

Integrating mental health into the Primary Healthcare Re-engineering Plan

Meintjes, I^{a,b}, Baron, E^a, Honikman, S^a

^a Perinatal Mental Health Project, Department of Psychiatry & Mental Health, University of Cape Town
^b African Gender Institute, University of Cape Town

The South African Department of Health developed a primary healthcare re-engineering plan to respond to the lack of progress around key health indicators. These include indicators related to the Millennium Development Goals (MDGs).¹

The challenges identified included:

- the lack of resources and staff in the public health system
- the increase in the burden of HIV/AIDS
- the increase in burden of infant and maternal ill-health
- the political and historical legacy of a fractured health system.²

Four key health objectives were set:³

- increase life expectancy
- decrease child and maternal mortality
- decrease the burden of HIV/AIDS, TB and other chronic diseases
- improve the effectiveness of the health system overall

The Perinatal Mental Health Project (PMHP) suggests that a mental health dimension be integrated into the re-engineering plan.



Recognising the enormous need for public maternal mental health services, the PMHP envisions universal access to quality maternal mental health care, routinely integrated into maternity services, for all women regardless of economic status. To achieve this aim, the PMHP partners with the Department of Health and works with vulnerable women, civil society, international organisations and academic institutions to implement 4 inter-related programmes. These programmes develop an innovative model for integrated mental health services and include: a pragmatic mental health service, responsive teaching and training, research and advocacy.

PMHP's long-term strategy is to provide a package of proven tools and leverage partnerships with agencies capable of delivering this intervention to scale. The primary beneficiary is envisioned to be the Department of Health. The PMHP is in the modeling phase, developing and testing service delivery elements and a maternal mental health screening tool.

CPMH Policy Briefs present summarised research findings and key policy recommendations on important public mental health issues in low and middle-income countries in Africa and Asia.



Alan J. Fisher Centre for
Public Mental Health



Mental health: the cornerstone of maternal and child health outcomes



The burden of mental illness does not only concern individuals, but also affects their children, their families and society in general. Mental illness can have long-lasting and intergenerational consequences: studies have shown links between mental illness in mothers and fathers with poor emotional, physical and developmental outcomes for infants and children.

For instance, mental illness in pregnant women is associated with:⁵

- poor foetal growth
- premature delivery

Mental illness in mothers is associated with:

- increased infant vulnerability to infections and diseases
- increased infant admissions to hospital

Children of mothers with mental illness are more likely to:⁵

- be abused
- perform poorly at school
- develop mental illness themselves

These health outcomes are consistently associated with infant mortality and loss of developmental potential in children under five years - especially in contexts of poverty, violence and poor education.⁶

Maternal mental illness in South Africa

Pregnancy and the postnatal period is a psychologically distressing time for many women who are living in the context of poverty, violence, abuse and HIV/AIDS.⁵

In South Africa, more than *1 in 3* women living in poverty will experience mental health problems during and after pregnancy. This is three times the prevalence of developed countries, and is significantly higher than the rate in other developing states.⁶ Though post-natal depression is more commonly understood, *both depression and anxiety* are highly prevalent *during* pregnancy. Studies in KwaZulu-Natal and Cape Town report rates of 47% and 39% for antenatal depression, respectively.^{7,8} Furthermore, depression during pregnancy is a strong predictor of postnatal depression.⁹

Possible reasons PHC staff prioritise women's physical problems over underlying psychological issues:

- staff shortages
- increases in patient numbers
- inadequate mental health training

Yet, untreated maternal mental illness is a significant cause of maternal mortality and poses a significant threat to maternal and child health.

The three streams of the Re-engineering Plan⁴

Ward-based PHC outreach teams

Each team should be linked to a PHC facility, and should comprise a professional nurse, environmental health and health promotion practitioners, as well as 6 community health workers.

School health services

More school health nurses/teams should be employed, and, at first, deployed in the poorest schools in each district, where learners have limited access to healthcare.

District-based specialist teams

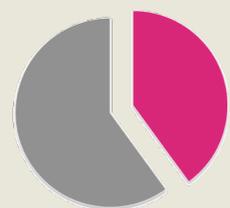
To improve maternal and child health specifically, every district should be assigned a team of clinical specialists, consisting of an obstetrician, gynaecologist, paediatrician, family physician, anaesthetist, advanced midwife, advanced paediatric nurse and a PHC nurse.

Burden of Disease

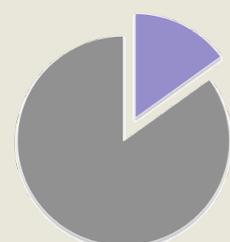
3rd highest contributor = neuropsychiatric conditions¹¹



Prevalence in South Africa (approx 40%)



Prevalence in developed states (approx 15%)



Recommendations

Mental illness should not be thought of as an isolated health problem. A focus on mental health promotion provides an efficient, cross-cutting solution.

The physical, social and economic impact of mental illness constitutes a major public health challenge that requires specific attention from health planners and policy developers.

The PMHP proposes the following:

1. A **qualified mental health counsellor** to be added to the 'Specialist Teams' in stream 3 of the Re-engineering Plan
2. **Community Health Workers** to receive adequate training and support to screen, refer and provide basic care for those in psychological distress. This work should form part of their routine tasks.
3. **Teaching and training** for all health workers providing care to mothers. By engaging in participative training, they increase their capacity to screen for and manage common mental illness and emotional distress in their clients, as well as address their own mental health needs.

Benefits of this strategy:

- Addresses **upstream causes** of ill-health and burden of disease.
- Addresses major stressors on the public health system, such as health worker **burnout** and **human rights abuses** in public health facilities.
- Has a significant impact on **MDGs 4, 5 and 6**, that is:
 - ➔ reduce under-five mortality
 - ➔ Improve maternal health
 - ➔ Combat major diseases such as HIV/AIDS and TB
- Contributes to achieving the 4 key objectives of the Re-engineering Plan through⁵:
 - ➔ improved birth outcomes, breastfeeding, bonding and family cohesion
 - ➔ Improved ability of mothers to identify and optimally use social support
 - ➔ optimal use of health services and adherence to ARV and TB treatment regimens
 - ➔ completion of infant immunisations
- Increase rate of return of investment in human development¹⁰
 - ➔ The work of J. Heckman, Nobel Prize winner for economics, shows that the earlier the capital investment in human development, the greater the return
 - ➔ Therefore, investment in the antenatal period is likely to be highly economically efficient. Less investment is likely to be required for interventions timed at later stages.

80% of South Africans with mental health problems do **not** receive the care they need¹²



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By working upstream with mothers in distress, maternal mental health care offers a protective and preventive intervention. This contributes to women's health as well as early childhood and adolescent development.

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The **Perinatal Mental Health Project (PMHP)** is based at the University of Cape Town as a founding partner of the Centre for Public Mental Health.

The Project has been operating for 10 years in close partnership with the Western Cape Provincial Department of Health. It provides a counselling service in four public obstetric facilities in Cape Town. It is also actively involved in maternal mental health training and staff development for a range of different health workers.

The PMHP's aim is to integrate mental health care within the primary level maternal care environment, as part of routine maternity care.

Formally recognised by the World Health Organization, it is the only project of its kind in South Africa, and one of a handful in the developing world.

The establishment of the CPMH was made possible by strategic funding from Stellenbosch University, and the UK government's Department for International Development (UKAID).

Dedicated to the memory of a pioneer of public mental health in Africa, the **Alan J Flisher Centre for Public Mental Health (CPMH)** is the first of its kind on the African continent, and is a joint initiative of the Department of Psychiatry and Mental Health at the University of Cape Town (UCT); and the Department of Psychology at Stellenbosch University (SU).

The CPMH conducts high quality research on public mental health, and uses evidence for teaching, consultancy and advocacy to promote mental health in Africa. This is in recognition of the need to prioritise mental health on the public health agenda; to develop professional mental health capacity; and to develop policy, service and legislative frameworks to scale up systems of mental health care in Africa.

www.cpmh.org.za

Perinatal Mental Health Project

Alan J Flisher Centre for Public Mental Health
Department of Psychiatry & Mental Health, University of Cape Town
46 Sawkins Road, Rondebosch, South Africa 7700
T +27 (0) 21 689 8390 E info@pmhp.za.org



The CPMH incorporates the following projects:



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