

Integrating maternal mental health into existing health and development programmes: a way to achieve goals of key South African policies

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The purpose of this Policy Brief is to:

- Draw policy-makers' attention to broad development implications of maternal mental health
- Illustrate how addressing the mental health of mothers can help South Africa to achieve several key policy goals simultaneously

Audience:

Clinicians, managers, health planners, strategists, policy-makers in the health, development and NGO sectors

BACKGROUND

The high prevalence of common mental disorders during pregnancy and in the postnatal period in low- and middle-income countries is well documented. These have adverse effects on maternal and child mortality and morbidity, as well as on social and economic outcomes.

In South Africa, where rates of common mental disorders are particularly high, integrating maternal mental health interventions into existing health and development programmes can provide a means to achieve the goals of several key South African statutes and policies.

- In South Africa, as many as **one in three women** experience depression or anxiety during pregnancy and in the postnatal period.¹
- Common maternal mental disorders are a leading cause of maternal mortality globally,² and have **consequences on infant and child health outcomes**: they can impede growth, increase diarrhoeal disease episodes, and affect emotional and cognitive development of the child.³
- Common maternal mental disorders can also affect parenting, mothers' engagement with health & social services, education and income generating activities.^{4,5}
- Research suggests that maternal mental health interventions can be feasibly and effectively integrated in primary health care, even in low-resource contexts. Doing so can address the mental health of pregnant women and mothers, and promote general health and social development for both mothers and their children.



The Perinatal Mental Health Project has been providing an integrated maternal mental health service in low-resource communities in Cape Town for 11 years.



The Perinatal Mental Health Project is a partner of PRIME based at the University of Cape Town's Alan J Flisher Centre for Public Mental Health. www.pmhp.za.org

PRIME's goal is to develop evidence on the implementation & scaling-up of mental health treatment in primary & maternal health care, in low resource settings. www.prime.uct.ac.za



programme for improving mental health care
Evidence on scaling-up mental health services for development

1. National Development Plan 2030 (2012)

Chapter 9* of the Plan: Intervene in ECD through empowering mothers

- First 1000 days – utilise critical period from conception;
- pregnant women and mothers need access to emotional and material support to ensure a healthy pregnancy;
- need to ensure optimal nurturing for children so they can grow up healthy, well nourished, physically fit, cared for in a stable home environment;
- empowered mothers lay a solid foundation for a healthy life, and potential to achieve higher educational achievement.

Delivering maternal mental health care to mothers would:

- address all of these development goals simultaneously;²
- be the most cost-effective time to intervene for investment in human capital.¹⁰

2. Mental Health Policy Framework and Action Plan for South Africa 2013-2020

Principle: Protection against vulnerability

Developmental vulnerabilities to mental health problems associated with life stages, as well as vulnerabilities associated with gender (including pregnancy), socio-economic position, ill-health and disability, should be protected against through the provision of **targeted prevention interventions**.

Areas for Action by 2015

1. Mental health will be *integrated* into all aspects of **general health care**, particularly those identified as priorities within the 10 point plan e.g., TB and HIV and AIDS.
2. Mental health promotion and prevention initiatives will be *integrated* into the policies and plans of a **range of sectors** including, but not restricted to, health, social development and education.
3. **Specified micro and community level mental health promotion and prevention intervention packages** will be included in the core services provided, across a range of sectors, to address the particular psychosocial challenges and vulnerabilities associated with the different lifespan developmental stages. These will include:
 - Motherhood: (1) treatment programmes for maternal mental health as part of the routine antenatal and postnatal care package; (2) programmes to reduce alcohol and substance use during and after pregnancy.
 - Infancy and Early childhood: programmes to increase maternal sensitivity and infant–mother attachment.

Introduce routine indicated assessment and management of common mental disorders in priority programmes at PHC level: • TB, HIV & AIDS • **Antenatal mothers** • **Postnatal care** • Family planning • Chronic diseases

Integrated maternal mental health interventions

- that include routine mental health screening can feasibly be incorporated into physical health screening procedures at community level and within most priority programme areas at PHC level;⁵
- can include the management of common mental disorders at PHC level by non-specialist staff.^{6,7}

3. National Department of Social Development Strategic Plan 2012-2015

- 1.* A long and healthy life for all South Africans.
2. Reduction in new HIV and AIDS infections.
3. Mitigation of the psychosocial and economic impact of HIV and AIDS as well as TB and other chronic illnesses.
4. Strengthened community capacity and systems.
5. Improved access to ECD programmes: investing in the development of children is one of the primary means of improving human capital and reducing intergenerational poverty.
6. Safe and friendly society for children.
8. Protection of poor and vulnerable citizens against income poverty.
9. Strengthened collaboration with stakeholders in order to enhance service delivery.
10. Deepened social policy discourse and evidence-based policy-making.

Integrated maternal mental health interventions would:

- support the creation of a safe, stimulating and nurturing environment for the infant;
- empower women to identify and access means of social and financial support.

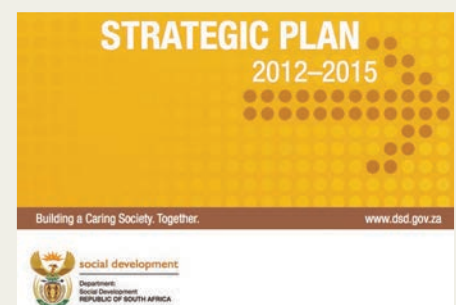


Image source: SA Dept of Social Development

* Numbering follows original policy document for ease of reference

4. National Strategic Plan on HIV, STIs & TB (2012-2016)

Strategic objective 1: addressing **drivers** of HIV, STI and TB infections.

Strategic objective 2: **preventing** new HIV, STI and TB infections using a combination of prevention approaches.

- combination of biomedical, behavioural, social and structural interventions that reduce transmission and mitigate susceptibility and vulnerability to HIV, STIs and TB;
- reducing transmission of HIV from mother to child;
- addressing sexual abuse and improving services for survivors of sexual assault.

Strategic objective 3: **sustaining health and wellness** universal access to affordable and good quality healthcare.

- Ensure people living with HIV & TB remain within the healthcare system, **adhere** to treatment & **maintain optimal health**
 - mental health screening with appropriate referral;
 - strengthening the integration and provision of mental health services within maternal and childcare programmes;
 - developing programmes to focus on both physical and mental wellbeing.
- **Counselling and mental health services should be available in all health and social services facilities** given the impact of testing positive and its implications.

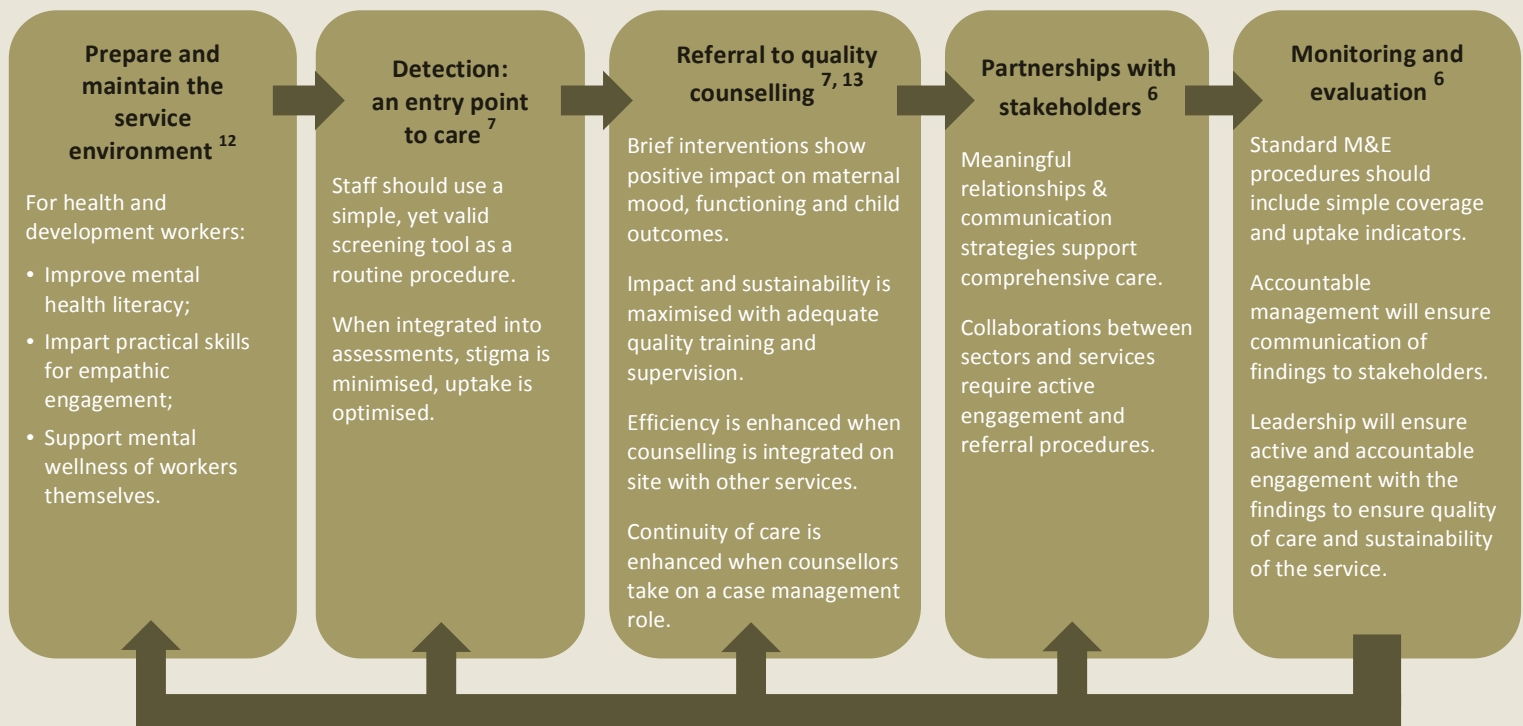
Integrated maternal mental health interventions would:

- address a key factor underlying non-adherence to treatment regimens;¹¹
- increase the capacity of women to negotiate intimate partner relationships;
- link and support existing HIV testing and counselling objectives.



Image source: PMHP

A model for integrating mental health into maternal care



The Perinatal Mental Health Project's experience of integrating maternal mental health:
23,000 women screened; 4000 women counselled; 3500 health workers trained

Participatory, mental health training packages adapted for different cadres of workers;
In-service training & courses embedded in curricula.

Feasibility and acceptability of routine mental health screening demonstrated with 80% uptake by booking mothers.⁵
Local validated screening tool in development.

Improvement after average of 3 sessions;⁵
Range of evidence-based techniques used;
Routine follow-up ensures continuity and assists evaluation.

Development of several mutually supportive referral pathways to health and development sectors and CBOs/NGOs.

Increased screening and counselling uptake, reduced loss to follow up;
Communication of findings to stakeholders to promote strategic collaboration.

Maternal mental health services may be integrated into the following programmes:

- ❖ Basic Antenatal Care and Intrapartum Care
- ❖ Child Care & Protection
- ❖ Early Childhood Development
- ❖ Mother Baby Hospital Friendly Initiative
- ❖ Family and Parenting
- ❖ Immunisation programmes
- ❖ Saving Babies
- ❖ Essential Postnatal Care
- ❖ Substance Abuse
- ❖ Contraception
- ❖ Perinatal Problem Identification Programme
- ❖ Victim Empowerment
- ❖ Non-Communicable Diseases

Other relevant statues and policies

- DOH 10-Point Strategic Plan 2009-2014 & Outcome-Based Medium-Term Strategic Framework 2009
- South Africa's national strategic plan for a campaign on accelerated reduction of maternal & child mortality 2012
- Strategic plan for maternal, newborn, child and women's health and nutrition in South Africa 2012-2016
- National Department of Health Public Healthcare Re-engineering Plan 2010
- The Negotiated Service Delivery Agreement (NSDA) 2010-2014
- Diagnostic Review of the Early Childhood Development Sector 2012

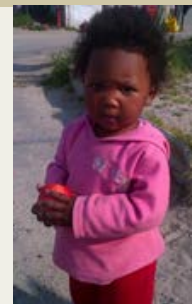


Image source: PMHP

Resources

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About PRIME

PRIME is a Research Programme Consortium (RPC) led by the Centre for Public Mental Health at the University of Cape Town (South Africa), and funded by the UK government's Department for International Development (UKAID). The programme aims to develop world-class research evidence on the implementation, and scaling-up of treatment programmes for priority mental disorders in primary and maternal health care contexts, in low resource settings.

Partners and collaborators include the World Health Organization (WHO), the Centre for Global Mental Health (incorporating London School of Hygiene & Tropical Medicine and King's Health Partners, UK), Ministries of Health and research institutions in Ethiopia (Addis Ababa University), India (Public Health Foundation of India), Nepal (TPO Nepal), South Africa (University of Kwazulu-Natal & Human Sciences Research Council) and Uganda (Makerere University & Butabika Hospital); and international NGOs such as BasicNeeds, Healthnet TPO and Sangath.

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