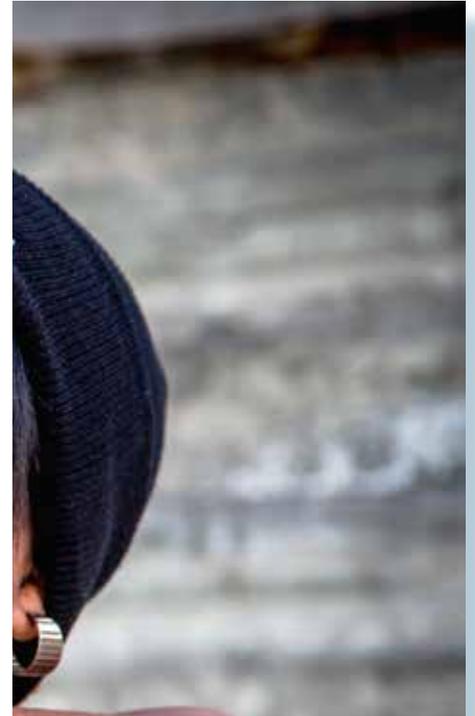




Perinatal Mental Health Project
Caring for Mothers. Caring for the Future.



Annual Report 2014

Maternal Services Training Mental Health Research Advocacy
Support Mothers Counselling



Alan J. Flisher Centre for
Public Mental Health

www.pmhp.za.org

@PMHPatUCT



About the Perinatal Mental Health Project

The Perinatal Mental Health Project (PMHP) is an independent initiative based at the University of Cape Town. It is located within the Alan J. Flisher Centre for Public Mental Health in the Department of Psychiatry and Mental Health.

The PMHP is a non-profit entity that has been operating for more than 11 years, in partnership with the Departments of Health and Social Development. The PMHP provides screening and counselling services, case management as well as builds capacity among various health, social and development workers to provide support for pregnant women and girls experiencing psychological distress.

The PMHP actively addresses the challenges associated with gender based violence, teen pregnancy, HIV, substance misuse, refugee status and early childhood development through its clinical engagement with vulnerable women and their families, through training of staff who interact with these women, research projects and advocacy work. The PMHP supports state agencies to achieve health and social development objectives and address some of the challenges in meeting Millennium Development Goals 4, 5 and 6.

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.

Where we work



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1 Message from the Director

The PMHP's year in 2014 was characterized by great flux, yet substantial achievement.

We gained staff who brought innovative ideas to the project and we also lost staff due to career shifts and opportunities for their further study. Although this was very challenging, core staff were able to work with continuing and new projects and even take these to the next level. The team learnt skills to work better, faster, with streamlined processes for communications and cross-programme collaborations. We were also fortunate to have a cohort of skilled volunteers and consultants whose valuable contributions enhanced our overall performance. Built-in processes for the PMHP staff wellness and professional development are showing to boost the quality of our activities and our sustainability. However, we also do simply need more people to do the necessary work for which we have strategised, as well as for the unmissable opportunities that so often come our way.

Our three service sites operated to capacity, with screening coverage rates and numbers of sessions per client increasing year-on-year, above targets. Outcomes evaluations show steadily positive results.

Our outreach to the NGOs in related fields expanded with new PMHP trainings. Strategy workshops were conducted with several organisations. Linked to some of this work is the formalising of our collaboration with the Western Cape Department of Social Development. Two contracts during the year enabled us to develop basic and thereafter, in-depth skills training, for social workers. We were also able to conduct province-wide stakeholder engagement processes for the development of a simple identification, management and referral tool for this cadre of frontline workers.

We are centrally involved in three critical policy development processes with the Western Cape Department of Health. This affords us the opportunity to shape service delivery for mothers through several parallel, yet linked provision strategies that are operated by the government.



Our research programme saw the publication of a book chapter and four peer-reviewed journal articles covering a range of topics from research protocol design, creating capabilities and patterns of uptake of care at our service sites. We were able to disseminate our findings through oral presentations at two prestigious international conferences and develop two policy briefs, distributed to governmental stakeholders.

We embarked on two intense multimedia campaigns; one around the period of 16 Days of Activism Against Gender Violence, and another around Women's Day. The latter culminated in our fabulous variety show to a full house at the Baxter Theatre where a range of top South African performers donated their time and talents. The ticket sales and VIP event linked to the show were a great boost to our fundraising targets.

As usual, it was an extremely full, challenging and rewarding year. We feel confident that positive developments for mothers in distress will continue in 2015.

Simone

2 Acknowledgements

Board of Advisors

Dr Lane Benjamin, Prof Andrew Dawes,
Mrs Samantha Hanslo, Dr Sharon Kleintjes,
Prof Julian Leff, Prof Joan Raphael-Leff,
Dr Tracey Naledi, Ms Thabisa Xhalisa

Volunteers

Heike Brunner, Anna Hamilton, Elynn Kann,
Beulah Marks, Aviva Pelham, Eve Sigalas,
Josie Val Zyl

Partners

University Of Cape Town (UCT), Alan J Flisher
Centre for Public Mental Health (CPMH),
**Programme for Improving Mental Health
Care (PRIME), Africa Focus on Intervention
Research for Mental Health (AFFIRM),**
Western Cape Provincial Department of
Health, Western Cape Provincial Department
of Social Development,
Stellenbosch University

Ashoka Fellowship

awarded to PMHP Director
Simone Honikman

Ashoka supports social entrepreneurs who are
leading changemakers internationally.

Simone's 'Making More Health' award is
generously funded by Boehringer Ingelheim.



ASHOKA

<https://www.ashoka.org>



<http://www.makingmorehealth.org>

3 Clinical Services Programme

During 2014, the clinical services at our three sites continued to provide women with support and where necessary, referrals for specialized care. With the counsellors all being at their sites for a minimum of three years now, we are noticing the benefits of continuity in relationships with clinic staff, with clients who return for antenatal care during another pregnancy, and with one another. As counsellors become more skilled in their work, there is more depth in the counselling, and women stay in counselling longer. While this is positive for their clients, it brings some challenges and a heavier emotional burden for the counsellors to manage. Thus, the PMHP provides counsellors regular and frequent supervision (see 3.6), quarterly mental health days, and targeted continuing professional development opportunities during the year.

At our site at [Hanover Park Midwife Obstetric Unit \(HP MOU\)](#), screening¹ coverage for 2014 was excellent. However, we have seen a drop in the annual number of clients seen and in the total number of counselling sessions. We will continue to watch this and work on decreasing the number of women who never take up referral and are lost to follow-up². The reasons that women do not get seen include being transferred to other sites of care after their initial antenatal booking, declining counselling at their follow-up visit due to feeling better, or having accessed more support elsewhere since the time they were screened.

In 2014, the team at [False Bay Hospital \(FBH\)](#) surpassed their service targets, seeing slightly more clients than the previous year, but for slightly fewer sessions. The rate of defaulted³ appointments has come down significantly from over 30% in 2013 to 21% in 2014, which represents significant improvement in uptake of care. The loss to follow-up at this site needs to be worked on further to ensure that we are not losing clients who are never seen by a counsellor. Women booking at both HP MOU and FBH face extremely challenging community environments, where in addition to poverty, several factors impact on their use of mental health services. These include high levels of community violence, increases in costs of public transport, child care and employment demands.

As a result of maternity service restructuring, booking figures at the [Liesbeek Midwife Obstetric Unit \(LMOU\)](#), Mowbray Maternity Hospital, have declined over the past years, with 2014 being the lowest we have noted since starting the service. The screening coverage (98%) was the best coverage we have achieved. The defaulting rate for appointments is very low at 9%, and almost no women who accept referral are lost to follow up.



PMHP counsellors from left: Bronwyn Evans, Antoinette Devasahayam, Liesl Hermanus, Charlotte Mande Ilunga

¹ The number of women who receive mental health screening by the PMHP as a proportion of the number of women who have booked at the facility for that month.

² The number of women who have accepted counselling referral, but never have a counselling session, due to not being able to be contacted by the counsellor, or not responding to contact from the counsellor.

³ This occurs when women do not attend counselling appointments, and do not cancel or reschedule their appointments.

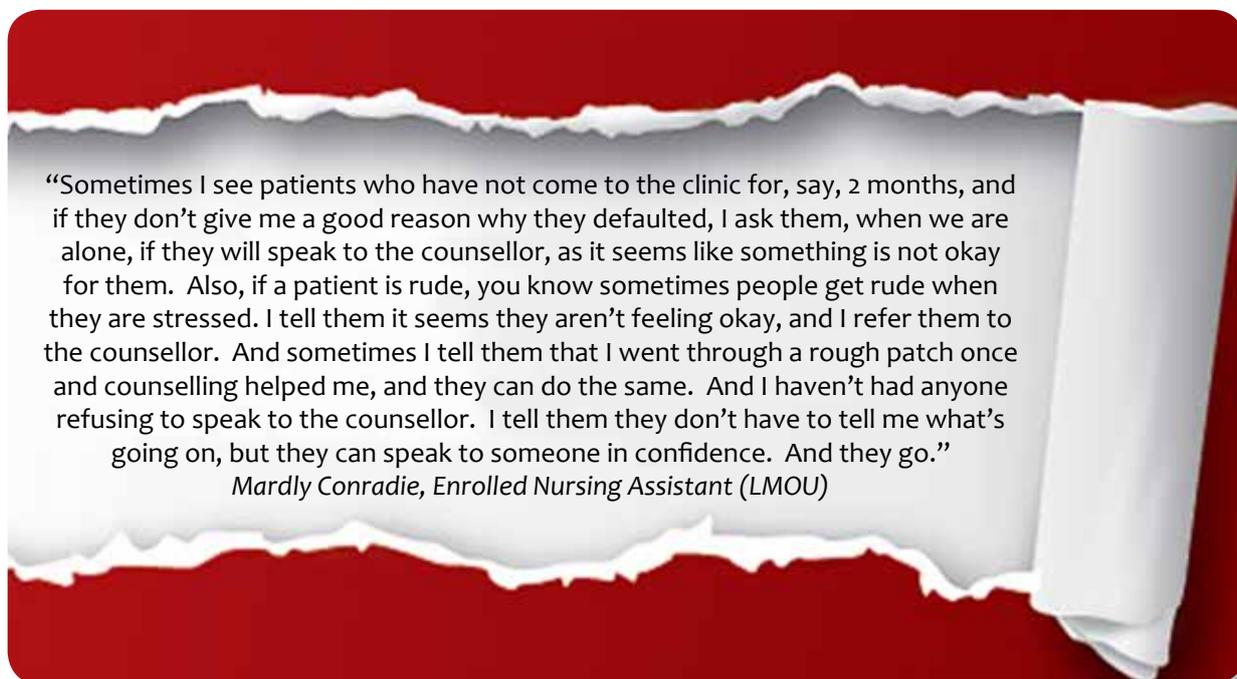
3.1 Activities and outputs

In 2014, 735 clients were counselled with an average of 3 face-to-face sessions per client across the 3 service sites.

Our demographic data recorded that 57% of the counselled population were black, 41% coloured and 2% white. Of the black clients, 40% were from African countries outside of South Africa.

The table below summarises the clinical service outputs.

Indicator	LMOU	FBH	HP MOU	Total all 3 sites
# women booked	1 154	1 247	2 588	4 989
# women screened	1 137	1 180	2 426	4 743
Screening coverage (Target: 80% per site)	98%	95%	94%	95%
% qualifying for referral	27%	36%	31%	31%
# women counselled (Target: 200 women per site)	258	288	189	735
# sessions per client (Target: 2 sessions per client)	3.8	2.2	3.5	3.1
# women referred to Community Mental Health Team	n/a	8	18	26
# women seen by PMHP psychiatrist	9	n/a	n/a	n/a



Presenting problems

Most (84%) of the 735 women counselled in 2014 reported experiencing more than one problem. The main problems experienced by this group were associated with a lack of support from immediate family and friends (80%), problems with lifestyle transition (55%) and social or economic difficulties (54%). Other problems included psychiatric problems (48%) and physical health problems (36%).

3.2 Counselling Interventions



Across service sites, counsellors provided elements of problem-solving therapy to over half of counselled women (61%) and behaviour activation to 50%.

Women who are counselled also received emotional support. A significant proportion of counselled women reported anxiety relating to birth and raising a new child. Thus, psycho-education was provided to 89% of our clients and birth preparation to 33%.

3.3 Outcomes

From the routine postnatal follow-up assessments, which occur at 6-10 weeks post delivery, these therapeutic interventions appear to produce positive outcomes for PMHP clients across sites. The majority (68%) of women reported that their primary presenting problems had improved considerably or had been resolved altogether after receiving counselling. Women also reported statistically significant improvements in their levels of distress: 71% reported improvements in their depressive symptoms, and 77% reported feeling less nervous or anxious. A more detailed outcomes report is available on our website at www.pmhp.za.org.

Since the inception of the service programme, to the end of 2014, the total number of women reached across the 3 service sites has been:



3.4 Liaison with NGO's

The counsellors liaise with NGO's in their communities when needed, to refer clients for specialised care, or to consult on specific issues or cases. Women's shelters and organisations addressing violence against women and children feature regularly in the work. In 2014, the PMHP presented a maternal mental health workshop to such NGO's, focusing on responding empathically to mothers in distress.

3.5 Supervision

During 2014, we continued to provide our counsellors with regular weekly supervision, and fortnightly supervision meetings. These provide counsellors opportunities to be supported with challenging cases, to monitor certain aspects of the service, and to provide a space for thinking about their own wellbeing and development.

3.6 Going forward

In 2015, we look forward to some changes in our administrative systems. With the introduction of a new mobile platform, Mobenzi, which will eliminate a lot of paperwork and time used for data entry, we are hoping to streamline our systems and lighten our counsellors' administrative load. The clinical services coordinator will also be reducing her clinical caseload, in order to offer more support to counsellors and to monitor our sites more closely.

Violet's Story

Violet is an older mother of 4 children. She had suffered with depression for a number of years. When she became pregnant with her fourth child, it was very hard to accept. She found herself absorbed with the problems of her sick mother, but had no energy to deal with her own conflicts with her husband.

She would wonder how she could get out of bed, how she could walk, whether she was able to work. Since counselling was not common in her community, she had never spoken to a counsellor before.

When she attended her antenatal clinic, she was offered counselling with the PMHP after being screened for mental health problems, and she accepted an appointment. After a couple of sessions, she began to accept her pregnancy, and also developed skills for managing conflict in a more constructive way.

She feels that she is now able to talk about what troubles her, and can problem solve more effectively. She feels the counselling helped her to heal from some of her past hurts, such as childhood physical abuse. The members of her family respect her more. She feels stronger, and she is starting to focus on her own happiness.

Violet knows that there may be times in her life when she will need counselling again, but this experience helped her to shift something in her life and cope in a better way.



*Composite case scenario based on mothers' real experiences

4 Teaching and Training Programme

There is increasing global evidence that non-mental health professionals, when properly trained and supported, may deliver mental health interventions that significantly reduce mental health symptoms, improve capabilities and parenting skills. In Sub-Saharan Africa, with the enormous gap in availability of mental health professionals, this represents an excellent opportunity for the scale up of mental health care to those mothers that are most vulnerable.



DSD Training participants

Central to the PMHP’s training philosophy is the recognition that health and social workers themselves often experience the same stressors and mental health problems as the mothers in their care. In addition to facing stressful work environments, care providers often live within the same communities and face the same lack of resources as their clients. Emotional support and clinical supervision of these workers, in addition to training in mental health knowledge and skills, is therefore critical to sustaining and investing in a quality work force.

Our training integrates acknowledgement of the mental health needs of staff, self-care strategies and the development of policies and referral systems to facilitate access to supportive services and debriefing opportunities for staff.

4.1 Activities and outputs

The participants in our training and teaching programme include service providers during in-service training; undergraduate and postgraduate courses at tertiary institutions and in the non-governmental sector.

In 2014 we significantly exceeded targets and trained a total of 769 students and service providers.

In-service training and professional development	Target	Actual
Nurses and midwives		330
Social workers		139
Community health workers / lay counsellors		53
Doctors		18
Other (health managers, pharmacists, expert patients, lactation consultants etc.)		12
Sub-Total	325	552
Academic course work		
4th year Medical students (UCT)		129
Advanced Psychiatry nurses		38
Advanced Child Care & Child Critical Care nurses		38
Advanced Midwifery nurses		5
MPhil (Maternal and Child Health) candidates		7
Sub-Total	175	217
Grand Total	500	769

4.2 Collaboration with Department of Social Development

During 2014, we initiated and consolidated a mutually beneficial relationship with the Western Cape Department of Social Development (DSD) and were able to secure two substantial contracts during the year through the Children and Family Directorate.

Social workers, in their interface with vulnerable women, are a group well placed to provide screening, basic therapeutic or supportive interventions and to effect appropriate referrals.

PMHP developed and delivered a series of bespoke training programmes for social workers. These programmes were immediately evaluated and the content adjusted accordingly, which allowed for the development of responsive, relevant training directly informed by the target group. Managers and frontline workers for all districts in the Western Cape were consulted for the development of a process chart. This was designed to assist frontline social workers to manage distressed mothers seeking assistance, with greater insight, efficiency and effectiveness.



DSD Training participants in role play

4.3 Skills2Care

We have been involved with the training of outreach or community health workers (CHWs) at Philani, a local NGO, for a number of years. The organisation's 200 CHWs visit Khayelitsha mothers in their homes during and after pregnancy. It emerged through our evaluation of the training, that this cadre of health worker experiences high levels of psychological distress and require ongoing and sustainable training processes for knowledge uptake and the development of empathic engagement skills.

Early in 2014, we devised a new intervention, Skills2Care, which was embedded into Philani's routine monthly supervision meetings, as a pilot. At these meetings, a senior CHW (supervisor) facilitates a group of 10-15 CHWs. In addition to the ordinary administrative component, the following structured elements were included to the meeting format.



* maternal mental health components as well as other components relevant to the CHWs work

The implementation of Skills2Care is taking place in close collaboration with Philani management staff and includes monthly verbal feedback from managers and participants themselves as well as a process of evaluation of knowledge, perceptions and burnout. See our Research Programme section for a description of the proposed formal research evaluation of this new intervention.

4.4 Going forward

Roseanne Turner, an experienced nurse, midwife and nurse educator with an MSc (UCT) in Critical Care Nursing and a post graduate diploma in Monitoring and Evaluation joined the PMHP team as the Training and Development officer at the end of 2014.

In addition to honouring our existing commitments for teaching and training, PMHP will be conducting advanced skills training with 40 social workers in March 2015, and we hope this will lead to further engagement with the Department of Social Development. In addition, we are currently working in collaboration with two NGO's in the Eastern Cape, where we hope to be able to evaluate both our new maternal mental health distance-learning book of the Bettercare Series (www.bettercare.co.za/maternal-mental-health/) and the Skills2Care programme.

5 Research Programme

Despite not having a full complement of research staff in office for most of the year, our research outputs have nevertheless been significant. In line with our 2014 objectives, the PMHP was able to finalise the analysis of the screening tool development study for depression and anxiety. We produced and disseminated a report for the Western Cape Department of Health and a policy brief on the validated screening tool. See our Advocacy Programme for more on this policy brief.

5.1 Activities and outputs

Our research outputs for 2014 include peer-review journal and book chapter publications. These outputs reflect the variety of our approaches to disseminating evidence-based information about maternal mental health care. New knowledge was generated on patterns of use of maternal mental health care services, an adapted screening tool for measuring maternal mental health in resource-constrained settings, empowering women through maternal mental health care interventions, and understanding settings-specific issues around maternal mental health care.

5.1.1 Publications

Peer-reviewed journal articles published

Task sharing of a psychological intervention for maternal depression in Khayelitsha, South Africa: study protocol for a randomized controlled trial

C Lund, M Schneider, T Davies, M Nyatsanza, S Honikman, A Bhana, J Bass, P Bolton, M Dewey, J Joska, A Kagee, L Myer, I Petersen, M Prince, D J Stein, G Thornicroft, M Tomlinson, A Alem E Susser *Trials* 2014, 15:457 doi:10.1186/1745-6215-15-457

Patterns of use of a maternal mental health service in a low-resource antenatal setting in South Africa

E Baron, S Field, Z Kafaar, S Honikman, *Health and Social Care in the Community*, 2014, doi: 10.1111/hsc.12167

The impact of antenatal mental distress on functioning and capabilities: views of health care providers and service users in Cape Town, South Africa

S Mall, S Honikman, B Evans, L Swartz, C Lund, *Disability and Rehabilitation*, 2014; 36(13): 1092–1099

Common Perinatal Mental Disorders and HIV

S Honikman, M Evans, *HIV Nursing Matters*, Vol 5, no 2, July 2014



Book chapter published

Maternal mental health care: refining the components in a South Africa setting, *Essentials of Global Mental Health* (2014), S Field, E Baron, I Meintjes, T van Heyningen, S Honikman; Cambridge University Press

Presentations at high impact international conferences

- *Maternal mental health and health service design: lessons from South Africa*, Symposium presentation; World Psychiatric Association Congress, Madrid, Spain 2014
- *Development of a mental health screening instrument for low-resource, primary care antenatal settings in South Africa*, Oral presentation International Marcé Society Biennial Scientific Meeting, Swansea, Wales 2014

Local presentations and conferences

- Department of Psychiatry and Mental Health, University of Cape Town Research Day: *Screening Tool Development Study protocol*
- Impumelelo Social Innovations Centre health conference at Stellenbosch University
- Child and Family Unit academic meeting at Stellenbosch University
- Department of Psychiatry and Mental health meeting, Stellenbosch University
- Centre for Public Mental Health seminar: *A trial protocol for evaluation of the PMHP intervention*

5.1.2 Strengthening research partnerships

Evaluation trial development

During 2014, the PMHP collaborated with researchers at the School of Public Health, Johns Hopkins University, Baltimore, USA. This partnership submitted a grant application to the National Institutes for Health (USA) to conduct a Randomised Control Trial to evaluate the effectiveness of CETA (Common Elements Treatment Approach) as an intervention delivered by nurses for maternal mental health. This is very similar to the model used at the PMHP's service sites. While the outcome of this funding round was not successful, we gained experience in grant writing and strengthened relationships with international colleagues. The protocol may be used for future grant applications.

Programme for Improving Mental Health Care (PRIME)



In addition to the PMHP's ongoing collaboration with PRIME as a cross-country partner, the director is supporting work towards a cross-country analysis that explores maternal mental health interventions in primary health care settings as well as a qualitative evaluation of mothers' and health workers' perceptions and needs pertaining to maternal mental health in Uganda.

Africa Focus on Intervention Research for Mental Health (AFFIRM)



The PMHP continues to provide consultation services for the AFFIRM consortium. This project is well underway with a randomised control trial (RCT) assessing a maternal mental health intervention delivered by community care workers in Khayelitsha.

5.2 Going forward

2015 should see an increase in research projects, and research outputs, with the arrival of Michael Onah, PMHP's new Research Officer. Michael holds a Masters degree in Public Health and has specialised in health economics research. The focus of the research programme will be on developing protocols for the evaluation of the PMHP's new projects, evaluation of PMHP's existing interventions, as well as data analysis and manuscript development on existing PMHP data.

Some potential projects and evaluations include

- Upgrading of our current paper-based administrative monitoring and evaluation (M&E) systems for our counselling services: PMHP is in partnership with Mobenzi to provide a mobile platform so that we may migrate from a current paper based administrative M&E system. Mobenzi provides several platform configurations to support data collection, management, longitudinal record-keeping and workflow co-ordination. This has been funded by the Australian High Commission Direct Aid Programme (DAP). The PMHP intends to develop a protocol for evaluation of this mobile application in our service sites.
- Skills2care is a training intervention that the PMHP is providing in collaboration with Philani, a local non-governmental organisation (see under Teaching and Training Programme). At the end of 2014, the PMHP piloted the intervention over six months and will proceed with the mid-point evaluation in 2015. We plan to raise funds to conduct a formal research project to evaluate the impact of the intervention.



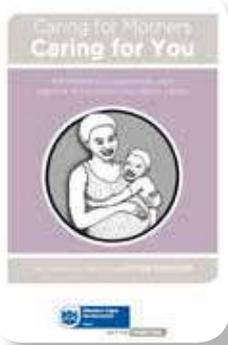
Nurses using Mobenzi platform
Photo: e-Health News

6 Advocacy, Communications & Policy Development Programme

The PMHP's multimedia advocacy and communications approach focuses on research uptake and policy implementation. We promote the need, value and models of integrated maternal mental health care to the public as well as to policy and decision makers.

6.1 Partnership with the Department of Health (DoH)

In 2014, the PMHP partnership with the DoH continued at local, provincial and national level. This collaboration has resulted in:



- Development and field testing of information materials for mothers, teens and health care workers. The DoH has distributed more than 60.000 copies of the Maternity booklet and Teen booklet across the Western Cape and is planning to translate the existing English versions into other languages. The PMHP has made the materials available online and distributed them through various social media channels.
- Support for the implementation of Patient-Centred Maternity Code - ongoing
- Contribution to subsequent iteration of the Postnatal Care Policy - ongoing
- Participation in the DoH Mental Health Policy Framework task team, assigned to adopt the national plan at provincial level - ongoing

6.2 Partnership with the Department Social Development (DSD)

The relationship with the DSD was strengthened and the PMHP received further funding for its training engagement with the department. Furthermore, the PMHP was invited to investigate how maternal mental health may be integrated into routine social work service delivery for the province. The PMHP developed a learning brief on the DSD collaboration, which is accessible on our website: www.pmhp.za.org. (Further reported in the Teaching and Training Programme).

6.3 Policy briefs

Policy briefs designed and disseminated

- “Integrating maternal mental health into existing health and development programmes: a way to achieve goals of key South African policies”; PRIME Policy Brief #5
- “Screening for common perinatal mental disorders in low-resource, primary care, antenatal settings in South Africa”; CPMH Policy Brief, introduced PMHP's newly validated Short Screening Tool for common perinatal mental disorders.

6.4 Social media and online presence

In 2014 we increased our social media presence and visibility across platforms by partnering with and initiating social media campaigns.

“**Growing Up Campaign**”, initiated in cooperation with the KidzPositive organization and was 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. (<http://www.gupcampaign.com>)

16 Days of Activism against Violence against Women and Children campaign. The PMHP linked maternal mental health to a variety of problems related to Violence against Women and Children. We led the campaign from our blog, which attracted 256 views during the 16 days of the campaign. With the utilization of our Facebook page, we not only gained 40 followers, but also reached a total of 6 259 Facebook users during this period.

(<https://perinatalmentalhealth.wordpress.com/16-days-of-activism>)



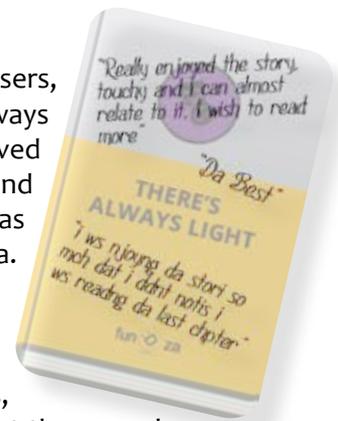
To increase our social and online media presence we:

- added a LinkedIn profile
- gained almost 1 000 Twitter followers
- increased our hit rate on website
- updated and upgraded the PMHP website
- overhauled our Blog and YouTube channel
- increased e-Newsletter quality and frequency
- rejuvenated our Corporate Identity (CI)
- created a mobile responsive and more accessible website presence (going live in 2015)

6.5 Activities and outputs

Adolescent mobile outreach

In order to bring maternal mental health to the attention of the public and potential service users, the PMHP sponsored and contributed towards the development of a story “There’s Always Light” for the educational mobile reading platform for youth, FunDza. Our story revolved 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 important PMHP resources directly from FunDza. (<http://live.fundza.mobi/home/library/fiction-short-stories/theres-always-light/>)



Women’s Humanity Arts Festival

To emphasise the importance of maternal mental health during Women’s Day celebrations, the PMHP was invited to address a large crowd of celebrities and members of the public at the annual event at the Artscape Theatre in Cape Town. We took the opportunity to disseminate some of our print materials to members of the public as part of the ‘Women’s Marketplace’.

Circles of Support



At the beginning of the year, the PMHP was selected as the annual supported project by the Baxter Theatre. With the kind support of volunteers, we created a fundraising and advocacy event on 16 August 2014, which was attended by 600 guests and VIP’s.

The ‘Circles of Support’ variety show was part of a three-month social media campaign that aimed to raise awareness about maternal mental health and generate funds. The campaign drew national and international attention to the issue of maternal mental health care and raised substantial funds for the PMHP Hanover Park services.

Artists unite for maternal mental health
Photo: e-Health News

6.6 Publications

The ‘Southern African HIV Clinicians Society’ approached the PMHP to write two pieces about maternal mental health and HIV in their monthly, peer-reviewed journal, HIV Nursing Matters, which is distributed to 4 000 primary care clinics and is available, open access, online. (further reporting in the Research Programme)

The June edition focused on maternal health and the PMHP contributed an article ‘Common perinatal mental disorder and HIV’. The September edition focused on mental health for which the PMHP provided an issue brief on ‘HIV and maternal mental illness’.



Among further high profile appearances in traditional media, such as radio and print, was a full-page opinion piece ‘Focus on mental health gap’, which was published in August in the Cape Times.

6.7 Going forward

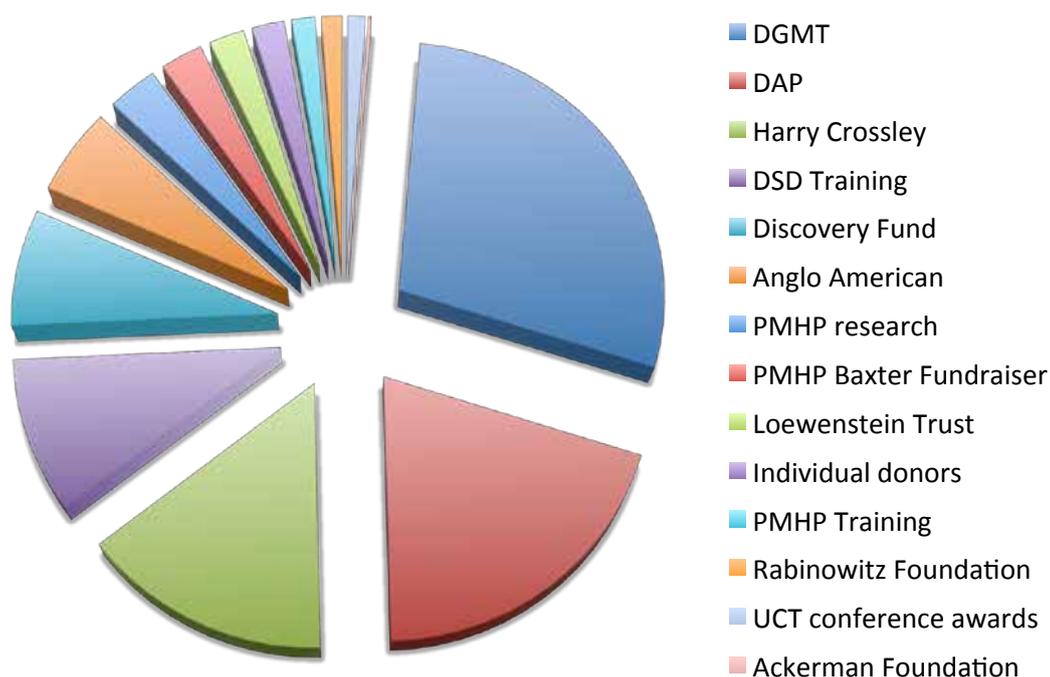
In 2015, we will build on our success of last year and even further increase our visibility and advocacy outreach, with the support of a new mobile responsive and social media friendly website.

7 Finances & Fundraising

The PMHP raised a total of R 2 689 467 in 2014. We accessed several new funding streams and increased our individual donor profile. This was in part, due to a successful fundraising and advocacy event at the Baxter Theatre, Circles of Support and our new relationship with the Department of Social Development.

7.1 PMHP's current funders

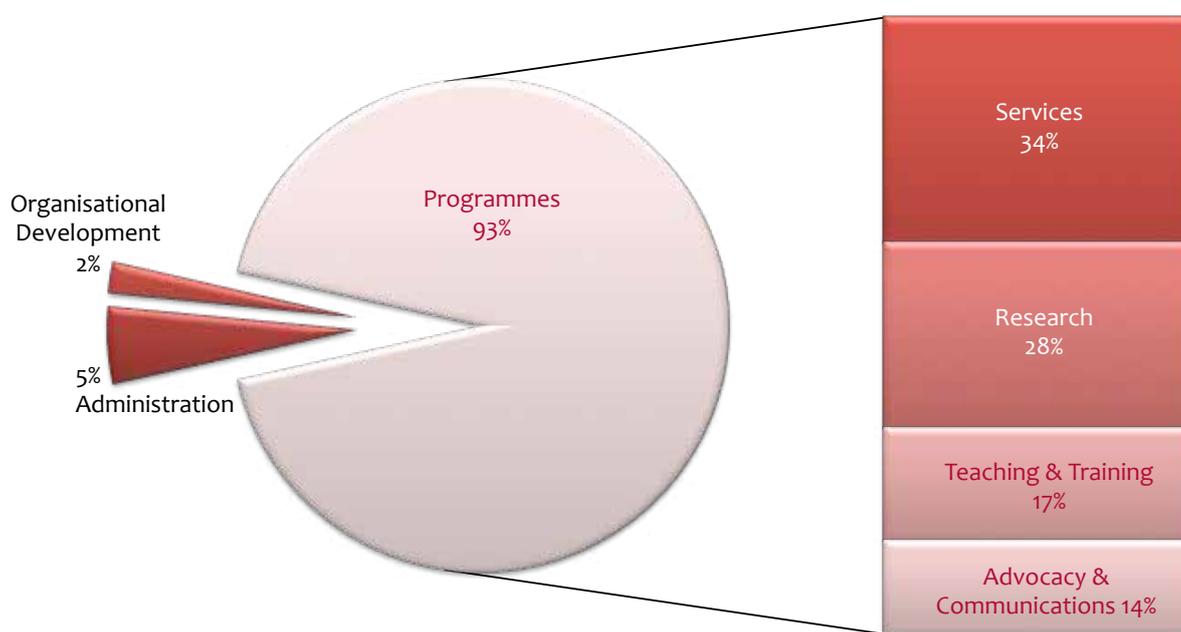
Funder	2014
DG Murray Trust	R 770 000
Australian High Commission Direct Aid Programme (DAP)	R 522 225
Harry Crossley Foundation	R 401 000
Discovery Fund	R 200 000
Anglo American Chairman's Fund	R 150 000
PMHP Baxter concert fundraiser	R 72 255
Paul and Stella Loewenstein Educational and Charitable Trust	R 60 000
Ackerman Family Foundation	R 5 000
Ben and Shirley Rabinowitz Foundation	R 35 860
Individual donors	R 54 494
University of Cape Town (conference travel awards)	R29 796
Income Generation	
Department of Social Development DSD (training and service design)	R 264 000
Training (non DSD)	R 40 003
Research consultancy	R 84 832
Total income in 2014	
	R 2 689 467



7.2 Expenditures

	Expense
Administration and Management	189 947
Clinical Services	1 353 827
Training	358 412
Research	622 635
Advocacy and Communications	511 075
Organisational Development	8 119
Total	3 044 014

Distribution of Expenses



* PMHP benefits from UCT's extensive infrastructural services. All administration and related financial, auditing and human resources services, as well as office space, maintenance and IT support are provided by UCT for a levy paid on all donations received.

7.3 Financial planning

Over the calendar year of 2014, the PMHP had a projected general budget of R 4 675 736.12. We adjusted our spending according to our income, and spent R 3 044 014.47. Our underspent line items were predominantly personnel costs, with reduced running costs in the associated programme areas.

Both the Research and Teaching and Training Programmes were areas of cost saving this year. Organisational development was also reduced due to lowered staff capacity. Recruitment in 2014 has been successful and the team for 2015 will be increased in capacity with a Training Officer and Research Officer. Both start in early 2015.

In 2015, we have a proposed budget of R 5 350 000. Funds carried forward or pledged towards this budget total R 3 181 000. We are particularly grateful to several donors who have pledged multi-year grants. This makes the PMHP more financially sustainable. Funds still to be raised in 2015 amount to R 2 169 000. We currently hold R 673 000 in reserves.



Caroline's story

Caroline found herself in South Africa in a numb state of mind. Her husband had been murdered in the war in her home country. In the fighting and chaos she had been separated from her two children. She had suffered rape at the hands of rebels. Survival was paramount, as she made her way to South Africa. Here she found a place to stay with a friend in Cape Town, and the traumatic events started to flood her mind.

At the clinic, it was confirmed that she was pregnant. It was a confusing and overwhelming time. She had not even been able to begin mourning her husband's death, or process the separation from her children. At her antenatal clinic, she was referred to a PMHP counsellor to whom she told her story. Since she was unsure whether the father of her baby was her husband or the rapist, she felt ambivalent about terminating the pregnancy. Her friends advised her to terminate, and could not understand why she would even consider keeping the baby. However, she felt that the baby might be the only thing she had left from her husband. She felt ashamed, judged and confused.

Through the counselling, Caroline found an opportunity to try to work out her feelings. The counsellor provided a safe place for her to express herself. With the counsellor's empathic and non-judgmental way of relating to her, she felt she could talk about her ambivalent feelings towards her baby. She started seeing the baby as a separate person, an innocent in the tragic situation, and began to bond with her.

The counsellor was able to identify for Caroline, her own resilience and capabilities, despite her overwhelming losses. Caroline was supported to start planning for her new baby and developing strategies for gaining employment and better accommodation. She became selective in her choice of friends and at the same time began to find it easier to make new, healthy connections with potential support people.

*Composite case scenario based on mothers' real experiences.

8 Thank You to our Donors

Your contribution helps us to support mothers in times of hardship, empowering them to find the skills and identify the resources to better care for themselves and their children.



You can Make a Difference by donating to the PMHP

For online donations and donations from countries other than South Africa, please visit our website:
<http://pmhp.za.org/support/donate>

Banking Details

Bank: Standard Bank of South Africa Limited
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Or join our Circles of Support

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2014



Perinatal Mental Health Project

Caring for mothers.
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Perinatal Mental Health Project

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