



Perinatal Mental Health Project



Caring for Mothers. Caring for the Future.
www.pmhp.za.org

Annual Report

2015

About the PMHP

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. We are a non-profit entity and have been operating since 2002. We partner with the Departments of Health and Social Development.

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. We support state agencies and partner with non-profit organisations to achieve health and social development objectives.

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.

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This document does not contain any photographs of PMHP clients.

All mentioned materials are freely available on our website: www.pmhp.za.org

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1. Message from the Director

This report will give you a sense of yet another extremely busy, productive and satisfying year for the PMHP.



Dr Simone Honikman
Director

Dear reader
2015 was characterised by the consolidation and improvement of on-going projects. A stable complement of staff worked together extremely well, demonstrating an extraordinary ability to support each other's work across programmes. They drew on their diverse set of skills to achieve creative results beyond our goals.

This year, we feel that we are significantly closer to realising our vision of mental health support

for all mothers in South Africa. We were directly approached by several agencies to provide design input or consultancy for the integration of maternal mental health initiatives into key provincial and national programmes. We were delighted to be able to influence services that have structural capacity for widespread impact.

The mothers we support and the care providers that we train, attest to the multiple benefits of our work. Through robust participation with

our services, and often against enormous challenges, they become our advocates and our supporters.

It is truly a privilege for us to have the support and contributions of people from across the globe: high-level academics, those in the corporate sector, in training institutions, in philanthropy, in government, in development, in communities and clinics.

Thank you for joining us in caring for mothers.

Simone

PMHP
Management
Team



2. Clinical Service Programme

2015 was a rewarding, yet challenging year in the clinical services.

The counsellors at our three sites have been entrenched in their positions for several years, which leads to a deepening of experience, more consistency and continuity in the service, and an ever increasing sense of “working together” with the obstetric staff. Most referrals for counselling were generated from the routine mental health screening we conduct in these obstetric facilities, further referrals from nursing and medical staff, and self-referrals from antenatal and postnatal clients.

One of our key tasks this year was to move away from paper-based record-keeping to a mobile platform for our service data. The introduction of this technology has brought with it challenges for the clinical team in sorting out problems in implementation, as well as a vision of the potential for efficient administration processes.

2.1 Clinical Services

At our [Hanover Park Midwife Obstetric Unit](#) site, screening coverage for 2015 was excellent at 88%, 215 clients were seen, with average number of sessions per client of >2. The proportion of counselling appointments that were missed, decreased to 9%. The site has reached its targets, despite the challenges of a violent and sometimes unpredictable context in Hanover Park in terms of safety for staff and clients, and the PMHP counsellor’s extended sick leave towards the end of the year. This says a lot about the dedication of staff working at the MOU. One area needing improvement is the number of women referred who do not take up our services. This is a result of women declining some time after they have accepted a referral for counselling, women being transferred to other facilities, or women who can not be contacted by the counsellor.

In 2015 our
counselling team

screened 3995 women
counselled 736 women



One strategy to overcome these challenges with uptake has been to have the client's first session, where possible, on the same day as screening and accepting the counselling referral, usually their first antenatal visit. In addition, the new Mobenzi mobile data capturing system will make it easier to track these women.

“ The PMHP at Hanover Park MOU makes a huge difference to the patients and staff. The programme is professional, efficient, resourceful and sometimes an eyeopener to us. We've come to realise the benefits of the programme and how it positively affects families.”
Portia Southgate, ultrasonographer, at Hanover Park



At [False Bay Hospital](#), screening coverage was 83% and 265 women were counselled with an average of 2.2 sessions per client, reaching target on these indicators. During the riots in Masiphumelele in October 2015, many women were unable to attend the clinic for their appointments, keeping us mindful of the social factors that impact pregnant women at our clinics. Due to the support of the Truworthis Community Foundation Trust, we were able to install professional soundproofing in the counsellor's room, which has made a big difference to the comfort of the counsellor and clients alike.

“ The Perinatal Mental Health Project has been a pillar of support to the community of the valley; especially the underprivileged antenatal clients due to all the socio-economic, emotional and physical abuse that they have to deal with on a daily basis.”
Sr Sheila Williams, Sister-in-charge of the antenatal clinic

An important initiative this year was the start of a maternity staff support group, led by our volunteer, Kate Squire-Howe, an experienced group facilitator. The group has given the maternity staff a space to reflect on their work and the feelings that it evokes, a place to debrief and share, all of which has enhanced cohesion among the team.

Our staff support group at [Retreat Midwife Obstetric Unit](#) continues under the leadership of Trisha Lord, consultant, facilitator and coach who took over from Beulah Marks. Trisha's experience in creating thinking environments for groups is a great asset to the Retreat MOU staff.

The service at [Liesbeek Midwife Obstetric Unit, Mowbray Maternity Hospital](#), has maintained its excellent outputs. The screening coverage was 102%, the number of clients seen was 256, and the number of sessions conducted was 1038. The over 100% coverage is due to screening of women who are transferred in to this site for antenatal care, who are screened by our service, but are not included in the booking figures.



At this site, the mean number of sessions per client is 4, double the target figure. The rate for counselling appointments not attended is the lowest we have experienced (6%) indicating excellent uptake of service, tracking and almost zero loss to follow up. The counselling service has been held firmly on track, despite the move of the primary level antenatal clinic to the outpatients' department, which presented us with space and logistical challenges. What stood out particularly in 2015 was the number of university/college students who needed and accessed the service, as well as an increase in referrals to psychiatry.

“

The Perinatal Mental Health Project is a positive programme. It really helps our clients to cope with situations and life issues that they are struggling with so much better.

Having someone to speak to makes life so much easier.”

Sister Carol Hill, Mowbray Maternity Hospital

2.2 Activities and outputs

In 2015, 736 women were counselled with an average of 3 face-to-face sessions per client across the three service sites.

Our demographic data recorded that 54% of the counselled women were black, 44% “coloured” and 2% white. Of the black clients, 41% were from African countries outside of South Africa.

The table below summarises the clinical service outputs for 2015.

Indicator	LMOU	FBH	HP MOU	Total all 3 sites
# women booked	1098	1102	2222	4422
# women screened	1117	915	1963	3995
Screening coverage (Target: 80% per site)	102%	83%	88%	90%
% qualifying for referral	28%	41%	34%	34%
# women counselled (Target: 200 women per site)	256	265	215	736
# sessions per client (Target: 2 sessions per client)	4	2.2	2.9	3
# women referred to Community Mental Health Team	n/a	3	12	15
# women seen by PMHP psychiatrist	10	n/a	n/a	n/a

Presenting problems

Most of the 736 women counselled in 2015 report more than one presenting problem. Lack of support from family or friends was reported by 79% of the women who saw a counsellor. Other problems include: problems with lifestyle transition (59%), social or economic difficulties (59%), psychiatric problems (53%) and physical health problems (40%).

Counselling interventions



Among the counselling services delivered at the three sites, components of problem-solving therapy was provided to over three-quarters of the clients (76%) and behavioural activation therapy to 47%.

Our clients also presented numerous cases of anxiety relating to birth and domestic problems including negative relationships with their partners' families, conflict with their partners, and domestic violence. Hence, our counsellors provided psycho-education to 81% of clients seen, birth-preparation therapy to 51%, family counselling to 44%, and couple counselling to 30%.

2.3 Outcomes

Our counsellors conduct routine follow-up assessments with counselled clients at 6-12 weeks post-delivery. This session is a comprehensive, structured interview covering the following factors: self-reported resolution of presenting problems, perceptions of their birth experience, attachment with their infant, depression and anxiety symptoms, problems with functioning, general perceptions of current life experience and perceptions of the PMHP service.

We are pleased to note that across all outcome factors, our counselling and case management intervention have made a positive impact on mothers and their children. Below are some highlighted outcomes analysed from about 600 follow-up assessments conducted from beginning of 2014 till the end of the September 2015. A more comprehensive [Outcomes Report](#) is available on our website.

Resolution of problems

For the most common presenting problem (lack of primary support from family, friends or a partner) 34% report 'much improved' or 'complete resolution' of the problem.

Decrease in symptoms of depression

For counselled women initially presenting with symptoms of depression (including thoughts of self harm or suicide, excessive crying, not looking forward to things or experiencing pleasure or interest in things), there were significantly fewer women with these symptoms after counselling.

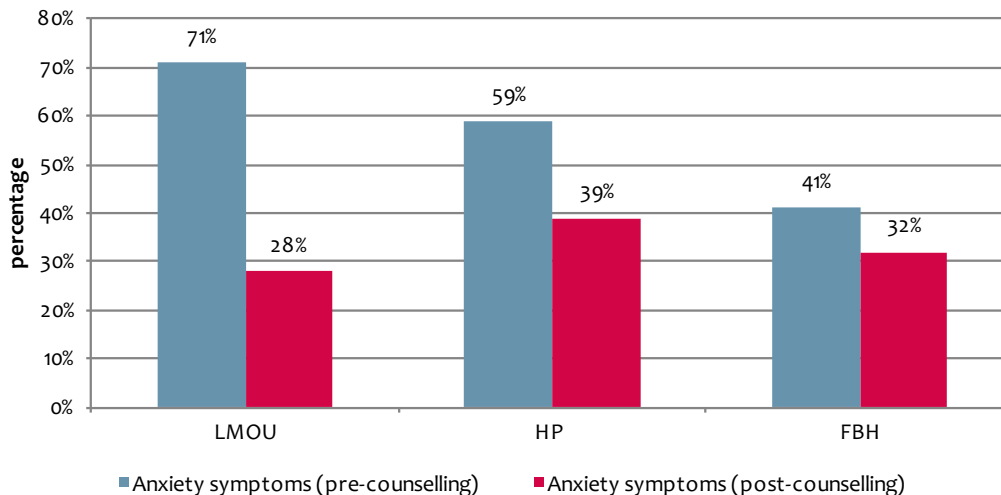
Percentage fewer women with depressive symptoms:

- Liesbeeck MOU: 37% ↓
- Hanover Park MOU: 12% ↓
- False Bay Hospital: 25% ↓



Decrease in symptoms of anxiety

For counselled women initially presenting with symptoms of excessive worry and nervousness, there were significantly fewer women with these symptoms after counselling.



Functioning

Functioning was assessed to understand clients' ability to function in three domains: household, work and in social activities. There was improvement in functioning at all service sites, as demonstrated by the reduced proportion of women experiencing difficulty in functioning.

2.4 Continuing professional development

Besides the regular weekly individual supervision and fortnightly group clinical meetings which counsellors attended in 2015, there were a number of other learning opportunities offered to the clinical team. These included, among others, a Suicide and Self-harm Seminar presented by UCT's Department of Psychiatry and Mental Health, an Adoption Workshop hosted by Mowbray Maternity Hospital, a workshop presented by PNDSA (Postnatal Depression Support Association), and a talk by Lane Benjamin from CASE (Community Action towards a Safer Environment) in Hanover Park about "Living in continuous trauma". These were enriching learning experiences which supported our multifaceted work.

2.5 Outlook 2016

For 2016, we look forward to continued work with our pregnant and postnatal mothers, some of whom return to us for preventive work in subsequent pregnancies, and to producing more information for clients and their families on particular mental health disorders.



Bearing in mind that our work is at primary care level, our goal is to have as wide a reach as possible, thus exposing as many women (and their partners/families) as we are able, to the benefits of counselling. We also aim to hone counsellors' skills and knowledge, and refine systems for managing particularly challenging cases.

An important task will be to achieve a smoothly running mobile service administration platform through our collaboration with Mobenzi.

Client story

My name is Vuvu and I am now a proud mother of a baby boy. Feeling happy as a new mom didn't come easy. I got pregnant very early during college. I was very afraid to lose my bursary that I worked so hard for, didn't know how to tell my mother who counted on me to support our family and wasn't even sure if my boyfriend wanted the baby.



How could I look after a baby without an income? I could not bring myself to talk to anyone. I felt stressed, overwhelmed, confused, lonely and very down.

At the maternity clinic, I was offered the opportunity to talk to a counsellor who didn't judge me at all. The counsellor helped me to think about what my next steps could be: how to tell my mother, how to approach my boyfriend, what I needed to do in terms of my studies.

In the following months of pregnancy, the counsellor maintained close contact with me, helped me find hope, belief in myself and that I could further my studies in the future. The counsellor also helped me to connect to my baby. Together we considered the options for care for my baby boy should I return to my studies. She also included my boyfriend in the process of planning the future and connecting to our baby boy.

The relationship with my mother gradually improved and by the time I delivered my beautiful baby boy, my mother agreed to help look after him, along with my boyfriend's mother. I was able to bond with my baby, and spent time caring for him while planning my return to my studies. I felt supported and empowered in the counselling, and felt it was the only place I could express my true feelings.

*The client story reflects common scenarios or sets of circumstances faced by many of our clients. Pseudonyms are used and details are changed.

3. Teaching & Training Programme

The Teaching and Training programme had an exciting year. We expanded our reach and developed new modalities to deliver effective training in rural areas.

3.1 Activities and outputs

Bettercare *Maternal Mental Health*

A guide for health and social workers book and distance learning programme



We collaborated with the Perinatal Education Programme (PEP), which has long been involved with the continued training and education of health professionals. PEP have provided educational opportunities to over 60 000 health professionals over the past 20 years which have been shown to result in significant improvements in knowledge, clinical skills and care practices. With PEP, we wrote and published in 2015, under the Bettercare label, the textbook *Maternal Mental Health: A guide for health and social workers*. The publisher is Electronic Book Works.

Maternal Mental Health is ideal for doctors, nurses and social workers involved with supporting and caring for mothers during the perinatal period. The book is available [online](#) or in print copy (Bettercare) on Amazon and Kindle. The content includes practical approaches to the identification and referral of mothers with mental health problems as well as guidance for first-line management.

Those practitioners who study the book and achieve at least 80% in the optional post-test are eligible for a certificate of completion.



889 people trained

35 training sessions
9 workshops

The Bettercare distance learning programme has been successfully incorporated into our longer training workshops. Candidates enrolling for the empathic engagement skills workshops, were requested to study in groups, our distance learning Bettercare book, prior to the face-to-face skills workshops.

In 2015, the following underwent the Bettercare training

- social workers (part of our DSD collaboration)
- trainers and community health workers of Small Projects Foundation in the Eastern Cape
- health, social development and administrative staff of Ithemba Lobomi in Eden District, Western Cape



The group work forms the basis of the Bettercare model and is useful because it ensures candidates cover the work in some depth, and apply this learning to their local situations. Secondly, after the distance learning component, empathic engagement training during contact sessions may be far more focussed and in-depth, as the group already will have gained some knowledge of the related topics. An additional unforeseen benefit that we noted was that participants reported they found the group work a useful time to debrief professionally with colleagues. Many spoke of being able to process their own, previously unrecognised perinatal psychological challenges.

The impact of the Bettercare distance programme will be evaluated in 2016 (see Research Programme)

Empathic engagement skills training

This training is aimed at developing pragmatic skills and practices so that care providers are able to support maternal mental health as a routine, integrated part of their work. The training includes our Secret History exercise, information about maternal mental health problems, self-care strategies and practical skills training which centres on an empathic care package.



This empathic skills package includes several, simple, evidence-based, psychological strategies which have been shown to enhance communication and empathic engagement between people, and does not require prior psychological knowledge. This experiential training formed a component of several of our training packages and was adapted for the type of provider being trained.

We were invited to contribute an editorial to the [South African Medical Journal](#) on abuse of mothers in maternity care settings. In this piece, we described the Secret History method and the benefits we have found with respect to improved self awareness and empathic care by staff.

Development of an evaluation tool

One of the challenges of any training intervention is the development of an accurate evaluation tool. We adapted an existing rating scale, the ENhancing Assessment of Common Therapeutic factors (ENACT) rating scale to measure the components of empathic engagement and competence in this intervention. The ENACT tool was originally developed to evaluate the quality of counselling interventions in developing countries using peer-led therapeutic support. The ENACT tool can be administered by a supervisor, peer and is also very valuable as a self-rating and personal development tool for participants.

Facilitator Training Handbook

We developed a handbook for training facilitators, to be used by the trainers of the Small Projects Foundation (SPF). The SPF trainers will work closely with community workers in a number of rural districts in the Eastern Cape. The handbook gives a detailed description of the workshop process and content, together with step-by-step guides for conducting the experiential and reflective exercises. The format and content of the handbook was evaluated and modified according to information gathered during the training of community workers by the SPF trainers. While this handbook was developed for SPF, it has value for future collaborations with other training agencies.

Training outputs

In addition to exceeding our targets for existing training commitments (i.e. in-service, professional development and academic course work), we increased our reach and added the training of basic and advanced midwifery students at Stellenbosch University.

	Target	Numbers
In-service training and professional development		
MOU staff (all cadre of health care worker)		304
NGO staff (predominately community workers)		96
Social workers (DSD contract)		54
Total	325	454
Academic course work		
MPhil (Maternal and Child health) candidates		5
4th Year Medical students		137
Advanced mental health nurses		29
Advanced midwives		43
Midwives		39
Total	175	253
Training in empathic engagement skills (2 & 3 day workshops)		
Social workers (DSD contract)		83
NGO staff (all cadres of staff)		99
Total		182
GRAND TOTAL of people trained in 2015	500	889

Maternal mental health information tool



Following mental health training for community workers we developed a stationery ruler to be carried by community workers when they see their clients. The aim was to ensure the accurate recognition of mothers in distress, appropriate referral as well as the collection of reliable data. This ruler provides a prompt of the Whooley Questions (used to screen for maternal depression), and also serves as a reminder of the process for empathic engagement and signs and symptoms of maternal mental disorders.

Essential Steps in the Management of Obstetric Emergencies (ESMOE): Respectful Maternity Care module



We were invited to contribute to a training module on respectful maternity care for the Essential Steps in the Management of Obstetric Emergencies (ESMOE) national health worker training programme. This WHO-adapted programme is supported by the National Department of Health with donor funding from international governments.

The vision is to reduce the high rates of maternal mortality. We are delighted to support this initiative, which recognises that maternal mortality outcomes are directly affected by the quality of interpersonal engagement between maternity staff and mothers.

For the design of the module, we collaborated with midwife trainer, Jason Marcus and obstetrician, Prof Sue Fawcus to embed and adapt several elements of our empathic skills and “Secret History” training work. We have piloted the module with different maternity care teams and refined the training several times. The module is due for expansion to all nine provinces after we provide a train-the-master trainer programme in February 2016.



The training opened our minds and reminds us of what we have left behind when helping our clients. It also gives us courage to care for our clients in totality.

Before I was not aware of problems of mental illness in pregnancy*

It will make my work easier because I have learnt a lot

I get more power, or I'm strong now after this training

*Quotes are collected from different trainings and do not relate to the participants above.

3.2 Nyamekela4Care



Nyamekela4Care, which was previously known as Skills2Care and piloted with Philani Maternal, Child Health and Nutrition Project, Khayelitsha was developed further in 2015. It is now a comprehensive model for peer support, through case sharing, ongoing training in empathic engagement skills, relevant work based knowledge and self-care strategies which will replace and restructure routine monthly meetings.

The development process took considerable team effort, as well as repeated consultation with, and feedback from, SPF stakeholders to ensure the model is relevant and accessible in the rural setting. The new isiXhosa name means “to hold something precious so it will last a long time”.

3.3 Going forward

We envisage an exciting year ahead.

1. In addition to continuing with our in-service training with healthcare workers involved with mothers, we will continue to increase knowledge and skills for maternal mental health care, through academic training at the Universities of Cape Town and Stellenbosch.
2. We are also well placed to continue our training intervention with the Department of Social Development social workers, in both the Cape Town metro and the more rural areas in the Western Cape.
3. We are currently in negotiations with the Department of Health, Regional Training Centre (RTC) to have five of our different training modules included into the RTC prospectus. The RTC is responsible for in-service training of health care providers across the province.
4. We plan to field test the latest version of Nyamekela4Care with our partners.

This will all assist us to realise our vision to deepen and broaden support of all cadres of care providers, to support the quality and sustainability of their work with vulnerable mothers.

4. Research Programme

In 2015, we consolidated numerous research and evaluation studies and also developed new ideas, collaborations, and proposals for future studies.

There is a growing footprint of our research work as our outputs and publications reach wider target audiences, increasing the number of citations and articles that emanate from our work.

4.1 Activities and outputs

Endpoint assessment of Skills2Care

In 2014, we designed Skills2Care, a staff support programme which provides a format for regular monthly meetings for care providers. The aim is to ensure on-going, peer-driven, integrated learning and support. In collaboration with The Philani Maternal, Child Health and Nutrition Project in Khayelitsha, Cape Town, we piloted this programme over the course of the year.

Evaluation design included a baseline, midway, and endpoint assessment of participants to examine the changes in the burnout, problem solving and counselling skills among participating community health workers. We administered the evaluation questionnaires at the end of 2015 and are currently collating the data for final analysis.

While the Skills2Care pilot has taken about a year to complete, during this time we have been actively fine-tuning the intervention, based on lessons already learnt and consultations with a range of stakeholders. The name has now changed to Nyamekela4Care. (see Teaching & Training Programme)

Randomised Control Trial to evaluate the effectiveness of CETA (Common Elements Treatment Approach) as an intervention tool for maternal mental health

We collaborated with Johns Hopkins University, USA, and submitted a grant application to the USA's National Institutes for Health to conduct this trial in two South African sites. The application came back with positive comments from reviewers and we are in the process of developing a re-submission in early 2016.

Evaluation of the *Maternal Mental Health* book of the Bettercare Series



We collaborated with The Bettercare Book Series, developed a *Maternal Mental Health: A guide for health and social workers* in 2015 (see Training section). We are currently conducting a formal evaluation study of the impact of the book, among different cadres of health and social workers, to estimate possible changes in stigma, knowledge and skills and also to identify new ways to improve the book. This evaluation has obtained ethical approvals from the Universities of Cape Town and Stellenbosch. Data collection should be complete by September 2016.

Programme for Improving Mental Health Care (PRIME)

We collaborate with PRIME as a cross-country partner, with our director as a member of the research team. PRIME is led from the Alan J Flisher Centre for Public Mental Health, UCT and is a consortium of research institutions and Ministries of Health in five countries in Asia and Africa (Ethiopia, India, Nepal, South Africa & Uganda), with partners in the UK and the World Health Organization.

The annual meeting was held in Bhopal, India, where our director was able to contribute to the discussion on obstacles partners were facing in screening for depression, to the conceptualisation of an economic impact assessment of maternal mental health interventions and to discussion on the evaluation of mental health training for non-specialist workers. We also worked closely with members of the Uganda team towards developing a manuscript on a qualitative evaluation of mothers and health workers perceptions of needs, barriers and opportunities to address maternal depression.



We hosted PhD student Tesera Bitew who is supervised by PRIME partners at the University of Addis Ababa in Ethiopia. Tesera is conducting his research on antenatal depression and maternity care utilisation in rural Ethiopia. He visited us for six weeks to learn from our service and training programmes and also to link with our research staff to support his work.

Hanover Park study data

Together with our research associate, PhD student, Thandi van Heyningen, we continued to analyse and explore the rich dataset we collected at Hanover Park in 2013. In the first half of 2016, we hope to finalise much of this work and to publish several papers in peer reviewed publications. The topics will include: alcohol and substance use, depression, anxiety, intimate partner violence and suicidal behaviour.

4.2 Publications, local presentations and conferences

A major component of our research activities are peer-reviewed journal publications and local or international presentations. The outputs for 2015 are listed below:

Academic journal publications



- **District mental healthcare plans for five low-and middle-income countries: commonalities, variations and evidence gaps.**

C Hanlon, A Fekadu, M Jordans, F Kigozi, I Petersen, R Shidhaye, S Honikman, C Lund, M Prince, S Raja, G Thornicroft, M Tomlinson, V Patel, *British Journal of Psychiatry*, 2015 Oct 7. pii: bjp.bp.114.153767.

- **Generating evidence to narrow the treatment gap for mental disorders in sub-Saharan Africa: Rationale, Overview and Methods of AFFIRM.**

C Lund, A Alem, M Schneider, C Hanlon, J Ahrens, C Bandawe, J Bass, A Bhana, J Burns, D Chibanda, F Cowan, T Davies, M Dewey, A Fekadu, M Freeman, S Honikman, J Joska, A Kagee, R Mayston, G Medhin, S Musisi, L Myer, T Ntulo, M Nyatsanza, A Ofori-Atta, I Petersen, S Phakathi, M Prince, T Shibire, D.J. Stein, L Swartz, G Thornicroft, M Tomlinson, L Wissow, E Susser, *Epidemiology and Psychiatric Sciences*. April 2015 DOI:10.1017/S2045796015000281



- **Creating capabilities through maternal mental health interventions: a case study at Hanover Park, Cape Town.**

I Meintjes, S Field, T v Heyning, S Honikman, in *Journal of International Development* 27, 234–250 (2015)
DOI: 10.1002/jid.3063

- **Abuse in South African maternity settings is a disgrace: Potential solutions to the problem (editorial)**

S Honikman, S Fawcus, I Meintjes. *South African Medical Journal* April 2015; 105(4):284-286. DOI:10.7196/SAMJ.9582

Academic presentations

- Department of Obstetrics and Gynaecology, University of Cape Town (UCT), Research Day (local presentation): **Predictors of alcohol and other drug use among pregnant women in a low-income urban setting.** 3rd December, 2015.
- Department of Psychiatry and Mental Health UCT, academic meeting (local presentation). **Prevalence of antenatal depression and associated risk factors amongst low-income women living in Hanover Park.** 02 June, 2015



Learning brief

Alcohol and other drug use among pregnant women in a peri-urban South African setting findings from one of our recent research studies.

This learning brief addresses the high rates of alcohol and drug abuse among pregnant women living in adversity.

This brief can be read or downloaded from our [website](#).

4.3 Going forward

The year 2016 should see an increase in research projects, and research outputs. We hope to formalise and raise funds to further early collaborations commenced with the University of Freiburg, Germany, to conduct training research in Vietnam, China and Germany and Johns Hopkins University, USA, to conduct an intervention trial in Cape Town. We also hope to raise funds to conduct a trial of our Nyamekela4Care intervention.



Many of PMHP's mothers come from Hanover Park

5. Advocacy, Communications & Policy Programme

The Advocacy, Communications and Policy Development Programme continued to strengthen all other PMHP programmes, collaborating closely with several diverse initiatives. In addition, this programme engaged the local and international community using a range of modalities for different audiences.

5.1 Strategic partnership with Department of Health (DOH)

Our longstanding partnership with the DOH continues and over the last year, we were involved in several task teams and processes at provincial level:

- Mental Health Policy Framework Task Team which is mandated to adapt the National Mental Health Plan for the province
- Parent Infant and Child Health (PICH) Wellness Workgroup, a transversal and multi-sectoral body providing a platform for the provision of technical and operational support to promote parent, infant and child wellness
- Maternal and Child Health Risk Screening Pilot Project
- Mother and Baby Friendly Hospital Initiative

5.2 Social media and online presence

Since social media became a part of our broader strategic approach we have increased our online footprint enormously (see graphic). In the future, our social media ‘crowd’ will become necessary to run successful online fundraising campaigns.



Twitter
1.5k Followers



Facebook
348 Likes



Web
5.4k Users

2015 SOCIAL MEDIA



LinkedIn
408 Connections



Blog
750 Views



YouTube
1.3k Views

5.3 Raising awareness - engaging with stakeholders

In addition to our social media advocacy work, we were involved in a range of other research uptake and advocacy activities.



World Mental Health Day campaign

World Mental Health Day is observed globally on the 10 October every year. This year's theme was "Dignity in Mental Health". The overall objective is to raise awareness of mental health issues around the world and to mobilize efforts in support of mental health.

For the first time this year, we spearheaded efforts to campaign in South Africa during World Mental Health month, together with partners within the Alan J Flisher Centre for Public Mental Health.

During the month of October, we successfully participated in various events to inform the public about mental health issues in their communities and how to address stigma. These events included the Cape Town Gun Run and the Open Street Festival in Bellville. Together with our partners, we developed a Mental Health Month calendar, interlinking social media and marketing strategies, which can be found on the [campaign website](#).

Intimate Partner Violence in South Africa: How to break the cycle - Policy Brief

Together with partners at the University of Stellenbosch and the Departments of Health and Social Development, we developed a Policy Brief based on local and international literature as well as the authors' empirical research in the clinical field. We were able to launch the brief in a special round table parliamentary session, which was attended by the UN Special Rapporteur on Violence Against Women.

The [Policy Brief](#) is available online.

Alcohol and other drug use in pregnancy - Issue Brief

Drawing on the findings of one of our previous studies, our volunteer Jill Davies assembled an Issue Brief on the topic. This Issue Brief indicates recommendations for action to support healthcare providers working with pregnant women using substances. The [Issue Brief](#) is available online.

Presentations

- Elizabeth Donkin Psychiatric Hospital, Port Elizabeth - **Annual Symposium on Community Mental Health** - This was held at Nelson Mandela Metropolitan University and was attended by 350 mental healthcare professionals attended from all over the Eastern Cape. Dr Simone Honikman was invited as a keynote speaker. Her talk was entitled “Maternal Mental Health – why and how we should respond”.



- **Parenting Seminar: Enablers and Barriers to Effective Parenting in the First 1000 Days** - This was hosted by Ilifa Labantwana, an Early Childhood Development programme. Dr Simone Honikman was invited as a speaker. Her talk was entitled “Maternal Mental Health and Parenting”.
- **Annual Mental Health Update** - Western Cape Department of Health. Dr Simone Honikman presented the PMHP in the Public Mental Health session at Paarl Hospital.
- **‘Empowering women with wellness’ seminar series**
Launch of a series of women’s health seminars in collaboration with Mhani Gingi and the 1.6 Million Club, South Africa. Based on the Swedish concept of emphasis on a gender specific approach in medical research, the South African arm of the club started a series of seminars addressing various aspects of Women’s Health. Bronwyn Evans was invited as keynote speaker to highlight the importance of mental health of mothers. More information on the launch can be found in this online [magazine](#)



Newsletter

This year six newsletters went out to our loyal readership of more than 1000 subscribers, informing them about our work as well as news and trends in the maternal mental health sector, including the dissemination of PMHP annual and mid-term report. You can [sign up](#) for our newsletter online.

5.4 Increased organisational visibility and credibility



New mobile friendly website

Staying abreast of new technology and the increased use of smartphones, we decided to give our website a facelift and become mobile friendly. This led to increased visibility and improved rankings on mobile friendly search engines - a significant 680% user increase! Furthermore, the new website provides a better user experience for mothers and their families, researchers and health professionals.

‘Making More Health’ video

Our director, Dr Simone Honikman, was awarded the prestigious [Ashoka fellowship for social innovation](#) last year. She features in a video commissioned by the Ashoka Foundation and supported by Boehringer Ingelheim.

The video outlines the need for maternal mental health intervention and what the PMHP is doing to address the problem of maternal distress in South Africa. The video is available on our [YouTube channel](#).



5.5 Media

- Your Wellness Matters, Issue 4, October/ November 2015 “**How to break the cycle of domestic abuse and violence**”; a Department of Health publication for the public, distribution of more than 20 000 copies in the Western Cape in English, Afrikaans and isiXhosa, by the DOH to community settings.
- Your Wellness Matters, Issue 5, December 2015 “**HIV and mental health**” in collaboration with the Alan J Flisher Centre for Public Mental Health (CPMH); see above for distribution details
- Cape Times, (city newspaper) 15 December 2015 “**Femicide: Not enough done**” in collaboration with Stellenbosch University



Other Media Appearances

- “**Strategies for reducing and treating maternal mental health disorders**” published in the blog series “Mental Health: The Missing Piece in Maternal Health”, co-hosted by the Maternal Health Task Force, the Mental Health Innovation Network at the London School of Hygiene and Tropical Medicine and Dr. Jane Fisher of Monash University - available [online](#)

5.6 Going forward

The year 2015 saw an increased visibility of the Perinatal Mental Health Project. We have successfully positioned our project as a resource for maternal mental health care and our aspiration is to continue to improve local and international outreach and cooperation.

6. Outreach

Increasingly, NGOs are recognising the link between good maternal mental health and improved outcomes for existing programmes addressing human immunodeficiency virus (HIV), tuberculosis (TB), orphans and vulnerable children (OVC) as well as other social and developmental programmes. Further, maternal mental health interventions are now recognised as an important aspect of First 1000 Days initiatives which seek to address the determinants of child development and health outcomes in this critical period.

During 2015, we worked very closely with the Small Projects Foundation (SPF) and Ithemba Lobomi (IL). They requested our trainings for their workers as well as our support for development of a service strategy to be imbedded into their existing programmes.

6.1 The Small Projects Foundation (SPF)



SPF is an NGO based in East London, Eastern Cape (EC), who for 28 years, has implemented a wide range of community-based capacity building programmes, focusing on strengthening primary health systems.

We were invited to develop a training package to embed an understanding of maternal mental health (MMH) and empathic engagement skills (EES) into the work being done by SPF's community health care workers (CW). These CW conduct community outreach and follow-up vulnerable community members, linking them to care at allocated health facilities.

The project was implemented in three phases. Phase 1: all SPF managers, trainers and CW coordinators completed the Bettercare MMH distance learning programme before attending a three-day EES training workshop in Mthatha. Those who achieved over 80% for the Bettercare component, were recruited to train CW, initially under PMHP supervision. After the Mthatha training, a workshop with senior SPF staff developed strategic plans for integrating MMH services within their routine operations.

Phase 2: the clinics, other government and non-government partners and role players in the Ngqeleni area (Nyandeni municipality, OR Tambo district, EC), were invited to attend a 3-day workshop where they were informed of the project, orientated to MMH and EES. Each clinic was given a Bettercare MMH book and encouraged to complete the distance learning programme. At the end of this phase, pathways for the referral of vulnerable mothers with MMH problems were identified and documented. A Facilitators Training Handbook was produced.



Phase 3: CW in Ngqeleni were trained in basic concepts of MMH, recognition of mothers with common mental problems, they practiced EES and were informed of their local referral pathways. The workshop was conducted in isiXhosa, with a PMHP trainer present to provide support, act as a resource and to evaluate the Facilitators Training Handbook.

This collaboration is ongoing. The next phase is the introduction of Nyamekala4Care, to ensure ongoing support for CW and to monitor that the work is sustained.

6.2 Ithemba Lobomi (IL)

Ithemba Lobomi is a non-profit organisation based in the community of Thembaletu, outside George in the Eden District of the Western Cape. The organisation works to address issues related to HIV/AIDS, TB and chronic diseases and mitigate their negative impacts. This is achieved through the provision of essential health and psycho-social support to individuals, children and families who are affected by HIV and AIDS, chronic illnesses, injuries, neglect, abandonment and child abuse.



IL requested that we consult towards the development of a mental health programme embedded within IL's existing operations.

Prior to developing a strategy, we conducted an on-site situation analysis at IL and surrounds. A staff member (a social worker) from IL was identified to lead the service coordination process going forward. This staff member visited us for a week to gain first-hand knowledge of all aspects of our mental health services, while shadowing and speaking with our clinical and monitoring staff.

In addition, a diverse group of IL staff and local stakeholders were recruited to participate in a team-based, distance-learning programme for six weeks, using our “Maternal Mental Health” [Bettercare book](#). Thereafter, we conducted a knowledge and stigma evaluation and a two-day training workshop on empathic engagement skills for this group.

We then facilitated a strategic planning workshop with key IL staff to assist with the phased design of a maternal mental health service embedded within their home-based programmes.



Four key objectives were identified for careful strategy development; the development of a comprehensive, relevant, evidence-based and feasible intervention; the training of providers to deliver the intervention; the raising of community awareness about mental health in order to decrease stigma and increase support for mothers and finally, the integration of mental health care in to all IL programme areas. The work is on-going, with consultation and support being provided by us.

7. Finances & Fundraising

During 2015, we raised a total of R 4 282 980. This is almost double the amount that came in during the previous year. A significant proportion of this funding is from multi-year grants and the funds are allocated across the budgets for 2015 and 2016.

We are extremely grateful to donors and partners for this demonstration of faith in our work and for providing us with a more sustainable financial platform from which to go forward. A new funding stream this year has been from corporate donations. This is an area that we will pursue further next year.

Corporate social responsibility ENSAfrica



In 2015 we were selected as the Corporate Social Investment (CSI) project of the ENSAfrica, Africa's largest law firm. Since then they have provided us with the opportunity to draw on the expertise of Laurence Helman as our board member.

American International Group, Inc. (AIG) & Gauteng Women in Insurance Group

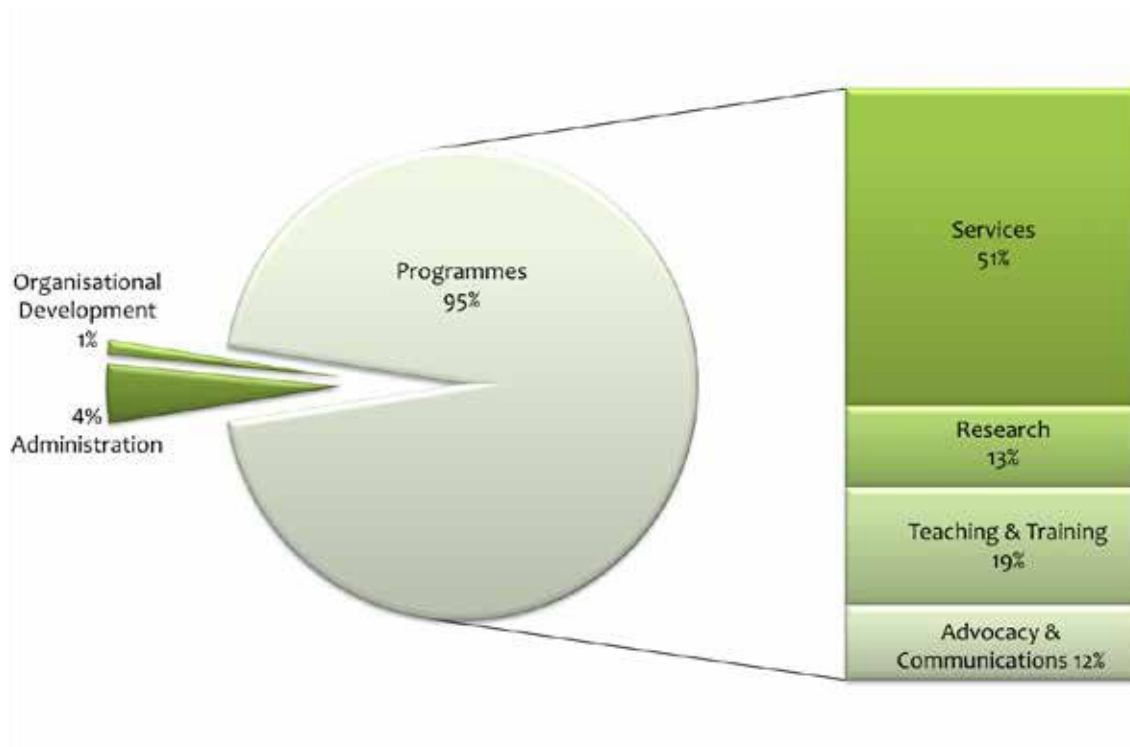


AIG is a sponsor of the diversity initiative by the Gauteng Women in Insurance Group. This included an annual industry networking event to which Dr Simone Honikman was invited to talk about maternal mental health and the work the PMHP is doing. All proceeds from this event were donated to the PMHP.

7.1 PMHP's current funders

Funder	2015
DG Murray Trust	R 1 350 000
Discovery Fund	R 850 000
Department of Social Development DSD	R 675 500
Harry Crossley Foundation	R 300 000,00
Anonymous Trust	R 300 000,00
Anglo American Chairman's Fund	R 150 000,00
The Eric and Sheila Samson Foundation	R 100 000,00
The Rolf-Stephan Nussbaum Foundation	R 100 000,00
Corporate Donations (AIG Corporate Social Responsibility)	R 78 000,00
Kaplan Kushlick Educational Foundation	R 50 000,00
Individual Donors	R 32 090,00
SG Menell Charitable Trust	R 10 000,00
Income Generation	
Department of Social Development DSD (training and service design)	R150 416,00
Training (non DSD)	R 96 603,81
Research consultancy	R 40 370,00
Total income in 2015	R 4 282 979,81

7.2 Expenditures



7.3 Financial planning

Over the calendar year of 2015, the PMHP had a projected general budget of R 5 350 976. We adjusted our spending according to our income, and spent R 4 199 217. Our underspent line items were predominantly in the research and training programmes. We were unable to secure funding to take on evaluation projects in the Eden district and the Eastern Cape. This work has been postponed until we can the raise the necessary funding. We were able to reduce our dissemination costs by out-sourcing printing to the Department of Health for beneficiary brochures. This support is greatly appreciated and has meant that our advocacy reach has been substantial in the Western Cape.

We are extremely grateful for a recent grant from the DG Murray Trust towards our advocacy programme, and for a new multi-year grant from Harry Crossley Foundation, both of which greatly support our sustainability. With these funds, we will be recruiting an administrator, who will support all programmes, and enable the management team to focus more time on operational matters and our sustainability efforts.

The table below indicates our financial status moving into 2016.

Proposed 2016 budget	R 5 164 830
Funds carried forward / pledged towards 2016 budget	R 3 474 600
Funds still to raise	R 1 690 230
Reserves as at 31 December 2015	R 715 865

We feel confident that our financial status looks positive for 2016 and is growing in sustainability. This impacts on our strategic and operational plans for the year ahead and beyond. The support from our donors and partners is invaluable.

Meet the new PMHP team members

Michael Onah **Research Officer**



Michael is an Economist and Health Economist with interests in structural drivers of non-communicable diseases, behavioural economic interventions, gender dimensions of health access and financing, and equity issues in Africa. He has worked as a Data Manager, Senior Consultant, and Health Economist in different academic and research organisations. He was one of the recipients of the 2010 SIDA scholarships to study for a Masters in Public Health specialising in Health Economics at University of Cape Town.

Roseanne Turner **Training and Development Officer**



Roseanne is a nurse and midwife who holds an MSc (Critical Care Nursing) from UCT and a post graduate diploma in Monitoring and Evaluation from Stellenbosch University. She has been working in the development sector for 5 years. Roseanne is a registered nurse educator and has been involved in post-basic nursing and health care training for 15 years.

Lawrence Helman member of **Board of Advisors**



Lawrence is a director of the law firm ENSAfrica. He is an experienced commercial attorney, specialising in company law and commercial transactions and advice. He has worked extensively in the healthcare sector and played a significant role in the corporatisation of pharmacy in South Africa. He has also worked extensively in the public sector. In addition to his legal expertise, he brings to the organisation experience in business development and private/public sector collaboration.

Board of Advisors

Dr Lane Benjamin

Prof Andrew Dawes

Mrs Samantha Hanslo

Associate Professor Sharon
Kleintjes

Prof Julian Leff

Prof Joan Raphael-Leff

Dr Tracey Naledi

Mr Lawrence Helman
(See introduction on page 41)

Volunteers

Jill Davies

Kate Squire-Howe

Trisha Lord

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

Thank you

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

DGMT
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the HARRY CROSSLEY
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Eric and Sheila
Samson
Foundation


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Fund

Kaplan-Kushlick
Foundation

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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:

www.pmhp.za.org/donate/

Banking Details

Bank: Standard Bank of South Africa Limited

Account Name: UCT Donations Account

Branch: Rondebosch

Branch Code: 09 50 02

Branch Address: Belmont Road, Rondebosch, 7700 Cape Town, Republic of South Africa

Account Number: 2387 152 07

Type of Account: Current

Swift address: SBZAJJ

Tax exemption: Section 18A(1)(a) of the Income Tax Act

Or join our Circles of Support

<https://perinatalmentalhealth.wordpress.com/make-a-difference/>

Perinatal Mental Health Project

Caring for mothers.
Caring for the future.

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