About the PMHP

The Perinatal Mental Health Project (PMHP) is an independent initiative based at the University of Cape Town. It is located within the Alan J Flisher Centre for Public Mental Health, in the Department of Psychiatry and Mental Health. We are a non-profit entity and have been operating since 2002. We partner with the Departments of Health and Social Development.

We provide mental health services for pregnant and postnatal women, train those who work with mothers to enhance the holistic quality of their care, form partnerships to promote the scale-up of services and inform global interventions through robust research and advocacy. We support state agencies and partner with non-profit organisations to achieve health and social development objectives.

We envision mental health support for all mothers to promote their well-being, and that of their children and communities.

Our mission is to develop and advocate for accessible maternal mental health care that can be delivered effectively at scale in low resource settings.

All photos by @PMHP, @GraemeArendse, @BevMeldrum or @Fotolia commissioned or owned by the PMHP, with full permission by subjects. This document does not contain any photographs of PMHP clients.

All mentioned materials are freely available on our website.

www.pmhp.za.org
Contents

01 Message from the Director  pg 1
02 Clinical Services Programme  pg 5
Read Mara’s story on page 14
03 Training & Development Programme  pg 15
04 Research Programme  pg 21
05 Advocacy, Communications & Policy Programme  pg 27
06 Finances  pg 35
07 Acknowledgements  pg 39
08 Thank You  pg 41
2017 has been, mostly, a successful year for the PMHP with some major achievements. We have seen our strategic model realised in concrete terms in many of the arenas where we work: we identify key service gaps, conduct research, develop policy and support widespread implementation by others.

Thank You to our donors. The work we do would not be possible without your generosity!!
Your support helped thousands of women this year!!

The Good: new developments

• We have had opportunities through research and consultative partnerships to influence maternal mental health service development in South Africa and also in rural Ethiopia.
• Our advocacy activities have resulted in increased access to the prestigious and collaborative International Marcé Society for Perinatal Mental Health for colleagues from low and middle-income countries.
• We co-authored a position statement on perinatal mental health for the World Psychiatric Association.
• We contributed to a WHO mental health integration guide.
• We engaged in multi-media activities within South Africa on food insecurity and maternal mental health.
• We are in the process of co-developing an African Alliance for Maternal Mental Health.
The Good: ongoing work

- At our three service sites in maternity units, we continued to provide holistic, on-site mental health care to vulnerable pregnant and postnatal women.
- Our Training Programme has reached over 1000 individual care providers in health and social development.
- Our film of ‘Secret History’ empathic skills training was disseminated to master trainers within the Department of Health’s (DoH) national in-service training curriculum for maternity care providers, supplementing the Respectful Maternity Care module we developed for the programme last year.
- We augmented existing PMHP resources (our textbook, learning briefs etc.) and developed new resources (film, leaflet on domestic violence and a Wellness Booklet for mothers).
- We published five academic papers and submitted five others and a book chapter. Three more papers will be submitted in early 2018.
- We were invited to speak at several symposia and workshops.
- We were involved in national and international multimedia knowledge sharing and advocacy, including social media, op-ed pieces, radio and television.

The Good: a highlight
A highlight has been the recent agreement by the DoH’s National Committee for the Confidential Enquiries into Maternal Deaths to mandate mental health screening as part of routine maternity care, where referral resources are available. PMHP has been invited to write a new chapter for the National Guidelines: Maternity Care in South Africa, in which our validated, ultra-short screening tool will be incorporated. This represents a fitting example of the success of the PMHP strategic model.

The Sad: decline in funding
Significant funding constraints have required us to make several critical changes. There will be a shift away from providing direct services that do not allow full cost recovery. It is thus, with enormous regret that we have closed our Mowbray Maternity Hospital and False Bay Hospital service sites.
We have been motivating strongly for the DoH to absorb these services.

Several of our beloved staff have been retrenched, some of whom will be engaged on a consultancy basis, according to the specifications of particular income streams. While some income sources have been confirmed in the past few months, others are pending in early 2018 and still more will be sought throughout the year.

The way forward
We have reflected very seriously on the structure and sustainability of the PMHP. Over several months, we undertook a series of consultations with our board, with academic and DoH colleagues, with NGO partners, our donors and with strategic consultants.

We developed a range of potential scenarios for moving forward and spent much time fundraising. Our strategy is evolving towards becoming an organisation that is based on three core elements, all of which will be supplemented by resource development:

1. training and capacity building
2. advocacy and policy development
3. implementation research

In order to achieve universal access to mental health care for all mothers in the first 1000 days by 2030, the PMHP will continue to work to change and build the health and social development systems in the country and beyond.

With your help, we know this can be achieved.
Thank you for your support, Simone
2002 PMHP starts as a volunteer organisation at Mowbray Hospital

2004 Formal WHO commendation Teaching & Training programme starts

2008 Formally incorporated into the University of Cape Town

2005 Impumelelo Innovations Trust Award

2010
• USAID AIDSTAR One 'most promising practice' and innovative approach to HIV programming
• Founding partner of the Alan J Flisher Centre for Public Mental Health

2011
• Launched two new service sites: Hanover Park and False Bay Hospital
• Screening tool development project launched at Hanover Park MOU

2013 Selected as one of 13 mental health case studies for presentation by WHO Director to World Innovation Summit for Health (WISH)

2014 Director, Dr. Simone Honikman, awarded Ashoka Fellowship

2015 Published Bettercare textbook Maternal Mental Health: A guide for health and social workers

2016
• Director, Dr. Simone Honikman, elected as the first African member to The Marcé Society for Perinatal Mental Health board
• Launch of the open access Resource Hub

2017 Pivot point

2018 We are here

Supporting others to take service to scale

Enabling uptake from policy to practice

Embedding interventions into ordinary business

Informing service quality, reach and uptake (Capacity Building)

System Strengthening

Sharing and translating knowledge (Research)

Maternal Mental Health Care for all
2017 was another full year for the clinical team working with mothers at our three sites.

Due to insufficient funding and needing to close two service sites in January 2018, we decided to stop screening from October so that we had adequate time to complete work with current clients and to enable a careful process of ending with clients.

This was challenging for the counselling team who had to support clients through this difficult transition.
2.1 Activities and Outputs

At False Bay Hospital (FBH) this year, frequent staff changes in the antenatal clinic was a challenging factor for our counsellor. Relationship building, getting buy-in and collaboration around mental health work takes time, and starting afresh with new staff every couple of months was difficult.

On the positive side, Antoinette noticed that patients were more accepting of the PMHP service - over the years it has become more widely known to women attending the clinic, due to previous attendance there or through family members.

The maternity staff support group continued under a new facilitator. Kate Squire-Howe ably led the group for two years, and we are grateful that Delphine Oliver from The Coaching Centre’s Ubuntu Coaching Foundation took up this position in August 2017. The maternity staff also took the opportunity to work together through the peer group learning process provided by our book, Maternal Mental Health: a guide for health and social workers, published by Bettercare.

“A much needed service, sharing the emotional load with the midwives and having ongoing follow up with the patient.”

Sr Nosipho Mondi, False Bay Hospital
Liesl has again been struck by the high levels of interpersonal trauma and distress amongst the clients she sees at Hanover Park Midwife Obstetric Unit (HP MOU). Poverty is also a challenge that can make a counsellor feel helpless. Despite this, Liesl gets feedback that the support, comfort and non-judgmental containment that she gives her clients makes an enormous difference to them.

Liesl has felt more and more at home within this community, and enjoys good relationships with the staff at the Community Health Centre and with community members.

Through the screening, we are able to identify vulnerable and at risk women and girls who would not have previously been picked up.

Sharmaine Miller, Hanover Park MOU Health Promoter

At Liesbeck Midwife Obstetric Unit, Mowbray Maternity Hospital (LMOU), Charlotte again noted the increasing number of students from various learning institutions who needed counselling. For many, this is their first pregnancy and for some, the first time they learn of their positive HIV status, which adds extra challenges to an unintended pregnancy. Positive trends noticed in 2017 include: improved attendance by women referred to the psychiatry clinic, the increased use of the service as a referral source by doctors from the secondary level clinic in the hospital, and the increase in women returning for counselling postnatally.

You opened my heart to something deeper which is perinatal mental health when you told me: ‘don’t fight the smoke rather work on the fire’.

Nurse Conradie, Enrolled Nursing Assistant
2.2 Outputs
In 2017, 686 clients were counselled with an average of 4 sessions per client across all three service sites. Of the clients seen, 53% were Black, 43% “Coloured” and 4% White. 20% of the clients were from African countries other than South Africa.

The table below summarises the clinical service outputs for 2017

<table>
<thead>
<tr>
<th>Indicator</th>
<th>LMOU</th>
<th>FBH</th>
<th>HP MOU</th>
<th>Total all 3 sites</th>
</tr>
</thead>
<tbody>
<tr>
<td># women booked</td>
<td>1097</td>
<td>1220</td>
<td>2188</td>
<td>4505</td>
</tr>
<tr>
<td># women screened</td>
<td>824</td>
<td>750</td>
<td>1306</td>
<td>2880</td>
</tr>
<tr>
<td>Screening coverage (Target: 80% per site)</td>
<td>75%</td>
<td>61%</td>
<td>60%</td>
<td>64%</td>
</tr>
<tr>
<td>% qualifying for referral</td>
<td>30%</td>
<td>43%</td>
<td>27%</td>
<td>32%</td>
</tr>
<tr>
<td># women counselled (Target: 200 women per site)</td>
<td>224</td>
<td>259</td>
<td>203</td>
<td>686</td>
</tr>
<tr>
<td># sessions per client (Target: 2 sessions per client)</td>
<td>5.4</td>
<td>2.8</td>
<td>4.1</td>
<td>4.0</td>
</tr>
<tr>
<td># women referred to Community Mental Health Team</td>
<td>n/a</td>
<td>2</td>
<td>18</td>
<td>20</td>
</tr>
<tr>
<td># women seen by PMHP psychiatrist</td>
<td>13</td>
<td>n/a</td>
<td>n/a</td>
<td>13</td>
</tr>
</tbody>
</table>

*LMOU is a primary care antenatal clinic situated within Mowbray Maternity Hospital, a secondary obstetric facility. There is no Community Mental Health Team operating at this site. However, a psychiatrist provides fortnightly clinics for the PMHP at LMOU. **At False Bay Hospital and Hanover Park MOU, women are referred to the mental health team of the hospital, or Community Health Centre, respectively.

The low screening coverage is a result of not providing routine screening at any of the service sites from October 2017. Despite this, we managed to reach our target number of women counselled at each site, and doubled our target number of sessions per client.
2.3 Outcomes
Presenting problems
Most of the 686 women counselled during this period reported more than one presenting problem. The most frequently reported problem was a lack of support from a partner, family or friends. This was reported by 63% of counselled clients. Other problems reported included: difficulties with a lifestyle transition (62%), previous or current mental health problems (58%), social or economic difficulties (46%) and physical health problems (32%).

Postnatal assessment
The PMHP conducts routine follow-up assessments with counselled clients 6-12 weeks post-delivery. This session is a comprehensive, structured assessment of the following factors:
- self-reported problem resolution
- perceptions of their birth experience
- self-reported bonding with their infant
- symptoms of depression
- symptoms of anxiety
- general perceptions of current life experience
- perceptions of the PMHP experience

At the postnatal follow-up session, women were asked about how they perceived their life experience around the time of booking. 86% of the women reported experiencing a negative view of life around that time, while only 2% of women still felt negative about their life experience 6-12 weeks after delivery.

Across the 3 service sites, positive outcomes were shown for mothers’ bonding with their infants and breastfeeding. Problem resolution was reported as ‘much improved’ or ‘resolved’ for 44% of problems related to a lack of support by someone significant, and over 60% for health, lifestyle transition and psychiatric conditions. Social environment difficulties proved to be the most challenging to resolve, with 34% of these problems showing improvement.
There were statistically significant improvements in depressive symptoms at all sites after the counselling intervention.

Further details on our clinical services outcomes can be found in the latest Clinical Services outcomes report.

2.4 Professional Development
The clinical team participated in various continuous learning activities during 2017. In addition to regular lectures and seminars offered through UCT’s Department of Psychiatry and Mental Health, special professional development opportunities included: A Sensitive Midwifery workshop on “Maternity language and birthplace sensitivity for women who have been raped”, a Women’s Mental Health Symposium offered by UCT Department of Psychiatry, a workshop on dealing with resistant adolescents at FAMSA, and The 5th South African Addiction Medicine Society Symposium “Navigating The Waves: The Peaks And Troughs of Addiction”.
2.5 Outlook 2018

We are dismayed that two of our service sites - at Mowbray Maternity Hospital and False Bay Hospital - closed on 23 January 2018 due to lack of funding. Funding has been secured for the service at Hanover Park MOU to continue with Liesl managing the service there, over the next three years. We are grateful to the Discovery Fund and the Anglo American Chairman’s Fund Trust for this support.

We are consoled for the loss of our direct service offerings by the firmly established trajectory of PMHP. Although more indirectly, the other three PMHP programmes will positively impact the mental health of many more vulnerable mothers.

Having the mental health counsellor at HP MOU means our patients get help. When we identify patients’ problems we can immediately send them to be assessed and because they are already at the MOU they are willing to see the counsellor.

They don’t need to travel far causing them to end up not speaking to someone. Our patients also sometimes don’t want to open up to the nurses and we don’t always have time to sit and speak to the patients as we have so many other patients to see.

After seeing the counsellor we can immediately see a change in most patients and most of them continue to see the counsellor.

Sr Moses, Midwife, HP MOU
Liesl Hermanus talking about her work in Hanover Park with Cape Town TV
Mara’s story: “I wanted to die”

“Why did I drink that stuff? Because I didn’t know what to do, I wanted to die. My boyfriend and I broke up before I knew I was pregnant, and when I told my mother about the baby, she said I should abort as she didn’t have the money to support me. When I refused, she kicked me out and I had to stay with a cousin, but that wasn’t easy. I tried, I got a casual job, but when I came to the clinic they told me I am HIV positive. It felt like the end of my world – I felt broken, ashamed, I couldn’t believe it. How could I bring a child into the world without a father, in this mess?”

Liesl, our Hanover Park counsellor, gathered the broken bits of Mara’s story. She held them in the space between them over the counselling sessions that followed. She listened to Mara’s feelings spill out and they named them together. Some of her thoughts and assumptions needed to be looked at carefully and some needed to be gently challenged. It was hard to find the positive in her situation, but once the pressure of her unprocessed feelings was off Mara’s mind, she was able to see some different ways of looking at things; some options, some hope. Mara was able to be reassured around some aspects of her HIV diagnosis. Her emotional state had prevented her from getting useful information that could help her to feel better and more empowered. She was helped to think about contacting an aunt with whom she had a good relationship. This enabled Mara to reconnect with her mother, and the three of them were able to sit together and think about how to manage caring for the baby when he was born.

Mara started feeling more hopeful as she had more support and a plan in place. After the birth, her mood improved and allowed her to start bonding with her baby and to work better at her job. Where she had feared losing her position, she was now recommended for a promotion. She was able to buy some items for her baby, and her pride in herself as a mother grew. When Mara’s baby was two months old, she came back to see Liesl. She was very happy to report that her baby was HIV negative. She was feeling guilty, though, about going back to work and leaving him with her cousin. Liesl helped her to think about how she could help her baby adjust to the new carer, continue expressing breast milk for him, and continue growing their bond in the time she spent with him.

*This client story reflects common scenarios or sets of circumstances faced by many of our clients. Pseudonyms are used and some details are changed.
2017 was another successful year in Training and Development at the PMHP. We achieved double our target numbers for providing ongoing training workshops to a wide range of health and social workers (see table on page 19).

This year we were able to honour our commitment to ensuring that at least 40% of Midwife Obstetric Unit (MOU) staff at the PMHP service sites received training in maternal mental health and empathic engagement.

We also developed new integrated evaluation models for our empathic engagement workshops.
Estimates in this diagram refer to indirect (online and train-the-trainer) as well as direct exposure to PMHP training.

Social workers
One social worker reaches about 1500 mothers and their children annually

Tertiary institutions
One student reaches about 150 women and their children annually

NGOs
Each community worker reaches about 300 women and their children annually

Online learning
Each participant will reach out to an average of 150 women and their children annually

Health care providers
One health professional reaches about 3000 women and their children annually

= 10,000 women with two children per woman (conservative estimate)
3.1 Activities and Outputs
Training in maternal mental health is now embedded into a number of UCT and Stellenbosch University (SU) academic courses. These include under-graduate medical and nursing students, as well as several post graduate and masters courses. PMHP were also able to provide in-service training to over 500 health care professionals of all cadre working across the Cape Town metro.

Nyamekela4Care (N4C)
N4C is PMHP’s innovation for integrating staff training, empathic skills practice, case sharing and self-care into providers’ routine team meetings. This year, we refined the manual to align more closely with the First Thousand Days initiative. We also developed a “Launch and Sustain” component to ensure organisational uptake of the intervention.

New NGO partnerships
In addition, we trained staff at new NGOs namely: Medécins Sans Frontières (Doctors Without Borders) Khayelitsha and St John, through The Health Foundation.

Our peer-learning Bettercare book
We continue to promote PMHP’s Bettercare Maternal Mental Health book which forms the basis of all PMHP training to social workers. It was also provided to healthcare providers receiving training in maternal mental health and empathic engagement. In addition, completion of the book is now a formal requirement for all SU Faculty of Health Science midwifery training (basic and advanced) courses. During the course of the year, we updated the book and added sections on obstetric violence, labour care for mothers who have been raped, infant mental health and substance and alcohol abuse.
Ongoing NGO partnerships
In 2017, we trained facilitators from Philani Maternal and Child Health and Nutrition Project in Khayelitsha and social workers from Ithemba Lobomi in George, to deliver the N4C package of support to their networks of community outreach workers. For Ithemba Lobomi, we also continued to provide distance-based coaching for the maternal mental health service through regular Skype sessions with their service co-ordinator social worker.

Ongoing partnerships with Department of Health (DoH) and Department of Social Development (DSD)
We developed an N4C training package for DoH Community Based Service managers and coordinators in maternal mental health and empathic engagement skills which will be delivered across the metro in March 2018.

PMHP were again contracted by DSD to provide training to social workers in both the metro and rural areas. Trainings offered in Worcester and Beaufort West were exceptionally well received, where the participant numbers far exceeded our contractual obligation.

Social workers practicing active listening skills during an empathic engagement training session
## Direct training outputs for 2017

<table>
<thead>
<tr>
<th>Training category</th>
<th>Target</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Service Training (maternal mental health)</strong> (Sessions = 20)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midwives in secondary maternity hospital (Mowbray Maternity)</td>
<td></td>
<td>232</td>
</tr>
<tr>
<td>Midwife Obstetric Units (mainly nurses)</td>
<td></td>
<td>94</td>
</tr>
<tr>
<td>NGO staff (mainly community workers)</td>
<td></td>
<td>66</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>250</strong></td>
<td><strong>392</strong></td>
</tr>
<tr>
<td><strong>Academic course work</strong> (Sessions = 10)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M Phil (Maternal and Child Health) &amp; School of Public Health</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>4th Year medical students</td>
<td></td>
<td>148</td>
</tr>
<tr>
<td>Advanced psychiatric nurses</td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>Advanced child care nurses</td>
<td></td>
<td>33</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>150</strong></td>
<td><strong>225</strong></td>
</tr>
<tr>
<td><strong>Training workshops in empathic engagement skills</strong> (Sessions = 13)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social workers</td>
<td></td>
<td>84</td>
</tr>
<tr>
<td>Health care workers (NQF levels 5 &amp; 8)</td>
<td></td>
<td>42</td>
</tr>
<tr>
<td>NGO workers (all cadres)</td>
<td></td>
<td>56</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>182</strong></td>
</tr>
<tr>
<td><strong>Updates, congress and other workshop sessions</strong> (Sessions = 4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL people trained by the PMHP</strong></td>
<td><strong>500</strong></td>
<td><strong>1026</strong></td>
</tr>
</tbody>
</table>
In 2017, PMHP Training and Development committed to ensure ongoing training in the PMHP service sites in order to ensure that at least 40% of all staff were trained in maternal mental health. This was achieved through our regular participation in in-service training platforms. In addition, through a generous donor, we were able to provide False Bay Hospital with PMHP’s Maternal Mental Health books published by Bettercare and supported them to run their own group maternal mental health training sessions according to the Bettercare model.

“It was absolutely amazing. So many things opened my eyes, for example, ‘the door-handle sign’. We don’t really see the big picture with our patients.”

Sr Michelle Bakkes, midwife at False Bay Hospital on the work with the Maternal Mental Health Bettercare book

3.2 Going Forward

At the end of the year, we applied for several DoH short-term contracts as well as a three-year tender to train various cadres of health care worker in maternal mental health, empathic engagement and staff support. We were awarded the short-term contracts and await the outcome of the larger tender.

Given the necessary transition in our business model, we will no longer employ Roseanne Turner, our marvellous trainer and development officer, on a contract basis. Rather, as paid training contracts are granted, we will use the services of Roseanne and other trainers on a consultancy basis.
During 2017, the Research Programme, under our new Research Officer, Dr Zulfa Abrahams, has consolidated current research projects and developed our strategic approach.

The outputs for this programme have exceeded our targets.

We started to explore Food Insecurity.

Maternal depression and anxiety

Food insecurity

Understanding the vicious cycle and finding ways to break it

Hanover Park: where we locate much of our service and research work
4.1 Activities and Outputs

Hanover Park study

We continued to analyse and explore the rich dataset we previously collected at Hanover Park Midwife Obstetric Unit. A publication on the association between food insecurity and maternal depression has been accepted for publication early in 2018.

We anticipate that this formative data will be the basis of the development of an intervention study. For this, a draft protocol has been developed and funding applications have been submitted. The ultimate vision is to create the evidence necessary to shift policy so that the Child Support Grant commences early in pregnancy as opposed to after the birth of the child.

Development of a short screening tool

We used the Hanover Park data to develop a brief mental health screening tool, which was used for a follow-up construct validation study. This study examined the question-response processes and interpretations of pregnant women who are first language English, Afrikaans and isiXhosa speakers. The findings allowed for refinement of the tool which consists of 3 yes/no questions, which can be used to identify women with symptoms of depression, anxiety and suicidal thoughts and plans.

The tool will be incorporated into the Adult Practical Approach to Care Kit’s updated version in 2018 and will be piloted through the Western Cape Department of Health Community Based Services and Midwife Units. It will be incorporated in the national Department of Health Maternity Care Guidelines chapter on maternal mental health to be developed in 2018.
Secret History training method

Three types of document were prepared for publication in 2017 to describe the PMHP ‘Secret History’ empathic training method: a description of the method’s development and conceptual framework (academic paper), a cultural adaptation and evaluation in Germany (academic paper), and a book chapter. All three are due for publication in 2018.

PMHP book: Maternal mental health

We analysed the data from the PMHP book study, assessing if the PMHP’s *Maternal Mental Health* book, published by Bettercare, is effective in improving the knowledge of and attitudes towards maternal mental health matters, of care providers in the health and social development sectors. We have developed a manuscript that will be submitted for publication in 2018.

The Programme for Improving Mental Healthcare (PRIME)

Through our cross-country work in the research consortium, we were able to contribute to maternal mental health components in several PRIME partner countries. In India, we developed a paper on perinatal depression prevalence and service uptake in a rural province. In Uganda, we informed the development of the intervention for mothers experiencing domestic violence and in Nepal, we consulted for the adaptation of a brief intervention to be tested within routine maternity care services.

Simone Honikman visited several of the Ethiopian rural maternity service sites and consulted with local stakeholders to inform the design of an brief mental health intervention for mothers who frequently also face extreme poverty and domestic violence.
4.2 Publications and presentations

Academic Publications

1. Prevalence and predictors of anxiety disorders amongst low-income pregnant women in urban South Africa: a cross-sectional study
   T v Heyningen, S Honikman, L Myer, MN Onah, S Field, M Tomlinson, Archives of Women’s Mental Health, DOI 10.1007/s00737-017-0768-z

2. Perinatal suicidal ideation and behaviour: psychiatry and adversity

3. Antenatal depressive symptoms and perinatal complications: a prospective study in rural Ethiopia

4. ‘First 1000 days’ health interventions in low- and middle-income countries: alignment of South African policies with high-quality evidence
   R English, N Peer, S Honikman, A Tugendhaft, K J Hofman, Global Health Action, 10:1, 1340396, DOI: 10.1080/16549716.2017.1340396

5. Antenatal depressive symptoms and utilisation of delivery and postnatal care: a prospective study in rural Ethiopia
Book chapter
6. Synthesising Global and Local Knowledge for the Development of Maternal Mental Health Care: Two Cases from South Africa

Non-academic publications
1. How hunger affects the mental health of mothers

2. Screening for common perinatal mental disorders in South Africa

Academic and Local Presentations
1. Symptoms of depression and anxiety in pregnant women from low socio-economic settings improve after counselling. Psychotherapy Symposium, UCT, Stellenbosch University, University of the Western Cape, Western Cape Health, Cape Town.

2. An overview of the PMHP maternal mental health service at Mowbray Maternity Hospital and outcomes from the last 2 years. Department of Obstetrics and Gynaecology, Mowbray Maternity Hospital, Cape Town.

4.3 Professional Development
Several staff members enjoyed the opportunities afforded by being situated within UCT, and attended academic lectures, seminars, short courses and conferences.

- Zulfa Abrahams attended a one-day qualitative research course called Introduction to NVivo11, as well as a three-day course on Evidence Informed Decision Making and Knowledge Translation.
- Rita Stockhowe and Sally Field attended a 3 day workshop on monitoring and evaluation. The workshop was offered by the Discovery Fund, one of our funders, and included useful input on developing Theory of Change processes for organisations.

4.4 Outlook 2018
In order to sustain the Research Programme, 2018 will be spent actively pursuing research funding towards an intervention study evaluating the effect of poverty alleviation measures and/or counselling on food insecurity and common mental illnesses in pregnant women. We will continue to network and develop relationships with other key stakeholders.

Simone Honikman will contribute to service design for the PRIME-Ethiopia project and will consult to the new (NIHR) funded Global Health Research Unit on Health System Strengthening in Sub-Saharan Africa, ASSET, which will include an intervention study, for perinatal women, based in Cape Town.
Globally, non-profit organisations are finding themselves facing the prospect of scaling down projects or even closing their organisations due to funding constrains. In 2017, the PMHP was not immune to this trend.

During the past year, a substantial amount of our time was dedicated to restructuring and finding new, creative ways to raise funds. This, in combination with reduced working hours by our communications officer, resulted in reduced production of outreach materials.

We also had to curtail our social media activities, resulting in a slight reduction of engagement rates on Twitter and Facebook. In our evaluation, we observed that there were fewer visitors to our website, but they surprisingly spent about the same amount of time browsing our pages compared to the previous year. See the graphic on the following page.
Strategic Communications in numbers
5.1 Activities

One of our main objectives in the Advocacy, Communications and Policy programme was to build momentum and gather support for state-provided maternal mental health services. To achieve this, we used our research evidence to participate in policy development and support the implementation of existing policies.

At the same time, we addressed the stigma surrounding maternal mental health and translated the knowledge we have gathered into user-friendly materials. Thus, we maintained and broadened our role as a resource and knowledge hub for integrated maternal mental health care.

As an advocate for integrated maternal mental health services, we consulted to, and are members of, several organisations, committees or key advocacy processes. Some of these are listed below:

Global

- Contributed to the WHO MhGAP Operations Manual (in development)
- Steering group member of the Global Alliance for Maternal Mental Health (GAMMH) in development
- Member of the Maternal Mental Health Day Task Force group
- Member of the African Alliance for Maternal Mental Health (AAMMH) (in development)
- Co-authored World Psychiatric Association ‘Perinatal mental health position statement’

South Africa

- Member of the Western Cape Government First 1000 days Community Based Services workgroup (2017)
- Member of the Parent, Infant and Child Health (PICH) Wellness workgroup.

World Maternal Mental Health Day campaign (WMMHday)

The third WMMHday was commemorated on 3rd May 2017. This year, even more organisations joined our efforts to raise awareness about maternal mental health through a collective social media campaign.
For the first time, we invited women from around the world to share their stories on our campaign blog and the responses were overwhelmingly positive.

Once again, we played a key role in the task team, supporting the online presence and evaluation process of the social media engagement during the campaign. With over 5000 individuals and organisations coming together by using the hashtag #maternalMHmatters, our engagement rate on Twitter almost tripled to 54 000 impressions (compared to nearly 20 000 in the previous year).

During the campaign period, the PMHP’s social media engagement rate increased to 10% on Twitter and 73% on Facebook, compared to the annual average of 4% and 40% respectively.

World Mental Health Day
Due to competing priorities, we decided to run a one-day event rather than a full month campaign to commemorate World Mental Health Day. Spearheaded by our umbrella body, the Alan J. Flischer Centre for Public Mental Health, we were part of the round table discussion at the Baxter Theatre, themed “Economy, Equality and Access to Mental Health Services”. The event exposed how mental ill-health is increasingly impacting on the country’s economy.

Our director, Dr Simone Honikman, together with our counsellor, Charlotte Mande Ilunga, talked about some of PMHP’s findings on food insecurity from our Hanover Park study data. They also discussed the potential mechanisms whereby poverty, food insecurity and mental-ill health could mutually reinforce one another. Charlotte brought these issues to life by sharing some stories from mothers making use of PMHP’s services.
A victory for maternal mental health

In November, the PMHP was invited to present to the National Committee for Confidential Enquiries into Maternal Deaths (NCCEMD) – one of the two high level committees impacting on maternal health policy and planning for the country.

Director, Dr Simone Honikman, presented seven years of research conducted by the PMHP on maternal mental health and developing and validating a three-item mental health screening tool for women during the perinatal period.

Drawing on current policy mandates, international and local evidence for acceptability, feasibility, costing and impact, as well as known service utilization patterns, PMHP made the argument for the integration of mental health screening into routine maternity care practice.

The presentation was well received and the committee decided to use the opportunity of the pending update of the Maternal Case Record (main maternity stationery booklet for each pregnant woman) to include a prompt for clinical staff to screen mothers for mental illness and indicate whether referral has been made.

The committee expressed caution about the lack of resources available for accepting referrals and the challenges of different cadres of care providers being tasked with provision of counselling or other psychosocial interventions.

A decision was made to invite the PMHP to write a chapter on mental health for the next edition of the National Maternity Care Guidelines.
It was noted that work on shifting the maternity care environment to be more respectful or empathic is a critical first step in the process towards mental health care provision for mothers.

Here, the PMHP’s work was acknowledged regarding the contribution to the national ESMOE (Essentials for the Management of Obstetric Emergencies) curriculum, which includes a module on respectful care and incorporates the project’s Secret History method and film.

The ESMOE leadership agreed to distribute the PMHP’s empathic engagement film (to be made in the first quarter of 2018), to form an additional element of the national ESMOE curriculum and PMHP will be asked to develop an attendant workshop for master trainers to supplement the film.

We are extremely grateful to the Truworths Social Involvement Trust for supporting the production of this film!

Filming has started for the empathic engagement film at Mowbray Maternity Hospital, Cape Town.
5.2 Knowledge translation materials and other outputs

Learning briefs
Nyamekela4Care
This learning brief describes PMHP’s on-site learning, support and sustainability package for care providers.

Leaflets
Violence against women
This leaflet is a guide for mothers and provides valuable information on where to go and who to contact if they need support.

Wellness Booklet for Mothers
This booklet is for mothers who are pregnant or who have had their babies. It may support their resilience, or keep them feeling well during this important time in their life.

Screening Advisory / Policy Briefing
Our policy briefing document aims 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 existing South African policy goals.

Newsletters
Our five newsletters in 2017 are enjoying a stable readership of around 1000 subscribers. We continue to engage directly with our readers to inform them about the PMHP’s work and new trends in the maternal mental health sector. You can sign up for our newsletter online.
Media
Print/online

- Prioritising the emotional well-being of mothers | IOL News | October 2017
- Sick link between hunger and mental health | Health-e News | October 2017
- How hunger affects the mental health of pregnant mothers | The Conversation | August 2017
- How social factors drive up suicide rates among pregnant women | The Conversation | January 2017

Radio

- The mental health of pregnant mothers in South Africa can be adversely affected due to food insecurity | Interview Simone Honikman by Tim Modise | 23 August 2017 | The Tim Modise Network
- How social factors drive up suicide rates among pregnant women | Morning Talk interview Simone Honikman by Rowena Baird | 01 February 2017 | SAFM Morning Talk
- How social factors drive up suicide rates among pregnant women | Power-zone interview Simone Honikman by Thabo Mdluli | 25 January 2017 | POWER FM987
- How social factors drive up suicide rates among pregnant women | Power-breakfast Interview Simone Honikman by Lawrence Tlhabane | 23 January 2017 | POWER FM987

TV

- Our City - interview with Liesl Hermanus | Cape Town TV | August 2017

Citations

Our research informed US policy advisory: Stepped Care for Maternal Mental Health: A Case Study of the Perinatal Mental Health Project in South Africa (2012) paper was cited in Global Health and the Future Role of the United States http://nap.edu/24737
Sustainable fundraising proved to be a challenge in 2017. Our revenue for the year was R 4 551 622, which was over a million more than the funds raised in 2016. This is in addition to R 979 801 in funds carried forward from grants that do not run on a calendar year basis.

A significant proportion of our funding is from Trusts and Foundations, some of which are multi-year grants and the funds are allocated across the budgets for 2017 and 2018. We are extremely grateful to donors and partners for their support in enabling us to carry out our programmatic objectives. Furthermore, almost a quarter of income in 2017 were bequests from estates of the deceased. We honour their legacies in our work, and are grateful to the trustees of the estates for supporting the PMHP.

Our income generation was on a par with 2016, but this is a revenue stream that we anticipate increasing substantially in the near future.
### 6.1 Current funders

<table>
<thead>
<tr>
<th>Funder</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ackerman Family Foundation</td>
<td>R 200 000</td>
</tr>
<tr>
<td>Anonymous Trust</td>
<td>R 300 000</td>
</tr>
<tr>
<td>Bequests</td>
<td>R 1 113 535</td>
</tr>
<tr>
<td>DG Murray Trust</td>
<td>R 770 000</td>
</tr>
<tr>
<td>Discovery Fund</td>
<td>R 500 000</td>
</tr>
<tr>
<td>Eric and Sheila Samson Foundation</td>
<td>R 100 000</td>
</tr>
<tr>
<td>Harry Crossley Foundation</td>
<td>R 600 000</td>
</tr>
<tr>
<td>HCI Foundation</td>
<td>R 50 000</td>
</tr>
<tr>
<td>Individual Donors</td>
<td>R 68 857</td>
</tr>
<tr>
<td>Kaplan Kushlick Educational Foundation</td>
<td>R 50 000</td>
</tr>
<tr>
<td>Rolf-Stephan Nussbaum Foundation</td>
<td>R 100 000</td>
</tr>
</tbody>
</table>

#### Income Generation

| Department of Social Development (Provision of clinical services and training) | R 488 042 |
| Research Consultancy                                                          | R 48 413  |
| Training Income (non DSD)                                                      | R 162 775 |

**Total income in 2017**

R 4 551 622
### 6.2 Expenditure

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration and Management</td>
<td>R 2 442 230</td>
</tr>
<tr>
<td>Clinical Services</td>
<td>R 2 219 908</td>
</tr>
<tr>
<td>Training</td>
<td>R 850 411</td>
</tr>
<tr>
<td>Research</td>
<td>R 1 038 624</td>
</tr>
<tr>
<td>Advocacy and Communications</td>
<td>R 553 091</td>
</tr>
<tr>
<td>Organisational Development</td>
<td>R 103 318</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>R 5 009 582</strong></td>
</tr>
</tbody>
</table>

*The difference between income and expenditure is accounted for by income allocated from 2016, carried forward to fulfil grant agreements.
6.3 Financial planning

Over the calendar year of 2017, the PMHP had a projected core operating budget of R 5 697 173. This was a fairly lean budget, but despite this, we needed to adjust our spending according to our income, and spent R 5 009 582. We reduced costs across all programmes.

The table below indicates our financial status moving into 2018.

**Financial summary for 2018**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed budget for 2018</td>
<td>R 4 357 118</td>
</tr>
<tr>
<td>Funds carried forward / pledged towards 2018 budget</td>
<td>R 2 696 841</td>
</tr>
<tr>
<td>Funds still to raise</td>
<td>R 1 660 277</td>
</tr>
<tr>
<td>Reserves as at 31 December 2017</td>
<td>R 696 874</td>
</tr>
</tbody>
</table>

We are extremely grateful to the Harry Crossley Foundation who provided us with a grant to transition into 2018. This will enable us to complete our strategic planning around sustainability, provide us with support as we generate funding proposals, and wait for outcomes on several proposals that have already been submitted. Several proposal outcomes were delayed by the funders, but we are hopeful that we will receive responses in the first quarter of 2018. The Discovery Fund has pledged a further three years of support towards our Hanover Park maternal mental health service.

The support from our donors and partners is invaluable and we will continue to renew our efforts at increasing our income from training and research consultancies.
Acknowledgments

We extend our grateful thanks to our board, partners and donors for their support during 2017

Board of Advisors
Dr Lane Benjamin
Prof Andrew Dawes
Mrs Samantha Hanslo
Mr Lawrence Helman
Prof Sharon Kleintjes
Prof Julian Leff
Dr Tsepo Motsohi
Prof Joan Raphael-Leff
Dr Tracey Naledi

Partners
University Of Cape Town (UCT)
Alan J Flisher Centre for Public Mental Health (CPMH)
PRogramme for Improving Mental Health CarE (PRIME)
AFrica Focus on Intervention
Research for Mental Health (AFFIRM)
Western Cape Provincial Department of Health (DoH)
Western Cape Provincial Department of Social Development (DSD)
Stellenbosch University
Funders - Donors

Your contributions help us to support mothers in times of hardship, empowering them to find the skills and identify the resources to care for themselves and their children.
Thank you
Thank you to our volunteers and interns

Rethabile Leanya
Rethabile, a social work graduate, volunteered her services every Monday between April to November. During her time with us she assisted with literature searches and reviews, and collected all the isiXhosa data in the construct validation study. More about Rethabile on our team page.

Mary Raddawi
During June and July we hosted a research intern, Mary, a medical student at Columbia University College of Physicians and Surgeons. She visited us for six weeks, during which time she assisted with updating the PMHP’s Bettercare Maternal Mental Health book by drafting a chapter on infant mental health and helped to develop a leaflet on domestic violence. More about Mary on our team page.

Anne Holbrook McKenna
Anne, a Master of Public Health student at Johns Hopkins University, USA, volunteered remotely with PMHP over several months. She synthesised evidence to develop a policy advisory to inform South Africa’s National Maternity Care Guidelines entitled “Screening for Common Perinatal Mental Disorders in South Africa: the need, the research, the tool, let’s do it.” More about Anne on our team page.

Delphine Oliver
Delphine’s volunteer work involves the facilitation of monthly support meetings for maternity staff. Kate Squire-Howe ably led the group for two years previously, and we are grateful that Delphine Oliver from The Coaching Centre’s Ubuntu Coaching Foundation took up this position in August 2017. The purpose of these meetings is to give the staff an opportunity to centre themselves and share difficult work experiences. The staff’s feedback of the sessions is that by sharing their stories with each other, they feel supported and more resilient in managing their stressful work load. More about Delphine on our team page.
Thank you to our former colleagues

It is with great sadness that we said goodbye to our two mental health counsellors, **Charlotte Mande Ilunga and Antoinette Devasahayam**, in January 2018. They were dedicated counsellors who added indispensable value to the maternity clinics in which they worked.

Antoinette joined our counselling team in 2011 and ran the maternal mental health service at False Bay Hospital with consistent dedication. She was always willing to go the extra mile for patients and staff, and her meticulous follow up of her clients was a feature of the service she offered.

Charlotte worked at Mowbray Maternity Hospital from 2010, initially to counsel the French and Lingala speaking women who attended. With time she took up the counselling of English speaking clients as well and by the time Charlotte left, she was well known in the hospital for her assistance with both foreign and local women. This ranged from defusing heightened emotional situations between patients and staff, to helping with translation, sharing mental health knowledge, and emotionally supporting maternity staff.

Antoinette and Charlotte will be sorely missed by those with whom they worked. We are deeply grateful to both of them for the wonderfully professional service they delivered, and we wish them well in their next endeavours.
Your donations can make an enormous difference!

For online donations and donations from countries other than South Africa, please visit our website:
www.pmhp.za.org/donate/

Local Banking Details
Bank: Standard Bank of South Africa Limited
Account Name: UCT Donations Account
Branch: Rondebosch
Branch Code: 09 50 02
Branch Address: Belmont Road, Rondebosch, 7700 Cape Town, Republic of South Africa
Account Number: 2387 152 07
Type of Account: Current
Swift address: SBZAZAJJ

Tax exemption: Section 18A(1)(a) of the Income Tax Act