



Modifying service design to optimise uptake and efficiency in South Africa

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In South Africa, there is a high prevalence of common perinatal mental health conditions. The PMHP has provided a comprehensive, collaborative, stepped-care, mental health service integrated within in a primary maternity healthcare facility in Hanover Park, Cape Town for 10 years. Pregnant women undergo mental health screening and are provided with on-site counselling, case-management and follow up care¹.

The service design was refined in 2020 in order to optimise efficiency and uptake.

Original service design (OS)

- Occasional waiting room talks
- Universal screening (as many antenatal women as possible)
- Screen positive women to onsite counselling (triage to high vs low risk)

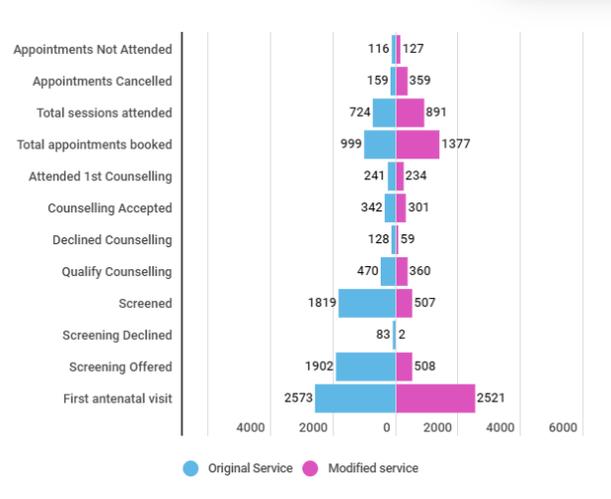


Modified service design (MS)

- Daily waiting room engagement **Promote, Prevention, Prepare (PPP)** – discussion of mental health matters and the ‘support service’
- Initial ultra short 3-item screen **ONLY** to **target groups**: teens, domestic violence, HIV, midwives’ concern
- **Engage Assess Triage (EAT)** session with repeat screen and risk factor assessment
- Low risk women to junior counsellor
- High risk women to senior counsellor

Any differences in uptake and efficiency between the two models?
Compare monitoring and evaluation data for 12 months of original service, with 12 months of new service.

Number of women at each stage of care pathway



Two-proportion Z tests: for each variable in the service flow, **all proportions were significantly different for the two service models** at $p < 0.05$, except there was no significant difference for appointments not attended.

- In the modified service,
- although fewer women and a smaller proportion of women were offered screening at first antenatal visit, there were higher proportions of women who accepted and who attended first counselling sessions
 - although, of counselling sessions scheduled, there was a smaller proportion attended, there was a greater absolute number of sessions conducted.

In the new service, a higher proportion of women were recruited and retained compared to the original service, yielding efficiencies in a high burden, low resources setting.