL HEALTH IN ADOLESCENCE

The period of adolescence is an especially vulnerable period for the mental health of adolescent girls and young women from 10–19 years old and warrants special attention and support of faith communities. Adolescence is a developmental stage marked by rapid growth and profound biological, hormonal, and psychosocial transitions that place girls and young women at additional risk for CPMDs.[39, 40] Brain development is rapidly changing and is highly influenced by cultural and environmental factors that may have adverse impact on an adolescent's psychological state, such as early or forced marriage, repeat pregnancies (multiple pregnancies close to one another), or discrimination. Adolescents have higher rates of suicidal ideation during the perinatal period than any other group.[41] In addition to increased mortality risk during pregnancy and childbirth, pregnant adolescents can experience rates of perinatal mental illness as high as three times that of older women with data demonstrating that adolescents have a 63% greater risk of experiencing postpartum depression than women aged 20–35.[42] Adolescents face psychological stress about being unprepared to be mothers and worries about the additional burden on their families.[43]

Adolescents are not a homogenous group, with a diversity of risk factors and overlapping needs. Many adolescent girls have unique risk factors that influence psychological states that can be connected to severe psychological distress for these girls and young women.[44] Adolescents often have reduced access to family planning services and higher rates of being disrespected by health care providers, particularly for adolescents in humanitarian settings and subgroups of stigmatized adolescents (e.g., very young adolescent mothers [aged 10–14] or adolescent mothers with diverse sexual orientation and gender identity).[45, 46] The responsibility of marriage at a young age, marital discord, and having children at a young age or having unplanned pregnancies all increase the risk of mental health disorders,[47] with unintentional pregnancies as a result of rape or sexual violence further increasing the likelihood of CPMDs. Mental disorders and adolescent health have a multi-directional impact on one another; adolescent perinatal depression reduces the use of contraception services, such as counseling and contraceptive uptake, resulting in a cycle of future unintended pregnancies and mental conditions.

Unfortunately, many girls and young women who are pregnant or are new mothers can face judgment among faith communities based on conditions such as not being married.[48] Faith communities can play an essential role in changing these social norms and offering safety, support, and refuge to adolescents during this vulnerable developmental phase.

RECOGNIZING MENTAL DISORDER SIGNS AND SYMPTOMS

Faith actors can recognize the signs and symptoms of maternal mental disorders and then provide support and referral. It is normal and very common to experience "baby blues" in the first few days or weeks after birth. These emotional changes can be triggered by the physical and emotional changes of childbirth and result in feeling worried, irritable or nervous, sad, and overwhelmed. These emotions may resolve on their own in a few weeks with adequate support and safe conditions. It is important to distinguish these "baby blues" from more serious mental health conditions such as anxiety and/or depression. Adolescent girls and women may not experience all signs and symptoms of these conditions, but by becoming familiar with these most common markers of mental distress summarized in Table 1, faith actors can detect problems early and connect perinatal girls and women to the support they need.

TABLE 1. RECOGNIZING MATERNAL ANXIETY AND DEPRESSION[49, 50]

Signs and Symptoms of Maternal Anxiety	Signs and Symptoms of Maternal Depression
• Excessive worry, stress, and fear • Feeling unable to cope with daily life • Feeling alone and frightened • Difficulty focusing; mind racing through thoughts • Inability to prioritize tasks, moving from one to another • Racing heart, sweating palms, rapid breathing • Increased muscle aches or soreness • Difficulty sleeping	• Feeling sad, down, and/or crying extensively • Loss of interest in usual activities • Lack of interest in baby; not feeling bonded to baby • Feelings of guilt or worthlessness • Thoughts of death or harming self or baby • Low energy or increased fatigue • Loss of or increase in appetite or weight • Sleep problems • Trouble focusing, remembering things, or making decisions • Feeling restless or irritable

CAUSES AND CONSEQUENCES OF MATERNAL MENTAL DISORDERS

The causes of maternal mental disorders are complex. They are impacted by numerous social factors often outside the control of an adolescent girl or woman, including poverty, harmful gender norms, intimate partner violence, humanitarian crises, and conflict situations.[51, 52] Mental disorders are not the fault of the person and are not caused by spiritual forces.

The consequences of maternal mental disorders are also complex. Mental disorders can have long-term effects on a mother's own physical health, functioning, and quality of life as well as on the physical, emotional, and brain development of her children. For some girls and women in the perinatal period, mental health conditions are episodic and resolve more quickly with treatment and support. Understanding the implications of maternal mental disorders listed in Table 2 can encourage faith actors to promote and protect mental well-being to help their community flourish.

TABLE 2. OUTCOMES OF COMMON MATERNAL MENTAL DISORDERS[53]

Woman or Adolescent Girl	Baby or Child
• Less likely to attend antenatal care visits • Inadequate nutritional intake during pregnancy • More likely to experience complications during birth • More likely to have preterm birth and low-birthweight babies	• Increased risk of neonatal or infant death • Lower rates of exclusive breastfeeding • Increased risk of stunting and underweight • Poorer mother-child bonding and attachment
• Less likely to attend postpartum care • More likely to have difficulty breastfeeding • Poorer nurturing care practices • More likely to practice self-harm behaviors or die by suicide	• Poorer cognitive development • Less likely to be immunized • More likely to experience childhood illnesses

Some new mothers have increased risk of developing a mental disorder in pregnancy or the postpartum period, such as adolescents, which was discussed above in Mental Health in Adolescence. Risk factors range from broad social factors such as economic inequality and harmful gender norms to individual components such as experienced trauma and history of mental health concerns.

Gender inequality is a key social determinant for mental disorder, as the experience of becoming a mother is shaped by socially constructed, often harmful gender norms.[54]

In many contexts, an adolescent girl's or woman's primary value to her family and community is centered on her role as a mother with the expectation that she adheres to a submissive position and traditional responsibilities. Some adolescent girls and women may experience mental distress from not being able to conceive children or from having an unwanted pregnancy. Furthermore, oppressive gender norms can place some adolescent girls and women at particularly high risk of practices such as gender-based violence, early marriage, and reproductive coercion, which increase the likelihood of experiencing a maternal mental disorder. Ultimately, a lack of supportive structures for pregnant girls and women and those with small children can negatively impact their mental journey in the transition to parenthood. Humanitarian crises often disrupt or destroy social support networks and structures for girls and women in the perinatal period, greatly impacting their mental health and ability to care for a new baby.[55] For further resources on addressing sexual and gender-based violence and promoting gender-equal societies, see Tearfund's Transforming Masculinities Quick Guide and Training Manual for gender champions and faith leaders.

Poverty is both a significant cause and effect of poor mental health—poverty increases the risk of mental disorder and having a mental disorder increases the likelihood of experiencing poverty. The risk factors outlined in **Box 1** can help faith actors gain sensitivity and empathy toward perinatal girls and women who are highly susceptible to a mental health condition. Faith actors can educate others about these risk factors to prevent false allegations that mental health conditions are caused by an adolescent girl's or woman's own actions or by spiritual forces.

Box 1. Risk Factors That Contribute to Poor Maternal Mental Health[53]

- Age
- Ability status
- Racial, ethnic, or religious inequity
- Humanitarian crisis or conflict setting
- Stigma, shame, and discrimination
- Harmful gender norms and imbalanced gender power dynamics
- Gender-based / intimate partner violence
- Low education level / school drop-out
- Early or forced marriage / pregnancy in adolescence
- Household poverty and lack of economic opportunity
- Lack of dietary diversity and malnutrition / food insecurity
- Unplanned, mistimed and unwanted pregnancy
- Obstetric trauma (e.g., childbirth complication)
- Pregnancy/child loss (e.g., miscarriage, stillbirth, or newborn death)
- Having a small or sick newborn
- Disrespect, mistreatment, or abuse
- Low social support / isolation
- Personal or family history of mental disorder
- HIV/AIDS

COMBATING MENTAL HEALTH STIGMA

Worldwide, adolescent girls and women experiencing maternal mental health distress often also face stigma and discrimination. Stigma refers to negative and unfair beliefs, attitudes, or perceptions of mental health or of someone with a mental disorder. Pregnant girls and women may experience a combination of external stigma by community members (including health workers), shame and disgrace by their own families, and internalized stigma resulting in feelings of guilt and deteriorated self-worth. Adolescent girls report high discrimination and stigma from health workers when accessing health services due to their age, marital status, and other factors, as well as harmful attitudes and behaviors from parents, either discouraging health care or in some cases preventing adolescents from obtaining services they need.[56] Stigma magnifies other risk factors and hinders the ability of a girl or woman to seek social support or formal mental health services. Harmful gender norms about how new mothers are supposed to feel and act, as well as norms about what kind of support they can expect and rely on, also exacerbate this suffering.

Unfortunately, in some contexts, faith actors have perpetuated stigma and harmful behaviors toward people with mental disorders.

When religious groups view mental health problems as the result of curses or malevolent spirits, the person with the mental health issue can be blamed for having done something to deserve it. While stigma is a broad social construct and is difficult to address, faith actors can still take an important leadership role in anti-stigma awareness-raising among their faith communities. Small shifts by faith actors can make a big impact on reducing stigma around mental disorders. The practical steps in **Table 3** can be adopted to make a difference.

TABLE 3. STEPS FAITH ACTORS CAN TAKE TO TACKLE STIGMA AROUND MENTAL HEALTH

1.	**Adjust Your Thinking**—Examine your own attitudes and possible judgmental thinking around mental health. Instead of questioning what is *wrong* with an adolescent girl or woman, reframe your perspective to ask what the adolescent girl or woman *has experienced*. See **Annex 2** for a reflection exercise to examine potential mental health bias.
2.	**Talk Openly About Mental Health**—Use natural faith platforms as spaces to talk positively about the importance of maternal mental health, to advocate for adolescent girls and women with mental disorders, and to normalize mental health treatment.
3.	**Choose Words and Questions Carefully**—Use locally understood terms to talk about mental health. Avoid describing adolescent girls and women by their diagnosis and use language that emphasizes support, care, and encouragement of those who are suffering. For example, say "She *has* bipolar disorder" rather than "She *is* bipolar disorder." Emphasize that mental health conditions are not caused by wrongdoing or spiritual forces. In some cases, using words to talk about mental health may not be enough and pictures or other visual explanations may be more appropriate.
4.	**Show Compassion and Respect**—Provide empathy, dignity, and emotional support to adolescent girls and women experiencing mental disorder, without judgment or condemnation. This includes body language and tone. Display positive and warm verbal and body language.
5.	**Foster Belonging**—Emphasize the values of love and hospitality for every member of a community to ensure that people with mental disorders are not marginalized or stigmatized.
6.	**Build Bridges to Treatment**—Learn the basic symptoms of common maternal mental disorders and know the range of formal and informal supports and resources available in your community, including those that are specific for subgroups of pregnant girls and women, such as adolescent mother groups. Connect perinatal girls and women and families to the help they need.
7.	**Be a Role Model**—Prioritize your own mental health and well-being and share those experiences authentically and vulnerably in your faith community. Leading by example will inspire faith members to be compassionate with themselves and others.

GUIDANCE ON DISCUSSING MATERNAL MENTAL HEALTH

Faith actors are often trusted sources of information in their communities. Faith actors can include discussions about mental health for all individuals in their religious teaching or individual conversations. Discussing mental health regularly supports a common understanding of mental health as a part of holistic well-being.

During both informal and formal modes of communication about maternal mental health, it is important to understand what actions protect and promote good mental well-being.

Faith actors can discuss factors that promote mental well-being to include open and compassionate dialogue about mental health, the approval of key influential faith actors, clear information from trusted sources, and the collective support of their faith community. It is critical that faith actors also acknowledge the role gender inequality plays in mental health. Faith actors can share messages that encourage male partners to support adolescent girls and women before birth and throughout motherhood. Likewise, they can counter gender inequality or harmful gender norms, including those related to power dynamics within a family or unjust pressures to have male children or act a certain way to meet expectations of a good mother or wife.

Faith actors can be leaders in engaging adolescent boys, men, adolescent girls, and women, and working toward more equal sharing of power, resources, decision, and services and in countering harmful beliefs that favor males and place undue pressure on adolescent girls and women.

The guidance in **Table 4** can support the planning of discussions on mental health, which should be contextualized to the local needs and priorities.

TABLE 4. GUIDANCE ON HOLDING DISCUSSION FORUMS ON MATERNAL MENTAL HEALTH

Planning Tips	Topics to Discuss
• Separate discussion forums by gender and relevant subgroups—such as adolescents, youth, men, and elders—to facilitate open discussion and to target messages to their specific barriers and concerns. • As a strategy for stigma reduction, whenever possible, engage adolescent girls and women with lived experiences with a maternal health condition in the planning of discussion forums and invite their spoken perspectives. • If available, invite a mental health practitioner, community health worker, or knowledgeable peer educator to speak on the basics of mental health and established referral systems for accessing local mental health services.	**Promotion messages:** • Definitions of psychological distress and maternal mental health conditions in locally understandable terms that emphasize empathy and compassion. When possible, consult the intended audience to pre-test messaging prior to dissemination. • Faith texts that support the respect and care for people with mental health conditions. See Annexes 3–5. • Anti-stigma and anti-discrimination messages that normalize discussions on mental health by openly discussing the human right to good mental health and the faith-informed morale mandate to compassionately support those who are suffering.

Planning Tips	Topics to Discuss
• Consider using media, as appropriate, from a trusted source such as the World Health Organization to reinforce messages. Ensure that your messages are tailored to your audience—for example, pictures or videos may be more appropriate when reaching low-literacy populations.	**Identification messages:** • Awareness of signs and symptoms and risk factors of maternal mental health conditions as well as treatment options and locally available services. **Support and care messages:** • Providing support to someone suffering from mental health challenges, including offering respect and dignity, social support through community connectedness, and accompanying adolescent girls and women to seek mental health services. • Encourage family and community support needed for perinatal girls and women to adopt preventive, healthy practices that contribute to good mental health, outlined in **Table 9**.[57]

Faith actors can also integrate supportive communication about maternal mental health into their everyday conversations with community members they serve, including both adolescent girls and women in the pregnancy and postpartum period and the family and community members who need to support them. Motivational messaging is an evidence-based and culturally sensitive approach to speaking with individuals about complex topics that are highly influenced by social norms.

The ultimate goal is to support individuals to navigate their mixed thoughts and feelings about mental health and assist with moving them toward being mental health promoters.

Messages in this toolkit will need to be contextualized (adapted) according to the local needs. Messages often need to be repeated many times for them to have an impact. In conversations with individuals, faith actors can use the following pathway to encourage communities to think openly about mental health:

TABLE 5. PATHWAY FOR MENTAL HEALTH COMMUNICATION[58]

Ask →	Provide →	Encourage →
Ask open-ended questions about what information and attitudes the person has around mental health. For example: “What do you already know about mental health during pregnancy and following childbirth?” “Why do you think you feel that way?”	Acknowledge stigma and concerns and share clear, concise information on mental health, using faith texts and personalized stories whenever possible. For example: "It sounds like you believe your mental disorder is the result of sin, which is very common in our community, and so you have concerns about seeking support. Could I share what our scriptures say about mental well-being and provide some reputable information on how maternal mental health can be supported?”	Invite dialogue based on information shared. Encourage action based on this conversation. For example: “Given our discussion, what will you do with this information? Would you consider talking with your family about the changes in mental health you have experienced after the birth of your son? Remember, I am here to talk through any remaining concerns you may have.”

It is important to define mental health and mental disorder in locally understood, culturally appropriate terms. The specific words faith actors use when discussing mental health have a significant impact on how community members perceive mental health.

Using positive, empathic language can combat social stigma and generate an enabling environment for adolescent girls and women suffering from maternal mental health conditions.

The following list can guide faith actors in wording that should be adopted and wording that should be avoided when discussing mental health.

TABLE 6. DO'S AND DON'TS IN MENTAL HEALTH COMMUNICATION

"DO's" of Mental Health Communication	"DON'Ts" of Mental Health Communication
DO use language the adolescent or woman wants to use to describe themselves.	DON'T assume an adolescent and woman's gender identity before asking what name or gender pronoun is preferred.
DO communicate in a compassionate and empathetic way, using faith texts to emphasize holistic care of those who are suffering.	DON'T use shame, blaming, critical statements, or judgment in communication.
DO be aware of mental health rumors, misinformation, and myths common in your faith community.	DON'T repeat the misinformation or try to debate it. This can increase false beliefs. Instead focus on sharing evidence-based information.
DO listen to and acknowledge people's concerns before advising them. Statements like, *"I understand your concerns that your family may shame you for admitting your anxiety. That is a heavy burden to carry."* go a long way to build trust and open communication.	DON'T ignore or dismiss people's fears or concerns. Mental suffering is real and may be hard to describe. People may have valid reasons to fear revealing their mental distress and the best way to build trust is to validate the adolescent girl's or woman's feelings and concerns.
DO offer the time and space for people to process new information and ask questions.	DON'T rush or pressure people to make an immediate commitment.
DO use positive emotions when communicating about mental health that celebrate and encourage giving priority to mental well-being.	DON'T overly focus on the negative aspects of mental disorders, which may add to stigma and shame.
DO find ways to praise, encourage, and celebrate community members who engage in supporting their own mental health and the mental health of others.	DON'T try to mandate, coerce, or shame people who are not yet ready to discuss or address their mental health.
DO highlight mental health in familiar terms and discuss mental health openly.	DON'T make information feel highly medical or overly fact heavy.
DO keep messages short and concise, repeating key messages regularly.	DON'T use technical jargon or complex words.
DO include easy guidance on how to seek locally available mental health support and services.	DON'T assume individuals can navigate their own mental health treatment without support.
DO maintain confidence about any personal details individuals share with you.	DON'T discuss personal details with others except to address a risk of the adolescent girl or woman harming herself or others.

If you feel that an adolescent girl or woman or her child are in imminent danger—such as a mother who has expressed a plan to end her life or harm someone else—she and her baby need urgent care to keep her and her baby safe. Refer her immediately to a mental health professional for assessment and further care. Remove means of self-harm if possible. Do not leave the mother alone, especially with the baby.

THEOLOGICAL DIMENSIONS OF MATERNAL MENTAL HEALTH

In addition to the cross-cutting messages described in this toolkit that are relevant across religious groups, select texts and religious content specific to Christian, Muslim, and Hindu traditions are provided in **Annexes 3, 4, and 5**, respectively. Each of these three most widely adopted religions globally, as well as many others not specified here, provide ethics, values, and a behavioral code that promote holistic well-being and care for those who are suffering from mental distress.

Faith actors can use these religious texts to normalize the experience of mental health issues and promote therapy, medication, and other proven approaches that can support girls and women in the perinatal period who are suffering. Using the template provided in **Annex 6**, faith actors can map out what specific messages they aim to share, with what audiences, and in what contexts.

DISPELLING MENTAL HEALTH MYTHS AND MISINFORMATION

Faith actors can dispel mental health myths and misinformation.

Faith actors can play an important role in social situations by listening for untrue or stigmatizing statements that emerge in their communities and then sharing evidence-based, factual information.

Although it is not beneficial to repeat misinformation or try to debate myths, it is important to share evidence-based information to counter common misconceptions. The following table outlines factual statements that faith actors can share to dispel fears or inaccurate information.

TABLE 7. MENTAL HEALTH MYTHS AND TRUTHS

Myth	Accurate Information
Mental health conditions are rare	• Nearly one billion people throughout the world live with a mental health condition.[59] • Nearly one in five women in LMICs suffer from one or more common maternal mental disorders such as depression and anxiety.[60] • Open dialogue about mental health can help dispel the misconception that mental disorders are rare and make a safer environment for people to talk about their mental health needs.
Mental health conditions are permanent	• It is estimated that up to 80% of individuals with mental health conditions can be symptom-free with the right combination of treatment and support.[61]
It is impossible to prevent a maternal mental disorder	• Addressing known risk factors—such as gender-based violence, discrimination, and disrespectful or harmful obstetric care—can lower the likelihood a woman will develop a maternal mental disorder or improve its treatment. • Promoting a person's social-emotional well-being is protective against mental disorders and leads to improved quality of life.
A mental health condition is a sign of weakness or lack of faith	• Mental disorders, like physical illness, can affect anyone regardless of intelligence, social status, or income level. • Mental disorder has nothing to do with being weak or lacking willpower or faith.

Myth	Accurate Information
Mental disorder means an adolescent girl or woman is cursed because of her actions	• Causes of mental disorder include a combination of biological, social, and physical factors. • Mental health conditions have complex roots that are impacted by social determinants largely outside of an adolescent girl's or woman's control, such as poverty, gender inequity, and conflict situations.
Only professionals can help a person with a mental health condition.	• Faith actors, friends, family members, and other community members play a critical role in an individual's mental well-being by offering emotional and practical support. • Non-professionals can promote positive self-care practices, encourage seeking treatment, and support managing symptoms of maternal mental health conditions when formal services are not available.
Trying harder can make a mental health condition go away	• Mental disorders cannot be prayed or willed away. • Mental health conditions require treatment, just like physical illnesses. • People may need medicine, talk therapy, coping skills, specialized treatment, or a combination of approaches to manage their symptoms. • Dispelling mental health myths and fighting against stigmas are the best ways to help people seek the support they need.
Seeking support or services for mental health challenges is a sign of failure	• Reaching out for help is a sign of strength and shows that the person prioritizes her own health and the well-being of her baby, family, and the community around her.

LEVERAGING SOCIAL MEDIA MESSAGING

Radio and social media are powerful tools for influencing social norms in the current global society.

Through radio and social media, faith actors can use their influential position to encourage open dialogue about mental health.

They can foster an environment where stigma is dismantled and questions about mental health are encouraged. Messages can encourage people to promote and support maternal mental health, in particular through repeated messages across locally embraced social media platforms.

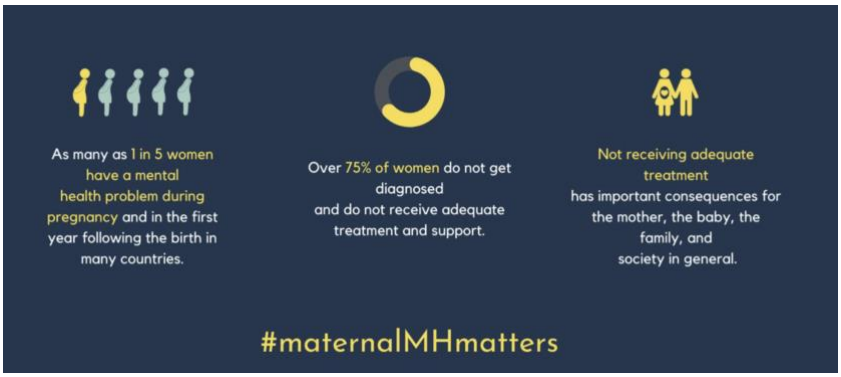
Personal testimonials from trusted sources like faith leaders can be a very effective means of promoting acceptance of behaviors that promote good mental health.

Leading by example, faith actors can offer self-care tips and post social media content or disseminate radio messages on their own mental health practices, struggles, or healing. Faith leaders can also work with adolescents and youth to disseminate these messages in adolescent- and youth-friendly terms and mediums.

These personal stories can reference self-care to promote good mental health, supporting someone affected by mental distress, lived experience of a mental health condition, or stories of healing through professional treatment of a mental disorder. Personal testimonies can be shared via radio or social media, during individual conversations, or during public forums.

Radio spots and public social media statements by faith actors can influence the acceptance of individuals with mental health conditions and can press against social stigma barriers for seeking support for a mental disorder. Multiple means of sharing important awareness-raising and stigma-reducing posts from trusted resources, such as World Maternal Mental Health Day pictured here, can normalize conversations around mental health and inspire action.

FIGURE 2. WHY MENTAL HEALTH MATTERS



Replicating messages about mental health several times and across multiple social media platforms and/or radio platforms reinforces acceptance of those with mental health conditions and engages broader audiences to challenge harmful social norms. Short, succinct messages directly from faith actors, with an engaging image or graphic, when possible, are often the most powerful. Refer to the following guidelines to tailor messages appropriately.

TABLE 8. SOCIAL MEDIA PLATFORM PARAMETERS

Social Media Platform	Recommendations
Facebook—Raise awareness through image and text	• Ideal length is 40–50 characters • Image (30 MB max) and video (10 GB max; ideally <2 minutes)
X—Bite-sized messages to share rapid information	• Limit of 280 characters • Shorter posts (<100 characters) receive better engagement • Image (5 MB max) and video (2 minutes 20 seconds max)
LinkedIn—Messaging to professional networks	• Limit of 700 characters; ideal length is 100 characters
Instagram—Visual images that encapsulate a message	• Limit of 2,200 characters; ideal length is 125 characters • Image (30 MB max) and video (4 GB max) compatible
Signal—Instant messaging, voice, and video calls	• One-to-one communication or group messaging • No maximum length for a message
WhatsApp—Instant messaging to individuals and groups, can easily share images and text	• Limit of 700 characters for status text updates • Maximum video length is 30 seconds
Telegram—Instant messaging and image and video sharing	• Photos, videos, audio messages, and other files can be message length of 4,096 characters and up to 2 gigabytes per file
TikTok—Short videos for quick messaging	• Limit of 2,200 characters for video descriptions • Maximum video length is 10 minutes • Highest performing videos are between 21–34 seconds in length

Faith actors can also influence social acceptance of maternal mental health through radio or social media messages that demonstrate the religious support of mental well-being. Short and direct messages that are repeated frequently across radio and social media channels can be most effective. Faith actors can use the following statements to normalize discussion on mental health and remind community members that periodic experiences of mental distress, such as anxiety and depression, are common and normal responses to challenging life circumstances.

- **1 in 5 adolescent girls and women suffer from a #mentalhealth problem related to pregnancy. Let's work together to #endstigma.**
- **If a mother you love is suffering from a #mentalhealth condition, ask how you can help.**
- **Your family and community need you. Are you struggling with #mentalhealth? Help is available. Talk to someone today.**
- **Boys and men: Are you supporting your friend, partner, your mother, or your mother-in-law? Ask her about her mental health, anxiety, and depression. We are all called to care for one another.**
- **Girls and women bear so much responsibility in society. Let's make sure they are taking care of their #mentalhealth. Check on a mother today!**

Inclusion of religious text or references to common values can enhance social media messages. **Annexes 7, 8, and 9** provide sample social media messages for Christian, Muslim, and Hindu audiences, respectively, which contain simple, concise messages that can be used directly or adapted to the local community.

PROMOTING GOOD MATERNAL MENTAL HEALTH AND SELF-CARE[62,63]

Faith actors can play a key role in proactively promoting positive everyday self-care practices that support mental health and holistic well-being for all people. The World Health Organization (WHO) defines self-care as "the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a health care provider."[64] Some cultural traditions encourage pregnancy and postpartum practices that may not contribute to the physical and mental well-being of the mother. Faith actors can acknowledge the respectable position of older generations while encouraging a culture of intentional self-care that supports social norms, which normalize and prioritize action around mental health.

Self-care is not a cure for mental disorders, but it can play an important role in maintaining mental resilience, lessening the intensity of mental distress, promoting care-seeking behaviors, and coping with the symptoms of maternal mental health conditions when formal services are not available.

Faith actors can encourage girls and women in the perinatal period and all members of their communities to practice the following behaviors as a part of promoting their overall well-being. Even in challenging situations such as a humanitarian crisis, people can benefit from simple self-care practices.

TABLE 9. SELF-CARE PRACTICES THAT PROMOTE MENTAL WELL-BEING

• **Keep engaging**. Continue doing activities you used to enjoy, even if you currently feel less interested in them.
• **Practice gratitude daily.** Remind yourself of the things and people you are grateful for. Write down your specific list or review them mentally each day in prayer, meditation, or while reading religious texts.
• **Eat healthy, regular meals and stay well hydrated**. A balanced diet and plenty of water can improve your energy and focus. Pregnant, postpartum, and breastfeeding adolescent girls and women need an additional meal and extra water intake each day.
• **Limit caffeinated beverages, alcohol, and illicit drugs.** These substances can make mental health conditions worse.
• **Make rest and sleep a priority.** Ask your partner or another family member to help care for the baby so you can get adequate sleep at night and periods of rest during the day.
• **Regularly incorporate relaxing activities.** Practice breathing exercises, meditation or prayer, or muscle relaxation activities in your daily routine.
• **Set goals and priorities and celebrate achievements.** Decide what must be completed today and what can wait. Be mindful of what you have accomplished, not on what you are unable to do.
• **Stay connected.** Talk regularly with someone you trust who can provide a listening ear, emotional support, and practical help.
• **Engage in body movement**. Even 30 minutes of daily walking can elevate your mood and improve your health.

Adolescent girls and women—who often carry heavy responsibilities—need support from their partners, families, mothers, mothers-in-law, and community to engage in self-care. Faith actors can also encourage family and community members to support pregnant girls and women in the following practical ways to engage in self-care.

TABLE 10. PRACTICES THAT SUPPORT ADOLESCENT GIRLS AND WOMEN TO ENGAGE IN SELF-CARE

• **Offer encouragement**. Remind perinatal girls and women of their value and worth. Tell them their mental well-being matters and self-care is worth prioritizing.
• **Prioritize adolescent girls' and women's nutrition and rest.** Ensure that family resources and meals allocate sufficient nutrient-rich foods for the mother. Encourage her to rest as needed by offering to care for the baby and take on other household responsibilities so the mother can sleep and recover from the high demands of mothering.
• **Share in household responsibilities**. Offer to share in adolescent girls' and women's responsibilities in caring for children and the household, such as feeding young children, fetching water, cleaning the home, or preparing meals.
• **Listen and support.** Regularly check in with perinatal girls and women and ask how they are doing, particularly during the critical period of pregnancy and following childbirth. Offer to listen to her concerns and provide any practical support she may need.

RESOURCES AND REFERRAL FOR MATERNAL MENTAL DISORDERS[65]

Mental health conditions are complex and require both trained mental health professionals and critical community links such as those within the faith sector.

Faith actors are well-positioned to recognize signs and symptoms of mental distress and to be a bridge to professional mental health services.

The mantra of "Look, Listen, and Link" can guide faith actors in their role of walking alongside adolescent girls and women who may be affected by a mental health condition. Details of this approach and resources for learning more are provided in **Annex 10**.

FIGURE 3. "LOOK, LISTEN, AND LINK" ACTION PRINCIPLES APPLIED

Look →	Listen →	Link →
Understand the signs and symptoms of common maternal mental disorders to know when professional services are needed. While only a qualified mental health professional can diagnose a mental health condition, faith leaders can be attentive to pregnant women and girls who exhibit signs of mental or emotional distress and can provide corresponding support and referral.	Acknowledge the thoughts and feelings of the adolescent girl or woman in mental distress. Validate her worth, dispel any feelings of shame she may be experiencing, and empower her to give voice to her suffering. Offer to walk alongside her in the path toward healing and accessing the support she needs.	Become familiar with the reputable, qualified mental health professionals and organizations in your local context. Support perinatal girls and women in reaching out to these services and follow up with her to ensure she was well cared for. In areas with limited resources, consider referral to a confidential helpline* that can offer free support via online chat, text, or phone with a trained individual.

**https://findahelpline.com/ is a search tool for free, anonymous, and confidential international mental health helplines.*

Reaching out to a mother who is struggling mentally is a simple but meaningful act that supports her mental well-being. Faith actors can create safe spaces to discuss mental health and a sense of acceptance and belonging for girls and women in the perinatal period who need support. Even in areas without access to trained mental health professionals, faith actors can offer empathy to mothers. Faith leaders can support screening measures to identify early signs of psychological distress and discuss key challenges the adolescent girl or woman is experiencing, including sexual and reproductive health challenges.[66] This compassion can improve her mental well-being and enhance her quality of life.

Several evidence-based approaches exist that reimagine the delivery of mental health care from lay persons. For example, the "Friendship Bench" model[67] trains lay community health workers (grandmothers in many cases) to provide basic mental health talk therapy to people with mild to moderate common mental health

disorders such as anxiety and depression. Faith leaders can connect pregnant girls and women with supportive services to meet their unique needs. For example, in Nigeria, a "neighborhood mother" intervention pairs pregnant adolescents with adult mothers in their community to build parenting skills and reduce isolation and societal-level stigma.[68]

Some faith actors who serve in contexts prone to natural disasters or conflict may also choose to become trained in Psychological First Aid (available in many languages).[69, 70] Although this approach was designed as an initial crisis response intervention—typically applied by bystanders rather than faith leaders—its goal of providing support to people in distress so they can feel calmer and more supported to better cope with distressing, traumatic situations has potential application for adolescent girls and women experiencing a mental disorder or a perinatal stressor such as a childbirth trauma. The effects of a traumatic event can be particularly severe for adolescent girls and women in the period of pregnancy and post two years of birth—commonly expressed as anxiety or depression. A faith leader trained in Psychological First Aid is equipped in recognizing signs and symptoms of distress, attentive and empathetic listening, providing non-intrusive care and support, protecting the individual from further harm, and connecting people to additional information, services, and support. For a girl or woman in the perinatal period experiencing anxiety or depression, the principles of Psychological First Aid can be applied to provide a sense of safety, calming, a sense of self and community efficacy, connectedness, and hope. Psychological First Aid offers humane, supportive, and practical assistance by non-specialized individuals such as pastors and imams in ways that respect their dignity and meet immediate mental health needs of an individual in the aftermath of a disaster. Guiding principles of this approach and resources for learning more are provided in **Annex 10**.

CONCLUSION

Faith communities are some of the most established and deeply respected social structures in our global fabric. Collectively, the faith sector possesses a broad set of strengths, rooted in core beliefs and values, which can make a significant contribution toward global good. Their unique holistic perspective on human well-being, emphasis on serving people's social, emotional, and spiritual needs, and deeply embedded community relationships position faith actors to be agents of change for mental health. Motivated by shared values of compassion and care for others, faith actors using this toolkit can dispel deeply rooted myths and misconceptions surrounding maternal mental health, address stigma and harmful attitudes from a theological basis, and mobilize communities to actively support good maternal mental health.

ANNEX 1: TOOLKIT BACKGROUND

This toolkit for engaging faith actors as change agents for good mental health is a part of the U.S. Agency for International Development's (USAID's) MOMENTUM Country and Global Leadership project, which includes an initiative to better understand and support faith-based engagement in maternal mental health. This toolkit was created based on previous information compiled in a landscape analysis and the global convening titled, "Giving Voice to the Silent Burden: Maternal Mental Health Technical Consultation," a webinar on maternal mental health and the importance of engaging faith actors, a blog article on faith leaders as mental health influencers, a literature review and key informant interviews on the nature and extent of faith-based engagement in maternal mental health, and a virtual global consultation with faith actors and other relevant stakeholders to receive feedback.

Building on these efforts, the toolkit was designed to outline lay definitions of mental health in general and maternal mental health in particular (with a focus on the perinatal period—from pregnancy to up to 2 years post-delivery), summarize facts that address myths and misconceptions of maternal mental health, address various faith theological and scriptural backgrounds related to mental health, and suggest content for community messages that support good maternal mental health. Ultimately, this toolkit is designed to equip faith actors with the information and tools needed to raise awareness, deconstruct myths, and address barriers that inhibit good maternal mental health so that women and girls in the perinatal period and families can thrive.

ANNEX 2: REFLECTION EXERCISE TO EXAMINE PERSONAL MENTAL HEALTH BIAS[71]

All individuals have personal opinions, cultural norms, family traditions, and life experiences that impact their attitudes and perspectives on mental health. It is important to reflect on your own history and attitudes toward mental health in order to identify any biases or stigma you may knowingly or unconsciously hold. Before moving to the next section, ask yourself the questions included in the following three bullet points. Write down your honest responses for authentic retrospective reflection.

- Recall the time in which you first become aware of mental disorders or interacted with a person living with a mental health condition. What was your reaction? What messages did other people convey that affected how you view mental health today? Were there ways in which mental health was framed negatively or in which individuals experiencing mental distress were perceived negatively?
- What are the messages you learned about mental health and mental disorders as a child? From your family? From your religious text or community? Have your views changed? Are these the perspectives you want to hold? Why or why not?
- In what ways do you think your attitudes surrounding mental health and mental disorder positively or negatively impact others, including those experiencing mental distress? Are there beliefs or attitudes you would like to shift in your own life?

COMPLETE SECTION ABOVE BEFORE CONTINUING TO THE SECTION BELOW

Having an open mind toward growth, learning, and acceptance of others can strengthen your ability as a faith actor to serve your community well. Reflect on these strategies to reduce any biases or stigma about mental health you may have.

- Change your language around mental health. Talk about people rather than the mental health condition he or she may be experiencing.
- Increase your personal exposure to individuals with a mental health condition to humanize the normal experience of having periods of mental distress.
- Educate yourself with evidence-based information about mental health to dispel any myths you may have been taught or learned from cultural norms.

ANNEX 3: CHRISTIAN-SPECIFIC TEACHINGS AND MESSAGES[72]

Christian sermons, devotionals, or informal messages can outline these key points with the following scripture references and supporting text:

- **God cares for mental well-being and the suffering of his people.**
- **Mental health conditions are not a punishment from God or the result of sin.**
- **The Church should be a place of compassion and support for those who are suffering.**

The Bible teaches that God cares for the physical, mental, emotional, and spiritual well-being of all people. Mental suffering is not what God intended for creation and it is not His will that an individual would experience mental distress, nor is it a punishment from God. ***"'For I know the plans I have for you,' declares the Lord, 'plans to prosper you and not to harm you, plans to give you a hope and a future.'" (Jeremiah 29:11)*** Christians can celebrate the development of evidence-based therapies and medications that can alleviate mental suffering. The Bible teaches that the Lord is the One who renews the mind, ***"Do not conform to the pattern of this world but be transformed by the renewing of your mind." (Romans 12:2 New International Version [NIV]***) and restores the soul, ***"He refreshes my soul" (Psalm 23:3 NIV***).

Some people believe that faithfulness and obedience to God alone will protect them from mental disorders. This is contrary to the teachings of the Bible. The fallen state of sin means all of creation is experiencing brokenness and decay, making everyone susceptible to sickness of the physical body and the mind. The Old Testament shares the example of the prophet Elijah's mental struggle, ***"While he himself went a day's journey into the wilderness. He came to a broom bush, sat down under it and prayed that he might die. 'I have had enough, Lord,' he said. 'Take my life; I am no better than my ancestors.'" (1 Kings 19:4 NIV)*** God did not take Elijah's life, but rather, gave him the rest and strength to keep going. The New Testament shares the example of the mental health struggles experienced by Apostle Paul and other believers: ***"We do not want you to be uninformed, brothers and sisters, about the troubles we experienced in the province of Asia. We were under great pressure, far beyond our ability to ensure, so that we despaired of life itself." (2 Corinthians 1:8 NIV)*** They put their hope in God for deliverance and depended on other believers' prayers for help.[73] Also, Jesus Christ Himself experienced mental suffering: ***"Then Jesus went with His disciples to a place called Gethsemane…He began to be sorrowful and troubled. Then He [Jesus] said to them [His disciples], 'My soul is overwhelmed with sorrow to the point of death…'" (Matthew 26:36-38 NIV)*** God sent angels to strengthen and comfort Him.[74]

Scripture teaches that God cares for the suffering of his people and has the authority to deliver them in times of mental distress, including through the support of others. Mental disorders cannot be prayed for or willed away. These verses can provide comfort to Christians living with a maternal mental health condition as they remember that they can put their hope in God and are promised that He is always with them:

- ***"The righteous cry out, and the LORD hears them; He delivers them from all their troubles." (Psalm 34:17 NIV)***
- ***"He will never leave you nor forsake you. Do not be afraid; do not be discouraged." (Deuteronomy 31:8 NIV)***
- ***"So do not fear, for I am with you; Do not be dismayed, for I am your God. I will strengthen you and help you; I will uphold you with My righteous right hand." (Isaiah 41:10 NIV)***

Part of showing grace, compassion, and love is acknowledging the hardships others face and showing empathy and support without diminishing the person's feelings or trying to resolve the problem. You can say,

“This is a hard time for you and I feel for you that you are going through it,” or “Many people have similar experiences to what you are experiencing and it takes help from others to get through it. While it is hard right now, please keep reaching out for support so your community can help you in this difficult time.”

ANNEX 4: MUSLIM-SPECIFIC TEACHINGS AND MESSAGES[75, 76, 77]

Muslim khutbah, preaching, prayers, or informal messages can outline these key points with the following scripture references and supporting text:

- **Supporting mental well-being is an important part of Islam.**
- **The Quran and Islamic teachings encourage supporting those who are suffering.**
- **Mental disorders are not a punishment from Allāh or the cause of wrongdoing.**

Allāh teaches the importance of being compassionate to one another and supporting those who are experiencing hardship. Muslims are showing gratitude toward Allāh for providing treatment for mental illness when they help those who are suffering get the help they need.

The Islamic theological perspective embraces psycho-spiritual health as directly related to a person's ability to actualize their primordial spiritual purpose. All human beings are created to walk a path that will ultimately ensure their salvation in the afterlife and their ability to acquire God's pleasure. Any obstacles that hinder a person's ability to follow this path are of concern and worthy of attention. This includes psychological, physical, or emotional struggles that may hinder the ability to worship Allāh freely. By supporting good mental and physical health, individuals are able to fully practice Islam. Support services include the areas of social, spiritual, emotional/psychological, and material support.

As a component of spiritual support, Muslims are encouraged to regularly and continuously work on finding harmony and balance. Achieving better mental, spiritual, and psychological health and maturity is a constant journey that Muslims strive for throughout their lives. They should not despair in trials and tribulations but seek the armor of Duas for every occasion. ***"Oh Allāh, I take refuge in you from anxiety and sorry, weakness and laziness, miserliness and cowardice, the burden of debts and from being overpowered by (bad) people." (Bukhari: 5425; Muslim 1365)*** Being attentive to one's psychological and spiritual functioning is necessary in forming a meaningful relationship with Allāh and following the mandates of Islam. As Sahl bin Abdullah said: ***"If one knows his mind, one knows his state between him and his Lord."***

Maintaining a good state of mental well-being can also be considered as an act of Ibadah (worship, obedience, submission, and devotion to God). Muslims are told to support good mental health in themselves and others in order to realize their full potential. For example, family members can invite or ask an Imam/Sheikh or a counselor to come and visit a pregnant adolescent or woman or new mother experiencing a mental health condition. As Ibn Abbas reported, The Messenger of Allāh said, ***"Take advantage of five before five: your youth before your old age, your health before your illness, your riches before your poverty, your free time before your work, and your life before your death."*** Those who are suffering should be encouraged to trust in Allāh (SW) as a source of tranquility and peace of mind (Quran 9:26). Forgiveness and reconciliation should replace anger and guilt toward mental distress.

While the prophets were highly respected people, they too experienced grief, sorrow, and anxiety—which lays the foundation for future Muslim generations to recognize psychological challenges, such as maternal mental disorders, and to address them with the virtue of patience. ***"And he turned away from them and said: "Alas, my grief for Yusuf (Joseph)!" And he lost his sight because of the sorrow that he was suppressing." (Surah Yusuf: verse 84)*** Muslims should be patient in trials because they know Allāh will never forsake them, nor will Allāh burden them with a trial that is more than what they can handle. The Prophet

also taught a number of Dua (supplication/prayer) as a part of seeking care. It is narrated that Aisha (RA) said that when anyone among the family of the Prophet (SAW) had an illness, the Prophet (SAW) used to rub the area of the pain with his right hand and recite the following Dua: ***"O Allah, Lord of mankind, do away with my suffering. Heal (me) as You are the only Healer and there is no cure except that of Yours, it is that which leaves no ailment behind." (Bukhari: 5743).*** It is right to both seek professional attention and prayer to the Almighty Allāh (SWT) to help in recovery.

Islam always encourages people to seek hope and support even when faced with the deepest troubles as God's Mercy is always close. ***"Do not give up and do not be downhearted, you shall be uppermost if you are believers." (Quran 3:139)*** When supporting women experiencing mental health struggles, Muslim faith actors can remind sufferers of Islam's compassionate nature and outlook to remember God in times of mental distress and gain hope from His Mercy and Compassion to ease the pain to make it through their suffering. ***"And for those who fear Allāh, He always prepares a way out, and He provides for him from sources he never could imagine. And if anyone puts his trust in Allāh, sufficient is Allāh for him. For Allāh will surely accomplish His purpose: verily, for all things has Allāh appointed a due proportion" (Quran 65: 2-3)***

Imams can remind their Muslim communities that Allāh has created relief for mental suffering, and it is a moral duty to help others seek the support they need. ***"Verily, Allāh sent down the disease and the cure, and for every disease he made a cure. Seek treatment, but do not seek treatment by the unlawful." (Sunan Abī Dāwūd 3874)***

It is also a moral duty for the community to provide support to its members when needed, which helps maintain community cohesiveness. Through the Prophets, Allāh teaches the importance of being kind to one another, reaching out to support others, and speaking to each other respectfully. The Prophet (PBUH) said, ***"An example of Believers as regards to being merciful among themselves and showing love among themselves and being kind, resembles one's body, so that, if any part of the body is not well then the whole body shares the sleeplessness and fever with it." (Bukhari: 6011, Muslim: 2586)*** This conduct as a community makes it much easier to deal with trials and tribulations such as maternal mental disorder.

Muslims should not stigmatize, disgrace or shame women with mental health conditions. The Almighty Allāh says: ***"Believers, let not a group of you mock another. Perhaps they are better than you. Let not women mock each other; perhaps one is better than the other. Let not one of you find faults in another nor let anyone of you defame another. How terrible is the defamation after having true faith. Those who do not repent are certainly unjust." (Quran 49:11)*** Furthermore, ***"Do good to others as Allāh has done well to you. Do not seek to spread corruption in the land, for Allāh does not love those who do this." (Quran 28: 77)*** The Prophet of Allāh (SAW) said, ***"The believer is not a defamer, nor does he curse others, and nor is he immoral or talk indecently." (Tirmidhi: 1977, Ahmad:3839)***

By supporting adolescent girls and women in pregnancy and postpartum, Muslims are expressing gratitude toward Allāh for creating treatment for disease and performing an honorable act of worship as stated in the Holy Quran—protecting life: **"If anyone saved a life, it would be as if he saved the life of all mankind." (Quran 5:32)**

ANNEX 5: HINDU-SPECIFIC TEACHINGS AND MESSAGES[78, 79, 80, 81]

Hindu teachings or informal messages can outline these key points with the following quotations and text references:

- **Hindus care for mental well-being and the suffering of their people.**
- **Mental disorders are not a punishment or the cause of karma.**
- **Hindus should offer compassion and support for those who are suffering.**

Ancient Hindu scriptures, such as the Upanishads and the Bhagavad Gita (the Gita), offer important insights to the mind and mental health. In the Gita, the mind and body are viewed in non-dualistic terms. Mental health is viewed not merely as the absence of poor health but includes the positive attributes of happiness beyond external gratification.

"Lokah Samastah Sukhino Bhavantu" This universal Hindu prayer**— "May all beings everywhere be happy and free, and may the thoughts, words, and actions of my own life contribute in some way to that happiness and to that freedom for all,"** is a moral duty for Hindus to embrace and promote mental well-being for all. The ancient Hindu text Bhagavad Gita (3:26) reminds Hindus, **"...the wise work for the welfare of the world, without thought for themselves...Perform all work carefully, guided by compassion."**

When thoughts, words, or actions are done in a way that is pleasing to God or are in pursuit of self-realization, then they are not under the influence of the laws of karma. The Hindu view of mental health reflects the concepts of happiness, contentment, satisfaction with experiences in life, sense of belongingness, and utility. Mental healing involves holistic psychological factors, such as the experience of the inner sense of well-being, harmony, balance, peace, and between the mind and body. Hindus can support the well-being of women in the pregnancy and postpartum period by helping women with their other responsibilities and encouraging these healing actions—connection with God and with others, healthy habits, acts of seva (selfless service), and attending to the present moment.

Connection with God and with humanity is critical to the path to mental well-being, global belonging, and engagement with others to appreciate the divinity within. ***"There is no better way to stabilize the mind than by listening to the discourses of God with faith and love." (Bhagwan Shagwan Swaminarayan, Vachanamrut Kariyani 12)*** Women experiencing a maternal mental health condition can benefit from the emotional support of connection to others and by participating in spiritual activities together, such as visiting a mandir or praying together. ***"'This is mine; that is theirs,' say the small-minded. The wise believe that the entire world is a family." (Maha Upanishad 6.71-75)***

Hindus know that physical activity and a healthy diet can support mental well-being and can encourage one another in these self-care habits. ***"The one, whose diet and movements are balanced, whose actions are proper, whose hours of sleeping and waking are regular, and who follows the path of meditation, is the destroyer of pain or unhappiness." (Bhagavad Gita 6.17)*** Many forms of mental illness will also require professional support or medications that are designed to treat mental illness.

Similarly, the pursuit of knowledge is highly valued in Hinduism. ***"Where the Infinite is in question, the diversity of approaches is equally infinite." (Sri Anandamayi Ma).*** In contrast to the shame that can accompany mental disorders, women experiencing a maternal mental health condition should be

empowered to gain a sense of purpose and gain new knowledge and skills about her mental health condition and its treatment. ***"Now is the time to inquire about the Absolute Trust." (Brahma Sutras)*** Hindus are also committed to the core belief of seva—selfless acts of service, including supporting those in mental distress. Showing compassion toward all humankind is a moral duty. ***"In the joy of others lies our own." (Pramukh Swami Maharaj)***

Being attentive to the present moment and being aware of one's thoughts, feelings, body, and the surrounding world can improve mental well-being. This "mindfulness" is recommended in Hinduism to be practiced through acts of prayer and bhakti (love and devotion). ***"Meet this impermanent world with neither attachment nor fear. Trust the unfolding of life and you will attain true serenity." (Bhagavad Gita 2.56)*** Women experiencing a maternal mental health condition can support their mental health with pranayama to connect the mind and the body through breath or with Dhyan, meditating on an image of God, a symbol, her breath, or another object. ***"When meditation is mastered, the mind is unwavering like the flame of a lamp in a windless place." (Bhagavad Gita 6.19)***

Hindus share a deep love and care for all humanity and an aim to alleviate suffering. Therefore, Swamis and other respected Hindus should dispel the myth that spiritual illnesses are associated with witchcraft, evil eye, and spirit possession. Instead, Hindus should support the mental health of all people.

ANNEX 6: TEMPLATE FOR DEVELOPING FAITH MESSAGES ON MATERNAL MENTAL HEALTH

Audience: *List your priority audience segment (e.g., men participating in a Bible study; all members of a Mosque during Khutbah; Hindu youth club)*
Message Objective: *List the objectives for this audience regarding mental health. Consider messages that normalize mental health through open discussions, dispel myths, and educate about support that can be offered to adolescent girls and women experiencing a perinatal mental disorder.*
Concerns, Questions, Barriers: *What barriers may this audience have about mental health? Consider what your faith community thinks and feels, societal norms and pressures, individual motivation, and practical and access issues to mental health support and services.*
Primary Message: *Summarize in one to three sentences what you would say to the target audience if you had just one minute during a brief interaction with them. In that short time, how could you address their concerns from a faith perspective and share a motivating message to promote mental health in general and the support of adolescent girls and women living with maternal mental disorders in particular.*

Supporting Messages: *Write up to three messages for this target audience (e.g., pregnant adolescent girls, pregnant women, pregnant women with disabilities) that specifically address their concerns, questions, or stigma related to mental health. Include the most appropriate facts, examples, personal testimonies, and supporting religious text references.*		
Supporting Message 1:	**Supporting Message 2:**	**Supporting Message 3:**
Campaign Next Steps: *Through what channels will you share these messages and who will be responsible? Consider social media platforms, radio, TV, and congregational meetings and how those messages will differ based on your specific audience. Will you engage any other faith actors to support your messaging? Over what timeline will you share these messages?*		
Communication Channels: ▪ ▪ ▪ ▪ ▪ ▪	**Supporting Faith Actors:** ▪ ▪ ▪ ▪ ▪ ▪	**Timeline:** ▪ ▪ ▪ ▪ ▪ ▪

ANNEX 7: CHRISTIAN FAITH MEDIA MESSAGES

Short and Direct Messages for Social Media or Radio

- **1 in 5 adolescent girls and women suffer from a #mentalhealth problem related to pregnancy. Christians must work to #endstigma.**
- **If a mother you love is suffering from a #mentalhealth condition, ask how you can help.**
- **Your family and community need you. Are you struggling with #mentalhealth? Your church can help. Talk to your pastor.**
- **Boys and men: Are you honoring your partner? Wife? Mother? Sister? Ask her about her mental health, anxiety, and depression. Christians are called to care.**
- **Girls and women bear so much responsibility in society. Let's make sure they are taking care of their #mentalhealth. Check on a mother today!**

LONGER MESSAGES WITH MORE DETAIL

- Mental health conditions are common. As many as 1 in 5 adolescent girls and women suffer from a mental health problem during pregnancy and following birth in many countries. Christians can help end negative attitudes about mental health that create barriers for people suffering to seek the support they need.

- Adolescent girls and women affected by maternal anxiety and depression need support. Mental health conditions during pregnancy or after birth impact her ability to provide the care and attention her child needs to thrive. If a mother you love is suffering, reach out to ask her how you can offer support!

- You are not alone, and God cares for you. In many places, 1 in 5 adolescent girls and women suffer from a mental health condition during pregnancy or following birth. Reach out to your pastor and church community for support. We want to help you access the services that can help you heal.

- Every life is valuable to God. Maternal mental health conditions can lead to lifelong suffering or even death. As Christians, we are called to value the lives of suffering girls and women and walk alongside them to get the support and services they need.

- Mental health deserves our attention and priority. Together as Christians, we can create a world where the mental well-being of every person is promoted to give everyone the opportunity to reach their God-given potential.

- Your community and family need you. Honor God by taking care of yourself. Assess your current mental health status and engage in self-care practices or seek professional services to strengthen your mental well-being.

- Boys and men, we are called by God to afford dignity and respect to girls and women in our community. Let our strength show in the ways we tenderly care for girls and women who may be suffering from mental distress.

- Let's make our community strong. Adolescent girls and women are the cornerstone of flourishing communities. They need our church's full support—particularly during the intense period of pregnancy and after childbirth.

- Children are a gift from God and deserve our best. Mental disorders during pregnancy and following childbirth cause hardship for mothers and their children. Protect our children and promote good mental health in girls and women!

- Mental disorder is often associated with disgrace and discrimination. As Christians, we have a moral duty to protect others from harmful stigma and shame. Let's advocate for the support of those with mental health issues and speak against negative mental health attitudes.

- As the Church, we need to speak out about mental health and openly discuss the times in which women are most at risk for mental disorders, such as the period of pregnancy through two years postpartum. The Church can lead the way in this important step toward a more healthy, just, and equitable world.

- The burden of mental disorder falls heavily on those who are already marginalized and socially disadvantaged. In the spirit of following Jesus' example, we cannot forget the most vulnerable and needy throughout the world. Closely supporting girls and women through pregnancy, childbirth, and postpartum is an act of love.

- The flourishing of our Christian community depends on the holistic well-being of its members. When mothers suffering from mental disorder are treated with dignity and respect, as Jesus taught, this benefits them and our society as a whole.

- When girls and women bear the overwhelming responsibility of all household and child-rearing responsibilities, this puts her at greater risk of experiencing maternal mental disorders. As Christian boys and men, we should follow Christ's commands and examples to serve one another, especially our friends, sisters, mothers, and wives, in ensuring that their burdens are not too heavy.

- As Christians, we denounce all forms of gender-based violence. Violence puts a girl and woman at greater risk of mental distress and makes it difficult for her to provide the necessary care to her children. We choose to walk in the Fruit of the Spirit, which includes treating others with gentleness.

ANNEX 8: MUSLIM FAITH MEDIA MESSAGES

Short and Direct Messages for Social Media

- **1 in 5 adolescent girls and women suffer from a #mentalhealth problem related to pregnancy. Muslims must work together to #endstigma.**
- **If a mother you love is suffering from a #mentalhealth condition, ask how you can help.**
- **Your family and community need you. Are you struggling with #mentalhealth? Your mosque can help. Talk to someone today.**
- **Boys and men: Are you honoring your partner? Wife? Mother? Sister? Ask her about her mental health, anxiety, and depression. Muslims are called to care.**
- **Girls and women bear so much responsibility in society. Let's make sure they are taking care of their #mentalhealth. Check on a mother today!**

LONGER MESSAGES WITH MORE DETAIL

- Mental health conditions are common. As many as 1 in 5 adolescent girls and women suffer from a mental health problem during pregnancy and following birth in many countries. Muslims can help end negative attitudes about mental health that create barriers for people suffering to seek the support they need.

- Eid Mubarak! Healthy together is better. Adolescent girls and women affected by maternal anxiety and depression need support. Mental health conditions during pregnancy or after birth impact her ability to provide the care and attention her child needs to thrive. If a mother you love is suffering, reach out to ask her how you can offer support!

- You are not alone and Allāh cares for you. In many places, 1 in 5 adolescent girls and women suffer from a mental health condition during pregnancy or following birth. Reach out to an Imam and to your Muslim community for support. We want to help you access the services that can help you heal.

- Every life is precious to Allāh. Maternal mental health conditions can lead to lifelong suffering or even death. As Muslims, we are called to value the lives of suffering girls and women and walk alongside them to get the support and services they need.

- Mental health deserves our attention and priority. Together as Muslims, we can create a world where the mental well-being of every person is promoted to give everyone the opportunity to reach their potential in serving Allāh.

- Your community and family need you. Honor Allāh by taking care of yourself. Assess your current mental health status and engage in self-care practices or seek professional services to strengthen your mental well-being.

- Boys and men, to honor Allāh, we must afford dignity and respect to girls and women in our community. Let our strength show in the ways we tenderly care for mothers who may be suffering from mental distress.

- We have a moral obligation to protect ourselves and those around us. As the Prophet Muhammad (PBUH) said, ***"We are one body, and if part of it aches, the rest should respond with sleeplessness and fever."*** Women are the cornerstone of flourishing communities, and their mental well-being needs our protection and support—particularly during the intense period of pregnancy and after childbirth.

- Children are a gift from Allāh and deserve our best. Mental disorders during pregnancy and following childbirth negatively affect mothers and their children. Protect our children and promote good mental health in adolescent girls and women!

- Mental disorder is often associated with disgrace and discrimination. As Muslims, we have a moral duty to protect others from harmful stigma and shame. Let's advocate for the support of those with mental health issues and speak against negative mental health attitudes.

- For every disease Allāh made a cure. As Muslims, we need to speak out about mental health and openly discuss the times in which women are most at risk for mental disorders, such as the period of pregnancy through two years postpartum. Muslims can lead the way in this important step toward a more healthy, just, and equitable world.

- The burden of mental health conditions falls heavily on those who are already marginalized and socially disadvantaged. In the spirit of following the Prophet Muhammed's example, we cannot forget the most vulnerable and needy throughout the world. Closely supporting girls and women through pregnancy, childbirth, and postpartum is an act of love.

- The flourishing of our community depends on the holistic well-being of its members. When mothers suffering from a mental health condition are treated with dignity and supportive care, this benefits them and our society as a whole.

ANNEX 9: HINDU FAITH MEDIA MESSAGES

Short and Direct Messages for Social Media

- **1 in 5 adolescent girls and women suffer from a #mentalhealth problem related to pregnancy. Hindus must work together to #endstigma.**
- **If a mother you love is suffering from a #mentalhealth condition, ask how you can help.**
- **Your family needs you. Are you struggling with #mentalhealth? Your mandir community can help. Talk to your guru today.**
- **Boys and men: Are you honoring your partner? Wife? Mother? Sister? Ask her about her mental health, anxiety, and depression. Hindus are called to care.**
- **Girls and women bear so much responsibility in society. Let's make sure they are taking care of their #mentalhealth. Check on a mother today!**

LONGER MESSAGES WITH MORE DETAIL

- Mental suffering is common. As many as 1 in 5 adolescent girls and women suffer from a mental health problem during pregnancy and following birth in many countries. Hindus believe that connecting with the divine can help end negative attitudes about mental health that create barriers for people suffering to seek the support they need.

- We must commit to *bhuta daya*, compassion for suffering humanity. Adolescent girls and women affected by maternal anxiety and depression need support. Mental health conditions during pregnancy or after birth impact her ability to provide the care and attention her child needs to thrive. If a mother you love is suffering, reach out to ask her how you can offer support!

- Life is sacred. You are not alone, and God cares for you. Reach out to respected elders, family, and other mothers in your community for support if you are experiencing mental distress. We want to help you access the services that can help you heal.

- Maternal mental health conditions can lead to lifelong suffering or even death. As Hindus, we must support mothers and all girls and women who are suffering with mental distress to get the support and services they need.

- *Lokah Samastah Sukhino Bhavantu*! Mental health deserves our attention and priority. Together as Hindus, we can create harmony in a world where the mental well-being of every person is promoted to give everyone the opportunity to reach potential.

- Your community and family need you. Honor the divine in you by taking care of yourself. Assess your current mental health status and engage in self-care practices and seek professional services to strengthen your mental well-being.

- Boys and men, as Hindus we must give dignity and respect to all people, including women in our community. Let us demonstrate our strength in the ways we tenderly care for mothers who may be suffering from mental distress.

- We are each called to connect with God and humanity as a part of body and mind well-being. Maternal mental health should be supported—particularly during the intense period of pregnancy and after childbirth.

- Children are a gift from God and deserve our best. Mental disorders during pregnancy and following childbirth negatively affect both mothers and their children. Protect our children and their mothers by promoting good maternal mental health!

- There is no disgrace or shame in suffering from mental distress. As Hindus, we have a moral duty to protect others from harmful stigma and shame. Let's advocate for the support of those with mental health issues and speak against negative mental health attitudes.

- As a Hindu, I have a moral duty to protect others. We need to speak out about mental health and openly discuss the times in which adolescent girls and women are most at risk for mental disorders, such as the period of pregnancy through two years postpartum. Hindus can lead the way in this important step toward a more healthy, just, and equitable world.

- The burden of mental health conditions falls heavily on those who are already marginalized and socially disadvantaged. In the spirit of caring for humanity, we cannot forget the most vulnerable and needy throughout the world. Closely supporting girls and women through pregnancy, childbirth, and postpartum is an act of love.

- The flourishing of our community depends on the holistic well-being of its members. When mothers suffering from mental disorders are treated with dignity and supportive care, this benefits them and our society as a whole.

ANNEX 10: KEY PRINCIPLES OF PSYCHOLOGICAL FIRST AID[82, 83]

Psychological First Aid is an evidence-informed modular approach for assisting people in the immediate aftermath of disaster and emergency response to reduce initial distress and to foster short- and long-term adaptive functioning. It can be used by non-mental health experts—such as pastors, priests, and imams—to provide mental health support to an adolescent girl or woman who has experienced a traumatic event during the pregnancy and postpartum period.

There are seven key components of Psychological First Aid, which aim to promote a sense of safety, calming, a sense of self and community efficacy, connectedness, and hope.

FIGURE 4. 7 KEY COMPONENTS OF PSYCHOLOGICAL FIRST AID

When providing Psychological First Aid, keep in mind three action principles: look, listen, link.

FIGURE 5. "LOOK, LISTEN, AND LINK" ACTION PRINCIPLES MODEL

Look →	Listen →	Link →
1. Assess dangers, as well as safety and security risks. 2. Obtain information about the event that is taking/took place and about those in need of assistance, their physical injuries, primary and basic needs, and their emotional responses.	1. Approach the person in need of help. 2. Introduce yourself. 3. Pay attention and listen actively. 4. Understand the other person's feelings. 5. Calm the person in crisis. 6. Ask about their needs and concerns. 7. Help the person in crisis with their immediate needs and try to resolve their issue(s).	1. Make relevant information, services, and other sources of assistance available. 2. Help them connect or reunite with relatives. 3. Provide social assistance. 4. Actively try to help resolve the issue(s).

Follow these general guidelines when providing Psychological First Aid to help the person in crisis properly, without harming them:

- Understand the situation before helping. Do not force your help.
- Respectfully ask simple questions to understand how you can help.
- Establish communications with the person in crisis. The best way to initiate communication is to provide practical assistance (offer food, water, clothing, blankets).
- Be prepared: The person in crisis may avoid you, engage in aggressive behavior, or refuse your help.
- Respect people's right to make decisions.
- Even if the person in crisis refuses your help when offered, show your willingness to help them in the future.
- Be patient, responsible, responsive, and sensitive.
- Speak calmly and plainly and with clear expressions. Provide accurate, relevant, and age-appropriate information.
- Take the person's cultural background, age, gender, customs, and religion into consideration.
- Avoid assumptions, criticism, assessments, and promises.
- If the person in crisis wants to talk, be prepared to listen.
- It is not necessary to constantly talk with the person in crisis; often, just being physically present helps them feel more secure and confident.
- Keep all the information you receive from the person confidential. Never share personal information.

ANNEX 11: REFERENCES AND RESOURCES

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