Perinatal Mental Health Project

Caring for Mothers
Caring for the Future

Annual Report
January 2007 – end December 2007

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Preamble

The negative cycle of mental ill-health and poverty is especially relevant for women and their infants during the perinatal period. During this time, women are rendered vulnerable to mental illness from social, economic and gender-based perspectives. Those with the most need for mental health support, have the least access. Overburdened maternal and mental health services have until now, been unable to address this significant public health emergency.

The perinatal period, where women are accessing health services for their obstetric care, presents a unique opportunity to intervene in the natural and predictable course of mental distress. ***Preventive work*** *involving screening and counselling may have far-reaching impact for women, their offspring and future generations.*

In response to a pandemic **(1 in 3 women)** of mental illness among mothers in our communities, the PMHP began in September 2002 at Liesbeeck Midwife Obstetric Unit (MOU) attached to Mowbray Maternity Hospital (MMH). A team of dedicated midwives, counsellors and psychiatrists, run a screening, counselling and psychiatry service.

The PMHP aims to provide a holistic mental health service *at the same site* at which women receive obstetric care. The vision is to integrate mental health care within the primary level maternal care environment on a broader scale. Further, dissemination of research and evaluation results of the Project will have impact on fundraising potential, policy development and wider rollout.

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1. Introduction

The Perinatal Mental Health Project (PMHP) has continued to provide an efficient and smooth running screening, counselling and psychiatry service at Liesbeeck Midwife Obstetric Unit attached to Mowbray Maternity Hospital. At times, we have faced real uncertainty over the future of the service, but despite this, we feel that we have made important advances in consolidating the work of the Project and increasing capacity. A significant amount has been achieved in 2007.

The PMHP has continued to raise the profile of perinatal mental health issues, has met targets for training and outreach and has made progress with research.

Regarding the long term future for the PMHP, we are in ongoing discussions with a range of role-players in Provincial Government and the hospital administration towards scaling up perinatal mental health services so that they may be routinely integrated within the maternal care package.

This annual report will describe the organisational developments of the PMHP for 2007, the service provision outputs, staffing matters and general activities.

2. Organisational developments

In 2007, the PMHP countered the real threat of termination with a survival strategy to reconfigure the organisation as a whole.

2.1 The threat of closure

In early May 2007, the Medical Superintendent of Mowbray Maternity Hospital (MMH) informed Simone and Sally that our employment contracts would not be renewed. The reason given was that the administrative authority of all the Midwife Obstetric Units (MOUs) are in the process of being handed over from MMH to the authority of the District Health Services, and with this, the budget for services rendered will follow. Thus, with current budget constraints faced at MMH, the medical superintendent felt that he would not be responsible for our sustainability. This situation was subsequently resolved in the short term, and our employment contracts extended to the early part of 2008.

This uncertainty over the future of the service has had a negative impact on strategising and the implementation of plans. We had hoped to use some of our funds to retain the services of a Xhosa-speaking counsellor. However, we felt that we could not go ahead with these plans when the future of the service was in question.

In addition, to save our limited financial resources, we cut back on some of the research processes that were underway.

2.2 A shift in focus and locus

In October 2007, we approached the Mental Health and Poverty Project (MHaPP) of UCT's Department of Psychiatry and Mental Health and met with the executive team regarding developing a collaborative relationship. These negotiations went extremely well. All parties recognised a strong coherence in goals and the formalising of a link was opportune given MHaPP's commencement with its implementation phase. During the early part of 2008, Simone and Sally will be moving to offices at the Child Health Unit, where MHaPP is housed.

MHaPP is directed by Prof. Alan Flisher (child and adolescent psychiatrist), and co-ordinated by Dr Crick Lund (clinical psychologist). It is a research and policy-making consortium in four African countries: Zambia, Ghana, Uganda and South Africa and is based at the University of Cape Town. The Project is linked with the University of Leeds and the World Health Organisation. The purpose is to develop, implement and evaluate mental health policy in poor countries, in order to provide new knowledge regarding comprehensive multi-sectoral approaches to breaking the negative cycle of poverty and mental health. Further information regarding MHaPP can be found on their homepage http://workhorse.pry.uct.ac.za:8080/MHAPP.

We are delighted to be welcomed into a new home with supportive colleagues and a chance to focus on our research and publish our findings. Further, we aim to submit policy briefs at national and international level together with those produced by the MHaPP. We will have access to many of the same channels for advocacy and dissemination that this broader umbrella project will provide.

We will continue to operate the service component at Mowbray Maternity Hospital, under the supervision of Professor Sue Fawcus, head of Obstetrics for the hospital. Professor Fawcus has provided ongoing fundamental support and guidance for the Project's development since its inception over 5 years ago. She remains the key role player in continuing collaboration with relevant structures within the Department of Health.

2.3 Funding and research

We are required to be self-funding within MHaPP and have been extremely fortunate to have been given assistance by the Mary Slack and Daughters Trust. They have pledged financial assistance over a three year period.

Due to this funding, we have been able to employ a Mental Health Officer to continue the counselling service at Mowbray Maternity for a six month period. Bronwyn Evans, an experienced clinical psychologist, has joined our team. She has taken over site management at Liesbeeck MOU, and is providing counselling to pregnant and post-natal women at the unit. She receives weekly professional supervision as well as regular technical support from Sally and Simone. There is no longer a team of volunteer counsellors. However, the volunteer psychiatrists and French-speaking counsellor continue to attend the MOU weekly and interface directly with Bronwyn.

Senior management staff at MMH continue to be invested in the service development within the hospital. The nursing manager at the Liesbeeck MOU works closely and supportively with Bronwyn.

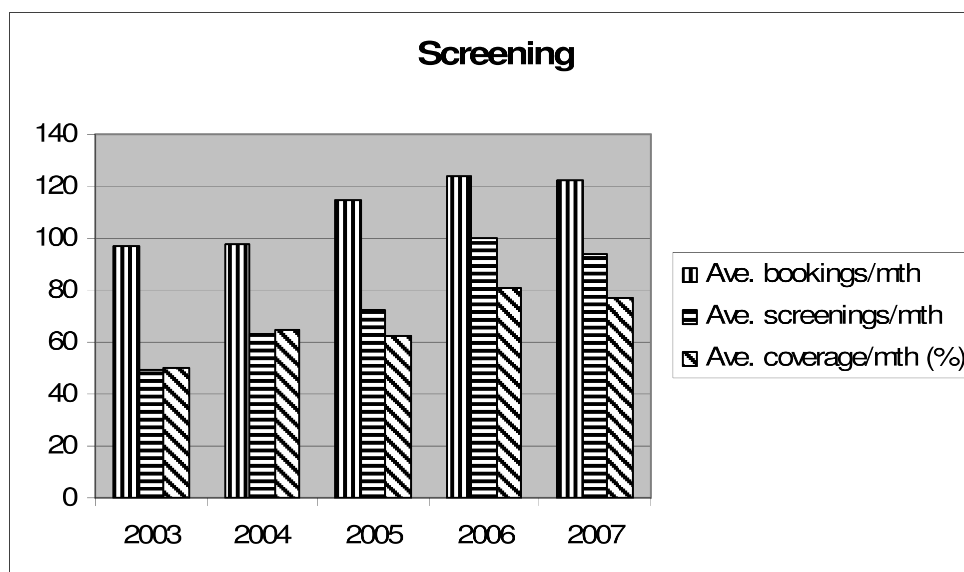
The arrangement of having an employed site manager and counsellor, frees Simone and Sally to complete several research papers arising from the work of the PMHP over the past years during the course of 2008.

It is our goal that publishing this data should assist us to attract funds that will enable the rollout of the service to other sites and the generation of further ground-breaking health systems research for developing country settings.

3. Service provision

To date, 4551 women have been offered antenatal screening by the service at Liesbeeck Midwife Obstetric Unit (MOU). 4295 took up the offer of screening. The following tables provide a summary of our information regarding screening, counselling and psychiatry to the end of November 2007.

3.1 Screening



The number of women booking at Liesbeeck MOU in 2007 has remained consistent with the figures seen in 2006. Despite this, the numbers of screenings offered is slightly lower than the positive trend that was seen last year. The average screening rate for this year is 77%. During 2006, the coverage was at 81%.

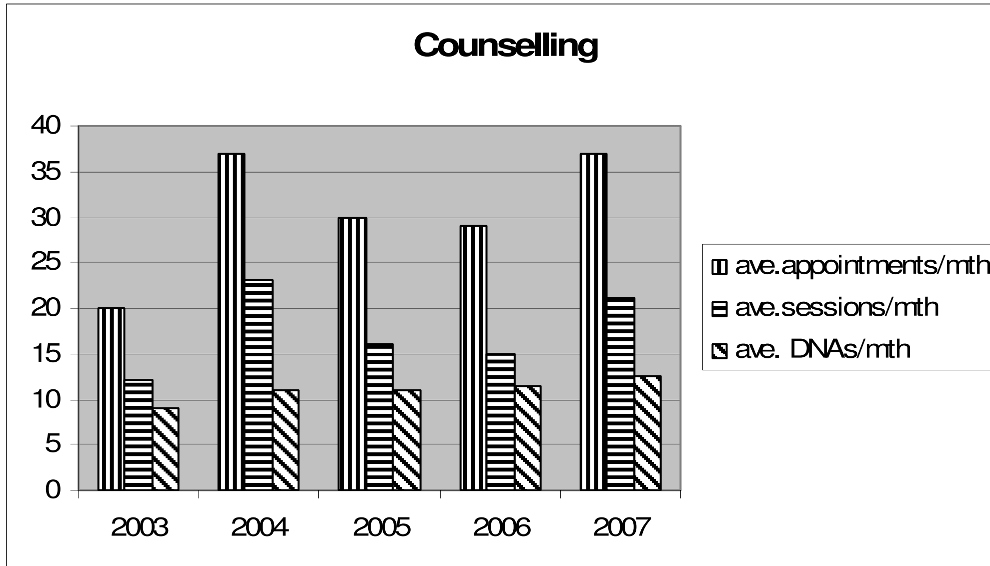
The following table depicts the screening results 2007:

Table 1: Service utilisation for 2007

	2007	**2006**
Women offered screening	1035	1103
Women who decline screening/ Women offered screening	11% (n=109)	10%
Women who qualify for referral/ total number screened	33% (n=340)	30%
Women who declined referral/ women who qualify for referral	44% (n=149)	53%
Women who were referred/ total number screened	22% (n=201)	14%
Women who saw a counsellor/ total number screened	17% (n=159)	10%

3.2 Counselling

To date, a total of 660 women have received counselling through the PMHP. Despite a slightly lower coverage of screening, the uptake of the counselling service is significantly higher than in 2006. A total of 159 women received counselling this year, compared to 101 in 2006. On average, this year the counsellors held 20 counselling sessions per month. The number of sessions defaulted[1] is slightly higher than the 2006 average.



[1] DNAs is "Do Not Arrives" i.e. women who do not attend appointments made for them.

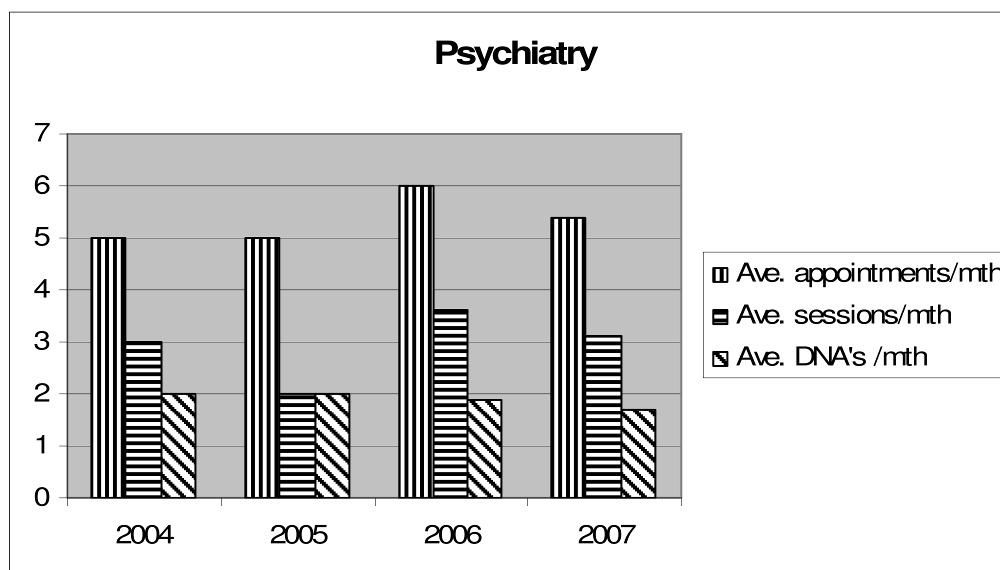
The following table provides a summary of the counselling information for 2007. Problems presented by women remain similar over the 2006 / 2007 time span.

Table 2: Description of women attending for counselling in 2007

	Total 2007	Total 2006		2007	2006
No. new clients	159	101			
Total no. sessions attended	240	164			
Average no. sessions/client	1.5	1.6			
Client information			**Presenting problems categories**		
Average age	26	24.6	A – Primary support	74%	70%
Average EPDS score	16	16.5	B – Social environment	27%	19%
Average RFA score	3.7	3.4	C – Health / medical	17%	18%
Average gestation at screening	28	28.9	D – Lifestyle transition	39%	24%
Average Gravidity (no. of pregnancies)	1.8	1.5	E – Psychiatric	18%	25%
Average Para (no. of children)	0.5	0.4	Included in 2 or more categories	55%	40%
No. referrals to psychiatrist	23	14	No. postnatal clients	25	16
No. referrals to other orgs.	24	19			

3.3 Psychiatry

This year, fewer women had appointments to see the psychiatrists and there has been a slight decrease in the sessions attended. The defaulting *rate* is again slightly lower than for previous years, at 31%. It would be extremely positive if this trend continued.



The following table provides a summary of the psychiatric information from January to December 2007. There have been 14 new clients seen so far this year. This represents 1.4% of the total number of women screened, and 8.8% of those who have seen one of the counsellors. During 2006 those who saw a psychiatrist represented 2% of women who were screened and 17% of those who were counselled.

Table 3: Description of women attending for psychiatry during 2007

	Total 2007	**Total 2006**		**2007**	**2006**
No. new clients	14	17			
Total no. sessions attended	35	42			
Average no. sessions/client	2.5	2.4			
Client information			**Presenting diagnostic categories**		
Average age	28	26.1	Major Depressive Episode	86%	82%
Average EPDS score	17	19.6	Post Traumatic Stress Disorder	7%	12%
Average RFA score	4.2	4.0	Generalised Anxiety Disorder	7%	12%
Average gestation at screening	26	24.2	Panic Disorder	14%	25%
Average Grav. (no. of pregnancies)	2.4	2.1	More than one diagnosis	21%	35%
Average Para (no. of children)	1.1	1.2	Medicated	64%	71%
No. of clients seen postnatally	4	6	Past / current abuse	36%	76%
			Previous psychiatric history	43%	71%
			Unsupportive family	43%	47%
			Unsupportive partner	50%	35%

3.4 Postnatal care

The telephonic system of postnatal follow-up of high risk clients who received antenatal counselling has been maintained. At each telephonic contact, the staff member checks on the situation of the client and offers to arrange a follow-up appointment for counselling. Uptake for these postnatal follow-up appointments remains at about 20%.

4. Staff

The PMHP has not been able to operate without the dedication of its team of volunteers. This year, the service has been able to provide counselling every week-day morning. Grateful thanks to: Marie-Christine Cavallini, Glenda Cleaver, Julia Noble, Josephine McDowell, Toni Irvine, Sheila Faure and Justine Evans. Thanks also to Dr Tereza Whitaker and Dr Stephanie van Niekerk for providing psychiatric services to clients at LMOU. Dr Sarah Howard has returned from maternity leave, and has replaced Tereza while she takes a break to have a baby. Dr Bavi Vythilingum remains a valuable ally in the Department of Psychiatry at Groote Schuur Hospital and has continued to provide input on research and strategy.

As our project reconfigures, we have employed a full time clinical psychologist to provide counselling at Liesbeeck MOU. We are delighted to welcome Bronwyn Evans into our team. As Mental Health Officer, Bronwyn is responsible for managing the site at Liesbeeck MOU and will take on the counselling that has previously been provided by our volunteers. Marie-Christine, who counsels the Franco-phone refugee population, and the psychiatrists remain as active volunteers, however our other volunteers will no longer be seeing clients.

An end of year breakfast celebration was held to thank our volunteers. We wish to express heartfelt gratitude and appreciation for all the time, support, care and expertise that they have provided for the PMHP over the past 5 years!

5. Activities

5.1 Training

5.1.1 PMHP team meetings
Three team meetings were held during 2007. In addition to administrative issues discussed, each meeting provided an educational opportunity for the team.

(i) In February, we held a supervision and case-presentation workshop. Guest speakers were a previous Project client and Psychology Honours student and Prof. Joan Rafael-Leff (Professor of Psychoanalytic Studies at London University).

The client presented her own case of a traumatic birth experience. She had developed pre-eclampsia and had been hospitalised for two weeks prior to delivery and had found this experience very difficult. She had felt “lonely”, “was not told anything” and had felt that the staff shouted over her and were abusive. After the birth, she had felt unable to cope with the infant, and unable to bond.

Following interesting discussion, Prof. Joan Raffael-Leff incorporated some of the points in her presentation with an overview of mental health issues during the perinatal period.

(ii) In May, Dr Dora Wynchanck provided input for an education and training workshop. Dr Wynchanck is a psychiatrist in private practice in Johannesburg who specialises in perinatal issues.

Her presentation, “Postpartum Depression: Literature review and treatment options”, was extremely valuable and informative.

Some brief points have been highlighted:

- Treated depression has a relapse rate of 6.7%, whereas untreated depression has a relapse rate of 62%.
- Research has shown that there are long-term, negative effects for infants of depressed mothers.

- To benefit from anti-depressive medication (like Fluoxetine) the course should be maintained for at least 6 months and preferably a year. This has implications for how patients that are referred to a psychiatrist are managed. Counsellors need to book follow up appointments to see patients after they have had a psychiatry appointment. Medication takes approximately 4-6 weeks to start showing benefits. Psychiatrists need to ensure that they follow up in the short term to check adherence, and in the longer term for continuity, even if they make the 3rd or 4th appointments for 3 months later.

(iii) The team meeting in October was an opportunity to have presentations and discussion on particular cases.

Toni made an insightful and interesting presentation about X, a client with postnatal depression. X came seeking help 5 months after the birth of her daughter. X had been a dynamic, professional woman and had at times throughout her life suffered from ‘dark moods’.

X had not been wanted by her mother. When she experienced feelings of ambivalence towards her own child, she did not want her history of feeling rejected to repeat itself.

X had 7 sessions with Toni, and has also seen Tereza and received medication. X has shown perseverance and insight in dealing with her dilemmas and has responded well to medication. Both Toni and Tereza have been encouraged by how X has faced her challenges and made remarkable progress.

Tereza presented the case of Y, a 16 year old who was made a ward of the state, and lived at Srs Incorporated, a home for destitute women with children. Y was raised by a woman who is not a member of her family. When she became pregnant, she left home, and was placed in care at Srs Incorporated. Y’s place at Srs Incorporated was contingent on her giving up her baby for adoption, and there did not, at first, seem to be a place where, as a teen and ward of the state, she would be able to keep the infant. This situation was resolved, Y kept her baby and was placed with an alternative agency.

Tereza highlighted the challenge of working with adolescents. Age-appropriate behaviour can seem obstructive to the therapeutic process. She was also concerned that Y had been screened very late in her pregnancy, leaving very little time for intervention.

5.1.2 <u>Liesbeeck MOU nursing staff</u>
Ongoing training and motivation have been provided for the nursing staff at Liesbeeck MOU. Their continued efforts in screening and referring clients, ensures the fundamental functioning of the service.

Justine Evans has continued to facilitate team workshops to provide emotional support to the nursing staff at Liesbeeck MOU. Several group sessions were held. Problems, difficulties and expectations were collated through a short questionnaire and the group was guided in working through the outcomes. Staff have reported an increase in morale, and have requested a continuation of the workshops, to be held as part of their regular staff meetings.

5.1.3 Resource library
The library of resource materials for staff (academic articles, books, pamphlets etc.) is being maintained. Lisa Sanders categorized and filed the articles into a well-sorted system.

5.1.4 Perinatal Update
Simone and Sally have continued to facilitate perinatal mental health workshops for all grades of nursing staff within the Peninsula Maternal and Neonatal Service (PMNS). These form part of the Perinatal Update educational programme run at Mowbray Maternity Hospital every 2-3 months.

5.1.5 Medical students
Each Obstetrics and Gynaecology rotation of fourth-year University of Cape Town medical students receives didactic and interactive training in perinatal mental health by Simone and Sally.

5.1.6 International Mental Health short course
In September, Simone and Sally attended a 6 day short course on Mental Health research skills. The course was jointly run by the Maudsley Institute of Psychiatry (IoP), Kings College and the London School of Hygiene and Tropical Medicine.

It was a fantastic opportunity for learning new skills, improving on rusty ones, making new contacts and being challenged and supported by colleagues from around the globe. It has increased our awareness of the importance to disseminate the findings and knowledge that we have gained at the PMHP. We have an obligation to write up and publish some of the research material.

We are extremely grateful to our funders for making this opportunity possible. Simone received an academic support grant of R 5000.00 through UCT's Department of Obstetrics and Gynaecology. Impumelelo funding provided the difference and enabled both Sally and Simone to pay travel costs and course fees.

5.1.7 PMHP Handbook
The PMHP Handbook is currently being updated. Angela Hutchison, a parenting coach, has assisted with this assignment. Additional chapters on parenting and on the infant's first weeks have been added. We are grateful to Megan Faure for providing expertise and input. The new format, with cartoons and diagrams, is in the process of being edited. We look forward to seeing the new, improved version!

5.2 *Outreach*

5.2.1 Counselling training for Hanover Park staff
The PMHP facilitated that two members of staff from Hanover Park MOU attend a counselling course run by SACAP, the South African College of Applied Psychology. SACAP generously made partial bursaries available to these students, and Mowbray Maternity Education department skills development fund paid for the difference in fees.

Sharmaine Miller and Aziza Firfrey completed the course and have both expressed how much they learnt, how beneficial it has been, and how they would like to continue with these studies. They are currently applying their newly acquired skills, within routine duties in the setting of Hanover Park MOU.

5.2.2 Induction of new MMH sisters
As part of the induction of two new large cohorts of nursing staff to Mowbray Maternity Hospital, Simone provided basic training on perinatal mental health issues.

5.2.3 Obstetric update: counselling training
All the 6 MOUs Midwife Obstetric Units under the Mowbray Maternity administration have regular education update days on obstetric issues. Simone has been providing a well-received session, "Counselling in the MOU: a primary care intervention for women with mental health problems".

5.2.4 Local authority clinic training
Nursing sisters in the local authority clinics (both Northern and Southern Suburbs) have also had input on perinatal mental health issues from Simone. This has been provided as part of their BANC (Basic Antenatal Care) training.

5.2.5 Mental Health Working Group
Simone participated as a member of the Mental Health Working Group: Burden of Disease project of the Provincial Government of the Western Cape.

5.2.6 Maternal Guidelines: introducing screening and change of obstetric card
Simone was invited to attend a Maternal Guidelines meeting. Here she briefed the group on the new short screening tool that the PMHP has developed. This was followed by a discussion on the inclusion of mental health screening on the new Obstetric card. The card is currently being developed and updated.

5.2.7 Better Births Initiative
Simone has continued to be a presence and make contributions at the Better Births Initiative meetings held at Mowbray Maternity Hospital.

5.2.8 International Museum of Women
The PMHP was featured in an online exhibition of the International Museum of Women. The website www.imow.org showcases video clips and interesting narratives from all over the world. Stories from Gloria and Alice (former LMOU clients) and from Dr Bavi Vythylingum have been posted on this site.

5.2.9 Ububele
Ububele, a Johannesburg based not-for-profit organisation, has been using the PMHP handbook and training material for workshops that they have been running with health care workers in maternal services. As part of their organisational evaluation, they have assessed this material and have reported that it has been well received and greatly enhanced the training that has been provided.

5.3 Research

5.3.1. Risk Factor Analysis
Prof Rauf Sayed, a statistician and Dr Landon Myers, an epidemiologist from the UCT School of Public Health, have continued to provide expert statistical analysis and help. They analysed PMHP data regarding trends related to Risk Factor and EPDS scores. The resulting information provided the basis for drawing up a reliable 5 point, short screening tool, which can be used in low resource settings.

Following a pilot of the new screening tool in 5 local MOUs, the findings indicate that about 43% of the women in the MOU setting have a positive score for 1 (cut-off for optimum sensitivity) or more of these risk factors.

Simone presented these findings to an Obstetrics and Gynaecology research day held at the University of Cape Town.

5.3.2 Service evaluation research

We have undertaken a service evaluation over the past few months. Lisa Sanders has been employed on an ad hoc basis to assist with research. She has been conducting telephonic interviews with women postnally. They have been asked to provide their perceptions on the quality of care received at LMOU, and on the PMHP screening and counselling service. During the interview, they were asked to complete a second EPDS questionnaire, and the scores compared to their original screening. They were also asked about recent life events, both positive and negative. We will also be assessing birth and neonatal outcomes from their medical records. Approximately 150 women have participated in this study. The research is due to be completed in the early part of 2008.

Lisa has continued to expand the data base and undertook an audit of all the Psychiatry files, and collated the information. Her assistance has been invaluable.

5.3.3 Research papers

Based on ongoing data collection and analysis, the following research papers need to be completed for publication:

1. Programmatic description of the PMHP
2. Risk Factor Analysis and development of brief alternative screen
3. Validation Study of shorter risk factor screen[2]
4. Psychiatry Audit – Case Series
5. Utilisation patterns of the PMHP
6. Post-natal follow-up evaluation

The Validation study of the shorter risk factor screen will require intensive studies that will be conducted when resources are available.

5.4 Negotiations for expansion

5.4.1 Roll out to other Midwife Obstetric Units

The MOUs that currently fall within the administration of Mowbray Maternity Hospital are: Retreat, Hanover Park, Mitchell's Plain, Gugulethu and Khayelitsha. Following planning meetings with the Matron of Mowbray Maternity Hospital and the co-ordinators of the MOUs, Sally and Simone visited each MOU and provided training for staff on perinatal mental health issues and use of the short screening tool.

[2] Study still to be conducted.

A pilot of routine use of the short “5 risk factor screening-tool” was conducted for one week at the beginning of July, in all the MOUs. This provided important feedback on the following issues:

- Staff issues regarding screening
- Numbers of women screened (coverage)
- Breakdown of scores

In addition, staff were asked to undertake a situational analysis of referral resources available in their area.

Staff indicated that it would be feasible to incorporate the screening questions as part of their routine booking and history taking with all patients. Further, they felt the addition of mental health screening is a necessary and positive addition to the care package.

Based on the findings from the pilot screening, 43% of women at the MOUs score positive for 1 or more risk factors (optimal sensitivity) on the short screening tool. For all five MOUs, this translates into 226 women per week who need referral. This large number of women would require a full-time dedicated counsellor at each MOU. At this stage, the Provincial Government does not have sufficient resources to make such provisions.

The MOUs have expressed an interest in continuing to use this tool as part of their routine booking information, using a higher cut-off score of 2 out of 5 for referral. Each unit has been provided with an ink stamp to record the total screening score and action plan on the obstetric card. They have also been provided with data collection tables and asked to keep records regarding screening.

Although it is extremely positive that there has been great interest in screening pregnant women for mental health risk, we do not regard this as rollout of the service. This can only occur when counselling provision is made available for each unit. Currently, the MOUs are attempting to refer women to local NGOs in the area. The NGOs are not specifically equipped to deal with perinatal issues. There is no follow up to see if referrals have been successful or whether a woman has been able to make an appointment or seek help. It is hoped that in the future, each unit will have a counsellor who can provide on-site support. We have prioritised continued campaigning to develop policy direction for a way forward.

5.4.2 Expansion with Provincial Government support

Early in the year, Simone and Sally met with Dr Keith Cloete, Chief Director, Metropolitan District Health Services (MDHS), to discuss support for the PMHP and development for expansion. It is anticipated that the MDHS will take over administrative authority of the MOUs by mid 2008.

Dr Cloete emphasised the will of his department to formalise perinatal mental health provision within the maternal care package and requested proposal and protocol documents from us. These are currently being reviewed by a range of stakeholders and plans are underway to discuss these further at high level management meetings early within 2008.

5.4.3 Proposed expansion as part of the Parent Infant Mental Health Service
The PMHP has collaborated with Carol Dean, Director: Mental Health Programme, Western Cape and Dr Sue Hawkridge, Principal Specialist: Child and Adolescent Mental Health Services, Western Cape to develop a plan for integration within a broader service platform within the Community Services Plan.

Here, the PMHP roll-out is envisaged as a component of the proposed full provincial Parent-Infant Mental Health Service (PIMHS). This is a district-based mental health service for very young children (prenatal - 3 years) and their caregivers. The focus of the planned service will be the detection and referral of infants with developmental difficulties, e.g. intellectual disability, and parents with mental health difficulties, e.g., substance abuse, post-partum and antenatal depression. Screening, counselling and seamless referral of more severely affected parents and infants to specialised levels of mental health care are essential components of the planned service.

In the PIMHS proposal design, provision has been made for dedicated management and training. Professor Fawcus is supportive of this initiative.

5.5 Fundraising

5.5.1 Research publication to attract funding
Due to the uncertainty of the PMHP's future at Mowbray Maternity Hospital during the beginning part of the year, it was difficult to strategise for long-term future plans. However, the current priority is to complete research papers for publication. We believe that once the work of the PMHP is published, we will be better able to attract further funding which, in turn, will enable further expansion of both service and research components of the organisation.

5.5.2 Government funding
During 2007, Dr Joanne Corrigall from the Department of Public Health, UCT, was commissioned by the Department of Health (DoH) to assess mental health services in the province. The findings and recommendations were presented at the executive strategic planning meeting of the Provincial Government. The PMHP was chosen as a service to be presented as one of three priority recommendations for expansion and DoH support. This was well received and the Province has commissioned dedicated evaluation and proposal development for perinatal mental health services for 2008.

5.5.2 Donor funding
We are immensely grateful to the Wallace Global Fund for their continued sponsorship and financial support. The generosity of the Mary Slack and Daughters Trust has provided us with an opportunity to make plans for the coming years.

Quaker Services Cape have continued to provide help to destitute women at the PMHP throughout 2007. During last year, the Quaker Peace Foundation very generously donated money for women in need. The PMHP counsellors found that some women are in desperate situations (e.g. domestic violence, refugees, and teenage pregnancies). These women and their children are often in need of money in order to make emergency contingency plans for their safety or shelter. Quaker Services Cape wanted to be able to assist these women, but was not in a position to administer the funds directly to the beneficiaries. The organisation donated a sum of R 2 000.00 to the Perinatal Mental Health Project. An anonymous donor added an additional R 1 000.00 to this fund. This money is administered on their behalf to women in need. A system has been developed to audit this process. Counsellors administer the money on a discretionary basis.

We are extremely grateful for the financial assistance provided to our needy clients.

6. Finances

The following table provide a summary of our financial records for 2007.

Income	
Brought forward from 2006 (Wallace & Impumelelo)	R 75 311.24
Mary Slack and Daughters Trust (2007)	R 50 000.00
TOTAL	**R 125 311.24**
Expenditure	
Office supplies and administration	R 508.83
Outreach (training, workshops, promotional materials)	R 4 897.54
Research	R 7 830.00
International mental health research course	R 16 440.00
Advertising (for Mental Health Officer post)	R 10 410.93
TOTAL	**R 40 087.30**
Balance available	**R 85 223.94**

In the 2008 financial year, Simone and Sally will no longer be employed by Mowbray Maternity Hospital. In addition, we have employed Bronwyn as a new member of the team. We anticipate that a substantial proportion of our finances will need to be spent on salaries.

7. Conclusion

The service at LMOU has continued to screen, provide counselling and provide psychiatric care for women in distress during their pregnancies. We have made progress with research, and increased the profile of perinatal mental health during numerous outreach activities. Steps towards expansion of the PMHP to other MOUs have been initiated. These are all extremely positive indices of progress and achievement.

A recent injection of some basic funding as well as the new relationship with the Mental Health and Poverty Project bode well for a new era of consolidation and growth for the PMHP.

The vision of the PMHP remains steadfast. We continue to work towards integration of the Service into routine maternal care so that all pregnant women in South Africa may have access to this fundamental aspect of healthcare.

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