Screening for Common Perinatal Mental Disorders in South Africa

Policy Briefing and Advocacy Outcomes

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Caring for Mothers. Caring for the Future.

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Background

Common perinatal mental disorders (CPMDs), like depression and anxiety, directly impact 16-20% of women in low- and middle-income countries, and 21-39% of South African mothers.*

CPMDs result in increased risk of significant, intergenerational, wide-reaching effects on the health of both women and their children.*

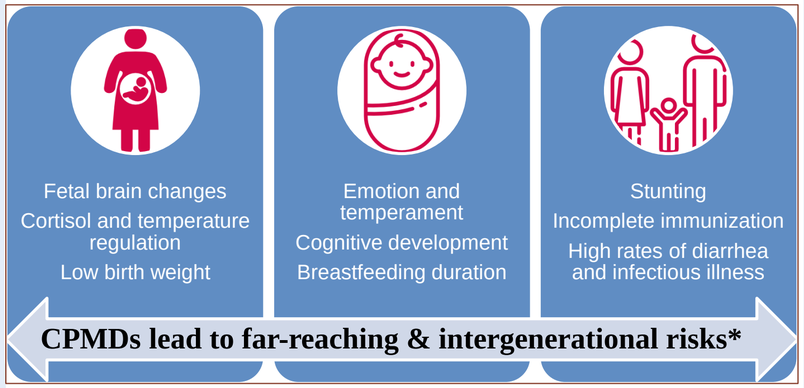
The short- and long-term impacts of CPMDs are magnified during the perinatal period.*

CPMD screening represents a critical entry point to care, including through increased health care contact and an opportunity for CPMD prevention, detection, treatment, and education. However, debate continues about the feasibility and impacts of introducing screening.

Screening for CPMDs in antenatal settings is a critical step to detect depression, anxiety and suicidal behavior.

South African health policy emphasizes the importance of both maternal and mental health, but includes no recommendations for CPMD screening.*

While varying guidelines around CPMD screening exist globally, mounting evidence shows it can be an important feature of an integrated approach to antenatal care in South Africa.



Objectives

The policy briefing was developed to:

Convince senior health officials and stakeholders to generate pragmatic and evidence-based policy, guidelines, and standard operating procedures for maternal mental health screening that are consistent with achieving South Africa's policy goals.

Support and inform a meeting of the National Committee for Confidential Enquiries into Maternal Deaths (November 2017), one of the two high-level committees impacting maternal health policy and planning for the country.

Demonstrate the effectiveness of the CPMD screening tool, developed and validated locally, and its potential for use in South African primary maternal care settings.

Contribute to the international conversation about the role of CPMD screening in maternal health policy.

The Argument for CPMD Screening

High Acceptability Among Women & Care Providers

Perinatal women across geographic and health settings welcome mental health screening and believe it should be a part of primary care.*

Health workers (including non-specialized caregivers) accept mental health screening tools, and have the ability and capacity to administer them.*

Screening must be accompanied by appropriate training, supervision, and support.

Feasibility Through Task Shifting & Care Integration

Implementation research conducted in South Africa shows that CPMD screening can be integrated into primary antenatal care settings.*

Women with positive screening results can be triaged and treated using a stepped care approach and task shifting to non-specialized caregivers.*

Cost Effectiveness

CPMDs have significant financial costs, including direct care costs, lost maternal and family productivity, and child development impacts.

Mounting evidence suggests that treatment for CPMDs in South Africa will have a positive financial return on investment.*

Improving Health Outcomes

Integrated systems of screening, diagnosis, and treatment, including with non-specialized health workers, result in positive maternal and child outcomes in low-income settings.*

Regardless of treatment follow-up, the offering of screening, in and of itself, may improve health outcomes.*

Alignment with South African Maternal Health Policy*

Introducing CPMD screening in maternal health guidelines aligns with the goals of South African maternal and national health policies.

Developing clear standard procedures will help ensure implementation of CPMD screening.

CPMD Screening Tool

Perinatal Mental Health Project (PMHP) developed a locally validated and tested ultra-short CPMD screening tool that can be administered by non-specialist care providers in the antenatal primary care setting. Psychometric analysis was conducted based on item-by-item and whole tool analysis of several commonly used screening questionnaires compared against the MINI in full diagnostic gold standard.*

This tool was described in the policy briefing for potential inclusion in South African CPMD screening guidelines.

Validated CPMD Screening Questions for Use in South African Settings

In the last 2 weeks, have you on some or on most days:

	Questions	YES	NO
1	Felt unable to stop worrying, or thinking too much?		
2	Felt down, depressed or hopeless?		
3	Had thoughts **and** plans to harm yourself or commit suicide?		

Score cut-points, test characteristics and referral rate:

Score cut-point	AUC	Sensitivity	Specificity	% correctly classified	% screened women referred
3/3	0.928	14.29	100	82.86	3.24
2/3	0.928	85.71	92.86	91.43	19.46
1/3	0.928	100	42.86	54.29	22.70

Outcomes and Conclusion

Policy briefing and arguments for CPMD screening were presented by Dr. Simone Honikman[2] at the National Committee for Confidential Enquiries into Maternal Deaths in South Africa.

Primary Advocacy Goal Achieved:

CPMD screening will be integrated into standard national maternity stationery, including the Maternal Case Record, and in the next edition of the National Maternity Care Guidelines (due in 2019).

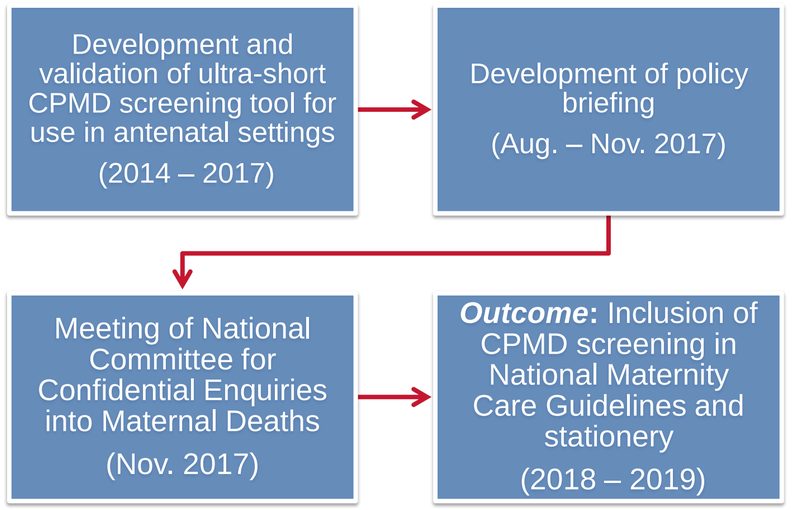
Remaining Concerns and Next Steps:

The committee expressed caution about the lack of resources for referral uptake and support for the health workers providing counselling.

PMHP will develop CPMD screening guidelines for inclusion in the Maternal Case Record and National Maternity Care Guidelines.

Policy briefing will be revamped for a wider audience to describe the argument for CPMD screening and policy change process.

Advocacy Process



References and Contributions

The policy briefing was developed in conjunction with PMHP at the University of Cape Town and underwent expert review by relevant stakeholders before being shared with the National Committee for Confidential Enquiries into Maternal Deaths.

*References available upon request.

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