Perinatal Mental Health Project

Caring for Mothers. Caring for the Future.

# PMHP Clinical Services Outcomes 2014

Governmental departments are the engines for service provision at country-level. Increasingly, and particularly recently in South Africa, robust evidence of intervention outcomes is required to inform policy and implementation plans.

In order for the Perinatal Mental Health Project (PMHP) to achieve its vision, we are thus committed to demonstrate that our model is effective and efficient. At the same time, we are involved in ongoing evaluation of our work in order to refine the elements of our model. This document describes the outcomes data for the Clinical Services Programme in 2014.

## Data collection

The vast majority (94%) of counselled clients complete their counselling during pregnancy. This occurs despite our offering services up to one year postpartum for those women who need it.

The PMHP conducts routine follow-up assessments with counselled clients at 6-12 weeks post-delivery. This session is a structured assessment of women's postpartum symptom, problem, functioning and attachment outcomes as well as the women's perceptions. The PMHP acknowledges that the method of assessment may be influenced by bias. However, postnatal assessments are closely monitored and analysed to avoid bias as much as possible.

The outcomes below refer to postnatal assessment data for those clients who were screened from the beginning of 2013 to the end of 2014. A total of 372 postnatal assessments were recorded for Liesbeek Midwife Obstetric Unit, Mowbray Maternity Hospital (LMOU), 312 for False Bay Hospital (FBH) and 175 at Hanover Park Midwife Obstetric Unit (HP MOU). Not all counselled women could be contacted for their postnatal assessment, mainly due to counsellors being unable to contact them by telephone, despite making several attempts. Of these, 97% women were assessed telephonically at LMOU (3% Face-to-Face), 97% at FBH (3% Face-to-face), and 85% at HP (15% Face-to-Face). This indicates that the predominant means of postnatal assessment was telephonic.

## Prior to PMHP intervention

The table below represents the most prevalent presenting problems among PMHP clients based on their first counselling session. These are poor primary support (unsupportive primary relationships, including but not limited to a lack of practical, financial or emotional support being provided by partners or close family members), lifecycle transition problems (for example, transitions related to adolescence, motherhood, marriage, bereavement or changes in responsibility or caregiving roles), and psychiatric disorders (for example, anxiety, depression, Post Traumatic Stress Disorder).

**Table 1: Most common priority presenting problems***

| Presenting Problems | Reported by a sample of 372 clients at LMOU | Reported by a sample of 312 clients at FBH | Reported by a sample of 175 clients at HP MOU |
|---|---|---|---|
| Primary support | 76% | 65% | 80% |
| Lifecycle transition | 53% | 63% | 30% |
| Psychiatric condition | 22% | 46% | 28% |

* The figures of presenting problems are from the group of women who received postnatal assessments, and are not all women who received counselling.

## Description of interventions

Counselling:

- is provided on an individual basis;
- is carried out face-to-face, and telephonically;
- combines elements of cognitive behaviour therapy (CBT), problem-solving therapy (PST), and interpersonal therapy (IPT), psycho-education (PE), birth preparedness and perinatal health knowledge transfer (BP)

Primary support problems - counsellors enable women to identify and strengthen existing resources and means of support, as well as negotiate difficult primary relationships, such as abusive interpersonal relationships.

Lifecycle transition – counsellors support women with bereavement, loss, the transition to motherhood or with issues related to motherhood, including problems related to unintended or teenage pregnancies.

Psychiatric condition – counsellors help women to identify emotional and practical resources in order to build resilience and engage more effectively with their condition and environment. They may be referred on for further psychiatric assessment or support.

## After PMHP intervention

At the postnatal assessment, the counsellors rate clients' perceptions of the PMHP service, their birth experience, and attachment with their infant, depression and anxiety symptoms and their level of coping with their initial problems. The rating for the latter includes five options on a scale from 'much worse' to 'resolved'.

**Table 2: Proportions of improvement in presenting problems - 'much improved' or 'resolved'**

| | Proportion of clients (n=321) at LMOU | Proportion of clients (n= 251) at FBH | Proportion of clients (n=135) at HP MOU |
|---|---|---|---|
| Primary support | 59% | 33% | 22% |
| Lifecycle transition | 48% | 41% | 28% |
| Psychiatric condition | 31% | 34% | 16% |

## Experiences of birth and attachment (bonding)

Another finding is that despite negative birth experiences beyond the PMHP's control, results show a positive association between prenatal mental health interventions and improved coping and resilience among mothers having negative experiences during labour. Of the women who reported to have experienced a negative birth experiences, more than 61% reported positive and successful bonding with their infants at the postpartum follow-up assessment. The assessment data on bonding (attachment) is summarised in the table below. All findings were statistically significant.

**Table 3: Birth and parenting outcomes**

| Positive postnatal outcomes | Proportion of clients (n=295) at LMOU | Proportion of clients (n=188) at FBH | Proportion of clients (n=104) at HP MOU |
|---|---|---|---|
| Positive experience of birth | 53% | 53% | 62% |
| Bonding with the baby | 96% | 89% | 88% |

Breastfeeding, as a proxy for positive attachment, also had a positive association with counselling during pregnancy. Across the three sites, of the women who had a negative birth experience, over half (57%) were breastfeeding. This finding was statistically significant.

## Depression

There were statistically significant improvements in depressive symptoms at all sites after the counselling intervention.

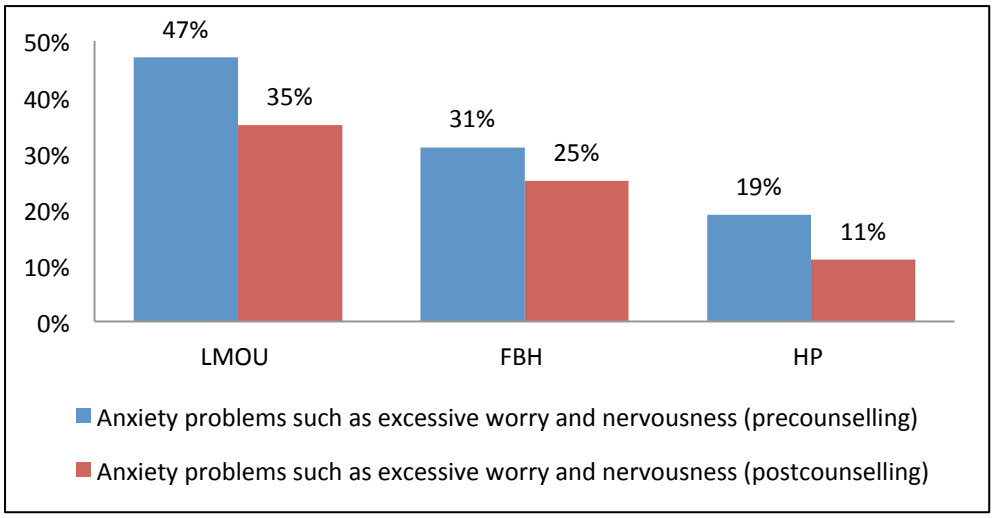
For LMOU and FBH women report crying less often than at screening, and less often have thoughts of self-harm or suicide than they did at screening.

- At LMOU, of the 87 women reporting some or regular thoughts of harming themselves or ending their life at screening, 97% of these women no longer reported these at the postnatal follow-up; at FBH, of the 113 women reporting some or regular thoughts of harming themselves or ending their life at screening, 95% of the women no longer reported these at the postnatal follow-up.
- At HP MOU, a different, briefer evidence-based depression screen is used which assesses for feelings of sadness and little interest or pleasure in doing things.
- Of the 118 women reporting low mood at screening, 61% of the women no longer reported this at the postnatal follow-up. Of the 80 women reporting little interest or pleasure in doing things at screening, 63% of the women no longer reported this at the postnatal follow-up.

## Anxiety

Counselling also targeted symptoms of anxiety problems such as excessive worry and nervousness. The data showed that there was a decline in the reporting of anxiety symptoms after the counselling intervention.

**Figure 1: Reduction in anxiety (pre and post intervention)**

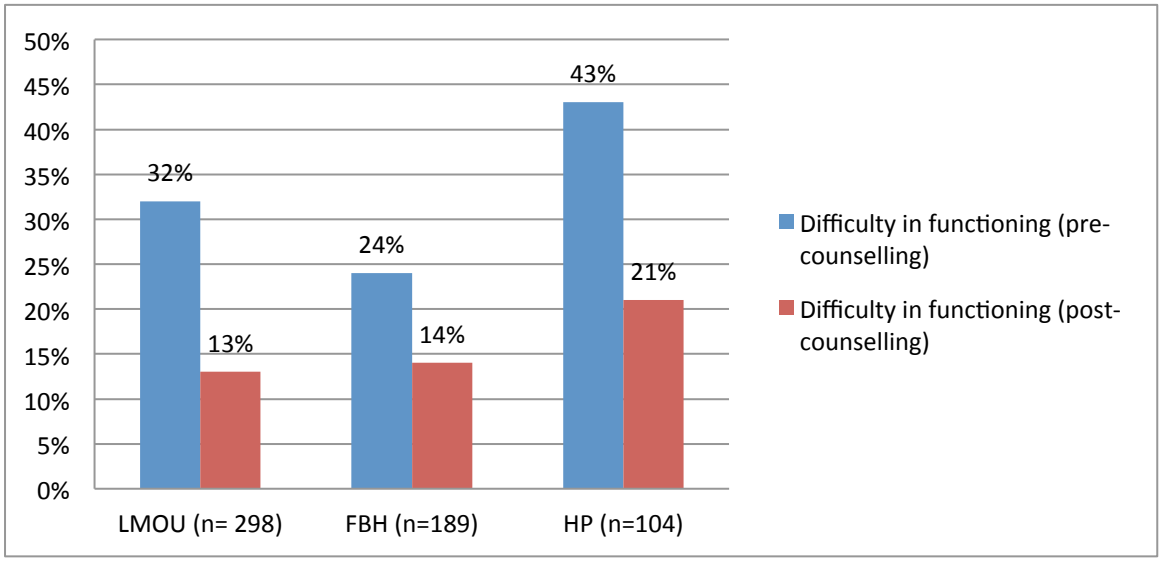



At LMOU, of the 162 clients that were counselled, 47% felt anxious between half of each day to all day before the intervention. This reduced to 35% after the counselling intervention. At FBH, out of the 94 clients counselled, 31% felt anxious half and most of the day before counselling and 25% still felt anxious afterwards. At HP, 19% of the 69 clients counselled reported feeling anxious before the intervention which reduced to 11% after intervention. These changes were statistically significant at all sites.

## Functioning

Assessments were made of the ability of clients to function in three domains: performing household tasks, work and in social activities. This was assessed before and after the counselling intervention. Below is a graphical presentation of the impact of counselling on the clients.

**Figure 2: Difficulty in functioning at home, work, and interpersonal relationships (pre and post intervention)**




There were improvements in all three domains of functioning at all sites. At LMOU, prior to intervention, 32% of clients seen reported difficulties with performing household duties, work, and interpersonal relationships. This reduced to 13% after intervention. At FBH, 14 % of postnatal clients recorded difficulties with functioning compared to 24% before intervention. At HP, 43%reported difficulties with functioning before intervention and this reduced to 21% post intervention. These results, although positive, were not statistically significant.

## Perceptions of general life experience

Of the 84% of women who perceived their life experience as negative before counselling at LMOU, 87% viewed it as positive after counselling. The same pattern could be seen at FBH, where of the 89% of clients expressing a negative view of their life experience before counselling, the same proportion had a positive view after counselling. At HP MOU, 59% of women who perceived their life as negative before counselling, only 30% viewed it as negative after counselling, indicating a slight improvement in perception of life experience. These findings were all statistically significant

## Impressions of the PMHP service

A scale with positive, neutral and negative possible response options was used to assess mothers' impressions of PMHP services. This identified that between 88% and 94% of women counselled at FBH, LMOU and HP MOU report having a positive experience of PMHP's counselling service.

## Feasibility

Clients attended an average of 1 to 3 (and most commonly, 5) counselling sessions in LMOU, FBH and HP MOU. Less commonly, clients have had up to 16 sessions at LMOU and HP MOU, and 8 sessions at FBH.

### Further/Future counselling after postnatal assessment

A small percentage (18% across the 3 sites) of clients required further counselling sessions after the postnatal assessment. Results show that for LMOU, 5% clients required and scheduled further counselling session after the postnatal assessment. The figure increased for FBH (16%) and HP (32%).

The data strongly suggests that the PMHP service intervention can have positive outcomes for women and their children. The counselling, which focuses on containing clients' distress, empowering them and improving their assertiveness has a beneficial impact on depression and anxiety symptoms, coping, and parenting. The PMHP counselling intervention also recommends that mental health care may promote resilience and provide the necessary support to enable vulnerable women to identify resources and personal capabilities. We conclude that integrated maternal mental health care may act as a strategic intervention for capability formation and sustainable development.

This is described in more detail with respect to selected PMHP case studies in the journal paper: ***Creating capabilities through Maternal mental health Interventions: a case study at Hanover Park, Cape Town*** by Ingrid Meintjes, Sally Field, Thandi Van Heyningen and Simone Honikman recently published in the Journal of International Development (J. Int. Dev. (2015)). DOI: 10.1002/jid.3063