Perinatal Mental Health Project

Caring for Mothers. Caring for the Future.

Annual Report

2016

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.

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

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01 Message from the Director

Setting new records while embedding proven practices

Dr Simone Honikman
Director

I am delighted to report that the PMHP has had a highly productive year. Our team continues to work with unwavering dedication towards our goal. We began 2016 by refining our vision. This helped us to work smarter and more collaboratively among ourselves and with our partners.

In 2016, many of our projects came to fruition after several years in gestation. There was plenty of cause for celebration!

While our clients continue to face extreme poverty, traumatic past histories and highly dysfunctional relationships, we were pleased to increase our service outputs. More vulnerable women were seen by our counsellors, for a greater number of sessions each. The evaluation of our services showed that with the simple techniques of problem solving, affirming and psycho-education, the mothers were able to draw on their resilience and capabilities to improve their symptoms and functioning.

We trained far more individual care providers than in any previous year in our history. Furthermore, our Respectful Maternity Care Practical Skills Module, which includes our 'Secret History' method, was rolled out by master trainers of the National Department of Health.

This took place in all provinces, as part of the Essential Steps for the Management of Obstetric Emergencies (ESMOE) in-service training programme for maternity staff.

The research programme saw the dissemination of our findings through a record number of journal publications. In addition, we presented and gave workshops at several national and international conferences.

Another highlight was our contribution to several key policy and programme changes at provincial level, including the Postnatal Care Policy, the Birth Companion Policy, as well as many elements of the First One Thousand Days initiative. Our brief mental health screening tool was incorporated in the Practical Approach to Care Kit (PACK) primary health-care guide, which has been adopted province-wide. We were able to augment the standard maternity stationery used by health staff, with fields for staff to indicate specific types of care support provided to mothers.

The pathway image on page 21 illustrates how we work from real-world service delivery problems through to ensuring evidence-based interventions are provided for mothers at scale.

By embedding our tried-and-tested practices into our partners' larger service delivery processes, we are much closer to achieving our vision. This integration is likely to have long-term and widespread impacts for the mental and overall health of mothers and their families.

Your support has been vital for us on this path. We still have a way to go, but are looking forward to accomplishing more of our vision each year.

Simone

02 Clinical Services Programme

In 2016, we successfully exceeded all our output targets for the year.

One of our key tasks for 2016 was to move away from paper-based record keeping to a mobile platform for our service data. During the year, our challenge was to refine the system for data management. Through ongoing communication with our electronic data management company, problems have been systematically ironed out.

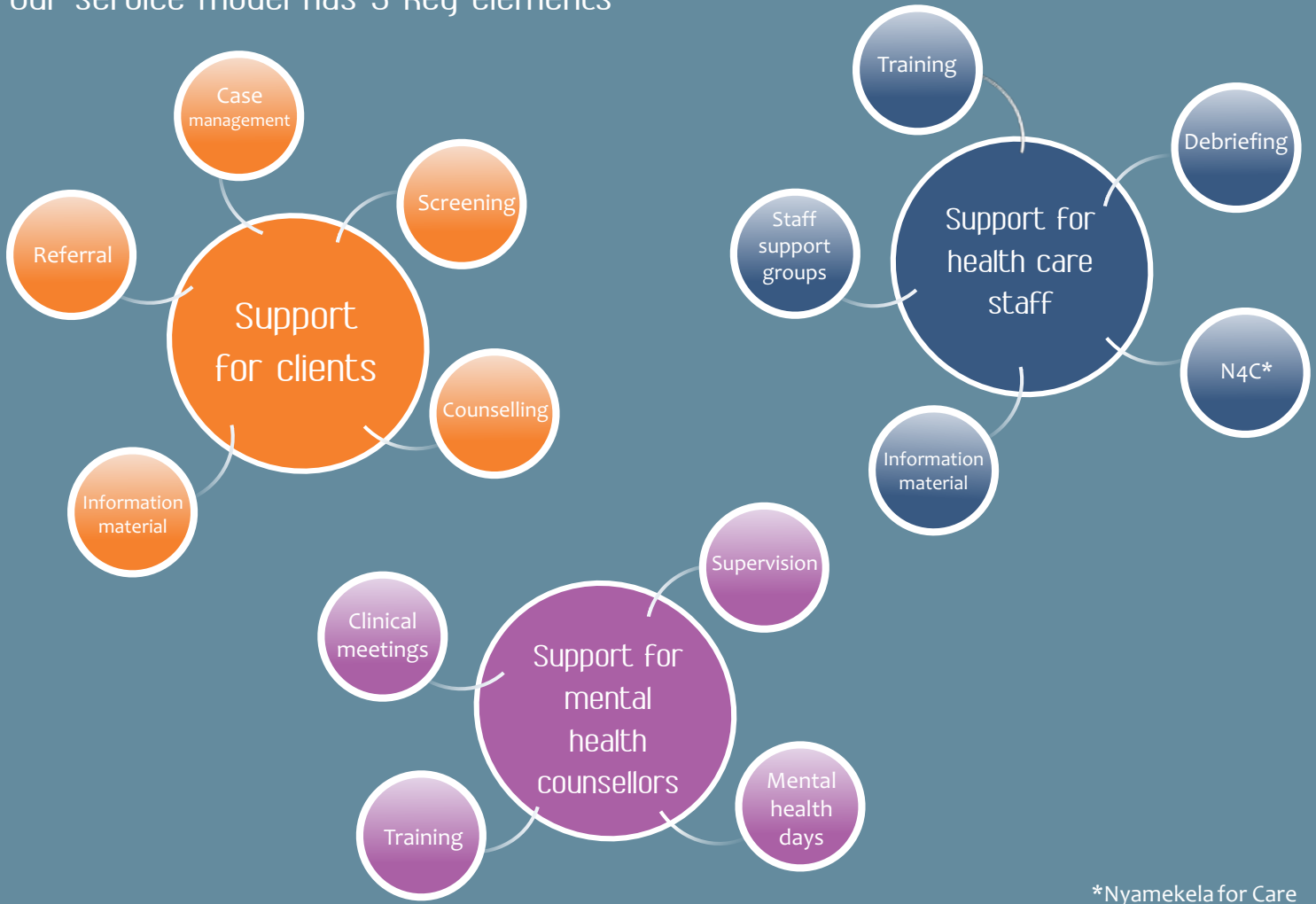
Learning to manage this electronic system has added to the counsellors' skill sets. They are seeing the benefits of electronic records and reminders, as well as quick access to data for monitoring and evaluation purposes.

We worked very hard on developing and nurturing a wide array of collaborative working relationships with many partners. This enabled us to ensure sustained quality of our counselling and referral services, volunteer activities, supervision and continued learning.

Throughout 2016, we continually worked towards attaining our service targets while at the same time, deepening the quality of our clinical work. The site-specific outputs are outlined on page 7.

Our counsellors: Charlotte Mande Ilunga, Antoinette Devasahayam and Liesl Hermanus

Our service model has 3 key elements



*Nyamekela for Care

Liesbeck Midwife Obstetric Unit, Mowbray Maternity Hospital (LMOU)

Bronwyn Evans and Charlotte Mande Ilunga, clinical team at LMOU

The hospital celebrated its 100 year anniversary in 2016. As an integral part of the hospital service, we took part in several celebrations: the Centenary Academic Day, the Thanksgiving Service (where Helen Zille, Premier of the Western Cape, spoke) and we danced with the hospital staff at a festive season celebration in December!

A prominent theme from counselling this year was that of women's broken relationships with their mothers. This underpinned much emotional distress experienced by our clients, made more acute by being pregnant or having recently given birth.

> *"The Perinatal Mental Health Project has given me a privilege to journey with different people and to build such unique and special relationships."*
>
> *Charlotte*

Charlotte working with a client on our data management system

False Bay Hospital (FBH)

Antoinette Devasahayam, counsellor at FBH

In 2016, poverty amongst the women attending the False Bay Hospital antenatal clinic was an ongoing problem and a great stressor for them. In addition, broken families and troubled relationships are highlighted at this time in a woman's life. Another challenge was the change of staff at the antenatal clinic. It takes time for staff to get to know and embrace the PMHP's service in the clinic. Getting into a good routine and collaborative way of working is much harder when there are frequent changes in staff.

> *"Counselling is a silent help to many in their time of need."*
>
> *Antoinette*

Hanover Park Midwife Obstetric Unit (HP MOU)

In comparison to 2015, more women were seen for counselling on the day of booking and screening. This seems to help with retention of clients, as shown in the increase in numbers of women seen this year. Women who are not seen on the day of booking are more likely to decline the counselling service. Most of the women who decline report feeling better, but Liesl, the mental health counsellor, thinks their decision also has to do with the lack of immediate engagement with her. There is still a trend for a proportion of women to decline the screening and counselling service, and this is something we continue to work on.

Liesl Hermanus and Sharmaine Miller, maternal mental health support team at HP MOU in our lavender garden

> *"2016 was quite busy in terms of the counselling, thanks to a good system we had in place making it possible to see new clients and repeats. The staff are very serious about the maternal support service, they make sure the bookings are screened and will accommodate those patients who need to be counselled."*
>
> *Liesl*

2.2 Outputs

In 2016, 756 women were counselled with an average of 3.9 sessions per client across the three service sites.

A large proportion of our clients come from African countries outside of South Africa.

The table below summarises the clinical service outputs for 2016

Indicator	LMOU	FBH	HP MOU	Total all 3 sites
# women booked	948	1152	2135	4235
# women screened	950	1020	1802	3772
Screening coverage (Target: 80% per site)	100%	89%	84%	89%
% qualifying for referral	26%	37%	34%	32%
# women counselled (Target: 200 women per site)	240	254	262	756
# sessions per client (Target: 2 sessions per client)	5.3	2.5	3.8	3.9
# women referred to Community Mental Health Team	n/a *	2	15	17
# women seen by PMHP psychiatrist	14	n/a**	n/a**	n/a

*LMOU is a primary care antenatal clinic situated within Mowbray Maternity Hospital, a secondary obstetric facility. There is no Community Mental Health Team operating at this site. However, a psychiatrist provides fortnightly clinics for the PMHP at LMOU.

**At False Bay Hospital and Hanover Park MOU, women are referred to the mental health team of the hospital, or Community Health Centre, respectively.

2.3 Outcomes

Presenting problems

Most of the 756 women counselled during 2016 reported more than one presenting problem. A lack of support from family and friends was reported by 84% of the women who saw a counsellor. Other problems included: problems with lifestyle transition (59%), social or economic difficulties (56%), psychiatric problems (58%) and physical health problems (41%).

Postnatal assessment

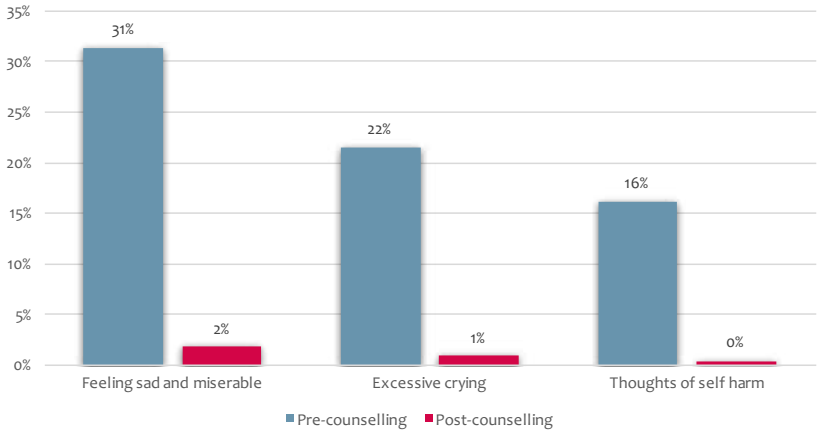
The PMHP conducts routine follow-up assessments with counselled clients at 6-12 weeks post-delivery. This session is a comprehensive, structured assessment of the following factors:

- self-reported problem resolution
- perceptions of their birth experience
- attachment with their infant
- symptoms of depression
- symptoms of anxiety
- general perceptions of current life experience
- perceptions of the PMHP service

At the postnatal follow-up session, women were asked about how they perceived their life experience around the time of booking. 82% of the women reported experiencing a negative view of their life around that time, while only 2% of women still felt negative about their life experience 6-12 weeks after delivery.

Across the 3 service sites, positive outcomes were shown in bonding with their infant and breastfeeding. Problem resolution was reported as 'much improved' or 'resolved' for 57% of primary support problems and over 75% for health, lifestyle transition and psychiatric problems. Social environment difficulties proved to be the most challenging to resolve, with 41% of these problems showing improvement.

There were statistically significant improvements in depressive symptoms at all sites after the counselling intervention.



This figure shows a decline in the number of women reporting symptoms of depression before and after counselling.

Further details on our clinical services outcomes can be found in the latest Clinical Services outcomes report.

2.4 Professional Development

Learnings from a training on Organisational Wellness have been integrated into the PMHP management team meetings. The workshop was hosted by the Discovery Fund, one of our donors. The clinical team also made use of other learning opportunities through UCT, the Department of Social Development and FAMSA.

2.5 Outlook 2017

In 2017, we look forward to deepening our clinical expertise, particularly with the mother-baby relationship in mind. We will be bringing out a wellness booklet for mothers, which is a personalised mental health information and support pack for our clients during their pregnancy. We also look forward to strengthening our links with existing NGO and mental health partners, and to forging new relationships for mutual benefit.

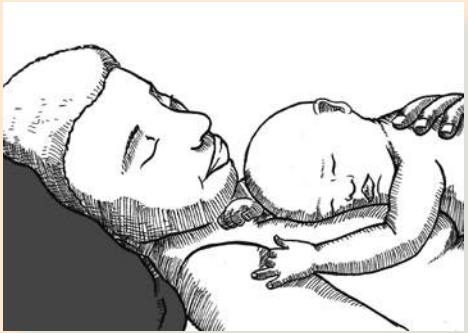
Client story

My name is Aziza and I have just given birth to my second child. My first pregnancy was very tough as we were struggling financially and I felt unwell – I started spending days in bed, and neglected the housework. Jacob got a casual job just before I went into labour, and he could not come with me to the hospital. The nurses were impatient and angry at me because I had missed a few clinic visits. I was alone and felt scared. I felt weak and ashamed, and like a bad mother.

For the first few months of my baby's life, I continued to feel tired, unhappy and unmotivated. Jacob didn't understand what was happening, and our relationship went through a bad patch.

In my second pregnancy, the nurses were so gentle and they referred me to the PMHP counsellor at the clinic, who was able to settle my nerves and reassure me that many women feel anxious in pregnancy. The counsellor told me about depression and anxiety, describing some of the exact feelings I had experienced. I felt supported and understood. The counsellor helped me think about how I could talk to Jacob about what I was feeling, and our relationship really improved. It helped him to know that I was not being lazy or difficult. I felt more open after speaking with the counsellor, and I made a friend with another mother at the clinic.

The counsellor called when my baby was eight weeks old. She checked up on how I was feeling, and how things were going with my baby. I felt I was managing even though looking after two children is very challenging. She reminded me that if something changed, and I did not feel okay, I could come back to talk to her. It really helped knowing she was there.



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

03 Training & Development Programme

In 2016, the teaching and training portfolio was expanded to include development.

Empathic skills training

The re-naming of the programme was to reflect the increasing amount of 'outreach' work we have been involved in.

This development work includes strategic planning, training, systems development and support for other organisations who seek to embed maternal mental support systems into their practice. It has allowed us to work in rural settings, in other provinces and with different sectors.

Our training activities continue to expand and includes the provision of academic course work to health-care professionals, in-service training, workshops on empathic engagement and self-care for health and social work providers.

We work within the public health, social development and civil society sectors. We aim to empower and affirm providers, shift negative attitudes, reduce mental health stigma and client abuse as well as ensure early detection, referral and management of mothers with common mental health problems.

Training Dissemination*
(annual estimate)

Department of Social Development — 60
- Urban
- Rural

Tertiary institutions — 430
- International
- National
- Local

Online learning — 40

Department of Health — 580
- National
- Provincial
- Local

Non-gouernmental organizations — 65
- Western Cape
- Eastern Cape

** Estimates in this diagramme refer to indirect (online and train-the-trainer) as well as direct exposure to PMHP training.*

= 10,000 women with two children per woman *(conservative estimate)*

Social workers
One social workers reaches about 1500 mothers and their children annually

Tertiary institutions
One student reaches about 150 women and their children annually

NGO's
Each community worker reaches about 300 women and their children annually

Online learning
Each participant will reach out to an average of 150 women and their childen annually

Health care providers
One health professional reaches about 3000 women and their children annually

3.1 Highlights

For the first time 'Secret History' workshops are being offered nationally and internationally by trainers not directly affiliated with the PMHP.

The Respectful Maternity Care module we developed for the national Department of Health (DOH) training programme, Essential Steps in the Management of Obstetric Emergencies (ESMOE) was delivered to 286 ESMOE master trainers across all nine provinces during the year. These trainers (senior nursing and medical staff), are tasked to deliver training to maternity facilities in their districts with an 80% staff coverage target. The feedback for the new module has been extremely positive.

Increasingly, government-paid contracts with the Department of Social Development (DSD) and the DOH are **sustaining our Training and Development Programmes**.

Materials were developed and workshops provided for the DOH as part of the "First 1000 days" campaign.

Participants engage during strategic planning for maternal mental health service development

3.2 Activities and Outputs

Maternal Mental Health: a guide for health and social workers

This peer-driven, distance learning programme of the Bettercare series, was utilised as the sole form of our training input for the Division of Nursing Students, University of Stellenbosch, enrolled for the Diploma in Advanced Midwifery as well as those training to be midwives (Diploma in Midwifery).

Workshop participants developing a case management strategy

The same programme also formed part of the training provided to social workers as part of our DSD contract. Social workers were required to complete the distance learning programme before being eligible to enrol for the practical empathic skills workshop sessions run over two days for each group.

In addition, our books were distributed to all the health-care workers on the DoH training (see below). In 2017, we hope to expand this learning package to include a chapter on infant mental health.

Academic programmes: under and post-graduate students at Universities of Cape Town (UCT) and Stellenbosch (U Stel)

We continued to honour our existing training commitments in several departments at both UCT and U Stel. This year, we trained advanced child health nurses from all over South Africa and other African countries who were enrolled in the postgraduate programme offered at Red Cross War Memorial Children's Hospital with the Child Nurse Practice Development Initiative.

> *"How to care for mothers who are affected with mental illness, from conception to delivery of the baby because we (nurses) used to focus on the physical aspect of the mother after and during delivery, instead of focusing with the psychological aspects."*
>
> *Advanced Midwifery student*

In-service training, professional development and self-care

As part of our ongoing commitment to the annual update sessions for all Midwife Obstetric Units (MOUs) in the greater Cape Town area, this year we aimed to increase awareness about obstetric violence and empathy for women in labour. An adapted version of the 'Secret History' was developed specifically for these updates and was well received.

> *"Sometimes we have the same feelings or share the same emotions as those seeking our help. I learnt why it is important to keep calm and not to shout to the patients. Patient respect."*
>
> *Midwife*

In addition, we were invited to give a presentation on the importance of maternal and infant mental health to all staff at Mowbray Maternity Hospital (MMH). We also supported the labour ward staff by introducing the Nyamekela4Care (N4C) package (see page 19).

Training workshops in maternal mental health and empathic engagement

Social workers during role play

We ran a series of two-day workshops for DSD social workers from the South Metro district (Hout Bay, Fish Hoek, Gugulethu & Mitchells Plain) as well as the Western rural district (Morreesburg, Malmesbury & Vredendahl).

We were awarded a short-term contract with the DoH People Development Centre (PDC), late in 2016. These 3-day workshops were delivered at 2-levels, for semi-professional (NQF level 5) and professional (NQF level 8) care providers. Feedback has been excellent, and we are optimistic the contract will be renewed in 2017. This training is aligned with the DoH's "First 1000 days' campaign" within the Western Cape.

> *"That we should connect with our clients on their level. Clients are experts in their own life."*
>
> *Social worker*

Direct training outputs for 2016.

	2016	Target
In-service training and professional development		
Midwives in secondary maternity hospital	119	
Midwife Obstetric Unit staff (mainly nurses)	126	
NGO staff (mainly community workers)	63	
Total	**313**	**250**
Academic course work		
MPhil (Maternal and Child health) candidates	5	
4th year medical students	145	
Advanced mental health nurses	32	
Advanced midwives	9	
Advanced child health nurses	32	
Total	**223**	**150**
Training in empathic engagement skills (2 & 3 day workshops)		
Department of Social Development Social workers (Metro and Rural)	79	
Department of Health health-care workers (NQF* level 8)	17	
Department of Health health-care workers (NQF* level 5)	17	
Total	**113**	**100**
Other updates and congress workshops	285	
Total	285	-
TOTAL people trained by the PMHP	**1047**	**500**

**NQF - National Qualifications Framework*

Labour ward suite staff at Mowbray Maternity Hospital

Congress workshops, updates to care providers and capacitating other trainers and practitioners

We have been actively involved in providing information and updates at congresses. These included the South African Priorities in Perinatal Care Conference (where an ESMOE Respectful Maternity Care training workshop was provided), and the Rural Doctors' Association of South Africa congress (RuDASA) in Grahamstown.

Simone with international colleagues at the Marcé Society Biennal Meeting in Australia

We demonstrated the 'Secret History' method for teaching empathy to an international group of trainers in Australia at the biennial meeting of the International Marcé Society for Perinatal Mental Health, and also at the University of Freiberg, Germany.

Colleagues at the latter are developing adaptations, evaluation methods and have since spread the training method to their projects in several other German settings, as well as through international global health partners of the Pan Institute Network for Global Health.

In addition, a group of rural Kenyan skilled birth attendants also received training with an adapted form of our method and provided very positive feedback, via the University of Melbourne, Australia.

We facilitated a dynamic, interdisciplinary, case-management training workshop with the large Mental Health Education and Networking Drive (MEND) group in the Eden District, Western Cape. In this rural setting, new networks were established for case management and referrals of mothers with mental illness.

We presented updates of developments on maternal mental health to a number of Department of Health decision making forums. (see page 32).

Nyamekela[1] for Care (N4C) introduction and ongoing support

In resource-constrained settings, it is challenging to ensure emotional support and clinical supervision of staff who provide empathic care to vulnerable women. N4C is a PMHP-developed intervention which is a structured, yet adaptable training and support package for health and social care providers. It is designed to be embedded into routine practice and replace existing team meeting functions. The aim is to enable providers to provide high quality and empathic care, without risk of burnout and resultant high attrition rates.

Introducing N4C to Ithemba Lobomi staff

This year, we introduced N4C to labour ward staff at *Mowbray Maternity Hospital*, by facilitating the regular sessions for three months, after which a short evaluation was conducted.

In addition, we arranged feedback interviews with staff at Philani Maternal, Child Health and Nutrition Project who had previously piloted the initial version of the intervention.

These experiences provided valuable lessons about how best to launch N4C within participating organisations in such a way that quality and sustainability are ensured. A 'Launch and Sustain' addition to N4C was developed to enhance the capacity of facilitators within services to run the meetings.

[1] *Nyamekala – an isiXhosa word which means to treat or handle something with great care, so that it lasts for a long time.*

Ithemba Lobomi, Eden District, George

We continue to support the development of maternal mental health services within the NGO, Ithemba Lobomi. After a second strategic planning workshop and ongoing distance-based mentoring, the organisation has begun to pilot a clinic-based service with home-based follow-up, through their Community Family Support programme.

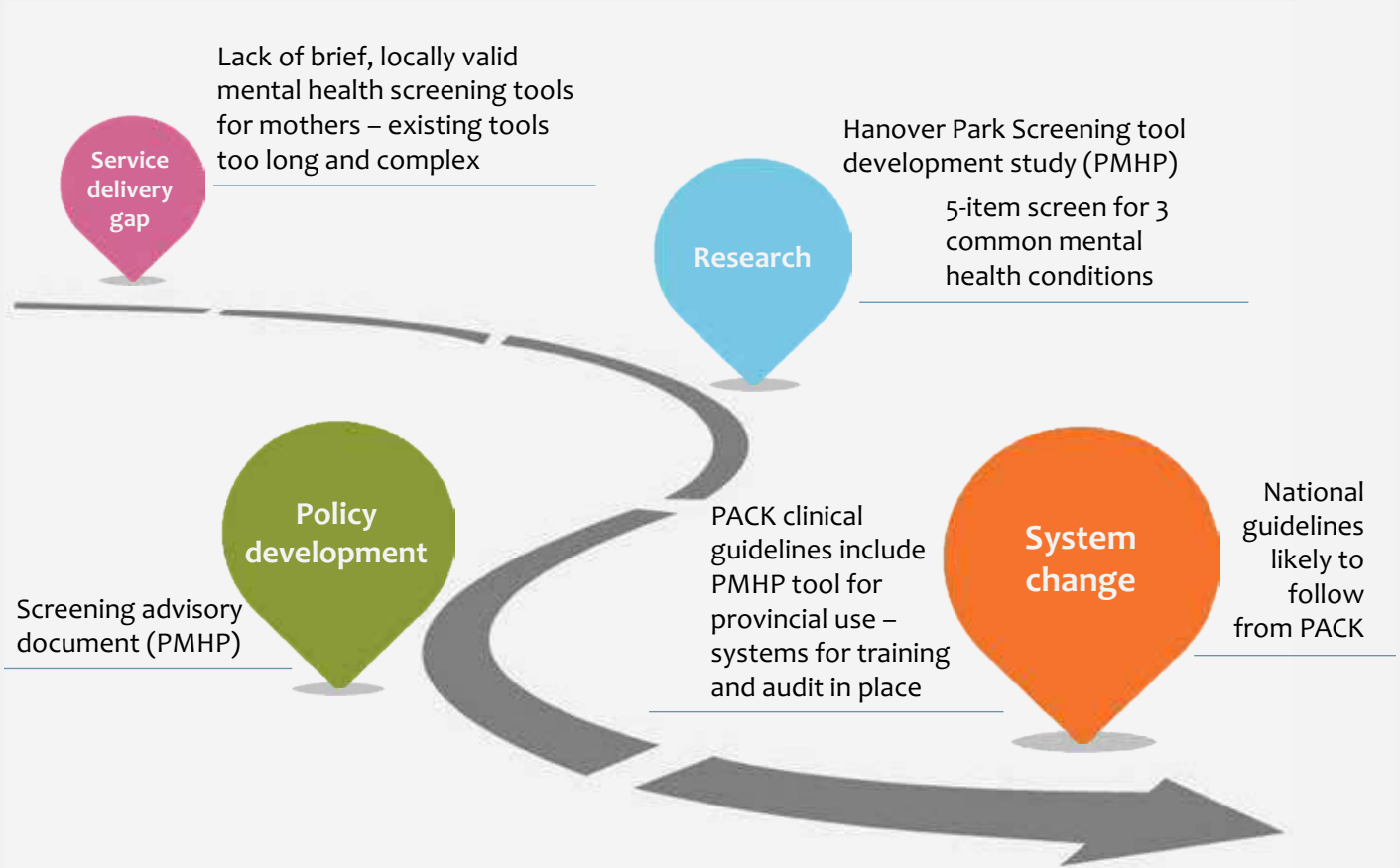
Small Projects Foundation (SPF), Eastern Cape

We visited SPF in 2016 to assess implementation of the maternal mental health service which we assisted them to develop in 2015. This programme is now embedded into their existing community worker services. We were able to suggest further development opportunities and refinements for the monitoring and care worker support processes, including Nyamekela4Care.

3.3 Outlook 2017

- We will continue to refine N4C including the addition of a "Launch and Sustain Package" as a way of implementing and sustaining the intervention.
- Three community-based organisations have been identified for possible partnership for N4C implementation and evaluation. We are seeking funding for a formal feasibility study.
- The ESMOE advisory board raised the funds for us to develop a 'train-the-trainer' film for our 'Secret History' empathic skills training method. This will assist in transfer of this training skill to ESMOE master trainers around the country. Further, it will enable other trainers internationally to understand and use the method.
- We will analyze the evaluation data from the 2016 training that used our Bettercare Maternal Mental Health distance learning book. This will enable us to refine the book and tailor it to the learning needs of care providers in remote settings. We plan to include chapters on infant mental health and empathic care into this book.

Pathways to scale-up: the example of the PMHP maternal mental health screening tool



PMHP Team*

*Antoinette could not be present at the time of the photo

04 Research Programme

Our research programme aims to generate new evidence to inform the design and implementation of integrated maternal mental health services.

Michael Onah presenting at Groote Schuur Hospital

We draw on the experience from our clinical services and training and development programmes to attempt to 'answer' some of the real-world questions that arise.

Examples of these are: "Is our brief mental health screening tool feasible and valid in other settings?",
"Does our Maternal Mental Health book, that uses a peer-based, distance-learning approach, improve knowledge and attitudes of health and social development providers?"
"What proportion of pregnant women are at risk for suicide and how do we detect them?"

Furthermore, we are increasingly asked to support the research activities of external agencies or multi-country research groups, contributing to a maternal mental health component.

We have also managed to draw more effectively on local expertise to assist us with refining the quality and reach of our own research.

4.1 Highlights

We are proud to report a record number of journal publications and conference presentations in 2016. This is crucial for disseminating our lessons and gaining credibility with policy and decision makers at all levels. There is an increasing requirement for robust evidence to inform policy and programme change.

4.2 Activities and Outputs

Roseanne Turner presenting at RuDASA

Academic presentations

- **Maternal wellbeing and psychosocial support -** First 1000 Days Plenary address
  Child Health Priorities Conference, Cape Town, South Africa
- **Perinatal suicidal ideation and behaviour: psychiatry and adversity**
  World Psychiatric Association International Congress, Cape Town, South Africa
- **Prevalence and predictors of perinatal anxiety disorders amongst low income women in a resource poor setting**
  World Psychiatric Association International Congress, Cape Town, South Africa
- **Antenatal common mental disorders, suicidality and associated risk factors: a cross-sectional survey from a socially adverse setting, Cape Town**
  International Marcé Society for Perinatal Mental Health Conference, Melbourne, Australia
- **Nyamekela4Care – An integrated peer-support and training system for health and social care workers** Rural Doctors Association of Southern Africa (RuDASA), Grahamstown, South Africa
- **Antenatal mental health disorders and associated risk factors: Evidence from a cross-sectional survey at Hanover Park MOU**
  35th Conference on Priorities in Perinatal Care in Southern Africa, Limpopo, South Africa
- **Integrating mental health in to maternal health care: promising results towards closing the treatment gap.**
  35th Conference on Priorities in Perinatal Care in Southern Africa, Limpopo, South Africa

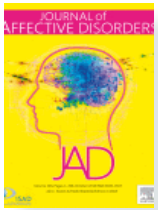
Academic publications

Peer-reviewed articles

Perinatal suicidal ideation and behaviour: psychiatry and adversity
M N Onah, S Field, J Bantjes, S Honikman, *Archives of Women's Mental Health*;
DOI: 10.1007/s00737-016-0706-5

Maternal mental health and the first 1 000 days
R E Turner, S Honikman, *South African Medical Journal*; 106(12):1164-1167.
DOI:10.7196/SAMJ.2016.v106.i12.12129

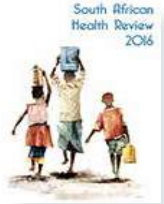
Perinatal mental health care in a rural African district, Uganda: a qualitative study of barriers, facilitators and needs
J E M Nakku, E S Okello, D Kizza, S Honikman, J Ssebunnya, S Ndyanabangi, C Hanlon, F Kigozi,
BMC Health Service Research, DOI:10.1186/s12913-016-1547-7



Antenatal depression and adversity in urban South Africa
T v Heyningen, L Myer, M N Onah, M Tomlinson, S Field, S Honikman, *Journal of Affective Disorders*, DOI:10.1016/j.jad.2016.05.052

Predictors of alcohol and other drug use among pregnant women in a peri-urban South African setting
M N Onah, S Field, T v Heyningen, S Honikman, *International Journal of Mental Health Systems*,
DOI: 10.1186/s13033-016-0070-x

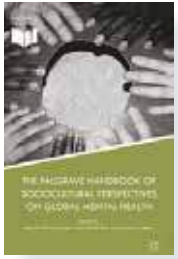
Integrating mental health into South Africa' s health system : current status and way forward
M Schneider, E C Baron, E Breuer, SDocrat, S Honikman, A Kagee, M N Onah, S Skeen, K Sorsdahl, M Tomlinson, C vd Westhuizen, C Lund, *South African Health Review*, 2016, Chapter 13, Durban: Health Systems Trust



Breastfeeding in South Africa: are we making progress?
L du Plessis, N Peer, S Honikman, R English, *South African Health Review*, 2016, Chapter 10, Durban: Health Systems Trust

Maternal mental health in primary care in five low- and middle-income countries: a situational analysis
E C Baron, C Hanlon, S Mall, S Honikman, E Breuer1, T Kathree, N P Luitel, J Nakku, C Lund, G Medhin, V Patel, I Petersen, S Shrivastava, M Tomlinson, *Health Services Research*
DOI 10.1186/s12913-016-1291-z

Book chapter



Synthesising global and local knowledge for the development of maternal mental health care: two cases from South Africa

The Palgrave Handbook of Global Mental Health: Sociocultural Perspectives,
S Cooper, S Honikman, I Meintjes, M Tomlinson; Chapter 23
Palgrave Macmillan publishers; Eds: R White, S Jain, DMR Orr, U Read

Maternal mental health screening: advisory and clinical practice guideline

Screening is a critical entry point to mental health-care. Based on our screening tool development research in Hanover Park, we produced an advisory document for primary level screening of mothers for depression, anxiety and suicidal ideation and behaviour.

Our brief screening tool has been incorporated into the Practical Approach to Care Kit (PACK) Adult. PACK is the comprehensive clinical practice guideline adopted province-wide by the Department of Health (DoH). It aims to equip nurses and other clinicians to diagnose and manage common adult conditions at primary level.

Our screening tool will also be included in PACK Child, for caregivers of children, when this product is finalised in 2017.

4.3 Research consortia

We continue to contribute to PRogramme for Improving Mental Health CarE (PRIME) as a cross-country partner and to AFrica Focus on Intervention Research for Mental Health (AFFIRM).

For the latter, in collaboration with the DoH, we have developed an extension protocol to test the feasibility of embedding psychosocial risk screening for mental distress in a real-world midwife primary care setting. We hope to start this research in 2017.

4.4 Professional Development

Several members of the team are involved in research activities. We have all enjoyed the opportunities afforded by being situated within UCT and we attended academic lectures, seminars, research methods courses and local and international conferences.

We were very sorry to lose Michael Onah, our research co-ordinator, in the third quarter of the year. He left for Canada, where he was awarded a full PhD scholarship. We continue to collaborate with him on research arising from the suicidal ideation and behavior data from our Hanover Park database.

4.5 Outlook 2017

We look forward to welcoming our new research officer at the beginning of 2017. Dr Zulfa Abrahams has just been awarded her PhD at UCT. She will assist us completing a range of current projects and explore opportunities to leverage strategic relationships to ensure the sustainability and growth of the research programme.

05 Aduocacy, Communications & Policy Programme

Over the past year we were in the fortunate position to create change within the aduocacy, communications and policy programme through learning from our beneficiaries.

Our social media engagement worldwide

By understanding the needs of our audiences, we were able to adapt our information materials to increase the visual appeal and readability. By learning more about the behaviour of our diverse online community, we increased our social media engagement. Website users are now spending twice as much time reading through our resources.

This increased visibility will help us meet our objectives and mobilise future resources for the entire project.

Overall programme activities range from the translation and strategic distribution of our research results, communication with relevant decision-makers, publication in popular journals, engagement with end-users and influencers on social media as well as through traditional media liaison.

Twitter

2.1k Followers
8.1k Profile Visits
10.9k Impression
5.8 % Engagement Rate

Facebook

257 Likes
410 Profile Views
38.7k Impressions
7.7 % Engagement Rate

Website

5.4k Visitors
28.6k Views

Strategic Communications in numbers

Blog

1.1k Visitors
1.5k Views

You Tube

1.5k Visitors
2.8k Watch time

LinkedIn

521 Connections

5.1 Advocacy activities

One of our main advocacy objectives is to influence political and management processes that determine resource allocation and service provision of quality maternal mental health care.

To reach this objective, we are consistently providing strategic policy input and implementation support for health and social development departments at provincial and increasingly, at a national level.

Some of these efforts include consultation to, and / or membership of, the following:

- Invited to the Western Cape Government Health (WCGH) Exco meeting, together with the National Department of Health (DoH) to work toward the development of an integrated plan for reducing maternal, neonatal, and under-5 mortality.
- Invited to present to the Ministerial Committee for Mental Health Meeting regarding the exploration of national support for up-scaling test. The PMHP was requested to follow up with a policy brief on the cost of maternal mental health. Data collection is in progress, to be published in 2017.
- Committee member of the Parent Infant Child Health Wellness (PICH) inter-sectoral work group.
- Contributed to messaging for public and service providers, as well as content and strategy for the First 1000 Day's framework initiated by the WCGH. Including to the First 1000 Days Initiative Roadshow, attended by over 800 participants.
- Contributed to the WCGH Forensic Mental Health Screening guidelines.
- Contributed to the new WCGH Postnatal Care Policy – and policy guideline – ratified by the Head of Department.
- Consulted to the Maternity and Primary Care Stationary committee – amended standard maternity stationery which now includes provision for mental health history taking and specified action items for maternal support provision.
- Member of Professional Standards Committee (UCT, Faculty of Health Sciences) – focussing on responses to obstetric violence.

At the same time, we have expanded our international advocacy activities. Simone is the first board member from the African continent appointed to the Board of Directors of the International Marcé Society for Perinatal Mental Health. In this role, she aims to draw focus on supporting and showcasing research and programme development in low-and middle income countries.

Presentations (non academic)

- Afrika Tikkun – oral presentation for community workers on "Caring for Carers" for Women's Day
- Western Cape Health Outcomes Indaba – keynote address: "Integrating maternal mental health services into primary care"
- Pan University Network for Global Health initiative – public presentation at the University of Freiburg, Department of Psychosomatic Medicine and Psychotherapy Colloquium, Germany

Dr Simone Honikman at the Health Outcomes Indaba

5.2 Social media engagement

Our focus in 2016 was to engage and understand our audiences. Therefore, we have spent time and resources on upgrading our website's search functionality and Search Engine Optimization (SEO). Over the past year we posted more strategically on our Blog, Facebook and Twitter platforms and consequently increased our reach and engagement rate on all platforms.

For example, our Twitter account has now over 2100 followers, our Tweets have reached more than 108.000 users, who engaged over 100 times with us. This translates to an engagement rate of 5.8%. The global average engagement rate for non-profit Twitter accounts stands at 1.6%, according to the latest social media benchmark study (see graphic on page 30).

5.3 Advocacy campaigns

We believe that successful advocacy campaigns can influence support among the general public, opinion leaders and decision makers. They can also strengthen alliances among advocacy partners, strengthen the base of support for our organisation and trigger media attention - which are fundamental requirements for supporting policy changes. We initiated and provided support to a number of national and international advocacy campaigns.

World Maternal Mental Health Day campaign

The first World Maternal Mental Health Day was commemorated on 4th May 2016. Organisations from around the world - including the Argentina, Australia, Canada, Malta, Nigeria, Turkey, South Africa, UK, US, and more - led efforts to raise awareness about maternal mental health through a collective social media campaign as well as in-country events.

We were proudly part of the founding task team, supporting the online presence of this collaborative effort as well as raising awareness within South Africa's traditional media. The campaign page was visited by more than 3000 users and the hashtag #maternalMHmatters reached nearly 20.000 impressions with more than 3000 users taking part in the online conversation.

World Mental Health Day campaign

This year's campaign, spearheaded by the Alan J Flisher Centre for Public Mental Health (CPMH), brought together mental health organisations from across South Africa to share their ideas and support one another's activities. We started the campaign early, on World Suicide Prevention Day (10th September) with a blog series, and held several high-profile events, such as the #DignityInMind Mental Health Film Festival, which marked the end of the campaign on World Mental Health Day (10th October).

Students from the Cape Peninsula University of Technology (CPUT) supported our campaign by organising an advocacy day at Groote Schuur Hospital and distributed more than 200 brochures and leaflets, to raise awareness on maternal mental health issues.

CPUT students together with Thanya April

National Women's Day

Our volunteer, Elsa Araya, hands out information to community workers

South Africa commemorates Women's Month in August as a tribute to the thousands of women who marched to the Union Building on 9 August 1956 to protest the extension of Pass Laws to women.

Every year, the Artscape Women & Humanity Arts Festival celebrates women who actively strive to better the lives of our society and includes the disabled and marginalised community as well as women and men from all walks of life. We had the opportunity to participate, informing the public about maternal mental health issues and engaging with community workers.

5.4 Other outputs

Newsletters

Our six newsletters per year are well appreciated by our loyal readership of 1000 subscribers. They continue to engage with us directly when we inform them about our work as well as news and trends in the maternal mental health sector. You can sign up for our newsletter online.

Issue briefs

In this issue brief we discuss suicidal ideation during the perinatal period. It highlights risk factors, symptoms and warning signs as well as demystifying common stereotypes surrounding suicidal thoughts.

Learning briefs

Training for empathic engagement. In this learning brief we describe the components and methods of the empathic training that we deliver to different cadres of care providers. It includes the key lessons we have learnt through our evaluations.

Domestic Violence. From our research at Hanover Park, this learning brief assesses the profiles of women who report domestic violence as well as the factors in their lives associated with abuse. It includes recommendations and implications for practise for care providers.

Online resources

New resource pages for Professionals

New resource pages for Families

Media

Print

- Living and Loving Magazine "The secret sadness of pregnancy"
- Health-E news and Daily Maverick "Mission impossible? Replacing abuse with empathy"
- Cape Argus "Mental health a must for pregnant women"
- City Press "The arts in a traumatised nation"
- Cape Times "Poor hit hardest by maternal mental illness"

Radio

- SAFM Otherwise "Maternal Mental Health matters"
- 567 CapeTalk Health & Wellness "Understanding prenatal depression"

5.5 Professional development

In order to understand our online audience better, we implemented new evaluation and tracking systems on our website and social media platforms. We learned how to optimise our content for search engines and how to interact with our online audience more strategically.

To maintain and improve our communication with our donors, partners and supporters, we acquired a Salesforce Foundation licence in 2015. This year we focused on utilising this customer relationship management system for reporting purposes, as well as improving internal knowledge management.

Over the past year, our Communications, Advocacy and Policy programme has more actively supported resource mobilisation for all PMHP programmes and will continue its effort in the search for multi-year funding and support in the coming year.

5.6 Outlook 2017

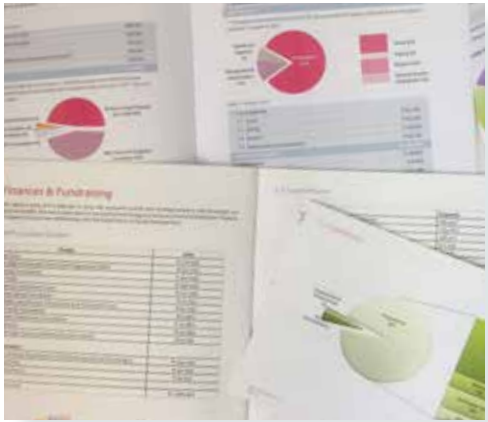
The coming year will focus on translating and disseminating information about domestic violence, substance abuse and infant mental health for different audiences. Furthermore, we plan to evaluate the impact of our resource materials.

We will continue to strengthen and collaborate with strategic local, national and international alliances and campaigns to influence and change perception and raise awareness about maternal mental health.

We will continue to provide support for the implementation of existing policies and to educate for uptake of evidence.

06 Finances & Fundraising

During 2016, we raised a total of R 3 450 034.



A significant proportion of this funding is from Trusts and Foundations, some of which are multi-year grants and the funds are allocated across the budgets for 2016 and 2017.

We are extremely grateful to donors and partners for their support in enabling us to carry out our work.

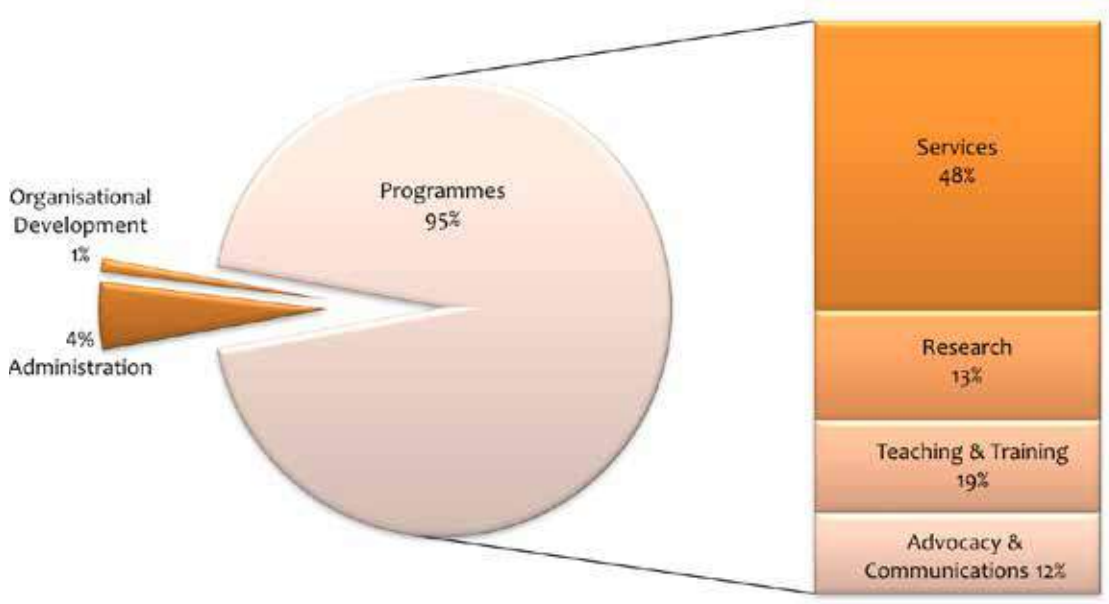
Our income stream from training consultancies has grown positively compared to previous years. This is a trend that we plan to develop further in the future.

7.1 Income 2016

Funder	2016
Ackerman Family Foundation	R 200 000
Anglo-American Chairman's Fund	R 150 000
Anonymous Foundation	R 300 000
Anonymous Trust	R 300 000
Corporate Donations	R 22 677
DG Murray Trust	R 850 000
Eric and Sheila Samson Foundation	R 100 000
Harry Crossley Foundation	R 655 000
HCI Foundation	R 40 000
Individual Donors	R 17 721
Rolf-Stephan Nussbaum Foundation	R 100 000
Income Generation	
Department of Social Development (Provision of clinical services and training)	R 262 792
Research consultancy	R 150 000
Training income (not Department of Social Development)	R 301 845
Total income in 2016	**R 3 450 034**

7.2 Expenses 2016

	Expense
Administration and Management	R 197 232
Clinical Services	R 1 865 185
Training	R 591 871
Research	R 722 577
Advocacy and Communications	R 527 098
Organisational Development	R 33 002
Total	**R 3 936 965**



7.3 Financial planning

Over the calendar year of 2016, the PMHP had a projected core operating budget of R 4 724 199. We needed to adjust our spending according to our income, and spent R 3 936 965. Our underspent line items were predominantly in the research programme, as our research officer left the PMHP to take up a PhD opportunity in Canada. Thus, the programme did not run to capacity, and we had salary cost savings.

We are extremely grateful for two new multi-year grants from the Ackerman Family Foundation and from the DG Murray Trust. This type of core funding, over several years, enables us to increase our sustainability and impacts on our strategic and operational plans for the future.

The table below indicates our financial status moving into 2017

Financial summary for 2017

Proposed budget for 2017	R 5 697 170
Funds carried forward / pledged towards 2017 budget	R 3 264 801
Funds still to raise	R 2 432 369
Reserves as at 31 December 2016	R 763 432

The support from our donors and partners is invaluable and we will continue to renew our efforts at increasing our income from training and research consultancies.

07 Acknowledgments

We extend our grateful thanks to our board, volunteers, partners and donors for their input and support during 2016

Board meeting 2016

Board of Advisors

Dr Lane Benjamin
Prof Andrew Dawes
Mrs Samantha Hanslo
Mr Lawrence Helman
Associate Prof Sharon Kleintjes
Prof Julian Leff
Dr Tracey Naledi
Prof Joan Raphael-Leff

Volunteers

Elsa Araya
Kate Squire-Howe
Trisha Lord
Jennifer Malinga
Susmitha Rallabandi

Partners

University Of Cape Town (UCT)
Alan J Flisher Centre for Public Mental Health (CPMH)
PRogramme for **I**mproving **M**ental Health Car**E** (PRIME)
AFrica **F**ocus on **I**ntervention
Research for **M**ental Health (AFFIRM)
Western Cape Provincial Department of Health (DoH)
Western Cape Provincial Department of Social Development (DSD)
Stellenbosch University

Funders - Donors

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.

08 New to the PMHP

Welcome to our new members of the PMHP family

Dr Zulfa Abrahams and Thanya April

Thanya April

Administration Assistant

Thanya joined our team as an Administration Assistant after spending eight years as a Personal Assistant in the Family Law Department of a corporate law firm. She holds a diploma in Office and Business Administration from Montrose Business College and is currently studying towards a BAppSocSci degree at the South African College of Applied Psychology, where she attends classes in the evening. In her spare time, Thanya loves reading Jeffrey Archer novels and from time to time, she dabbles in creative writing competitions.

Dr Zulfa Abrahams

Research Officer

Zulfa Abrahams holds a BSc (Dietetics) degree from the University of the Western Cape. Her postgraduate qualifications include an MPH (Epidemiology) and a PhD (Medicine) from the University of Cape Town. Her experience in research was gained during her time working at the Medical Research Council where she worked on a school-based health intervention and at the Human Sciences Research Council where she worked on the South African National Health and Nutrition Examination Survey (SANHANES). Her PhD thesis is titled: Metabolic complications resulting from the use of antiretroviral therapy in HIV infected patients.

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: SBZAZAJJ

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

Or set up a Circles of Support

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

Email:
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Perinatal Mental Health Project

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