



Perinatal Mental Health Project

Caring for Mothers. Caring for the Future.

A case study from the Perinatal Mental Health Project: Working together with the Department of Social Development

The Perinatal Mental Health Project (PMHP) operates from within the Alan J Flisher Centre for Public Mental Health at the University of Cape Town. The PMHP, in addition to their training, advocacy and research functions, provide a one-stop, integrated mental health service at three midwife obstetric units (MOU) in Cape Town. The PMHP envisages mental health support for all mothers to promote their well-being and that of their children and communities.

Introduction

In South Africa, one in three women suffer from depression or an anxiety disorder during the perinatal period (pregnancy and in the first year after childbirth). This high prevalence of mental health disorders, which are closely linked to social problems, can result in maternal deaths and disability and have long lasting negative consequences on both infant and child health and the development of future generations.

In an earlier edition of *DGMT Hands-on* (April 2014) the PMHP described how they aim to work collaboratively and strategically with South African government departments to achieve the desired change from within, while maintaining their independence of thought and action. This learning brief will outline a case study of a current collaboration with the Child and Families Directorate (CFD) of the Department of Social Development (DSD), Western Cape, which aims to make DSD services more responsive to maternal mental health issues. The principles, processes and challenges of the PMHP experience may provide a deeper understanding of how to work with government departments and so enable other organisations to implement projects or services more easily within government services.

These may be summarised under the following headings;

- Have a strong rationale for collaboration,
- Have a multi-pronged engagement and communication strategy before starting the work and maintain continuous engagement,
- Monitor content and process elements of the operations to inform targeted next steps.

Have a strong rationale for collaboration

Government departments have specific targets, mandates, policies and standard operating procedures. These may fluctuate over time, depending on political and fiscal factors. It is important to understand these before making an approach as an outside organisation, and to anticipate resource constraints as well as opportunities. Notice where there are alignments with your organisation's vision, mission and strategy and be clear in your communication of these alignments with the department, as staff there may never have considered or understood the links before.

PMHP case

There was a strategically strong rationale for PMHP to develop a relationship with the Department of Social Development (DSD). The high prevalence of mental health disorders in middle to low-resourced countries is closely related to the high level of poverty and other social problems in these countries and is borne out in the scientific literature. There is a critical shortage of professionals necessary to bring mental health services to those women most in need. Social workers in their interface with vulnerable women, are a group well placed to screen, provide screening, basic therapeutic or supportive interventions and to effect appropriate referrals. There is strong local and international evidence that primary level mental health interventions may be delivered by frontline workers that are not mental health professionals.

The PMHP identified key DSD policies, such as the National Development Plan and National DSD Plan, which have components that would directly or indirectly be supported by addressing maternal mental health. These key priority programmes within the Children and Families Directorate would, by including maternal mental health approaches, be assisted in having their targets met.

Have a multi-pronged engagement and communication strategy before starting the work and maintain continuous engagement.

While many organisations find success with a bottom-up approach to stakeholder engagement, the PMHP have often found it more effective to initially get buy-in from top management. If the project involves a number of different government departments you will require different and independent permissions. It's worth noting that not all government departments across different provinces and regions follow the same processes.

We then engage with role-players at all levels, across range of settings and regions, including frontline workers. This relationship-building involves regular follow-up and feedback to ensure the design of the work is directly informed by what transpires in engagement sessions and by senior officials. Ensure you allocate sufficient project time, as this phase can be consuming and sometimes frustrating as competing priorities and miscommunication within the department may undermine one's best efforts. However, it is worth the investment, as genuine and meaningful engagement helps to cultivate the department's sense of ownership and responsibility.

Further trainings, meetings and workshops were held with representatives from various levels of management and frontline workers. This multi-pronged engagement across and up-and-down all tiers of DSD has resulted in a product which is evaluated, relevant and useable.

Regular reporting ensured DSD leadership and management remained involved and were not only aware of the progress being made but were constantly reminded of MMH matters.

PMHP case

PMHP approached senior leadership within the DSD, which resulted in a series of meetings with key stakeholders, in order to raise awareness of how maternal mental health (MMH) is a cross-cutting element of the routine work of social workers. As a result, the PMHP was invited to speak at a range of DSD regional departmental meetings which, in turn, enabled a groundswell of interest and demand for the maternal mental health (MMH) strategy development from the DSD frontline workers and managers. Further engagement followed, with DSD senior staff who were allocated to manage the PMHP relationship going forward. A proposal for a service delivery agreement was collaboratively developed and funding approved for training and service protocol development.

Monitor content and process elements of the operations to inform targeted next steps.

Consider embedding a comprehensive quantitative and qualitative evaluation throughout the implementation process. Strategies can include pre-and post-questionnaires, in-depth interviews, and feedback workshops or focus groups, which may be included as part of the intervention. If data is analysed immediately, it affords the opportunity to adjust the intervention package, retest and readjust the process. This allows for the development of a responsive, relevant product or set of recommendations, which is directly informed by the target group. This is more likely to generate buy-in from the department to develop the collaboration further. It is also important to cross reference information with both policy makers and those in frontline positions to ensure relevance and accuracy.

