The Hanover Park service

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1. **Perinatal Mental Health Project**

   a. **Vision**

   We envision mental health support for all mothers to promote their well-being, and that of their children and communities.

   b. **Mission**

   The mission of the PMHP is to develop and advocate for accessible maternal mental health care that can be delivered effectively at scale in low resource settings.

   The PMHP:
   - provides mental health services for pregnant and postnatal women
   - trains those who work with mothers to improve the quality of their care
   - forms partnerships to promote the scale up of services
   - informs global interventions through robust research and advocacy.

   c. **About Us**

   The Perinatal Mental Health Project (PMHP) is an independent initiative based at the University of Cape Town, as a founding partner of the Alan J Flisher Centre for Public Mental Health. Formally commended by the World Health Organisation (WHO), it is the only project of its kind in Africa, and one of a handful in the developing world.

   The PMHP is a non-profit entity that has been operating for more than 11 years and partners closely with the Departments of Health and Social Development. It provides counselling services and builds capacity amongst health workers to provide support, screening and appropriate referral for pregnant women and girls experiencing psychological distress.

   We actively address the mental health problems associated with gender based violence, teen pregnancy, HIV, substance misuse, refugee status and impaired bonding through our clinical work, through training of healthcare staff, through pragmatic research projects and through advocacy work. Our work addresses some of the challenges in meeting Millennium Development Goals 4, 5 and 6.

   The PMHP is a not for profit entity and requires funding from external sources.

   “There are so many women who are dying inside from this thing. They don’t know how to deal with it or how to cope. Everything in their lives is turning upside down. And they need someone who will understand and not judge them.”

   _Ntombomzi, PMHP service user with her daughter Liphiwe_
2. **Hanover Park Midwife Obstetric Unit (MOU)**

   **a. Community Factors**

   The Hanover Park site serves the Greater Athlone health district including parts of the ‘Cape Flats’ sub-areas such as Manenberg – largely sub-council 17 in Census 2011. In 2013, areas such as Manenberg, were among the 10 worst police precincts in the Province for attempted murder, drug and firearm related crimes, reflecting the high level of gang activity in the area. At times, the clinic has had to close temporarily for the safety of patients and staff. In the sub-council as a whole:

   - 98% of residents are ‘previously disadvantaged’
   - 55% of adults have not completed Matric
   - 55% of residents of working age are unemployed, and 42% of households have a monthly income of R3 200 or less
   - There are high rates of substance and alcohol abuse, intimate partner violence, rape, child abuse, and adolescent pregnancy

   ![New parents, in front of the MOU](image)

   This is a community of high risk and need. The site reflects the social and demographic realities of women who may be vulnerable to maternal mental illness, violence and abuse.

   **It might appear anomalous to give attention to perinatal depression in developing countries, where other health problems seem so compelling, but it is likely that these are precisely the places where mental health is worst and contributes most significantly to the severity of other health problems.**

   *World Health Organisation, 2009*
b. **Hanover Park MOU**

The PMHP started the maternal mental health project in Hanover Park MOU in 2012. In 2013 we screened 2,460 women for risk or symptoms of mental health problems. This represents a 90% screening coverage of all women accessing the MOU for maternity care. In 2013, we offered individual counselling, case management and liaison to 661 women.

The project was supported by the following stakeholders:

- University of Cape Town (UCT) Research and Ethics Committee
- Research Committee of the Department of Health, Western Cape
- Hanover Park Facility Managers, Administrative Officer
- Chief Director: District Health Services (Metro) Western Cape Department of Health
- City Health Directorate; Western Cape Health District and Sub-District Managers and Deputy Directors; Facilities Planning for District Health Service and Programmes
- Deputy Director: Western Cape Department of Public Works
- Truworths Community Foundation Trust for the erection of a 3-roomed building and garden for PMHP’s use, on site at the MOU.

Importantly, the PMHP has become fully integrated into the working life of the MOU. The MOU’s Health Promoter, Sharmaine Miller, attended an accredited counselling course, arranged by PMHP. She works very closely (in an adjacent room) with the PMHP counsellor, Liesl, to provide screening and referral of women at their initial booking visit. She contributes to waiting room psychoeducation work and explains the project to all women attending.

The meeting room in our building is used for training sessions and staff meetings, and as a base for services provided by partner NGOs.

The garden is a peaceful escape from the concrete and barbed wire of the site, for many mothers and Community Health Centre staff.
The PMHP counsellor – Liesl Hermanus – has not only provided counselling and case management services for perinatal women, but also has developed excellent working relationships with staff in other parts of the clinic.

Liesl completed her psychology internship at Parkfields Primary School in Hanover Park in 2007, and knows the community well. She received her Honours degree in Psychology from the University of the Western Cape in 2007 and is an HPCSA registered counsellor. From 2007 to 2010, Liesl worked as a counsellor at the National Responsible Gambling Programme, providing support to people with gambling problems and their family members. She was a school counsellor at St Anthony’s Primary School before joining the PMHP. Liesl is a mother of a 6-year-old son.

One of the biggest challenges I recall while training was feeling that I could do little for my clients. Five years later, I find myself back in the community and have come to the realisation that the little I thought I was doing back then could possibly have meant a lot and made a big difference to those I was trying to assist. Most of my clients don’t have any support, and for most of these women counselling will be the first time that they have the space to express their worries and anxieties and, more importantly, the first time that they will feel heard and understood.

In addition to providing counselling, Liesl also adds value to the facility through the following:

- She has worked with MOU, trauma unit and senior clinic staff to develop a protocol to ensure care for suicidal pregnant women is prioritised and recognised as a medical emergency
- She liaises closely with the Community Mental Health Team for those women who require medication or referral for severe mental illness
- She maintains a therapeutic relationship with women with substance misuse problems who are referred to the social worker
- She provides support and information for MOU staff in areas such as infant death
- She offers regular training and updates for MOU and other Department of Health staff

The staff have developed a sense of ownership for the mental health service, and by choice continue with screening when Liesl is on leave, making counselling appointments for clients for her return.
Partners include:
- The Parent Centre
- CASE (Community Action for a Safer Environment)
- Women’s Shelters in the area
- Women’s Legal Centre
- Child Welfare
- Zoe Project
- HIV / ARV support organisations
- Maintenance Courts
- Church feeding schemes

The following problem categories were recorded for all clients who received counselling during 2013:
- 83% reported problems concerning their primary relationships (e.g. partner abandonment, insufficient family support)
- 56% indicated that they had problems with their social environment (e.g. lack of housing, difficulties accessing income support)
- 35% reported health problems (like HIV, TB)
- 47% were experiencing difficulties with a lifestyle transition (e.g. teenage pregnancy)
- 78% presented with 2 or more problem categories

Liesl aims to empower women by using techniques such as containment, problem-solving therapy and behavioural activation, and interpersonal therapy. A significant proportion of counselled women report anxiety relating to birth and raising a new child, and she provides psycho-education and birth preparation to empower women to identify resources and improve bonding with their infant.

c. Outcomes

We test for effectiveness, using pre-counselling assessments, which are repeated at postnatal follow-up when most women have completed their course of counselling. Attempts are made to follow up with all clients postnatally. At Hanover Park, 62% of the women counselled during 2013 were contacted to complete the postnatal assessment.

A summary of the postnatal findings:
- 50% of women who had originally experienced low mood, reported improvement
- 63% of women who had originally experienced little pleasure or interest in doing things, reported improvement
- 60% of women who had originally perceived life as negative, reported viewing it as positive
- 60% of women reported a positive birth experience
- 98% said they had bonded well with their baby

On average, each woman received 3-4 counselling sessions from the PMHP counsellor during 2013.

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1 Several women are not reachable for various reasons
The PMHP is required to raise our budget through fundraising activities.

MOU staff & PMHP team members in front of the PMHP building

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