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Introduction to Postpartum Depression

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As we write for this special issue of the Bulletin, society as we know it has changed. A stunned global population is gradually beginning to understand the extraordinary implications and impact of the Covid-19 pandemic and what the foreseeable future might look like. With an alarming rise in associated mental health problems faced by populations across borders, now is the time more than ever to get together as a scientific community and reach out to the most vulnerable, across geographies. The coming time will be challenging to say the least, but the strategy and action we follow now will offer us the chance to improve our understanding of designing new and creative ways of providing mental health care by having a greater focus on prevention, intervention, and national level psychological first aid. The November 2020 issue of the Bulletin will focus on Covid-19 and its implications from the standpoint of developmental science.

The current special issue of this Bulletin is on 'Postpartum depression' and we are very proud to feature the work of scientists from different parts of the world, which is one of the overarching goals of the Bulletin. Given the long-term implications of postpartum depression and adverse maternal, infant, and child outcomes, we consider this topic to be of great significance. Low- and middle-income countries face a particular challenge. In these countries, maternal mental health may have a low priority due to a possible lack of resources and information.

The first paper for this issue of the Bulletin looks at digital health care for closing the treatment gaps of maternal depression in Pakistan (Chaudhary et al.). This is followed by exploring the attribution theory framework for increasing help-giving and reducing stigma associated with postpartum depression (Ruybal). The third paper looks at postpartum depression and bonding and maternal role attainment (Karaçam). The fourth contribution, a lab report, describes a culturally adapted model of recruitment, engagement and retention for British South Asian Women experiencing symptoms of postnatal depression (Lunat et al.). We are hopeful these papers will help us gain a further understanding of challenges faced by women experiencing postpartum depression.

In Society news, we have a special message from the President. We have also received a poignant tribute to the memory of Dr. Franz J. Mönks, one of the founding members of ISSBD (Heymans). We then have a report of the first ISSBD regional workshop held at Mendoza, Argentina (Greco) and an ISSBD Early Career Scholars annual report, detailing the exciting work which they have already carried out along with future planned activities (Hapunda, Cunha, & Manzi). It is our wish that all our members stay safe and healthy. We welcome contributions for the next issue that will help us expand our understanding of the current scenario and its implications for human development, prevention, and intervention.

Digital Healthcare Solutions: Closing the treatment gaps for maternal depression in Pakistan

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Depression in mothers after childbirth is a serious public health problem, with deleterious impact on mother and child (Stuart-Parrigon & Stuart, 2014). One in five women may experience postnatal mental illness (Gavin et al., 2005). Opportunities to diagnose these conditions may be missed (Ford, Shakespeare, Elias, & Ayers, 2016; Prady et al., 2016) and half of all cases of maternal depression go undetected (Bauer, Knapp, & Parsonage, 2016). Consequences of untreated depression can be profound and long-lasting for women and families, with risks of longer-term adverse effects on child development and associated costs (Bauer et al., 2016).

There is an evidence base for the effectiveness of psychosocial treatments for maternal depression (Morrell et al., 2016; Singla, Kumbakumba, & Aboud, 2015; Stein et al., 2018). In Pakistan, evidence exists to support role of Cognitive Behavior Therapy (CBT) to reduce maternal depression (Atif Rahman, Malik, Sikander, Roberts, & Creed, 2008). Also effective are Learning through Play (a parenting intervention) to improve child outcomes (A. Rahman, Iqbal, Roberts, & Husain, 2009) and Learning through Play Plus CBT to improve both maternal and child outcomes (Husain et al., 2017).

Though effective treatments are available, there are barriers in accessing help, such as stigma, low health literacy, and poor advice from family (Rouhi, Stirling, & Crisp, 2019). Moreover, there are challenges related to distance, inconvenience, being homebound or reluctance to face-to-face interventions (Hartke & King, 2003; Nakku et al., 2016). Finally, the challenge of mothers finding time to participate in psychological interventions while caring for their babies is another significant barrier (Patel et al., 2016).

Use of digital technologies is rapidly increasing, and may help to overcome these challenges. Researchers have found that the telephone is highly acceptable to families for such interventions and may meet carers' needs in respect to information, guidance, and professional and emotional support (Wilz & Soellner, 2016). The telephone is seen as a good mode to identify problems early, give reassurance, and provide quality services (Thompson et al., 2007). Several studies have documented the impact of telephone-based interventions for the treatment of depression (Logsdon, Foltz, Stein, Usui, & Josephson, 2010) and postnatal depression (Ngai, Wong, Chung, & Leung, 2017; Wozney et al., 2017).

The use of smartphone apps and mobile technology is being explored and embraced globally. There is already expanding consumer interest with approximately 10,000 mental health Apps available for download today (Torous & Roberts, 2017). Research has demonstrated the effectiveness of smartphone Apps in skills training and psychoeducation to promote mental health (Matthey, Kavanagh, Howie, Barnett, & Charles, 2004). Meta-analyses have shown that smartphone-based interventions may reduce anxiety and depression (Firth, Torous, Nicholas, Carney, Pratap et al., 2017; Firth, Torous, Nicholas, Carney, Rosenbaum et al., 2017).

The following two-rater blind multi-center randomized controlled trials (RCTs) make important contributions in enabling delivery of mental health services to post-partum women. This approach provides a flexible, personalized and convenient way for easy accessibility and acceptability. Both trials are complete and data is being analyzed for both the quantitative and qualitative components of the trials. We summarized notes from researchers' reflection diaries. The researchers' reflections were analyzed using the thematic analysis approach.

Telemothercare

The aim of this RCT was to test the effectiveness of a telephone-delivered intervention program called Learning through Play Plus Interpersonal Psychotherapy (LTP Plus) for depressed mothers of young children (0–3 years) in Pakistan. Pakistan is the world's fifth-most populous country with a population exceeding 212.7 million people. Pakistan is reported as one of the riskiest places to be born because of high rates of neonatal deaths (46 per 1,000 live births), under-five mortality rates (78.8per 1000 live births) and high maternal mortality rates (178 per 100,000) in the world (UNICEF, 2016)

The LTP Plus intervention can be delivered by non-specialists, including trained graduates, mothers and lay health workers with minimal training. The intervention was supplemented by the provision of LTP Plus pictorial calendars to the participants. The LTP Plus calendar comprises eight successive stages of child development from birth to 3 years, with illustrations of parent-child play and other activities that promote parental involvement, learning, and attachment. In each stage, five key areas of child development are depicted: sense of self, physical, relationships, understanding, and communication. Information about each area is written in simple, low-literacy language, with accompanying pictures that act as visual cues. The IPT

component of the intervention comprises a supportive element, an educational element, a parenting element and an interpersonal relationship element. Intervention goals include helping mothers to feel supported, empowered and confident about their parenting abilities, which can directly influence a reduction in depressive symptoms as well as the resolution of interpersonal conflicts.

We recruited 370 mothers, randomized into either a telephone-delivered LTP Plus arm or a routine care arm after completion of baseline assessment. Those in the intervention arm received a 10-session intervention (delivered weekly for two months, and fortnightly in the 3rd month). Follow-up assessment was done at 3- and 6-month post randomizations.

Thematic analysis of the reflections of researchers involved in the trial shows that the participants looked forward to LTP plus training sessions over the phone as it helped them to understand the impact of mood on their relationship with the child and family. They acknowledged that these telephone discussions helped them to understand the role of open and more frequent communication within the family including the husband to improve the quality of relationships. They mentioned that getting this training over the telephone saved them travel time and cost. They recommended that this training should also be offered to older members of the family such as mothers-in-law, because in Pakistani communities they are the main source of information for new mothers.

The research team noted a few challenges. Some participants did not respond to the calls at the scheduled times; they sometime switched off their phones or cancelled the call; at times the call was dropped during the session. There were some participants who were motivated to attend all the sessions but unfortunately their mobile phones were damaged during the intervention period so we had to provide a mobile phone for each session through the Community Health Workers (CHWs). Because of many domestic responsibilities, it was difficult for some participants to concentrate on what was being discussed thus interrupting the flow of the session. A few participants requested a change in the session schedule to Sundays as their husbands were available to take care of children.

In Pakistan the concept of telephone-delivered intervention is very new; therefore a few families were skeptical about this method. Because of cultural factors it is difficult for women in some communities to stay on the telephone for an hour. The research team made sure that for women, female researchers were involved for assessment and intervention.

TechMotherCare

The aim of this RCT was the development and evaluation of a mobile App-based intervention (LTP Plus Cognitive Behavior Therapy – LTP Plus). The App, called TechMotherCare (TMC), was designed to address maternal depression and increase access to evidence-based, culturally relevant psychological interventions for depressed mothers of young children (0–3 years). Participants were randomized into either the TMC arm or the routine care arm. TechMotherCare has two aspects: Generic text messages comprising LTP Plus and Intelligent Real Time Therapy (iRTT). The LTP intervention is described above and the CBT component is the Thinking Healthy Program (Atif Rahman et al., 2008) which adopts a 'here and now' problem-solving approach. It uses CBT techniques of active listening, attempts at changing negative thinking, collaboration with the family, and guided discovery (i.e., a style of questioning to both gently probe for the family's health beliefs and to stimulate alternative ideas).

Participants were assessed at baseline, 3-month (i.e., completion of intervention) and 6-month post-randomization.

The research team mentioned in their field diaries that the participants in the TMC arm reported improvement in their mood which helped them to take better care of their children. They said that they shared the messages with their friends. Participants mentioned that the training can benefit not only them, but that receiving these messages at home benefits the whole family. They also reported some challenges such as electricity issues, being busy with domestic chores, and their family not being able to understand the importance of mental health. They recommended that for those who cannot read, intervention should be delivered through phone or audio messages. They recommended that such mobile Apps should be promoted through media so a that larger number of mothers can access such support.

The research team noted some challenges that they experienced. Electricity load shedding was the major issue, which meant that some participants were not able to charge their mobile phones. Availability of internet service was important for data to be uploaded onto the TMC admin site. Not all participants had access to the internet. Therefore internet packages were provided to the participants but it was difficult to control the usage as they were using this facility for other internet browsing activities as well, with the result that they exceeded their allotted data before they completed the App package. The types of phone were also a big challenge for App installation and updating of the web log as the phone system varied from individual to individual and quite a lot of adjustments had to be made to keep the App running. To overcome this problem a software consultant was on board throughout the intervention period.

Conclusion

Research in the field of digital mental health is important because of the benefits it offers to psychiatric rehabilitation and global mental health by providing effective and convenient interventions, especially in poorly resourced countries. This is particularly important in the context of Pakistan–a country with the worst infant mortality rates, as UNICEF estimates that close to 50,000 babies and young children could be saved every year through higher coverage of a few known high-impact healthcare interventions.

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An Approach to Minimize Stigma Surrounding Postpartum Depression: Attribution Theory Applied

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Postpartum depression (PPD) is thought to affect 10%-15% of all childbearing women (Boland-Prom & MacMullen, 2012; Patel et al., 2012). Recent research suggests the numbers could be 11%-20% of women who have recently given birth depending on the population (Centers for Disease Control and Prevention, 2020). Postpartum depression negatively impacts the economy (Greenberg et al., 2003; Stone, 2012), child development (Priel, Zeev-Wolf, Djalovski, & Feldman, 2019), and families (Letourneau et al., 2012; Riecher-Rössler & Fallahpour, 2003), and even costs some women their lives (Healey et al., 2013). Australia estimated 433 million dollars were spent as a result of PPD within 2012 alone, equivalent to the United States spending more than one billion dollars per year due to the ailment (Stone, 2012). Compared to women without depression, those with PPD experience a six-fold increase in the use of mental health counseling and are four times more likely to have emergency room visits (Dagher, McGovern, Dowd, & Gjerdingen, 2012).

Postpartum depression is not only costly to the nation, it is costly to the family unit (e.g., Letourneau et al., 2012). Children may have a multitude of developmental problems if mothers have depression, including lower levels of frontal lobe activity (Dawson et al., 1999), lower responsiveness, problems maintaining attention, and low levels of endurance and energy (Righetti-Veltema, Bousquet, & Manzano, 2003). Issues in both motor and mental development in infants may occur (Murray & Cooper, 1997), as well as poor health (Casey et al., 2004), lower self-esteem lower emotional well-being (Aunola & Nurmi, 2005), and inconsistent attachment responses between mothers and infants (Weinberg & Tronick, 1998) when mothers have PPD. More troubling still is that 24%-50% of partners experience depression if maternal PPD is present (Goodman, 2004). Letourneau and colleagues (2012) found that up to 50% of men whose partners have maternal PPD also display depressive symptoms, leaving newborn children with two parents dealing with depression in the case of heterosexual couples.

Postpartum depression interventions that address a number of different concerns for help-seeking are needed. Organizations looking to reduce levels of PPD have recently launched campaigns to reduce stigma and promote help seeking, as this form of depression is gaining more public attention. Some examples are the 2020 Mom Project (2017), the Silence Sucks campaign (2017), and the #SpeakTheSecret campaign (The Postpartum Stress Center, 2017). Although it clearly demonstrated the need for theory- and evidence-based approaches, the Silence Sucks campaign received harsh backlash from many women, scholars, and other organizations (Bologna, 2017). However, lawmakers in California have recently started to debate the need for mandatory PPD screening (Dembosky, 2018). This comes after a late 2016 act passed by Congress and signed into law called the 21st Century Cures Act (114th Congress, 2015-2016), which among other health concerns provides more funding for PPD screening.

Screenings for PPD have become more consistent and aid is available for women with PPD; however, the stronger depressive symptoms become, the weaker intentions to seek help become (Sawyer et al., 2012). This is because individuals with depression process information with a more negative bias than people without depression (Dozois & Dobson, 2001). Further, the negative bias worsens as depression becomes more severe (Haaga, Dyck, & Ernst, 1991). This same negative bias that influences the cognition of people with depression also influences a mother's perception of the utility of seeking help. For this reason, direct approaches for encouraging help seeking in individuals with depression are not always successful. Boomerang effects, defined as a reduced likelihood of seeking help, can occur, whereby individuals with depression are less likely to seek help for their condition (Klimes-Dougan & Lee, 2010; Lienemann, Siegel, & Crano, 2012).

Further, a public stigma around motherhood also exists, with women being told how to feel post childbirth (e.g., feelings of enjoyment, happiness, overwhelmed by positive emotions; see O'Mahony, Donnelly, Raffin Bouchal, & Este, 2013; Riecher-Rössler & Fallahpour, 2003), and are faced with ideas of idealized motherhood (e.g., motherhood as fundamental to being a woman; McCarthy & McMahon, 2008; O'Mahony et al., 2013). Thus, women face the negative symptoms of depression, and the stigma associated with depression, as well as stigmas associated with motherhood. Stigma and judgment from others are the most common reasons women report not seeking help (Jesse, Dolbier, & Blanchard, 2008). Goodman (2009) found that because of stigma, 42.5% of pregnant women without depressive

symptoms stated they would not seek help if they developed PPD. Researchers have attempted to change the public stigma surrounding mental illness by increasing help provision via indirect approaches, such as persuading loved ones of people with depression in an attempt to increase help for people with postpartum depression and reduce stigma (see Ruybal & Siegel, 2017, 2019 for examples).

An Approach to Diminish Stigma

Postpartum depression is gaining more attention in the mainstream media and many different resources to help women are available. Technology allows women to connect via online forums and blogs where they can describe their struggles and get help (Moore & Ayers, 2017). Over the years, several celebrities have come forward to talk about their PPD, making more people aware of the condition. Although these examples are beneficial in helping women not to feel alone, their situations are still difficult, and they may still feel unable or afraid to ask for help.

One approach is to not focus directly on persuading women with PPD, but instead on persuading their close friends and family to reach out and offer support. This is a viable approach as these individuals can offer support to a loved one with depression and are less likely to have depression themselves. This approach also helps to reduce the existing stigma surrounding PPD (Goodman, 2009). Weiner's attribution-emotion-action model (1980) has proven a useful framework for increasing help-giving and reducing stigma in a wide variety of scenarios. Research on depression (Muschetto & Siegel, 2018, 2019; Siegel et al., 2012; Yao & Siegel, 2020) and PPD in particular (Ruybal & Siegel, 2017, 2019, 2020) has been successful in this endeavor. This approach has accomplished its goals by changing attributions about PPD, resulting in increased positive emotions and decreased negative emotions toward women with the ailment. In line with attribution theory, increases in sympathy and decreases in anger felt toward a loved one with PPD lead to increased social support outcome expectations (Ruybal & Siegel, 2017), willingness to provide social support (Ruybal & Siegel, 2019), and willingness to provide general support (Ruybal & Siegel, 2020). The changing of attributions has been accomplished by exploring how controllability (i.e., responsibility for PPD; Ruybal & Siegel, 2017), stability (i.e., the temporal nature of PPD; Ruybal & Siegel, 2019), and perceived effort (i.e., whether someone is exerting effort to overcome PPD; Ruybal & Siegel (2020) relate to people's emotions and willingness to provide support to a loved one with PPD.

Ruybal and Siegel have successfully changed attributions about women with PPD across several studies. They found that believing a woman was not at fault for her PPD reduced stigma and increased willingness to provide social support through increased sympathy and decreased anger (Ruybal & Siegel, 2017). This occurred when comparing scenarios where a woman was thought to be responsible for her depression continuing or when she was thought to have depression despite following a treatment regime. These findings were then applied to a hypothetical PPD anti-stigma campaign. Individuals who saw a print PSA (public service announcement) which stated that a woman was not at fault for PPD, had reduced levels of anger and a greater willingness to provide support to a loved one with PPD as a result. With these promising results, Ruybal and Siegel (2019) tested a second method of reducing stigma toward women with PPD, focusing on the temporary nature of PPD. It was found that if a loved one thought a woman would have PPD for a limited amount of time, this led to a higher likelihood of being willing to offer support and believing their support would make a difference through increased levels of sympathy. If, however they thought a woman with PPD would be diagnosed with major depressive disorder after the postpartum period, this had a negative indirect effect on willingness to offer support, with these loved ones thinking support would not make a difference. Thus, women in the greatest need of support might find their loved ones least likely to help if they think depression will be ongoing.

Ruybal and Siegel (2020) further explored this approach of stigma reduction by examining whether video PSAs could be enhanced by applying results from their previous work. Inspired by Karasawa's work utilizing effort (1991), they examined whether emphasizing that a woman is exerting effort to overcome PPD, even if it is not apparent, would help to reduce stigma as well. Thus, perceived onset controllability, stability, and effort were combined in a 2 x 2 x 2 factorial experiment for a total of eight video PSAs. These videos emphasized that women cannot control developing PPD, that PPD can be temporary, and that most women with PPD are making an effort to overcome it. Results indicated that emphasizing the temporary nature of PPD and that effort is being expended to overcome this ailment can inspire loved ones to come through with full support. Despite print PSAs successfully persuading individuals to assist loved ones with PPD in earlier work (Ruybal & Siegel, 2017), controllability did not make a difference in reducing stigma and increasing support for women with PPD when utilized in video PSAs. This further demonstrates the need for testing campaigns prior to public initiation.

Future Directions

Postpartum depression affects a large number of women (Patel et al., 2012) and stigma surrounding PPD keeps women from getting help for their ailment (O'Mahony et al., 2013). Public stigma surrounding depression exists, and even loved ones are known to stigmatize individuals with depressive symptomatology (Drake, Howard, & Kinsey, 2014; Edwards & Timmons, 2005; McCarthy & McMahon, 2008; Teng, Blackmore, & Stewart, 2007). Beyond dealing with the many negative consequences of depression, women with PPD face stigma. Stigmatization of individuals with mental illness is harmful and well documented (Angermeyer, Beck, & Matschinger, 2003; Corrigan, Powell, & Rüsch, 2012; Lauber, Nordt, Falcato, & Rössler, 2004), with individuals experiencing such stigma being less likely to seek treatment (Goodman, 2009).

Although reports on efforts to reduce stigma on a societal level have been published (Bilszta, Ericksen, Buist & Milgrom, 2010; McCarthy & McMahon, 2008; Pinto-Foltz & Logsdon, 2008), additional research is needed to understand the motivational and risk factors that help predict and prevent stigmatization. In response, there has been an increase in research focused on reducing stigma toward

individuals with mental illness via the use of media-based campaigns (e.g., Evans-Lacko, Corker, Williams, Henderson, & Thornicroft, 2014). Future research seeking to reduce the stigma surrounding PPD should be guided by strong theoretical backing and extensive testing preceding dissemination of campaign materials (Corrigan & Kosyluk, 2013; Crano, Siegel, & Alvaro, 2012). Clearly, it is important to rectify negatively biased beliefs related to mental/behavioral stigmas such as PPD. Attribution theory has been used across various ailments to understand and reduce stigma, and has been successful in some areas of mental health (Amirkhan, 1990; Försterling, 1990; López & Wolkenstein, 1990; Weiner, Perry, & Magnusson, 1988), depression (Karasawa, 2003; Siegel et al., 2012; Muschetto & Siegel, 2019), and PPD (Ruybal & Siegel, 2020). Changing attributions, especially those around permanence which can promote ideas about the possibility of recovery are in line with prior research on campaigns (Corrigan, Powell, Karina, & Al-Khouja, 2015). Attribution theory is unlikely to be the only successful framework to assist with the reduction of stigma toward PPD; however, it has been extensively tested with promising results. Research based on strong theoretical frameworks can help us reduce untoward effects and is consistent with calls for more theoretically-guided campaigns (Dumesnil & Verger, 2009). Such an approach is essential when the well-being of women and the development of their children are at stake.

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Postpartum depression: Its effects on bonding and maternal role attainment

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Postpartum depression (PPD) is a serious disease that is frequently encountered in the postpartum period; it threatens the life of the mother and her family and negatively affects the growth and development of the baby. This disease is a condition that develops due to many factors including biological, psychological and sociocultural influences. It may continue for a long time; it requires treatment, and is often not noticed and thus neglected by health workers (Sharma & Sharma, 2012). Healthcare professionals have the responsibility to determine the risk of postpartum depression of the mother and its effects on the baby's health. They are obligated to provide preventive and supportive care, identify existing problems early, perform appropriate therapeutic interventions and to refer the mother for further examination and treatment when necessary. This article has been prepared with the aim of sharing current information about postpartum depression, a syndrome which is thought to be significant in the development of maternal, infant, family and community health. Its effect on bonding and maternal role attainment is crucial.

Postpartum depression

While many women easily adapt to the physiological, psychological and social changes that occur due to pregnancy and birth, some women experience mild, moderate and severe mental disorders. Postpartum mental ailments may present as maternal blues (postpartum blues, baby blues), postpartum depression (no psychotic feature), or postpartum psychosis and posttraumatic stress disorder (Cook, Ayers, & Horsch, 2018; Sharma & Sharma, 2012). PPD is a disease that has been known since Hippocrates and is the most common malady in the postpartum period. Studies on postpartum depression first appeared in medical literature in 1838, when French doctor Jean Etienne Dominique Esquirol reported cases of mental illness among women who had given birth. Louis Victor Marcé is reported to have published on this issue later in 1858 (Yuksel, 2015). Studies on postpartum depression have increased steadily since the 1960s.

According to Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V), the diagnostic criteria of PPD are the same as those of major depression, and depression may be evaluated as postpartum depression, if it starts after birth, especially within the first four weeks (American Psychiatric Association, 2013). According to DSM-V, at least four of the following symptoms occurring together for at least two weeks indicate major depression: changes in body weight, appetite and sleep patterns; changes in psycho-motor activity; loss of energy; feelings of guilt or worthlessness; pensiveness; difficulties in concentration and decision-making; suicidal thoughts or attempts (American Psychiatric Association, 2013). In this context, the symptoms of postpartum depression are similar to the symptoms of major depression. These indicators: are eating disorders (overeating or anorexia); or unexpected weight gain/loss; sleep disorder; grief, anger, hostility, irritability, anxiety attacks, or emotional instability; fatigue, loss of energy and motivation, inability to concentrate, feelings of intense despair and helplessness; introversion, withdrawal, loneliness, fear of losing control; or insanity, confusion, guilt, feelings of worthlessness, a sense of inadequacy and lack of self-confidence; loss of sexual desire, memory weakness, spontaneous crying, finding life meaningless, indifference to the baby, excessive anxiety for the baby, obsessive thoughts about harming the baby, thoughts of self-destruction, gastrointestinal disturbances, and menstrual irregularity (Curry et al., 2019; Kennedy, Beck, & Driscoll, 2002; Beck & Tatano DNSc, 2002). In addition, PPD has been identified as a "dangerous thief" that steals the time that the mother should spend with the baby (Beck, 2001). It is also reported that mothers suffering such symptoms report "fear of being alive, and warming up to death" (Beck & Gable, 2001).

The reported prevalence of PPD varies depending on the diagnostic tool, whether the study is retrospective or prospective. Also influential are sample size, and population characteristics. PPD is estimated to affect 13-19% of women of reproductive age (Hutchens & Kearney, 2020). Sudhanthar, Sheikh, & Thakur (2019) reported that the prevalence of postpartum depression is in the range of 10-15% in economically developed countries. In the United States, the estimated prevalence of major depressive disorder in the postpartum period ranges from 8.9% among pregnant women to 37% at any point in the first year postpartum (Norhayati, Hazlina, Asrenee, & Emilin, 2015). However, in many studies, this rate is reported to be much higher (10-60%) (Brassel, Townsend, Pickard, & Grenyer, 2019; Ko, Rockhill, Tong, Morrow, & Farr, 2017; Sudhanthar et al., 2019). In two systematic reviews including studies that used self-report scales, the prevalence of PPD among women living in Turkey was also reported to be 24% (Karaçam, Çoban, Akbaş, & Karabulut, 2018; Özcan, Boyacıoğlu, & Dinç, 2017). However, it should be kept in mind that these self-report scales are used to evaluate the presence of depression symptoms for the purpose of

screening for further examination and treatment referrals (Alves, Fonseca, Canavarro, & Pereira, 2019) (Beck, & Gable, 2001; Cox, Holden, & Sagovsky, 1987). Most of the studies found in PPD literature are based on self-reporting tools; therefore such reports may be unreliable. On the other hand, it is known that there are many undiagnosed and untreated mothers with postpartum depression (Sharma, & Sharma, 2012; Hutchens & Kearney, 2020).

There are many biological, psychological and sociocultural factors in the aetiology of postpartum depression (Brassel et al., 2019). In a recently published umbrella review, Hutchens & Kearney, (2020) identified 25 statistically significant risk factors for PPD, including high life stress, lack of social support, current or past abuse, prenatal depression, and marital or partner dissatisfaction. Hyperemesis, preterm birth risk, history of psychiatric disorders, prenatal depression, current abuse, low self-esteem have been cited as the strongest risk factors for PPD (Hall, Kotch, Browne, & Rayerns, 1996; Josefsson et al., 2002; Hutchens & Kearney, 2020). In the studies done in Turkey, the most common risk factors were mental problems or depression prior to pregnancy, a history of unplanned/unwanted pregnancy, having a stressor/illness during pregnancy, low income level or socio-demographic status, unhappy marital relationship/problems with spouse/dissatisfaction with marital life, and being a housewife (Karaçam et el., 2018; Özcan et al., 2017).

PPD is a preventable and treatable disease. Untreated and long-term PPD can negatively affect the mother's self-esteem, abilities, care of her children, and family responsibilities and roles. These babies may experience more physical, social and emotional problems later in life (Erickson, Julian, & Muzik, 2019). It is reported that to minimize the development, intensity, duration, and frequency of postpartum depressive symptoms, the use of psychological approaches, educational interventions, social support, pharmacological interventions or supplements, complementary and alternative medicine can be effective (Morrell et al., 2016; Top & Karaçam, 2016). The next section of this article will focus on postpartum depression's effects on bonding and maternal role attainment.

Postpartum depression's effects on bonding

Bonding is a process that begins in the prenatal period, gradually increasing during the early postpartum period. The bonding process has forward and backward developmental periods, and turns into a continuous and consistent structure after it is fully formed (Bretherton, 1992). The healthy start and maintenance of the bonding process is mainly affected by the mother's mental health, social support, ability to communicate and care, and adaptation to the baby (baby's health status, temperament and gender, etc.). The baby exhibits significant behaviors such as crying, laughing and making sounds for the first time to the caregiver and these behaviors sustain mother-baby communication. If the baby is the sex that the parent wants, has a pleasant social image and abilities and is adaptive, bonding occurs much more quickly (Bryar, 1995). Bonding is developed and maintained by the parents' wanting the baby as a member of the family, defining it as an individual, gaining knowledge about the baby, and establishing interaction and affinity (Bryar, 1995).

The healthy growth and development of the baby is influenced by the internal (biological) and external (nutrition, bonding) factors in its environment (Dubber, Reck, Müller, & Gawlik, 2015). Delavari, Mohammad-Alizadeh-Charandabi, & Mirghafourvand, (2018) reported that there is a direct relationship between the mother's bonding to the foetus during pregnancy and the developmental outcomes (cognitive and social skills) of the new-born. PPD is a condition that both negatively affects mother-infant bonding and is affected by mother-infant bonding (Delavari et al., 2018; Matthies et al., 2019). Oyetunji and Chandra (2020) reported in their systematic reviews of 74 articles that PPD, as an important environmental factor, negatively affects mother-infant bonding, breastfeeding, and the sleep of the baby.

Numerous studies to date confirm that PPD may have a detrimental effect on healthy and safe bonding, as well as on mother-infant relationship that forms the basis of child mental health (Erickson et al., 2019). With PPD, the risk of insecure mother-baby emotional and physical bonding increases, and in this case, the child's emotional, cognitive and language development may be impaired in later years (Delavari et al., 2018; Santoro & Peabody, 2010; Oyetunji & Chandra, 2020). Depressed mothers may have difficulty communicating with and caring for their babies. Therefore, these babies are less active, make less noise and show more negative facial expressions than babies whose mothers are not depressed (Beck, 1996). Maternal depression may prompt excessive crying and nutritional problems of the baby (De Kruijff et al., 2019). A meta-analysis on the effects of PPD on the baby found that this situation negatively affected the mother-baby relationship during the first year after birth (Beck, 1996). Multiple studies attest that the babies' behavioral, emotional and cognitive development was impaired (Nath et al., 2019; Hutchens, Kearney, & Kennedy, 2017; Rossen et al., 2019).

Postpartum depression's maternal role attainment

Effective mothering is achieved when the mother is attached to her baby, has mastered the role of motherhood and caring for the baby, and experiences happiness and joy while performing this role (Mercer, 1998). Maternal success(identity) may be thought to have been achieved when the mother feels well-adapted to her child, gains self-confidence and mastery in performing her roles (Mercer, 2004). Mercer (1986) emphasized that the growth and development of a baby reflects a mother's skill (mastery) in playing maternal roles; the baby both affects and is affected in the adoption and realization of maternal roles and mental problems of the mother may hinder all these processes.

Depression disrupts the performance of the mother's roles and hence can negatively affect the growth and development of the baby (WHO, United Nations Population Fund, & UNICEF, 2015). A recent review reported that mothers with PPD have difficulties in performing their maternal roles such as meeting the nutritional, sleep and hygiene needs of the baby, resulting in infant neglect (Oyetunji & Chandra, 2020). In a study examining the communication of mothers with PPD with their babies, Beck (1996)

reported that these mothers found their responsibilities to be a heavy burden; they built an emotional wall between themselves and their babies, acted like robots, and failed to respond to their babies' demands. These mothers experienced guilt, illogical thinking, a sense of loss, and anger. In many studies conducted in recent years, it has been revealed that PPD negatively affects breastfeeding and the mother's success in breastfeeding, which is an important component of the maternal role (De Jager, Broadbent, Fuller-Tyszkiewicz, & Skouteris, 2014; Henderson, Evans, Straton, Priest, & Hagan, 2003; Akman et al., 2008; Zubaran & Foresti, 2013). In a systematic review, de Jager et al. (2013) reported that PPD affected the mother's perception of self-efficacy (especially breastfeeding self-efficacy) and the duration of exclusive breastfeeding. Fallon, Halford, Bennett, & Harrold (2018) reported that postpartum-specific anxiety was significantly associated with negative perceptions of infant-feeding behaviors (less enjoyment of food, less food responsiveness and satiety responsiveness in the infant) and reduction in breastfeeding exclusively in the early months. In addition, PPD is reported to be associated with irregular sleep patterns in babies, waking up at night during the late infantile period and unsafe sleeping habits of the baby which the mother fails to rectify (Sudhanthar et al. 2019; Sharkey, Iko, Machan, Thompson-Westra, & Pearlstein, 2016). It has also been reported that these mothers have problems in maintaining the hygiene of the baby, completing the recommended childhood vaccinations, ensuring standard child safety practices such as using the car seat and electric plug safety cover, and lowering the bath water temperature (Sudhanthar et al. 2019; Farré-Sender et al., 2018).

Conclusions

Bonding and maternal role attainment begins with the planning of pregnancy and the readiness of the mother in the pregnancy process. The process improves and finishes in the intrapartum and postpartum periods. These processes are affected by the mental health condition of the mother. PPD is an important health issue which is the most common health problem in the postpartum period and affects the mother's bonding with her baby; it prevents the mother from achieving and successfully maintaining her maternal role, and thus negatively affects the growth and development of the baby. Midwives and nurses are the healthcare professionals in many countries who are primarily responsible for the monitoring and care of women and their babies in the pre-pregnancy, pregnancy, birth and postpartum period. WHO has declared 2020 to be the international year of the nurse and midwife. In Strengthening Quality Midwifery Education for Universal Health Coverage 2030, a program developed by WHO, UNICEF, UNFPA and ICM, reducing of postpartum depression and baby crying, increasing of the mother-baby interaction, and breastfeeding initiation and duration were shown in more than 50 studies to be results achieved by quality midwifery care (WHO, 2019). Midwives and nurses should evaluate the mother and her baby during follow-up and care for bonding, fulfilment of maternal roles, mother-infant communication, postpartum depression, fatigue, nutrition of the baby, sleep patterns, development of calmness, and growth. Supportive care should be given to mothers and their babies regarding problematic areas and they should be referred for further examination and treatment when necessary.

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ROSHNI-2 – Using a culturally adapted model of recruitment, engagement and retention to mental health research for British South Asian Women experiencing symptoms of Postnatal Depression

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Key Messages

(1) The rates of postnatal depression in British South Asian women are high.
(2) Postnatal depression (PND) is known to cause disability and suffering in women and negative consequences for their infants and their family.
(3) Due to linguistic and cultural barriers, South Asian women do not access health care services. This is a major contributor to ethnic inequalities in access to appropriate mental healthcare.
(4) Mothers from South-Asian backgrounds (Bangladesh, Pakistan, Sri Lanka and India) represent a very large number of births in the participating study sites.
(5) There is a growing concern about ethnic disparities in the provision and access to PND services. Increasing for PND access is an identified priority in the UK.

ROSHNI-2: Multi-Centre Randomized Controlled Trial (RCT) of a group psychological intervention for postnatal depression in British mothers of South Asian origin. The research project has been funded by the National Institute for Health Research (NIHR-HTA) (14/68/08) and Lancashire and South Cumbria NHS Foundation trust is the sponsor for this study.

- The primary objective of the project is to evaluate the clinical and cost effectiveness of a culturally adapted group psychological intervention (Positive Health Programme, PHP) in primary care for British South Asian (BSA) women with postnatal depression compared with routine treatment.
- The secondary objective of the study is to evaluate the impact of the PHP intervention on secondary outcomes (health status and quality adjusted life years, parenting competence, social function, anxiety, satisfaction with care) compared to routine treatment.
- ROSHNI means light in Urdu Hindi language

This paper will present a description of recruitment, engagement and retention of British South Asian women to the study. It also reports some challenges faced in study set up and factors to be considered when working with this specific community. The study closed to recruitment in March 2020 and the final outcome assessments will be collected in Feb 2021. The final study reports will be published in June 2021.

The prevalence of common mental disorders varies noticeably in the different Black and Asian Minority Ethnic (BAME) communities. The rate of anxiety and depression in British South Asian women (63.5%) is higher compared to white women (28.5%) [1]. There are different pathways and methods in the use of mental health services (Morgan et al., 2005; Bhui et al., 2003). In general, people of ethnic minority backgrounds are less likely to contact their general practitioner (GP) about mental health issues compared to their white British counterparts.

Our work across many years in this population both in the UK and in South Asia suggests a number of barriers which may contribute to the disparities in accessing mental health services. These barriers include cultural, institutional, linguistic and socioeconomic exclusions that may marginalise people from the BAME community. Reports and literature since many years have highlighted that these hard-to reach-groups are less likely to have access to appropriate mental healthcare (Suresh & Bhui, 2006). Cultural competence is one such important barrier to accessing services,




Pictures from various community events including marking international women's day and celebration of completion of PHP sessions

i.e. the ability of providers and organisations to effectively deliver healthcare services that meet the social, cultural and linguistic needs of patients (McLean, Campbell, & Cornish, 2006; Dowrick et al., 2009), variation in clinical practice and service provision, cultural explanatory models of illness; stigma (Suresh & Bhui, 2006; Knifton et al., 2010; Gary, 2005).

There is limited research conducted on understanding these barriers that BAME communities face in accessing appropriate services. Despite the huge need within this community, research has not appropriately captured what factors make this a "hard-to-reach" community. Clinical Research Networks and Research departments across the study centres have been hugely helpful in supporting the study; however, they struggle to engage in working across cultures and languages due to lack of multilingual staff and staff trained in engagement across diverse populations.

The Positive Health Programme (PHP) is a culturally adapted group CBT based intervention for PND (Husain, Lovell, & Chaudhry, 2014; Khan et al; Turner, Chew-Graham, Folkes, & Sharp, 2010) that has been developed by our research group. An exploratory randomised controlled trial (RCT) (Exploratory RCT of a group psychological Intervention for Postnatal Depression in British Mothers of South Asian Origin – ROSHNI-D) (Husain, Lovell, & Chaudhry, 2014), was conducted across Manchester and Lancashire (UK), and provides evidence for the feasibility and acceptability of the present trial. The number of mothers screened (n=615) and trial retention figures at the end of the intervention (79%) highlight the ability of the research team to engage with the population (Masood et al., 2015)

METHODS

Design. This is a multi-centre, two-arm; rater-blind randomised controlled trial comparing PHP and Treatment As Usual (TAU) with TAU only for British South Asian women with PND. Outcome assessments are collected at end of intervention (4 months) and 12 months post randomisation.

Participants. British South Asian women who have a child aged 12 months and under, living within the geographical area of the study, were invited to participate in the study. We recruited participants (n= 733) from various venues including general practices, children's centres and other appropriate community venues in areas of high South Asian density across the study centres (NorthWest, Yorkshire, Midlands and London).

Recruitment Strategies. *Primary care* – we recruited participants with the support of GP practices and health visiting teams. Potential participants were approached via GP or HV referrals; research assistants attended immunisation and baby well-being clinics where they were able to approach and discuss the study. The GP practices also carried out searches on their clinical systems to identify lists of potential participants and either a letter or call was made to inform the potential participant that the study is ongoing with support from the practice.

Community venues – bilingual research assistants attended community children's centres or community venues that host children's playgroups. Across most of the study sites these replace what were previously "sure start" centres, due to funding restrictions most "sure starts" are now closed.

3rd sector voluntary organisations – We worked closely and developed service level agreements with a number of 3rd sector organisations across our study sites. The teams across the study centres have hugely benefited from these partnerships. We have been fortunate to have key organisations supporting our study promotion, raising awareness and recruitment to the study. Some organisations such as Ethnic Forum have provided community engagement officers, which have proved to be vital for the successful recruitment rates. This model of working has proven to be more efficient as we have faced some barriers in getting approvals, governance and access across sites. We collaborated with different organisations to host events involving families, key opinion makers from the local community and professionals to tackle stigma and raise awareness.

Many languages are spoken by the British South Asian population, the common ones being Urdu, Punjabi, Gujarati, Bengali and Tamil. Each researcher is able to speak English and one of the study languages fluently. Participants are able to communicate in the language that they feel most comfortable in. All the study materials were translated into the key study languages including promotional posters, information leaflets and study assessments.

Community engagement and social media. Mainstream pathways to recruitment may not always be accessible to all and therefore employing new strategies is crucial.

Social media – Over 3 billion individuals across the globe are actively using social media. We are using well-known platforms such as Facebook, Twitter, and Instagram to disseminate study information. A review of recruitment strategies along with the Patient, Public, Involvement



Pictures from site launch events and community events to mark maternal mental health day

and Engagement (PPIE) group resulted in major focus on recruitment efforts using social media. In comparison to recruitment rates prior to the social media campaign, increase in social media promotion and activity on our pages has resulted in a higher rate of recruitment including self-referrals to the study.

Chai with ROSHNI-2 – Inviting General Practitioners (GPs) & Health Visitors to meet the public and encouraging conversation around mental health over chai.

Screening drop in- Advertising drop-in sessions across Children's centres and G.P practices. These have been a popular method to provide opportunities for mums to participate, coinciding with the regular clinic appointments.

Challenges to study set up and recruitment. One of the key challenges in carrying out this project has been contractual arrangements such as letters of access and organisational barriers. In most high density British South Asian regions there is limited to no research done in health in general and mental health in particular. The process of initiating set up, to managing contracts and collaboration agreements and then actual recruitment via letters of access has in nearly all centres resulted in a minimum 3 month or more delay. These are valuable recruitment months and have a huge impact on not only the figures but also the trust and rapport building within the wider community. We have learnt from this and have put in steps to strengthen our research framework and study set up processes within the sponsor trust.

Progress to date. The study recruitment ended in March 2020. The study exceeded its recruitment target and has randomised 733 participants in total across the study sites. The table below shows recruitment figures by each centre:

Recruitment and Randomisations to ROSHNI-2

Site	*No. of mums screened*	*No. of high scoring mums (% of distress)*	*No. of mums randomised*
Northwest	2446	554 (22%)	336
London	1194	372 (31%)	288
Yorkshire	143	75 (52%)	60
East Midlands	407	87 (21%)	49

CONCLUSION

This study is not like other comparable mental health studies or even physical health trials with British South Asians, given the stigma surrounding the topic of mental health in the different South Asian communities and the difficulty in engaging young women. In particular, living in multi-generational households where decision makers are often the husbands or elderly family members such as the mother-in-law/father-in-law, may hinder participation. Each site requires its own culturally adapted approach for community engagement and not just one approach. Despite its challenges, the study to date has been successful in demonstrating a high level of recruitment and retention.

The experience of recruitment to this trial has resulted in multi-disciplinary conversations on a wider scale across the UK in relation to a culturally adapted method of engagement and delivery when working with "hard-to-reach" communities. The Black and Ethnic Minority community that is so often labelled as "hard to reach" has in fact been reported by one of our community partners as 'easy to ignore' because of the challenges in rolling out such projects and a lack of innovative and culturally sensitive recruitment strategies in place. It is important that researchers share their experience of such strategies and what works well in this community so that all voices can be heard.

Conflict of interest

NH is the chair of board of Trustees of Manchester Global Foundation. NH is the past Trustee of Lancashire Mind, Pakistan Institute of Living and Learning and Abaseen Foundation UK. NH has published work on culturally adapting and testing psychological interventions.

Disclaimer

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Notes from The President

Dear ISSBD Members, Colleagues and Friends,

We are living through unprecedented and, for some, extremely difficult times. I know many in our ISSBD community are facing both professional and personal challenges. ISSBD as an organization is also coping with challenges, but at the same time is also developing ways to support you. Below I provide updates about our Biennial Meeting and our newest program in Africa, and also share announcements of our new Officers and Executive Committee Members. The updates provide some indication about plans going forward as we adjust to the social distance demands in place to ensure maximal well-being among our global community.

First, our biennial 2020 meeting is officially postponed until 2022. The Greek government has recently updated their national advisory and made it officially impossible to host our ISSBD meeting in Rhodes, June 21-25, 2020.

Initially, we thought about postponing a few months, then for a year, but as the pandemic spread world-wide, we realized that travel is risky and will likely be so for some time. In addition, we realized that many of us will not likely have the resolve or the luxury of professional travel anytime soon.

We are, of course, exceedingly disappointed as we expected an outstanding meeting. We had a record number of abstract submissions. The conference program was virtually complete and looked to be of excellent quality. I congratulate Dr. Frosso Motti for the excellent job she accomplished as President of the Conference.

We hope to and are exploring the possibility of holding the 2022 meeting in Rhodes. We will make decisions about that as we have more explicit information from the conference organizers. At that time, we will also confirm the exact dates of the conference in 2022. We are investigating how best to benefit from the already accepted submissions, while also leaving room for updates and new submissions at our next meeting.

Although we will not have an in-person meeting, I would like to remind you that ISSBD members have many opportunities for ongoing contacts, e.g. our website, the journal, the newsletter, mentorships. At the same time, we understand that many of our members look forward to the opportunity to hear from world-class scholars in the field. As a way to provide a little something to those of you who were planning to join us in Rhodes, we are arranging to have our keynote speakers give a version of their proposed keynote to us virtually. We are working out the technical details and will share those with you shortly. We are also looking into the possibility of arranging virtual poster sessions and/or providing space for presentations and posters on our website. We expect this will be especially useful for students, emerging scholars and people wishing feedback on a new area of research.

In other news, we have a new joint project with the Jacobs Foundation focusing on PhD students working in the areas of early child development, parenting, and quality of life in the cocoa growing region of Côte d'Ivoire (Ivory Coast). This endeavor also includes a broader, professional development of programs for scholars in Africa more broadly. We are very pleased to report that an international committee of esteemed scholars have identified an extremely talented group of people for both programs. Among the resources being developed for the program is a plan is to develop mentorship teams for our fellows that include their local supervisors as well as international ISSBD mentors. In the coming months, I may reach out to you, if your area of expertise overlaps with our fellows' research areas. I hope you will be willing to join the mentor team. I anticipate this to be a very rewarding learning experience for all involved.

Finally, I take great pleasure in congratulating and welcoming our new Officers and Executive Committee Members. Normally, these announcements would be made officially at our biennial meeting. Given the circumstances, I am announcing the new members here in the hopes of disseminating the news as widely as possible.

New ISSBD Officers:

President (2022-2026):	Tina Malti, Canada
Secretary General (2022-2026):	Luc Goosens, Belgium
Treasurer (2022-2026):	Melanie Zimmer-Gembeck, Australia
Membership Secretary (2020-2026):	Julie Bowker, USA

New ISSBD Executive Committee Members:

Kristine Ajrouch, USA
Marc Bornstein, USA
Sylvia Koller, Brazil
Frosso Motti, Greece
Paul Oburu, Kenya
Liqi Zhu, China
Early Career Representative: Cinzia Di Dio, Italy

Thank you all for agreeing to serve our Society.

I would like to end by noting that in these unprecedented and challenging times, the role of behavioral development has never been more important. As we continue to face this pandemic and its aftermath, we will all be called upon to play our part and contribute to recovery, growth and renewal.

I hope you and your loved ones are safe and healthy. These are difficult times. We must join together to support one another so that we can withstand this pandemic and emerge from it stronger and prepared to advance human development.

Warm regards,

Toni C. Antonucci

Obituary

Prof. Dr. Franz J. Mönks died on March 10, 2020, almost 88 years old, after a productive academic life of seventy years in the service of developmental psychology. At the university of Nijmegen he held the chair of 'developmental psychology', and from 1988 onward the chair of 'developmental support of gifted and talented children'.

This obituary has two parts. First, a selective description is given of achievements with (probably) long-term consequences. The second part aims at insight into the generative person Franz Mönks.

Part 1: Achievements

An obituary is not a CV, so I will give only an impression of his academic productiveness by mentioning a few numbers. Franz Mönks (hereafter: FM) (co-)edited some 15 books, and (co-)authored some 20 books and about 130 chapters and articles. FM supervised some 50 Ph.D. dissertations. We all know that scientific contents are perishable material, to be replaced by newer insights. Institutions, serving scientific exchange between investigators or serving the transmission of and training in more advanced methodology, have a longer-lasting impact on a field. FM was one of the architects of ISSBD. He organized shelter for its first Symposium in Nijmegen (1971), co-initiated the *Int. J. of Behavioral Development*, served for 8 years as its editor, and (importantly) organized financial support to ensure its continuity.

FM had a good nose for what was beneficial to the field, a keen eye for persons to cooperate with, and diplomatic skills to organize support from outside. But once an initiative had shown its viability and resilience, the architect FM withdrew in search of other projects, preferably on a European or global scale. FM liked variation, meeting people from different cultures, and travel. At his home university in Nijmegen he initiated (mid-seventies) a program for cooperative Ph.D. research and training for psychologists on professorship-track in developing countries. Initially focussed on Indonesia, later on Peru; the program still exists in extended form.

In 1988 FM changed to a new chair: Developmental support of the gifted and talented. There again FM executed his skills as architect. He set up a center for the diagnosis and counselling of talented children and youth: the CBO. This has served as a model for similar centers in several countries. FM gave a strong boost to this field by his initiative for a multi-authored book: the *International Handbook of Giftedness and Talent* (2000); a second revised edition has already appeared. In 2001 the *Journal für Begabtenförderung* appeared, co-founded and edited by FM. Meanwhile FM was very active in international organizations relating to giftedness: for three terms was he president of ECHA (European Council on High Ability). FM was strongly involved in setting up the ECHA-training for teachers of talented children. This course is still conducted today in eight European countries, and in Chile and Peru.

Part 2: Understanding Franz Mönks

"Life is lived forward, but told backwards" is an old saying. Hindsight is susceptible to distortions and biases depending upon the position of the one who relates the tale.* Presenting an interesting tale of someone's life requires bringing coherence between the subject's actions, achievements, and motives. The 'glue' connecting the elements of one's biography is formed by the concerns and values held by the subject.

FM was born in a small German city (Goch), some 30 km's from the Dutch city of Nijmegen. When World War II ended FM was 13 years old. His city had just been heavily bombed. Everyone suffered for years under a shortage of food and perspective. Starting around 1950, a new political constellation provided the basis for the return of individual and collective industriousness. Around this time FM completed his Gymnasium studies, where he was on a track to become a Catholic priest. He was expected to continue his studies for the Novitiate, but a viral infection of yellow fever forced him to spend many months in bed and postpone the entrance to the Novitiate for one year. During this year he started to read psychology books, which opened up a new world to him. Also considering his erotic needs, he decided to become a psychologist. He received his Diplom (M.A.) in Bonn (1961). This existential decision regarding his studies showed him the value of autonomy. (And we see that a viral infection can also have a positive impact.)

For the academic year 1961-1962 FM obtained a DAAD-grant to study in Nijmegen, where he was soon offered a job as assistant to Prof. Calon (Dev. Psych.). This job was extended and gave FM the opportunity to bring his already planned dissertation to a higher methodological level, quite unlike what was at that time customary in German psychology. He presented his dissertation (on future time perspective in adolescents) in 1965 to his promotor, Prof. Hans Thomae in Bonn. The dissertation opens with a quotation from Kurt Lewin (1948): "But regardless of whether the individual's picture of the future is correct or incorrect at a given time, this picture deeply affects the mood and the action of the individual at that time." FM's time perspective started to include his succession to the chair of the old professor Calon. From 1967 to 1971, FM was associate professor. In preparation for this succession (which occurred officially in 1971) FM made an extensive tour of the USA, visiting several research institutes and universities. Many of the persons he met became collaborators and comrades in future international ventures, among them prof. Dr W. Hartup (Minnesota). FM learned the value of

international exchange for progress in a field of knowledge. FM was an easy person to deal with, pro-social, open and conflict-avoiding.

Above it was mentioned that FM in his Gymnasium years was on a priest-track. The small city of Goch has a great son (Father Arnold Jansen), who as a Catholic priest founded (at the end of the 19th century) three monastic orders, one of them sending–by order of the Pope–missionaries to China. FM must have known the stories about Jansen. From 1972 to 1986 FM was advisor to the Director of the Bernard van Leer Foundation, which supports innovative educational programs for disadvantaged children, worldwide. FM often visited these projects. I think that his experiences in these visits awakened a missionary drive to bring insights from university psychology to have an impact on educational support. FM turned his attention to understimulated talented children.

It is clear that FM was a generative man. In fact he had two successive academic careers. Despite his cumulative achievements he was modest, agreeable, and a good companion in projects and in parties. At an advanced age he appreciated the honors bestowed upon him, such as doctorates honoris causa. He enjoyed life as it came. Adversities were somehow turned into situations of benefit. He possessed great vitality. He married four times; his youngest child (a boy) is 6 years old.

Weakness/illness was something that he found difficult to deal with. For FM it was bitter when dependency and death suddenly came near in the form of a specific liver cancer to which the viral infection in his youth had made him susceptible. Franz acted in his characteristic way. He looked Death in the face and decided: "You, Death, are not my enemy, I will cooperate with you." He approached Death by refusal of food and drink. Autonomy, acquired in his choice of profession, guided his action.

Peter G. Heymans

Note

*I report that I met FM first in 1969 when I was the youngest assistant in the department (my task was statistics and methodology); I served as secretary in the 1970 meetings in Bonn preparing for the ISSBD symposium. Over the years I became a developmental psychologist; FM was my promotor in 1979. In 1984 I moved to Utrecht university. A firm friendship developed, and I saw FM regularly in his last weeks.

The 1st ISSBD Regional Workshop – Mendoza, Argentina

Investing in Sustainable Childhoods: Implications for Preventive and Intervention Research.

October 22-25, 2019 Aconcagua University Mendoza, Argentina

Carolina Greco

Psychology of Child and Adolescent Development Department - Human, Social and Environmental Science Institute (INCIHUSA) - National Scientific and Technical Research Council (CONICET) - Technological Scientific Centre (CCT) - Psychology School - Aconcagua University Mendoza – Argentina

One of the initiatives of the International Society for the Study of Behavioural Development (ISSBD) is the organization of regional workshops. The last 2019 regional workshop took place for the first time in Mendoza, Argentina. We are very grateful to ISSBD for the opportunity and trust.

The Regional Workshop focused on children in the context of sustainable development. The United Nations 2030 Agenda includes 17 Sustainable Development Goals (SDGs) in the dimensions of poverty reduction, health, education, sustainable agriculture and energy, climate change, gender equality and social inclusion. Accordingly, the workshop's program comprised seven keynote addresses regarding sustainable human development in social science research: sustainable child development in low- and middle-income countries; children's psychological assessment; climate change and sustainable child development; childhood poverty; neuroscience and policy; peer relations in the framework of sustainable development; and resilience and positive actions for sustainable development. Four activity sessions focused on: meta-analysis; publishing and reviewing in academic outlets; panel discussion about inequity and social inclusion; and ways to communicate research through press releases, media interviews, conference presentations and public policy. The workshops were well attended by the ERCs.

We are grateful to the following keynote speakers for their brilliant conference and activity sessions: Toni Antonucci from the University of Michigan, United States; Silvia Koller of the Universidade Federal do Rio Grande do Sul, Brazil; Ann Sanson of the University of Melbourne, Australia; Suman Verma of Panjab University, Chandigarh, India; Maria Mercedes Fernandez Liporace from CONICET- Buenos Aires, Argentina University; and Sebastian Lipina from CONICET, Argentina. Congratulations to the twenty-nine ERCs for their excellent presentations: 15 oral presentations and 14 poster presentations followed by feedback from advisory committee members.

This regional workshop was an excellent opportunity for early career scholars to develop new international connections, hear about the latest research in their field, meet outstanding colleagues, get new inspirations, set up new networks, and start collaborations as well as share their experience and expertise. The program also included a Welcome dinner at Cellars, a Historical Heritage site in Mendoza including a Tango Show. The workshop was organized by Prof. Carolina Greco and Prof. Mirta Susana Ison from Aconcagua University, Argentina – CONICET. Thank you very much for the support provided by the Scientific Committee, especially Professor Suman Verma.

Some voices from the ERCs about the ISSBD Mendoza - Argentina Workshop:

"This workshop was a highly anticipated event for the Latin American ECS. We met renowned scholars and discussed significant ideas about child development for our research projects. I am thankful to ISSBD and all the colleagues for that opportunity".

"The closeness accessibility of the keynote; the very useful and interesting workshop; the rich comments, recommendation and feedback we received from the keynote speakers; the activities (academic and recreational) that enabled all of us to interact with each other. All of those aspects were covered."

"Everything was perfect. I think it was very important to respect the schedule of the program. The accommodation, catering and all the organization of the workshop was excellent. Thank you very much for this opportunity and amazing experience".

"My presentation was very well received, and it allowed me to get in touch with ERCs who are working on the same topics as me. The local organization did a great job. I felt supported and they helped me when I need it."

"It was a great opportunity for scholars to interact with seniors researchers. The oral presentation and poster sessions were great. The keynote showed great experience and knowledge. Almost everything excellent."

"The methodological lectures were impeccable and beyond my expectation as were the activity sessions and keynote speakers of the conference."

"To me, the general dynamic was excellent. It allowed us to present our work and to listen to useful subjects for everyday work. The workshop was very well organized. Everyone in the organization was extremely kind. The support provided was amazing and the accommodation was very well located."

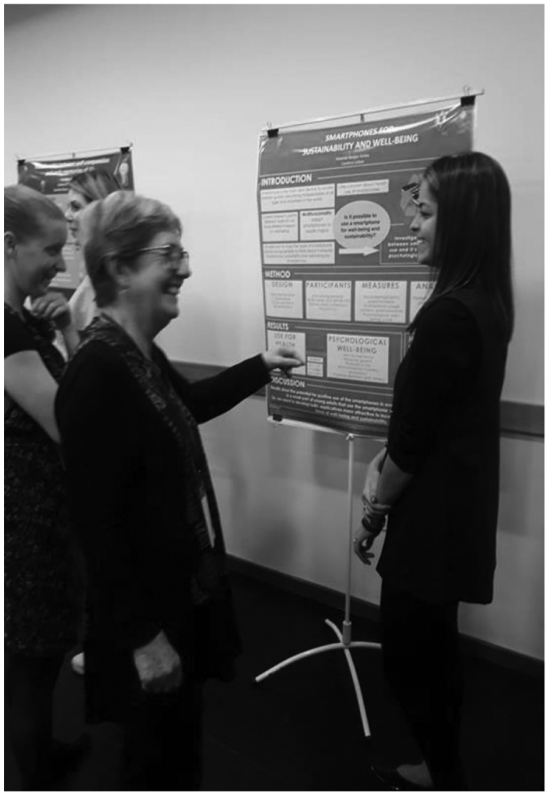
Photos and Some Snap Shots from ISSBD REGIONAL WORKSHOP - MENDOZA – ARGENTINA – "Investing in Sustainable Childhoods: Implications for Preventive and Intervention Research" - October 22-25, 2019

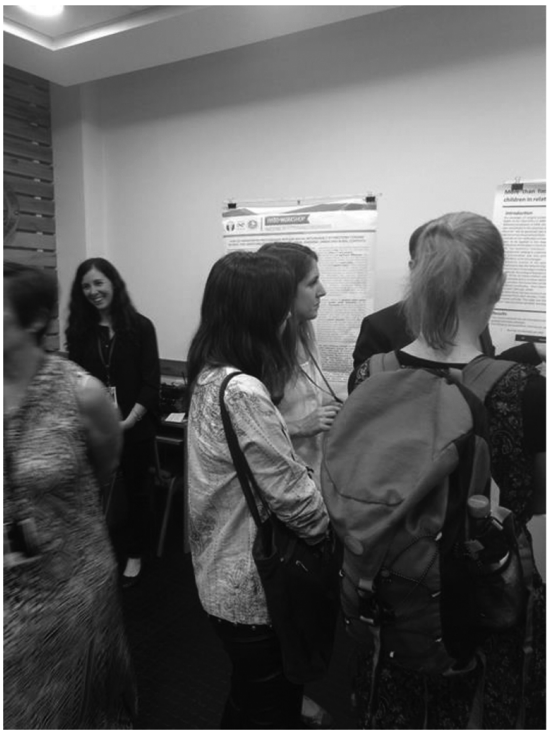
Welcome from the Rector of Aconcagua University, Psychology School's Authorities to the Keynote Speaker

Opening Ceremony at Aconcagua

Opening Ceremony at Aconcagua University
Toni Antonucci: Conference Sustainable Human Development in Social Science Research - ISSBD

ECRs at Activity Session: ISSBD REGIONAL WORKSHOP – MENDOZA. Preventive and Intervention Research





Poster Session and Oral Presentation by ECRs

Keynote Speakers: Silvia Koller, Mirta Ison and Carolina

Welcome Dinner at Caro Cellars – Historical Heritage in Mendoza. Altertango Show






Lunches and dinners at ISSBD REGIONAL WORKSHOP, MENDOZA, ARGENTINA: "Investing in Sustainable Childhoods: Implications for Preventive and Intervention Research," October 22-25, 2019

ISSBD EARLY CAREER SCHOLARS 2020 Annual Report to the Executive Committee

Prepared by Given Hapunda[1], Josafa da Cunha[2] and Federico Manzi[3]

[1]Chair and Representative to the EC, University of Zambia
[2]Universidade Federal do Paraná
[3]Università Cattolica del Sacro Cuore

(2020 Annual Report)

1. Know your representatives

Early Career Scholars (ECS) of ISSBD are represented by the Early Career Scholars Committee. Currently the committee is made up of 5 members as indicated below:

Cinzia Di Dio (Incoming ECSR)
Università Cattolica del Sacro Cuore, Milan
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If you are interested in joining an ECS Committee you can contact any member of the committee. The committees you can participate in include:

- Awards
- Finance
- Membership
- Nominations
- Publications
- Regional Workshops
- Developing Country Fellowship Award
- ISSBD Fellows
- Early Career Development Committee
- Early Career Travel Grants
- Pre-Conference Workshops

2. Summary of Activities

This past year, the ECS has engaged in four main initiatives.

2.1. Communication. Content of the Early Career Scholars' page on the website has been updated and the Facebook page @ISSBDECS is active. Since the last annual report, 12 different grants, news of fellows, and conference posts were made on the Facebook page. The posts reached 304 and engaged 81 young scholars around the world. For the 26th Biennial Meeting in Rhodes, Greece, a WhatsApp group was created to link young scholars for joint symposium proposals. Out of this initiative, three proposals for multicultural symposiums were developed and will be presented at the Biennial Meeting in Greece.

2.2. ISSBD Pre-Conference. The committee engaged the chairperson of the ISSBD pre-conference to see how the ECS committee can help in the preparation of the pre-conference, and remain actively involved with the Pre-conference Committee. The committee received positive feedback from the Pre-conference chairperson. To this end, a meeting has been planned with the Pre-Conference Committee in Rhodes

2.3. ECS Grant. At the 2019 annual executive committee meeting, the ECSC presented a proposal to the committee on the introduction of an ECS grant. The proposed a new program dubbed the Early Career Scholars' Research Community (ECS-RC), aimed at establishing a reliable network for research collaboration among early career members. This program was accepted in principle, and the committee is exploring modalities on how it will effectively work.

2.4. Capacity Building. Three webinars were planned in 2019. However only one webinar was conducted. In September, Jennifer Lansford from Duke University presented on the topic "Starting and Maintaining Global Collaborations in Developmental Science." For those who missed this webinar, a recording of it is now available on the ISSBD channel on YouTube (www.youtube.com/issbd).

2.5. ECS Activities at the Next Biennial Meeting in Rhodes. The committee in collaboration with the Executive Committee of the ISSBD have lined up a number of activities for the ECS in Rhodes. The activities include:

1. **Early Career Welcome Breakfast and Community Meeting**

   This activity will be held on Monday, 22 June 2020, 7:30 - 8:30 a.m. The meeting combines a business meeting and socializing. During this meeting the committee will present a report to its members, and will seek feedback and ideas.

   The committee will also introduce the new cohort of ISSBD/Jacobs Foundation fellows and will link ECS from Francophone countries to other French-speaking participants.
2. **Early Careers Scholars reception**

   This will be held on Tuesday, 23 June 2020, in the evening. Please join us for a fun evening open to all early career attendees. Early career representatives will be on hand for those interested in becoming more involved in ISSBD. Socialize with old and new friends and enjoy complimentary appetizers and refreshments.
3. **Early Career Special Lectures**

   In addition to pre-conference workshops (which will occur the day before the Biennial Meeting), ISSBD will be offering early career scholar special lectures on each day of the Biennial Meeting. These workshops are free, open to any and all early career scholars, and will not require any pre-registration. They will be held on each day of the conference and will cover topics on developmental research. We encourage you to attend these special lectures.

3. Future Planned Activities

Planning for the Early Career Activities is ongoing and we hope to have a participatory approach in which ECS's input is considered so that activities are planned that suit their needs. To this end, we encourage participation of ECS on all our social media platforms.

- We hope to organize at least 3 webinars before the end of the year
- We shall be recruiting senior and middle career scholars to review proposals and to mentor ECS recruited in the Early Career Scholars' Research Community (ECS-RC) program
- After the biennial meeting we shall be posting our annual survey on the ISSBD website and our social media platforms. Please do visit our website and other social platforms so that you can participate in the survey.
- Nominate an ECS whose scholarship you would like to celebrate. The ECSR committee will be happy to shine a spotlight on such early career scholars on our platforms.