Perinatal Mental Health Project

Annual Report

January 2008 – end December 2008
Perinatal Mental Health Project

Caring for Mothers
Caring for the Future
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Abbreviations
DoH Department of Health
DNA Do not arrive
DPP District Demonstration Project
EPDS Edinburgh Postnatal Depression Scale
HIV Human Immunodeficiency Virus
MHaPP Mental Health and Poverty Project
MMH Mowbray Maternity Hospital
MOU Midwife Obstetric Unit
OPD Outpatients Department
PMHP Perinatal Mental Health Project
PMNS Peninsula Maternal and Neonatal Service
RFA Risk Factor Assessment
UCT University of Cape Town
WHO World Health Organisation
1. About the Perinatal Mental Health Project (PMHP)

In South Africa, researchers have shown that at least 1 in 3 women experience depression during and after pregnancy. This is more than double the prevalence in developed countries.

There is a wide and increasing body of evidence showing that psychological distress in the mother may have long-lasting physical, cognitive and emotional effects on her children through direct effects on the foetus and disruption of the maternal-infant relationship.
Sister Matsha examined Johanna, noticing that everything was fine with the pregnancy. Johanna was quiet during the examination. She had filled in a mental health screening questionnaire, as routinely offered in the clinic. She had a high score. When Sister Matsha approached Johanna to offer her referral to the counsellor, she started crying. The midwife asked what was wrong. “I can’t talk about it”, said Johanna. However, she wanted to see the counsellor. Sister Matsha called the counsellor to ask if she could see Johanna that morning, as she did not feel comfortable giving her a counselling appointment and sending her home in such a state.

Johanna had awoken that morning with a feeling of dread. He had come home in a bad mood from work the night before - some issues with his boss apparently - and the atmosphere in the house had been tense. It was her appointment day at the antenatal clinic and she needed to get her 7 year old ready for school and her 3 year old ready to be looked after by the neighbour before he took her to the hospital.

In the busy preparations he was not satisfied with his porridge, and started yelling at her. She kept quiet and continued getting the children ready. After she had taken her younger child next door, he asked her if she had gossiped about him to the neighbour. She said she hadn’t said anything and started walking out the house with her older child. He began hitting her on the arms and face, pushing her against the wall and calling her a liar. Her child ran outside, crying...

The counsellor saw Johanna immediately, and was busy talking to her about why she was so upset. He walked into the office and said he wanted to be included since he was the baby’s father. He also wanted to talk to the counsellor. The counsellor addressed the intrusion by saying that this meeting was for Johanna, but that the counsellor could talk to him afterwards. It was clear how unhappy he was to leave her alone with other people after what had happened that morning. He had not wanted to leave her side at the hospital, and the midwife had also felt uncomfortable due to his behaviour.

A number of sessions with the counsellor focussed on the ongoing cyclical nature of abuse in her home. Finally, Johanna felt empowered to leave him and go to stay with her cousin who had been in a similar situation. She was forced to take out a police protection order since he would not accept her decision and threatened to kill her if she left him.

Names have been changed.
2. Message from Dr Simone Honikman, Director

The year 2008 has been one of enormous growth, change and consolidation.

From the beginning of the year, the PMHP has been housed within the Mental Health and Poverty Project (MHaPP) within the Department of Psychiatry and Mental Health at the University of Cape Town. This new environment has provided the administrative, collegial and intellectual support that has seen the organisation develop significantly within one year.

There have been several highlights in 2008.

Service
The Project has been joined by a full time clinical psychologist, Bronwyn Evans, who has seamlessly supported the transition of the service expansion from one to two different sites within Mowbray Maternity Hospital (MMH). The impact of her presence is quantifiable in the following outputs;

- a 47% increase in number of women counselled
- a two-fold increase in the number of sessions provided
- a three-fold increase in the number of referrals to supplementary specialist organisations
- a four-fold increase in the number of postnatal counselling sessions

Furthermore, Bronwyn has provided an environment within the Project where nursing staff feel supported personally and motivated professionally. We believe this has contributed to an increase in screening coverage from 77% to 84% despite a total increase in the number of women attending the clinics.

The ongoing commitment of our volunteer psychiatrists and French-speaking social worker provides a vital support to the service we provide. The outstanding quality of their input can not easily be measured.

The service has operated within the Hospital for 6 years. Its ultimate success must be attributed to the support and dedication of the staff at all levels. Administrative clerks, staff nurses, midwives, nursing managers, nursing educators, social workers, pharmacists, paediatricians, obstetricians, matrons and superintendents have all laboured together to raise up the service to the level at which it operates today.

Research
Within MHaPP and the Department of Psychiatry and Mental Health, the PMHP has made the most of a host of opportunities for capacity development and collaboration. This has seen the further development and refinement of existing research studies and the growth of new work for 2009 and beyond.

The research undertaken by the PMHP derives from the monitoring and evaluation of the service component. Moreover, this work aims to be directly relevant to future development of maternal mental health services at local and national level.

It was thrilling to receive 1st prize for our poster at the prestigious 2008 International Mental Health Conference held in London. The poster presented project findings under the title: “The Perinatal Mental Health Project (PMHP): a summative evaluation of a pilot implementation programme”.

Training
The training component of the Project has grown. There have been a number of requests for maternal mental health training coming from several agencies within South Africa and beyond our borders. Some of these have been accommodated in addition to original commit-
ments to ongoing training of medical and nursing staff locally. In 2009, the Project hopes to expand its training scope in response to demand, to reach health workers in the rural Eastern Cape, KwaZulu-Natal and possibly within several other sub-Saharan African countries.

Advocacy
The Project has consolidated its working relationships with a range of key stakeholders within the Department of Health (DoH). We hope these collaborations will see the development of maternal mental health services on a broader scale within the near future.

Other highlights
Other highlights included a trip to the World Health Organisation headquarters in Geneva to advise on the development of maternal mental health services for a pilot site in a low resource setting. Providing a presentation at a Paediatric AIDS conference in Rwanda saw the opportunity of linking with a range of health workers in countries throughout the continent.

In September, we celebrated having screened our 5000th woman. A lunch for over one hundred people was held at Mowbray Maternity at which the Hospital choir sang, clients’ stories were shared and speakers gave thanks.

A vision for 2009
The new year heralds several exciting projects as well as the maintenance of our core functions. These include:

• the development of a DVD for promotional and advocacy purposes
• the production of the 3rd edition of the “Maternal Mental Health Handbook”
• the employment of a Communications co-ordinator
• a trip to Toronto, Canada, to deliver two papers at the conference, “Expanding our Horizons: Moving Mental Health and Wellness Promotion into the Mainstream”
• the commencement of a validation study towards the development of a maternal mental health screening tool for the local setting
• the submission of several research papers currently in process, to peer-review journals
• the ongoing provision of a quality integrated mental health service at Mowbray Maternity Hospital

Should we procure extra funding, we would love to see 2009 as the launch year for the expansion of services to a second community-based site.

Acknowledgements
The Project would not exist without the generous support of it major donors, the Mary Slack and Daughters Foundation, the Wallace Global Fund and Cordaid. Our profound gratitude is extended to these philanthropic organisations who have reached out to support mothers in distress. Individual donors and Quaker Services Cape have also contributed meaningfully and we appreciate these donations.

Sally Field, the Project co-ordinator, continues to provide a solid foundation to the Project. Her unstinting dedication, unique talents and level-headedness have lead us each step of the way towards our aspirations of integrated mental health care for all pregnant women in South Africa.
Towards the end of 2007, the PMHP formalised a link with the Mental Health and Poverty Project (MHaPP) of the University of Cape Town’s (UCT) Department of Psychiatry and Mental Health. The PMHP Director, Simone Honikman, and co-ordinator, Sally Field moved offices to join the MHaPP team on the Rondebosch campus, shared with the School of Child and Adolescent Health.

The Mental Health and Poverty Project (MHaPP) is a multicentre international research project conducting mental health policy and service research in South Africa, Ghana, Zambia and Uganda. The project is directed by Prof Alan Flisher and coordinated by Dr Crick Lund, and is based at UCT. Collaborating partners include the University of Leeds and the World Health Organisation. The purpose is to develop, implement and evaluate mental health policy in poor countries, in order to provide new knowledge regarding comprehensive multi-sectoral approaches to breaking the negative cycle of poverty and mental health. Further information regarding MHaPP can be found on their homepage www.psychiatry.uct.ac.za/mhapp

At the beginning of 2008, a fulltime clinical psychologist, Bronwyn Evans, was employed as a Mental Health Officer, to take on the counselling and site management functions at MMH. Refer to sections 5.2, 5.4 and 5.5 for details on how this development has impacted on the service.
4. Staff

The PMHP management team continues to operate with a core comprising of the director and co-ordinator.

4.1 Fulltime counsellor (Mental Health Officer)
Bronwyn Evan’s fulltime post has replaced the volunteers that previously were providing counselling. As an exception, Marie-Christine Cavallini has continued to volunteer her time to counsel French-speaking refugees.

4.2 Psychiatrists
Two volunteer psychiatrists have continued to provide assistance this year: Dr Stephanie Van Niekerk and Dr Sarah Howard. Dr Van Niekerk left the project at the end of 2008, The PMHP is grateful for the time and expertise she gave to clients. Dr Howard remains with the Project and Dr Tereza Whittaker rejoins the service after maternity leave.

4.3 Ad hoc staff
Yolisa Mtshizana (Masters in Public Health candidate) and Zuhayr Kafaar (research psychologist) have been employed on an ad hoc basis to assist with research. Maria Stacey (clinical psychologist) has provided expertise with fundraising as well as weekly clinical supervision to the counsellor.

4.4 Additional staff
The PMHP will be joined by a new part-time member of the team at the UCT office. The post of communications co-ordinator has been advertised and it is envisaged that the new person will be responsible for fund-raising, liaison and administrative tasks. This will be an initial 6 month contract.
4.5 Support at MMH
Senior management staff at MMH continue to be invested in the service development within the hospital. Professor Sue Fawcus, head of Obstetrics for Mowbray Maternity Hospital, continues to offer fundamental support and guidance to the PMHP, and reinforces a vital link with relevant structures within the Department of Health (DoH). Dr Philly Mabusela, the hospital Senior Medical Superintendent, has played an important role in clarifying the nature of the service within DoH structures. The nursing managers and social workers at the MMH work supportively with the PMHP counsellor.

4.6 Staff capacity development
PMHP staff have taken advantage of numerous opportunities to upgrade and enhance skills through attendance of courses, seminars and workshops

- “How to survive in an academic environment” a research skills workshop presented by Dr Marc Schukett
- MHaPP workshop on writing skills development for reports and journal articles.
- A MMH workshop “Recognition and treatment of drug and alcohol dependence” presented by Dr Claudia De Clerc, a psychiatrist from Stikland Hospital.
- Training programme on lactation management with the breastfeeding consultants at MMH.
- School of Child and Adolescent Health: Introduction to Biostatistics course at UCT Medical School
- Training session in clinical use of the MINI (Mini International Psychiatric Interview) at the Department of Psychiatry and Mental Health
- Symposium on mindfulness and research by Prof Jon Kabat-Zinn
- Training in Excel
- Workshop arranged by the Cape Town Society for Psychoanalytic Psychotherapy on working with refugees during the period of the xenophobic attacks
- Tutorials in STATA statistical computer package and Reference Manager

In addition, staff attended many interesting and informative lectures hosted by the Department of Psychiatry and Mental Health, School of Public Health, the Department of Psychology and the Western Cape Infant Mental Health Group. Most relevant to the work of the PMHP were those by: Prof Astrid Berg, Dr Bavi Vythilingum, Dr John Parker, Dr John Joska, Dr Crick Lund, Prof Landon Myer and Prof Dan Stein.

4.7 PMHP team meetings
Two team meetings were held during 2008. These provided an opportunity for discussion and raising issues to enhance staff development and service delivery. Some of the issues discussed were: the importance of assessment and correct diagnosis, family and other support, the use of psychiatric medication in appropriate circumstances, and careful management of high risk patients.

At the second meeting, a published author, Rahla Xenopoulous, provided an eloquent and interesting account of her experience as someone who lives with bipolar disorder while mothering triplets.
5. Service provision

“Celebration 5000” was held in September 2008 to celebrate passing the milestone of screening 5000 women since the start of the PMHP. A festive lunch was held at Mowbray Maternity Hospital (MMH) to which about 140 guests were invited. Speakers at the occasion served to remind of the psychological distress that so many women suffer during pregnancy. The PMHP team and hospital senior management expressed appreciation to all who have provided and continue to provide input, support and service to the Project.

The PMHP was part of an MMH presentation to the Premier’s office for a Premier’s Service Excellence Award. Mowbray Maternity Hospital was awarded the gold prize.

5.1 Screening

By the end of 2008, 5967 women had been offered antenatal screening by the service at MMH. Of these, 94% took up the offer of screening.

The graph below provides a summary of information regarding screening over the 6 years of the Project’s operations.

The number of women booking (coming to attend the health facility for the first time in pregnancy) at MMH in 2008 increased significantly. Despite an increased work-load, the nursing staff have managed to increase the numbers of screenings offered.

The screening rate for 2008 was 84% compared to 77% in 2007. The rate for 2008 is the highest average annual coverage that the service has had since inception.
The table below depicts the patterns of women’s service utilisation for 2008. Aside from a reduced rate of declining referrals, usage patterns are consistent with those for 2007.

### Table 1: Service utilisation for 2008

<table>
<thead>
<tr>
<th>Service Utilisation</th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women offered screening</td>
<td>1434</td>
<td>1035</td>
</tr>
<tr>
<td>Women who decline screening/</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>(Women offered screening)</td>
<td>(153)</td>
<td></td>
</tr>
<tr>
<td>Women who qualify for referral/</td>
<td>33%</td>
<td>33%</td>
</tr>
<tr>
<td>(Total number screened)</td>
<td>(417)</td>
<td></td>
</tr>
<tr>
<td>Women who declined referral/</td>
<td>35%</td>
<td>44%</td>
</tr>
<tr>
<td>Women who qualify for referral</td>
<td>(148)</td>
<td></td>
</tr>
<tr>
<td>Women who were referred/</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td>(Total number screened)</td>
<td>(282)</td>
<td></td>
</tr>
<tr>
<td>Women who saw a counsellor/</td>
<td>18%</td>
<td>17%</td>
</tr>
<tr>
<td>(Total number screened)</td>
<td>(234)</td>
<td></td>
</tr>
</tbody>
</table>

### 5.2 Counselling

By the end of 2008, a total of 894 women had received counselling through the PMHP.

- A total of 234 women received counselling during 2008, compared to 159 in 2007. *This is a 47% increase.*
- On average, this year the counsellors held 43 counselling sessions per month. This figure is *double* that of the previous year.
- The number of sessions defaulted\(^2\) is slightly higher than the 2007 average. However, the ratio of defaulted appointments to attendance of appointments has improved. This could be attributed to having one full-time dedicated counsellor on site.
- The Mental Health Officer has been able to improve on systems of screening, referral and follow-up, and has also managed a more flexible arrangement with appointments. This has enabled many more women to access the service.

![Graph 2: Counselling patterns over 6 years](image)

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\(^2\) DNAs is "Do Not Arrives" i.e. women who do not attend appointments made for them.
Tables 2, 3 and 4 provide a summary of the counselling information for 2008.

- The presenting problem categories remain similar over the 2007/2008 time span.
- One notable exception is that of the psychiatric history category. Despite many more clients presenting with a psychiatric history, there have not been increased numbers of referrals to the psychiatrists. This could be attributed to the counsellor, as a clinical psychologist, being able to make clinical diagnoses, but also being able to manage the majority of presenting psychiatric conditions without intervention from the psychiatrists. Previously, our team of volunteer counsellors did not all have this background or expertise as some were experienced lay counsellors.
- The number of referrals to other organisations has tripled during 2008. A network of specialist organisations is being used to supplement the service provided by the PMHP. Examples of these are: the Women’s Legal Centre, Mosaic, The Refugee Centre, mothers2mothers.
- The number of appointments for postnatal visits has increased four-fold, indicating a vastly improved system for follow-up.

<table>
<thead>
<tr>
<th>Table 2: Attendance for counselling in 2008</th>
<th>TOTAL 2008</th>
<th>TOTAL 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. new clients</td>
<td>234</td>
<td>159</td>
</tr>
<tr>
<td>Total no. sessions attended</td>
<td>516</td>
<td>240</td>
</tr>
<tr>
<td>Average no. sessions/client</td>
<td>2.2</td>
<td>1.5</td>
</tr>
<tr>
<td>No. referrals to psychiatrist</td>
<td>28</td>
<td>23</td>
</tr>
<tr>
<td>No. of referrals to other organisations</td>
<td>67</td>
<td>24</td>
</tr>
<tr>
<td>No. postnatal appointments</td>
<td>90</td>
<td>25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 3: Counsellled client information</th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average age</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>Average EPDS³ score</td>
<td>15.3</td>
<td>16</td>
</tr>
<tr>
<td>Average RFA⁴ score</td>
<td>3.4</td>
<td>3.7</td>
</tr>
<tr>
<td>Average gestation at screening [weeks]</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>Average no. of pregnancies</td>
<td>1.6</td>
<td>1.8</td>
</tr>
<tr>
<td>Average no. of children</td>
<td>0.5</td>
<td>0.5</td>
</tr>
</tbody>
</table>

³ The Edinburgh Postnatal Depression Scale (EPDS) is an international mental health screening tool validated for use in South Africa. It is self-administered and used to evaluate symptoms of depression and anxiety. The questionnaire is scored by midwives, who refer all those with a score of ≥ 13 (an international standard cut-off) to the counsellor.

⁴ The Risk Factor Assessment (RFA) is an 11 yes-no item self-administered questionnaire. The tool was developed by the PMHP team from reference to international and local literature. It assesses risk for distress. A score of 3 or more qualifies for referral to the counsellor. Women may be referred on the basis of a positive score on the EPDS or the RFA.
Despite many more women being seen by a counsellor, the number of women who were referred for an appointment to a psychiatrist has only increased slightly. The number of sessions attended remains consistent with figures for 2007. Despite attempts to decrease the defaulting of appointments, there have been slightly more appointments defaulted this year.

### Table 4: Counselling client presenting problems

<table>
<thead>
<tr>
<th>Presenting Problems Categories</th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>A – Primary support</td>
<td>63%</td>
<td>74%</td>
</tr>
<tr>
<td>B – Social environment</td>
<td>17%</td>
<td>27%</td>
</tr>
<tr>
<td>C – Health / medical</td>
<td>20%</td>
<td>17%</td>
</tr>
<tr>
<td>D – Lifestyle transition</td>
<td>37%</td>
<td>39%</td>
</tr>
<tr>
<td>E – Psychiatric history</td>
<td>48%</td>
<td>18%</td>
</tr>
<tr>
<td>Included in 2 or more categories</td>
<td>66%</td>
<td>55%</td>
</tr>
</tbody>
</table>

### 5.3 Psychiatry

Despite many more women being seen by a counsellor, the number of women who were referred for an appointment to a psychiatrist has only increased slightly. The number of sessions attended remains consistent with figures for 2007. Despite attempts to decrease the defaulting of appointments, there have been slightly more appointments defaulted this year.
Tables 5 to 8 provide a summary of the psychiatric information for 2007 and 2008.

- There were 13 new clients seen in 2008.
- This represents 1% of the total number of women screened, and 5.5% of those who have seen one of the counsellors. During 2007 those who saw a psychiatrist represented 1.4% of women who were screened and 8.8% of those who were counselled.
- In 2008, three times more women continued with psychiatric care postnatally within the Project, compared to figures for 2007.

### Table 5: Attendance for psychiatry

<table>
<thead>
<tr>
<th></th>
<th>TOTAL 2008</th>
<th>TOTAL 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. new clients</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>Total no. sessions attended</td>
<td>28</td>
<td>35</td>
</tr>
<tr>
<td>Average no. sessions/client</td>
<td>2.2</td>
<td>2.5</td>
</tr>
<tr>
<td>No. of clients seen postnatally</td>
<td>12</td>
<td>4</td>
</tr>
</tbody>
</table>

### Table 6: Psychiatric client information

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average age</td>
<td>24.6</td>
<td>28</td>
</tr>
<tr>
<td>Average EPDS score</td>
<td>18.3</td>
<td>17</td>
</tr>
<tr>
<td>Average RFA score</td>
<td>3.5</td>
<td>4.2</td>
</tr>
<tr>
<td>Average gestation at screening [weeks]</td>
<td>21.5</td>
<td>26</td>
</tr>
<tr>
<td>Average no. of pregnancies</td>
<td>2</td>
<td>2.4</td>
</tr>
<tr>
<td>Average no. of children</td>
<td>0.5</td>
<td>1.1</td>
</tr>
</tbody>
</table>

### Table 7: Risk factors for psychiatric client

<table>
<thead>
<tr>
<th>Risk Factor categories</th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past / current abuse</td>
<td>31%</td>
<td>36%</td>
</tr>
<tr>
<td>Previous psychiatric history</td>
<td>31%</td>
<td>43%</td>
</tr>
<tr>
<td>Unsupportive family</td>
<td>38%</td>
<td>43%</td>
</tr>
<tr>
<td>Unsupportive partner</td>
<td>54%</td>
<td>50%</td>
</tr>
</tbody>
</table>

### Table 8: Psychiatry diagnostic categories

<table>
<thead>
<tr>
<th>Presenting diagnostic categories</th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Depressive Episode</td>
<td>77%</td>
<td>86%</td>
</tr>
<tr>
<td>Post Traumatic Stress Disorder</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Generalised Anxiety Disorder</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Features of anxiety</td>
<td>46%</td>
<td></td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>8%</td>
<td>14%</td>
</tr>
<tr>
<td>Adjustment Disorder</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>More than one diagnosis</td>
<td>31%</td>
<td>21%</td>
</tr>
<tr>
<td>Medicated</td>
<td>77%</td>
<td>64%</td>
</tr>
</tbody>
</table>
5.4 Postnatal care

Providing postnatal care for women in the public sector is notoriously difficult. For several logistic reasons, women find it difficult to attend health facilities for their own wellbeing after the birth of their babies.

At the PMHP, the telephonic system of postnatal follow-up for all clients who received antenatal counselling has been improved. The counsellor contacts these clients 4 to 6 weeks postnatally. A postnatal follow-up session is arranged if necessary. Uptake for these postnatal follow-up appointments has increased dramatically.

- There were 4 times more postnatal counselling visits in 2008 compared to 2007
- There were 3 times more postnatal psychiatric visits in 2008 compared to 2007

5.5 MMH site management

As is reflected above, the appointment of the Mental Health Officer has led to dramatic service improvements. There has been increased screening, more women attending counselling and for a greater number of sessions.

The Mental Health Officer has played an important role in

- liaison with management and staff at the hospital
- management and establishment of screening and referral at the outpatients department (OPD) low-risk clinic when antenatal clinic sites were moved within the hospital
- being mindful of the morale and concerns of staff regarding their work
- support and supervision of staff in the vital role that they play in the functioning of the PMHP service.

“I don’t no what is wrong with me. I’m bad my memory is very poor on Mon I’m lost money in taxi, on yesterday I’m lost my jacket I don’t no what must I do these dayz maybe this virus work in my mind and I’m suffering I’m always think about my future and my children” (October 2008)

“I’m finish my application 2day. I want 2 say thanks 4 everything u did 4 me. (God) bless u & u must continue 2 help other people, they were suffering just like me.” (December 2008)

These text messages were received from Pumza who was distressed during her pregnancy and postnatally. While pregnant, she was screened by the PMHP, referred for counselling and attended several sessions with the counsellor. She was also seen by a psychiatrist and medicated for depression. She has a 6 year old son, and while pregnant with her daughter, was abandoned by the father of the baby. She learned she is HIV positive during her pregnancy. After the baby was born, she lost her job. Her employer would not allow her to take time off work when the baby was sick.

Pumza struggled financially, receiving no support from the baby’s father. Feeling desperate about this, she sent a text message to the counsellor with feelings of wanting to kill herself or her baby, and feeling hopeless about her future. Due to her financial position, she couldn’t afford transport costs to attend counselling sessions at the hospital, but was contacted and counselled telephonically for a number of sessions. She was referred to the community clinic in her area for ongoing psychiatric care and to a community project for assistance with food and Child Care Grants.

Pumza has remained in contact with the counsellor, and called to share her good news that her baby is HIV negative. Although there are still many challenges for her, Pumza feels that she has been cared for, supported and provided with assistance.

Names have been changed.
6. Research

The PMHP is engaged with several research projects. Publication of this research should support advocacy initiatives; enable the efficient and effective rollout of the service to other sites and stimulate the generation of further research in developing country settings.

6.1 MHaPP intervention

The MHaPP is currently developing its research intervention phase. Maternal mental health has been integrated into a District Demonstration Project (DDP) in Hlabisa, rural Kwazulu-Natal. The Africa Centre, a research and health provision centre in the area, hosted the MHaPP lead partners and the PMHP management team to discuss the proposed intervention. The meetings were productive, providing the basis for further discussion and partnership. The PMHP assisted with the development of the maternal mental health component of the DDP proposal. The protocol will look at screening and referral for common mental health disorders in primary health facilities. The PMPH will provide training support to health workers involved in this intervention.

Towards the end of 2008, the PMHP participated in a week-long MHaPP consortium meeting where all partners outlined their progress on the research to date, and the way forward for the intervention phase in each country. Capacity building needs for the research was also discussed. The intervention areas for research are:

- Policy and legislation planning
- Information systems
- District demonstration project

6.2 Service research

Based on ongoing data collection and analysis, the following research papers are in progress and need to be completed for publication:

- A summative evaluation of the PMHP
- The Risk Factor Analysis and the development of a brief alternative screening tool
- Screening for Psychiatric disorders in pregnancy – a South African perspective
- Maternal distress and utilisation patterns of the PMHP
- Post-natal follow-up evaluation of the PMHP

6.3 Validation study

The PMHP is currently in the preparation phase of a validation study of a short mental health screening tool for use in primary maternity settings. Research will investigate the influence of HIV / AIDS on maternal mental health and the implications that HIV testing has on the timing of a screen for mental health. The project will be conducted with the collaboration of Dr John Joska of the UCT Department of Psychiatry and Mental Health and with Zuhayr Kafaar of the University of Stellenbosch Department of Psychology.

6.4 Conference papers

Two presentations have been accepted for the conference “Expanding our Horizons: Moving Mental Health and Wellness Promotion into the Mainstream” in Toronto in March 2009. The titles are:

1. “The secret history method : Training maternity staff for mental health promotion in Cape Town”.
2. “Maternal antenatal distress : risk factors and service utilisation in a South African setting”.

Dr Honikman will represent the Project at this forum. She has also been invited to chair a session at the conference and provide recommendations to the Commission of Canada towards the development of a mental health promotion strategy.

6.5 Poster award
The PMHP won 1st prize at the 2008 International Mental Health Conference held in London. The poster presented project findings under the title: "The Perinatal Mental Health Project [PMHP]: a summative evaluation of a pilot implementation programme”.

6.6 Maternal Infant Mental Health Consortium
A small group of academics and practitioners in maternal and infant mental health in the broader Cape Town area have recently established an informal consortium. The main objectives and final membership of this group are yet to be finalised. It is proposed that the group function as a forum for the sharing of experiences and ideas, for the development of collaborations on research projects, and in order to play a role in advocacy.

6.7 Research consultation
The PMHP has consulted with a series of prominent international and local academics in a wide range of disciplines: Prof Andy Dawes, Prof Alan Flisher, Ms Anik Gevers, Dr Ritz Kakumo, Ms Sharon Kleinjies, Prof Julian Leff, Dr Crick Lund, Prof Landon Myer, Prof Susan Pawlby, Prof Martin Prince, Prof Atif Rahman, Prof Joan Raphael Leff, Mr Rauf Sayed, Prof Syd Shapiro, Ms Sarah Skeen, Prof Dan Stein, Prof Lesley Swartz, Prof Mark Tomlinson and Dr Bavi Vythilingum.

6.8 Research collaboration
A visiting anthropology student from Case Western University, USA, Sarah Rubin, is interested in pursuing her PhD on maternal mental health culture and poverty in collaboration with the PMHP. She aims to use PMHP service sites for her research. We remain in contact with her as her proposal progresses.

We have also met with a potential PhD student, John Yako, who approached the PMHP to establish links with a view to potential collaboration.
7. Training

Training remains one of the four core functions on the PMHP.

7.1 Nursing staff training at the service site, MMH
Ongoing motivation and training in screening and referral have been provided for the nursing staff at Mowbray Maternity Hospital. The Mental Health Officer has met regularly with nursing staff to discuss matters pertaining to the service, including training around appropriate referrals, adolescent pregnancy and xenophobia. In particular, work with staff has involved the support of the team’s morale. These discussions lead to the initiation of pampering activities for staff such as foot massage and manicure. This was extremely well-received and has led to increased levels of commitment to the PMHP’s service ideals.

7.2 Perinatal Update
The PMHP continues to facilitate regular maternal mental health workshops for all grades of nursing staff within the Peninsula Maternal and Neonatal Service (PMNS). These form part of the Perinatal Update educational programme run at Mowbray Maternity Hospital.
7.3 Medical students
The PMHP provides didactic and interactive training in maternal mental health to each rotation of Obstetrics and Gynaecology fourth-year UCT medical students.

7.4 School of Child and Adolescent Health
The Child Health Unit of the School of Child and Adolescent Health is offering a distance-learning Masters degree in Maternal and Child Health. The candidates come from all over Africa. The course convenors are incorporating maternal mental health into the curriculum for the first time. The PMHP provided the current cohort of candidates a morning seminar and it has been requested that this be developed into a semester-long elective module.

7.5 PMHP Handbook
The third edition of the PMHP Handbook is still in development. Two parenting experts, Angela Hutchison and Megan Faure have provided expertise and input. A cartoonist, Dr Anthony Smith, will be assisting with illustrating the manual with his humorous cartoons.

7.6 Support for Midwife Obstetric Units (MOUs)
The PMHP has provided support to the five community-based MOUs linked to the MMH. Four of these MOUs have elected to use the short screening tool developed by the PMHP, despite having low staffing resources. An audit of the screening was undertaken. Staff identified the following needs:
- training in management of substance abuse
- validation of the short screening tool, the research that is being implemented by the PMHP; and
- the need for a dedicated, onsite counsellor to whom staff may refer women after mental health screening

7.7 Mental health sisters training
The Community Mental Health Team has invited the PMHP, and Prof Astrid Berg, a child psychiatrist, to develop pilot training for mental health nursing sisters. A six-session training course will run early in 2009 and include practical exercises.
8. Outreach and advocacy

Outreach and advocacy was an active component of the work of the PMHP during 2008. This took several diverse forms.

8.1 Policy brief
In collaboration with Dr Cathi Draper and the MHaPP team, the PMHP developed a policy brief, “Integrating mental health into maternal care in South Africa”. This was one of a package of six briefs developed to be presented to key representatives in government. The document has relevance for other stakeholders including funders, community-based organisations, and non-governmental organisations.

8.2 Presentations
Presentations on maternal mental health and the work of the PMHP were made to:

- Mental Health Review Board of the Western Cape
- MHaPP and MHAG (Mental Health Advisory Group)
- Worcester Hospital (Departments of Obstetrics and Gynaecology and Psychiatry)
- Dr Honikman was interviewed by Bush Radio.

8.3 Raising the profile of mental health
On world Mental Health Day, 10 October 2008, the PMHP and MHaPP presented posters, pamphlets and contributed to discussions at the Lentegeur Hospital stakeholders’ meeting and in the Parliament buildings.

8.4 WHO meeting in Geneva
Dr Honikman was invited to attend a WHO meeting “Maternal Mental Health and Child Health and Development” in Geneva in an advisory capacity. The objective of the meeting was to plan for the development of a maternal and child mental health demonstration project in a low-resource setting.

8.5 Rwanda
Dr Honikman was invited to attend a Paediatric AIDS Treatment for Africa (PATA) conference in Kigali, Rwanda, and gave an oral presentation, “Mental health considerations for mothers and caregivers of HIV positive children”. Several opportunities have arisen for developing collaborative relationships with other African partners for training and service development.

8.6 Liaison with Department of Health
There has been ongoing contact with representatives in the Department of Health towards the wider integration of maternal mental health services into the public health sector. Further details are outlined in section 9.2.

8.7 UCT Summer School
Dr Honikman and Sheila Faure, a former counsellor with the PMHP, presented a lecture entitled “Aliens and Alienation” to Summer School. The presentation included very poignant histories of some of the women who have been helped by the PMHP and the various social and cultural issues that inform the mothers’ stories.
8.8 Adolescents and maternal mental health
Presentations on the special needs of pregnant teenagers and their mental health were given to:
- Perinatal Audit meeting at MMH.
- Adolescence seminar at the Child and Family Unit, Red Cross Children’s Hospital

8.9 MOUSE meetings
MMH hosts monthly Midwife Obstetric Unit Support Executive (MOUSE) meetings for the 5 MOUs within its clinical jurisdiction. These meetings provide an opportunity for all MOU managers and MMH executive staff to interface over a range of operational matters. The PMHP uses this forum to discuss and obtain feedback on maternal mental health matters in the various sites. These matters include training of staff, screening, referrals, etc.

8.10 Better Births Initiative
The PMHP continues to be present and make contributions at the Better Births Initiative meetings held at MMH.

8.11 Linking with complementary interest groups
The PMHP has maintained links with:
- Venecia Barries from the Parent Centre, about common concerns of vulnerable adolescent mothers
- Prof Astrid Berg of the Infant Mental Health Project, Mdlezane Centre, Khayelitsha, regarding postnatal work with depressed and anxious mothers
- Prof Lou-Marie Kruger, a psychologist involved in maternal mental health work in a rural environment at Kylemore Clinic outside Stellenbosch
- The Postnatal Support Association of South Africa (PNDSA)
9. Future Developments

The Department of Health (DOH) is acknowledging the crucial role mental health plays within the general health services environment and in particular, in the field of maternal health. Several discussions are in evolution regarding how best to integrate mental health services for mothers and infants within the package of routine care. The PMHP is playing a key advisory and supportive role in this regard.

9.1 Expansion of the PMHP

The PMHP is ready to develop a second service site. Ideally, this would be situated in a community within one of the impoverished areas on the outskirts of Cape Town with whom the Project has had training and support contact over the years. Providing a service in such a setting would constitute a pilot of a community-based low resource model. This may then be evaluated with a view toward wider future roll out in collaboration with the DoH.

9.2 Expansion with Provincial Government support

The PMHP continues to work in close collaboration with several offices within the Provincial DoH. These include the head clinicians in adolescent psychiatry, obstetrics and gynaecology, the sub-directorates of Mental Health and Substance Abuse and Maternal and Women’s Health as well as the Communications Office and the District Health Directorate, and indirectly, the head of health for the Western Cape, Professor Househam.
10. Funding and finances

The PMHP is a self-funding project operating under the MHaPP umbrella. The Project has consolidated relationships with existing funders and developed a comprehensive strategy to procure additional financial support. The latter will take place within the structures of the University of Cape Town’s funding and development policies and guidelines in 2009.

The following pie graphs summarise the income and expenditure for 2008.

**Graph 4: Income for 2008 – R900,000**

- Wallace Global Fund: 80%
- Mary Slack and Daughters Foundation: 10%
- Rollover of funds: 8%
- Individual donors: 2%

**Graph 5: Expenditure for 2008 – R650,000**

- Service delivery: 61%
- Research: 15%
- Training, dissemination & advocacy: 8%
- UCT levies: 12%

The tables below indicate PMHP income and expenses for 2008 and funding secured for 2009.

**Table 9: Income and expenses 2008**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Total Income 2008</td>
<td>R898 622</td>
</tr>
<tr>
<td>Total Expenses 2008</td>
<td>R650 025</td>
</tr>
<tr>
<td>Funds available end 2008</td>
<td>R248 597</td>
</tr>
</tbody>
</table>

**Table 10: Funding secured 2009**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rollover from 2008</td>
<td>R248 597</td>
</tr>
<tr>
<td>Mary Slack (General Funding)</td>
<td>US $ 100 000 @ 1:10</td>
</tr>
<tr>
<td>Cordaid (Research Funding)</td>
<td>Euro 15 000 @ 1:13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>R 1 445 709</strong></td>
</tr>
</tbody>
</table>

The PMHP has been extremely fortunate to have been given generous funds by the Mary Slack & Daughters Foundation. They have pledged financial assistance over a three year period. This will enable the Project to continue with its core functions: service provision at MMH, research, training and advocacy during 2009. For 2010, a projected 62% of core functions will be funded by the third tranche ($100 000) from the Mary Slack & Daughters Foundation.
Cordaid, a Dutch development agency, has provided funding for the preparation phase of a validation study. Details on this research can be found in section 6.3. Additional funding (R1.5 million) still needs to be secured for the data collection and analysis phases.

Furthermore, additional funding is required for the following additional projects in 2009:
- Maintaining second service site for 1 year R700,000
- Capital and set-up cost for second site R325,000
- Development of a DVD R55,000
- Production of a training manual R35,000

### 11. Conclusion

The PMHP’s service at MMH has continued to screen, to provide counselling and psychiatric care for women in distress during their pregnancies and postnatally. Our training research work continues and we have raised awareness of perinatal mental health through numerous outreach activities.

The process of expansion of the PMHP to other MOUs remains a longer term goal toward which substantial steps are being taken. This report reflects the steady progress and achievements of the PMHP.

Current funding has enabled the maintenance of core functions and expansion of the staff team. The relationship with the Mental Health and Poverty Project brings new outreach and research possibilities.

The vision remains focussed. The PMHP continues to work towards the integration of maternal mental health into routine maternal care so that all pregnant women in South Africa may have access to this fundamental aspect of healthcare.
Reproduction of paintings by kind permission of the Cape Town artist, Lesley Charnock, www.lesleycharnock.com

The PMHP wishes to thank the artists, Lesley Charnock and Terry Kurgan, for their generosity in allowing the use of their beautiful work in this document.

Note: None of the photographs used in this document are of service users.