



Perinatal Mental Health Project

Caring for Mothers. Caring for the Future.



Mid-Year Report

January - June 2014

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Alan J. Flisher Centre for
Public Mental Health

www.pmhp.za.org

@PMHPatUCT







Young family at Hanover Park MOU

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Introduction

Our annual strategic planning session in January saw the refinement of our vision and mission statements (see below) as well as closer alignment of these principles to each programme's planned activities and targets. We also included a sustainability element to the planning, which cuts across most project activities.

The first half of 2014 was marked by flux within our staff complement, but also by significant strides made in all four programme areas. A strategic new collaboration commenced with the Department of Social Development and policy development work was finalised and implemented with the Department of Health.

The PMHP director was awarded the prestigious international Ashoka Social Entrepreneur fellowship. This life-long fellowship will afford the PMHP wide exposure, collaborations and support through the international community.

New Vision and Mission

We envision mental health support for all mothers to promote their well-being, and that of their children and communities.

Our mission is to develop and advocate for accessible maternal mental health care that can be delivered effectively at scale in low resource settings.

We provide mental health services for pregnant and postnatal women, train those who work with mothers to improve the quality of their care, form partnerships to promote the scale up of services and inform global interventions through robust research and advocacy.

The PMHP is grateful to its donors:

- Ackerman Family Foundation
- Anglo American Chairman's Fund
- Australian Government
- DG Murray Trust
- Discovery Fund
- Harry Crossley Foundation
- Individual donors in Canada, England, New Zealand, South Africa and USA
- Mary Slack & Daughters Foundation
- The Breadsticks Foundation
- The Rolf-Stephan Nussbaum Foundation

The PMHP gratefully acknowledges on-going support from its partners:


- Alan J Flisher Centre for Public Mental Health
- Department of Health, Western Cape Government
- Department for International Development (DFID-UK)
- Department of Psychiatry and Mental Health
- Department of Social Development, Western Cape Government
- Faculty of Health Sciences (UCT)
- False Bay Hospital
- Hanover Park Midwife Obstetric Unit
- Mowbray Maternity Hospital
- National Department of Health
- Red Cross War Memorial Children's Hospital
- Retreat Midwife Obstetric Unit
- School of Child and Adolescent Health
- The University of Cape Town and Vice-Chancellor Dr Max Price

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All mentioned materials are freely available on our website: <http://www.pmhp.za.org/learn/pmhp-resources>

2 Key Measures of Success

The PMHP's 10 key measures of success for 2014 are outlined below. The indicators at the end of June are reported in the grey blocks.

Measure	Progress	Indicators		
1. Maternal mental health screening coverage, counselling uptake, retention in care at 3 public obstetric sites.	✓ On target	Screening coverage (averaged across 3 sites)	95%	Per annum target: 80%
		# of women screened at 3 sites	2 339	Per annum target: 3 600
		# of women counselled at 3 sites	355	Per annum target: 600 (200 per site)
		# of sessions provided at 3 sites	980 (average of 2.7 sessions/client)	Per annum target: 2.5 sessions p/client
		# of women with access to psycho-education materials	2 465	Per annum target: 4 500
		Demographic profile of beneficiaries	57% black • 42% coloured • 1% white	
2. 500 professional and lay health students and workers taught or trained annually on maternal mental health.	✓ On target	Students taught	104	Target: 175
		Health practitioners trained	170	Target: 325
		Total	274	Target: 500
		Demographic profile of beneficiaries	57% black • 25% coloured • 10% white • 6% Indian • 2% other 75% female • 15% male	
		Provinces represented	Western Cape, Limpopo, Mpumalanga, Gauteng, Eastern Cape	
		Countries represented	South Africa, Libya, USA, Zimbabwe, Namibia, DRC, Nigeria, Malawi	
3. 100 community-based workers / practitioners working with vulnerable women and children trained annually on maternal mental health	✓✓ Ahead of target	Community-based workers taught	93	Target: 100 p/a
		Demographic profile of beneficiaries	43% black • 39% coloured • 17% white • 1% Indian	
4. Development of maternal mental health materials to supplement teaching and training	✓ On target	<p>Update</p> <ul style="list-style-type: none"> Handbook published and disseminated as complementary resource for training participants. Materials Freely available online at www.pmhp.za.org/learn/pmhp-resources PMHP is partnering with Perinatal Education Programme (PEP) and Electric Book Works to develop the handbook into a learning module with national reach; an evaluation will accompany the course content. Progress has been made. Manual developed for Philani to incorporate maternal mental health training and self care into ongoing group supervision process 		
5. Mental health screening tool for low-resource settings developed and field-tested.	 Progress made	<p>Update</p> <ul style="list-style-type: none"> PMHP's former Research Coordinator has completed analyses on the PMHP screening tool development study. The tool is a brief 3 question tool, based on the Whooley mental health questions advocated by the UK's NICE guidelines. A policy brief on the screening tool was written and disseminated. A report was prepared and disseminated to Department of Health stakeholders. Engagement with Department of Social Development about use of tool is underway. The next stage of the research will be to field test it. 		
6. Findings presented at 3 academic and professional public health symposia annually.	✓ On target	<ul style="list-style-type: none"> Seminar presented to Centre for Public Mental Health University of Stellenbosch: A randomised control trial to assess the effectiveness of the PMHP's screening and counselling service Lecture given to University of Stellenbosch Department of Psychiatry Child and Family Unit: Maternal mental health: lessons from the PMHP. Panel presentation at Impumelelo Healthcare Summit, University of Stellenbosch: Maternal mental health: everybody's business 		

Measure	Progress	Indicators
<p>7. Submission of 2 academic/research papers to peer-reviewed publications annually.</p>	<p>✓ On target</p>	<p>Published Field S, Baron E, Meintjes I, Van Heynngen T, Honikman S, (2014) Maternal mental health care: refining the components in a South African setting . Chapter in Essentials of Global Mental Health ed. Samuel Okpaku, Cambridge University Press</p> <p>Submitted</p> <ul style="list-style-type: none"> • Baron E,Field, S, Kafaar Z, Honikman S (2014) Patterns of use of a maternal mental health care service in a South African low-resource antenatal setting. Submitted to Health and Social Care in the Community. Revisions suggested. • Meintjes I, Field S, Baron E, Honikman S (2014) The secret to sustainable task-shifting: lessons from the maternity context. Submitted to International Journal of Development. Under review. • Schneider M, Baron E, Davies T, Bass J, Lund C (2014) Making locally relevant: Measureing functioning in maternal depression in Khayelitsha , Cape Town. Submitted to Social Psychiatry and Psychiatric Epidemiology. Accepted for publication.
<p>8. Evidence of increased organisational visibility and credibility e.g. newsprint, television and radio appearances 4 x per year; publication of new or updated issue briefs 2-4 times per year; 2 x e-newsletters per year.</p>	<p>✓✓ Ahead of target</p>	<p>Social Media</p> <ul style="list-style-type: none"> • 694 Twitter followers (as of 30 June 2014) • 217 FB likes (as of 30 June 2014) • 50 connections on LinkedIn (as of 30 June 2014) • 534 new visitors to the Website (between 1 January and 30 June 2014) • 289 returning visitors to Website (between 1 January and 30 June 2014) • Initiation, development and active participation in Growing Up Campaign – exposing the PMHP to 19 000 twitter accounts • Content of PMHP website updated <p>Organisational Documents</p> <ul style="list-style-type: none"> • Factsheet updated • New policy brief disseminated • 3 x eNewsletters (February, March, May) • Annual report completed and distributed in April <p>Advocacy Opportunities</p> <ul style="list-style-type: none"> • PMHP selected as the chosen organisation for the Baxter Theatre to support this year. PMHP preparation for fundraising and advocacy event on 16 August 2014. • Publication of journal article “Common Perinatal Mental Disorders and HIV” in HIV Nursing Matters (journal of South African HIV Clinician’s Society), distributed to 4000 clinics nationally
<p>9. Evidence of strategic collaborations, participation or consultations towards integrating PMHP model components into public health care programmes and implementation of policy changes.</p>	<p>✓✓ Ahead of target</p>	<p>1. Alan J Flisher Centre for Public Mental Health (CPMH)</p> <ul style="list-style-type: none"> • PRIME: In addition to the Project’s regular collaboration as a cross-country partner, the PMHP <ul style="list-style-type: none"> – developed a synthesis and analysis report on each partner country’s maternal mental health components of their plans – supported the development of training work and intervention design in Uganda and India – supported the development of a journal paper on formative maternal mental health research in Uganda • AFFIRM: The PMHP’s on-going collaboration with the AFFIRM trial saw an increase in our research activities and support, such as <ul style="list-style-type: none"> – provided on-going support in finding solutions to improve recruitment rates and retention of participants in the trial. – contributed to two research papers: one paper on the development of a context-specific functioning scale has been accepted for publication, and a second paper on the validation of a depression scale in Khayelitsha has been drafted, and should be finalised soon. – contributed to the development of the protocol for the validation of the Hamilton Depression Screening Scale (HAM-D). <p>2. Department of Health</p> <ul style="list-style-type: none"> • Member of the Western Cape Provincial DOH Patient-Centred Maternity Care task team: contributed to support for the Patient-Centred Maternity Care Code; developing training strategy for maternity staff and developed and finalised a range of resource materials for provincial distribution to mothers, partners and health staff • Consulted to several projects within the Health Impact Assessment division of the Western Cape DoH on screening and service delivery design • PMHP data presented at Western Cape DoH annual M&E meeting. • Mother and Baby Friendly Initiative at MMH: through this forum, the PMHP also participates in the Better Birth Initiative and the Perinatal Problem Identification Programme. • Consulted towards the development of the new Postnatal Care Policy. <p>3. Department of Social Development</p> <ul style="list-style-type: none"> • Formalised agreement towards development of systems to imbed maternal mental health in to Children and Families Directorate • Developed phased proposals • Conducted trainings to align with new Child Protection Assessment Tool • Conducted needs and skills assessment and key stakeholder interviews to inform year 2 of collaboration

Measure	Progress	Indicators
<p>9. (continued) Evidence of strategic collaborations, participation or consultations towards integrating PMHP model components into public health care programmes and implementation of policy changes.</p>		<p>4. Ilifa Labantwana</p> <ul style="list-style-type: none"> Participated in Ilifa Labantwana-hosted scientific meetings and stakeholder dialogues with ECD sector stakeholders Contributed to situation analysis design, draft service design and evaluation for integration of maternal mental health in to DoH child nutrition programme in rural KwaZulu Natal <p>5. Community-based partnerships</p> <ul style="list-style-type: none"> NACOSA (Networking HIV, AIDS Community of South Africa): provided training to civil society and stakeholder groups in Cape Metropole and Eden districts. Philani Maternal Child Health and Nutrition Project: developed model, training and manual for sustaining staff training, skills and wellness for maternal mental health
<p>10. Evidence of improved financial sustainability.</p>	 <p>Progress made</p>	<p>The PMHP is grateful for the multi-year funding from the DG Murray Trust, Harry Crossley Foundation, the Department for International Development and the Discovery Fund.</p> <p>Further fundraising activities include;</p> <ul style="list-style-type: none"> 83 new prospects have been identified (annual target 100) 13 proposals have been completed and submitted (annual target 30) <p>Increased and new income generating activities established</p> <ul style="list-style-type: none"> Training for Department of Social Development Consultancy to Ilifa Labantwana for KwaZulu Natal Phila Mtwana project Partnership with Small Projects Foundation, Eastern Cape <p>The three-year Ashoka Fellowship stipend awarded to the director, has been allocated to remunerating her time that was previously provided in-kind to the PMHP.</p>

3 Programme Highlights

3.1 Clinical Services

At this midyear point in 2014, we are happy to report that clinical targets are on track.

The 6-month screening coverage at the Liesbeeck Midwife Obstetric Unit (LMOU), Mowbray Maternity Hospital is 100% at the end of June, at False Bay Hospital it is 95%, and Hanover Park MOU is screening 93% of women booking there for their antenatal care.

We aim to counsel at least 200 women per site every year, and all sites have reached over half this target. We estimate to have reached over 4 000 beneficiaries so far this year, through mental health talks given in the waiting room to pregnant and postnatal women and their family members, and distribution of pamphlets addressing various maternal mental health issues.

Reach

For the period January to June 2014, the PMHP has

- screened 2 479 women and girls
- counselled 355 women and girls
- provided 980 counselling sessions (on average, women attend 2-3 counselling sessions each).

Since inception in 2002, the PMHP has

- screened 26 800 women and girls
- counselled 4 438 women and girls
- provided 10 558 counselling sessions.

The number of pregnant women and girls who have had access to PMHP's psycho-educational materials, and the opportunity to take up screening and/or counselling, is 38 120. This number does not account for partners who would have access to PMHP's resources for fathers.

Liesbeeck Mowbray Maternity Hospital (LMOU)

At LMOU, we have been struck by the number of women needing shelters, often as a result of mental illness in their family histories and breakdown of relationships. Intimate partner violence and sexual abuse make for narratives that are heavy to hear and contain, and we see many refugee women, amongst other vulnerable groups, who are especially at risk of being victims of rape and domestic violence.

The PMHP regards training and supporting facility staff as an important part of our work. Regular input at the monthly MBFI (Mother and Baby Friendly Initiative) meetings allow cross pollination of ideas and knowledge between PMHP and facility staff. One important maternal mental health issue being targeted for

Goals

- To provide emotional support and address the mental health needs of pregnant and postnatal women in psychological distress or at risk of mental health disorders.
- To support and enhance the capacity of maternity facilities and staff to integrate mental health services.
- To develop a pragmatic, evidence-based service models that may be adapted for use at scale by national health authorities.
- Stepped-care model implemented through task shifting to ensure: highly qualified, scarce skills are maximally spread; burnout is minimised; sustainability and reach improved.

training and discussion currently is managing mothers who use substances. In addition to counselling and case management, Charlotte Mande Ilunga continues to provide an invaluable service to foreign women needing help with translation or navigating the public health system.

One of our volunteers, Eve Sigalas, a psychology honours student, has been offering stress-management and self-care groups in the Kangaroo Mother Care ward at Mowbray Maternity, where mothers and their premature babies spend time in the hospital. For this work, Eve was given financial support from the Western Cape Association for Infant Mental Health. Clinical psychologist, Beulah Marks, another volunteer, continues to support the staff at Retreat MOU on a monthly basis. We are fortunate to have assistance from Josie Van Zyl who volunteers once a week to keep our admin on track.



PMHP counsellors:
Antoinette Devasahayam, Charlotte Mande Ilunga,
Bronwyn Evans & Liesl Hermanus (from left to right)

False Bay Hospital

The first half of the year culminated in the move of the antenatal clinic to a newly refurbished venue in the hospital. The smaller space for all activities in the clinic has been an adjustment, but the décor has brightened up the space for the mothers attending clinic. Antoinette Devasahayam, our counsellor, is adjusting to a very confined counselling space and finding ways to overcome this challenge.

False Bay site services very disadvantaged communities from Ocean View and Masiphumelele, with the problems of teen pregnancy, abuse, substance use, unemployment and fractured families being a daily challenge. Antoinette has continued working at relationships with supportive psychiatry services at the hospital, and we are in the process of responding to maternity staff's request for support and debriefing in their work.



Antoinette and Sally at work in False Bay Hospital



Liesl with nurse from Hanover Park MOU
Photo: Bev Meldrum

Hanover Park Midwife Obstetric Unit

Liesl Hermanus has been active in her liaison role, finding different kinds of support in the community for her clients. There have been more referrals for substance use problems, and some intensive support and liaison has been required for clients with psychiatric support needs.

A prominent issue impacting on mothers and their babies, are previous or currently abusive relationships. These women often need ongoing support and intervention with the challenges that they face.

Liaison with Non-Governmental Organisations

The PMHP counsellors visited St Anne's, a women's shelter to which we refer women who need safe accommodation. We linked with the staff to understand more about the working of the shelter. There is ongoing collaboration with Mater Domini, another home for pregnant women. In our continuing relationships with Hope House Drug Counselling Program and the Parent Centre, we have received training for counsellors and support for clients.

Supervision

The weekly individual supervision and fortnightly clinical meetings remain an essential part of the sustainability of the clinical services. Discussions around clinical interventions, debriefing and training input all contribute to our counsellors' ability to offer a compassionate and responsive service to their clients.



Bronwyn and Charlotte at Mowbray Maternity Hospital
Photo: Bev Meldrum

3.2 Teaching and Training

Reach

The total reach of our training programme from January to the end of June 2014 was 345 participants which exceeds our mid-year target.

Our **regular programmes** and trainees included; 4th year medical students; post-graduate students in Advanced Psychiatric Nursing and in Advanced Midwifery; in-service nurses of all ranks through Midwife Obstetric Unit annual training days, lactation management courses, perinatal update trainings, Mother and Baby Friendly Initiative trainings and Masters students in Maternal and Child Health. Most South African provinces and several other African countries were represented among the participants.

There has been an increasing demand for our training materials and handbook, which are being widely distributed. These materials are being incorporated within the mental health plan implementation work in India and Uganda, together with research partners within the Programme for Improving Mental Health Care (PRIME).

Outreach

We developed several new training initiatives, namely:

- **Networking HIV, AIDS Community of South Africa (NACOSA)** training days in the Cape metropole and Eden districts. This included a range of community, civil society and professional practitioners involved in the HIV, AIDS, TB and related social development fields, who were introduced to maternal mental health matters for the first time.

- Our second phase of training **Philani Maternal Child Health and Nutrition Project** mentor mother facilitators involved developing a novel system of embedding into routine meetings, elements of ongoing in-service training (supervisor-led), skills development, case sharing, debriefing and self-care. A train-the-facilitator workshop was conducted and a curriculum developed and manualised in conjunction with Philani management staff. The first year of implementation is being closely monitored by pre-, mid and post evaluation studies as well as on-going liaison and support for Philani management. It is hoped that this model may be adapted for use in other organisations and institutions offering support or healthcare to mothers.

Goals

- To provide teaching and training to a range of service providers and stakeholders in order to:
 - empower and affirm providers
 - conscientise and shift attitudes
 - develop skills and practices
 - capacitate service providers to integrate quality maternal mental health services into routine practice
- Social workers and social work managers and trainers part of the **Department of Social Development's Children and Families Directorate**. Linked to this training, we conducted an in-depth analysis of skills, attitudes, practice and training needs through quantitative surveys and stakeholder interviews. This research will inform the next phase of proposed engagement with the DSD in 2014/2015.



Social workers and social work managers from the Department of Social Development (DSD) in training with Simone Honikman

3.3 Research

More than ever, our research programme appears to be impacting the design of training, policies, guidelines and implementation plans across a range of sectors, local, nationally and internationally, as well as within three PMHP programmes.

The first half of the year was busy and productive. In addition to the activities listed below, our research staff managed our monitoring and evaluation (M&E) databases from our clinical services programme and were able to update our Impact and Outcomes document. This data informed the presentation given by the Director of Health Programmes at the high level annual M&E meeting of the Western Cape Department of Health.

Protocols were designed and databases developed for formally evaluating two of our bigger training programmes. Data is currently being collected as part of base-line and follow-up assessments.

The design of the evaluation study of the PMHP counselling intervention was adjusted after PMHP research team members underwent training in clinical trial design and on the basis of potential opportunities for collaborations with international researchers and grant-making organisations. Refinement of the design and applications for funding to support this are underway.

Screening tool development study

The analysis on the PMHP screening tool development study was completed. The best performing tool in terms of sensitivity, specificity and feasibility is an ultra-short 3-item tool, based on the Whooley mental health questions advocated by the UK's National Institute of Clinical Excellence guidelines.

A policy brief on the screening tool was written and disseminated. A report was prepared and disseminated to key Department of Health stakeholders. Engagement with Department of Social Development about use of the tool has commenced.

The tool will be integrated in to the next edition (2015) of Primary Care 101. This is a comprehensive clinical practice guideline that aims to equip nurses and other clinicians to diagnose and manage common adult conditions at primary level. It has been adopted by the South African National Department of Health as a key component of the Integrated Chronic Disease Management Model, itself part of the Re-engineering of Primary Health Care strategy.

Goals

- Develop and field test an evidence-based package of care for maternal mental health, in low-resource settings, that is grounded in iterative, pragmatic research. Including: Screening tool, Training materials, Lay counsellor intervention, and Counselling modality.
- Apply research findings and lessons through our government and non-government partner organisations to deliver mental health services to women.
- Inform mental health policy at all levels through our research findings.
- Inform maternal mental health research at all levels through our research findings.
- Support/enhance the sustainability of PMHP operations and maternal mental health services through direct application of research findings to our service sites.
- Produce peer reviewed publications.

Programme for Improving Mental Health Care (PRIME)

In addition to the Project's regular collaboration as a cross-country partner, the PMHP developed a synthesis and analysis report on each partner country's maternal mental health components of their plans. We supported the development of training work and intervention design in Uganda and India; supported the development of a journal paper on formative maternal mental health research in Uganda and presented at the annual meeting in Kathmandu, Nepal in April. Funding for PMPH's contribution to PRIME is secured through contractual agreement with PRIME's funding partner, the Department for International Development (DFID), UK.

Africa Focus on Implementation Research for Mental health (AFFIRM)

The randomised control trial using Community Health Workers for a psychosocial intervention for pregnant women with depression in Khayelitsha, conducted by our CPMH partners, is well underway. The PMHP has been providing on-going support in finding solutions to improve recruitment rates and retention of participants in the trial. We contributed to the development of the protocol for the validation of the Hamilton Depression Screening Scale (HAM-D). Also, the PMHP's contribution to two research papers with AFFIRM has been fruitful. One paper on the development of a context-specific functioning scale has been accepted for publication, and a second paper on the validation of a depression scale in Khayelitsha has been drafted, and should be finalised soon.

Publications

In addition to the publication of a book chapter, several articles have been submitted to peer review journals during the first half of this year.

Book chapter

- Field S, Baron E, Meintjes I, Van Heyningen T, Honikman S, (2014) Maternal mental health care: refining the components in a South African setting. Chapter in Essentials of Global Mental Health ed. Samuel Okpaku, Cambridge University Press

Submitted journal articles

- Baron E, Field, S, Kafaar Z, Honikman S (2014) Patterns of use of a maternal mental health care service in a South African low-resource antenatal setting. Submitted to Health and Social Care in the Community. Revisions suggested.
- Meintjes I, Field S, Baron E, Honikman S (2014) The secret to sustainable task-shifting: lessons from the maternity context. Submitted to International Journal of Development. Under review.
- Schneider M, Baron E, Davies T, Bass J, Lund C (2014) Making locally relevant: Measuring functioning in maternal depression in Khayelitsha , Cape Town. Submitted to Social Psychiatry and Psychiatric Epidemiology. Accepted for publication.



The Mental Health Innovation network is promoting the new screening tool on its innovation pages.
<http://mhinnovation.net/resources/screening-common-perinatal-mental-disorders-south-africa#.VABjGrySxZ9>

3.4 Advocacy and Communications

The PMHP's multimedia advocacy work promotes the need, value and model of maternal mental health care to the public as well as to policy and decision makers in the public healthcare and social development sectors.

Social Media and online presence

In the first half of 2014 we partnered with and initiated social media campaigns and worked with policy makers in the national and provincial mental health and maternal care sectors.

One of these campaigns was the "Growing Up Campaign" (@GUPcampaign) which we initiated in cooperation with KidzPositive and were joined by the Children's Institute, the Parent Centre and SA – Yes. This campaign reached 19,000 Twitter accounts with its Hashtag #Child2Youth, containing information on child development issues from conception to adolescence.



The "Growing Up Campaign"
<http://www.gupcampaign.com>

We enhanced our Corporate Identity (CI) and updated most of our outreach material accordingly. This included several updates and upgrades on our resource website. In order to increase our social media presence, we have added a LinkedIn profile, overhauled our Blog and YouTube channel. The increased social media and online presence is not only measurable by the increased Twitter followership - from just over a hundred to almost 700 by the end of June – but also by the increase in hits on our website and invitations to various online conferences. Furthermore, the readership of our e-Newsletter (<http://pmhp.za.org/about/our-newsletter>) has increased steadily. We have also improved the layout and frequency of the dissemination of PMHP's news.



Increase in Twitter Followers in the first half of 2014

Adolescent mobile outreach

In another attempt to bring maternal mental health to the attention of the public and potential service users, the PMHP has sponsored and contributed towards the development of a story “There’s Always Light” for the educational mobile reading platform for youth, FunDza. Our story evolved around Kamvi, a pregnant teenager who struggled with her pregnancy, stigma, isolation and attachment with her baby. Readers could leave responses on the online platform as well as access the Maternity Booklet and other PMHP resources directly from FunDza.

(<http://live.fundza.mobi/home/library/fiction-short-stories/theres-always-light/>)

HIV Nursing Matters

The ‘Southern African HIV Clinicians Society’ approached the PMHP to write an article about maternal mental health and HIV in their monthly, peer-reviewed journal. HIV Nursing Matters, is distributed to 4000 primary care clinics and is available open access on line.

(<http://www.sahivsoc.org/upload/documents/HIV%20Nursing%20Matters%20Vol%205%20No%202.pdf>)



Impumelelo Healthcare Summit

The PMHP was offered the opportunity to participate in a panel addressing a large audience of delegates from CBOs, NGOs, MRC, HSRC and Provincial DoH: senior managers and clinic managers. Several collaborations and partnerships arose from this opportunity.

Circles of Support

At the beginning of the year, the PMHP was selected as the annual supported project by the Baxter Theatre and is preparing for a large fundraising and advocacy event on 16 August 2014.

Goals

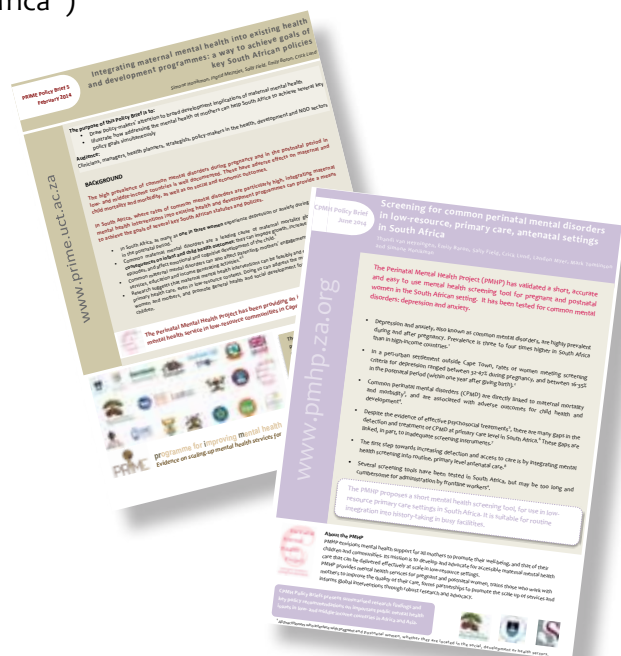
Use PMHP project data and empirical evidence to:

- Raise awareness about the problem of maternal mental illness, the scope of need, and the available evidence-based responses.
- Advocate for the integration of maternal mental health services.
- Promote support for maternal mental health service integration at all levels of service provision within all relevant sectors.
- Promote the use of and access to maternal mental health services by target beneficiaries.
- Shift attitudes and break down stigma towards mental illness.
- Inform mental health policy.
- Build the sustainability of PMHP operations and maternal mental health services.

Policy Briefs

The PMHP published and distributed two policy briefs in the first half of 2014. The first was published in February with the aim to illustrate ways in which maternal mental health is integrated into existing health and development policy documents in South Africa and how these policies may more effectively translate into implementation. (Prime Policy Brief #5: “Integrating maternal mental health into existing health and development programmes: a way to achieve goals of key South African policies”)

The second was published in June and introduced PMHP’s newly validated Short Screening Tool for common perinatal mental disorders. (CPMH Policy Brief: “Screening for common perinatal mental disorders in low-resource, primary care, antenatal settings in South Africa”)



4 Organisational Development

Professional development

All PMHP staff underwent professional development or training in the first six months of the year. This included regular attendance at a range of presentations, workshops or seminars offered by the various divisions of UCT's Department of Psychiatry, as well as the Alan J Flisher Centre for Public Mental Health. The Clinical Services team also attended workshops on therapeutic techniques working with parents; bereavement; infant development and Motivational Interviewing for substance misuse. The research team attended two courses on randomised controlled trials. The Project Co-ordinator attended workshops on human resource development and the Director attended several seminars on Early Childhood Development.

Sustainability

This first half of this year has seen a focus on fewer, but more significant income streams, particularly on earned, rather than fundraised income. Earned income can be used more flexibly, and is an on-going resource compared to grant funding. We aim to have a steady income stream of 15% of our annual budget from earned income within the next three years. We anticipate this to come primarily from training and consultancy services to governmental departments, research bodies and the NGO sector.

Major new funding so far in 2014 comes from a new partnership with the Western Cape Department of Social Development, with PMHP providing systems development and training to social workers on maternal mental health. We anticipate getting 11% of income in 2014 from this and similar sources – including research consultancies with Ilifa Labantwana and PRIME.

5 Conclusion

The PMHP has made significant strides in all programme areas, meeting ambitious targets and often exceeding them at the mid-year mark. More than ever, we are finding that our four programmes are intersecting more meaningfully – each supporting or responding to trends or emerging needs in the others. This has allowed for cross-pollination and mutual enhancement of the skill sets within the project. Several outputs have increased.

In 2014, we have been fortunate enough to draw on an increasing number of dedicated volunteers, in a range of areas for which we require support. This has, on the one hand, freed staff to concentrate on core activities and on the other, has allowed us to branch in to new areas of work.

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The first 1000 days of any child's life starts from conception to 2 years of life. Evidence has shown that what happens to us during this period will determine whether or not we will reach our full potential and attain physical, mental and social well-being. The Perinatal Mental Health Project is thus very relevant and necessary as it impacts on this critical life stage of development. In fact, the PMHP is an investment in our future as mental health is one of those issues not well addressed in the health sector.

The research that the PMHP does is grounded in service realities. The PMHP works very closely with government officials to ensure that the questions they ask in the research process are relevant to ensure their research outputs are appropriate for translation into policy and action. For me personally, the PMHP is a group that I consult regularly for assistance on evidence for policy and practice. ”

I am really honoured to be associated with them.

Dr Tracey Naledi
Chief Director
Health Programmes
Department of Health, Western Cape

Make a difference!

One out of three women in South Africa suffers from depression during and after pregnancy...



break the circle of despair and make a difference today!



A latte a day can add up to \$150 in a month
Could you give up your daily latte for one month?

One off giving

- \$50 / £30 (UK)/ R554 (SA) could help 5 mothers, through counselling, to protect themselves against domestic violence.
- \$150 / £91 (UK)/ R1.662 (SA) could provide comprehensive mental health care to 7 pregnant women for up to a year after giving birth.

Monthly giving

- \$20 / £12 (UK)/ R221 (SA) every month for one year could help 4 pregnant teenagers to learn how to care for themselves and their babies.

Circle of Support

Can you organise a Circle of Support within your book club, church group or soccer club etc.?
(consists of 10 friends, donating \$10 / £6 (UK)/ R110 (SA) each per month)

- a monthly donation per circle (\$1.200, annually) could help improve the mental and physical health of 60 HIV+ pregnant women.

Giving is through the University of Cape Town's registered charitable entities in South Africa, the USA, the UK, Canada or Australia

For more details see our Blog:
<http://perinatalmentalhealth.wordpress.com/make-a-difference/>

OR donate directly:
<http://pmhp.za.org/support/donate>



www.pmhp.za.org