Perinatal Mental Health Project

Caring for Mothers. Caring for the Future.

Outcomes report 2014-2015

Clinical Services

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1. Introduction

Governmental departments are responsible for public service provision at country-level. Increasingly, and particularly recently in South Africa, robust evidence of intervention outcomes is required to inform policy and implementation plans for this provision. In order for the Perinatal Mental Health Project (PMHP) to achieve its vision, we are thus committed to demonstrate that our model is effective and efficient. At the same time, we are involved in ongoing reflection on our work in order to refine the elements of our model. This document describes the outcomes data for the Clinical Services Programme from the beginning of 2014 to the end of September 2015.

2. Data collection: postnatal assessments

The vast majority (96%) of counselled clients complete their counselling during pregnancy. This occurs despite our offering services up to one year postpartum for those women who need it. We believe this is in part due to the enormous logistical barriers faced by mothers in attending for postnatal services, and in part due to the effectiveness of our antenatal counselling interventions.

The PMHP conducts routine follow-up assessments with counselled clients at 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, attachment with their infant, depression and anxiety symptoms, problems with functioning, general perceptions of current life experience and perceptions of the PMHP service. The PMHP acknowledges that the method of assessment may be influenced by bias. However, postnatal assessments are closely monitored and analysed to avoid bias as much as possible.

For those clients who were screened from the beginning of 2014 to the end of September 2015, postnatal assessment contacts were attempted for 475 counselled women for Liesbeek Midwife Obstetric Unit, Mowbray Maternity Hospital (LMOU), 295 for False Bay Hospital (FBH) and 285 at Hanover Park Midwife Obstetric Unit (HP MOU). According to the PMHP protocol, attempts for postnatal contact are to be made three times telephonically or face-to-face, after which, a client file will be closed. Not all counselled women could be contacted for their postnatal assessment due to their contact numbers being discontinued or invalid or their not replying to left messages after three attempts. Out of the successful postnatal assessment attempts, 96% women were assessed telephonically at LMOU (4% Face-to-Face), 98% at FBH (2% Face-to-face), and 89% at HP (11% Face-to-Face).

We are still strengthening our routine data capturing to ensure all important data are captured. To achieve this, we migrated to a mobile data capturing platform in 2015 to reduce the incidence of missing data to enable us have a more accurate report.

3. Prior to Perinatal Mental Health Project counselling intervention

The table below illustrates the most frequently reported primary presenting problems among clients at the first counselling session with the PMHP. These include poor primary support (unsupportive primary relationships, including but not limited to a lack of practical, financial or emotional support being provided by partners or close family members), lifecycle transition problems (for example, transitions related to adolescence, motherhood, marriage, bereavement or changes in responsibility or caregiving roles), and psychiatric disorders (for example, anxiety, depression, substance use disorder).

Table 1: Most common priority presenting problems

Presenting Problems	Reported by a sample of 475 clients at Liesbeek Midwife Obstetric Unit (LMOU)	Reported by a sample of 295 clients at False Bay Hospital (FBH)	Reported by a sample of 285 clients at Hanover Park Midwife Obstetric Unit (HP MOU)
Primary support	71%	60%	81%
Lifecycle transition	46%	47%	27%
Psychiatric condition	14%	34%	26%

Description of interventions

Counselling:

- is provided on an individual basis;
- is carried out face-to-face, and telephonically;
- combines elements of cognitive behaviour therapy (CBT), problem-solving therapy (PST), and interpersonal therapy (IPT), psycho-education (PE), birth preparedness and perinatal health knowledge transfer (BP)

Primary support problems - counsellors enable women to identify and strengthen existing resources and means of support, as well as negotiate difficult primary relationships, such as abusive interpersonal relationships.

Lifecycle transition – counsellors support women with bereavement, loss, the transition to motherhood or with issues related to motherhood, including problems related to unintended or teenage pregnancies.

Psychiatric condition – counsellors help women to identify emotional and practical resources in order to build resilience and engage more effectively with their condition and environment. They may be referred on for further psychiatric assessment or support.

4. After the PMHP intervention[1]

4.1 Problem resolution

At the postnatal assessment, the counsellors rate clients' self-reported degree of resolution of their initial, presenting problems. The rating for this is a five-option scale: 'much worse', 'worse', 'unchanged', 'much improved', 'resolved'. The table below represents the analysis for the proportion of clients whose presenting problems are 'much improved' and 'resolved'.

[1] Discrepancies in number of cases for each outcome assessed are due to missing information.

Table 2: Proportions of improvement in presenting problems - 'much improved' or 'resolved'*

	Percentage of clients (n=215) at LMOU	Percentage of clients (n= 156) at FBH	Percentage of clients (n=185) at HP MOU
Primary support	46%	30%	24%
Lifecycle transition	47%	35%	26%
Psychiatric condition	29%	28%	14%

*The figures of presenting problems are from the group of women who received postnatal assessments, and not from all women who received counselling.

4.2 Experiences of birth and attachment (bonding)

Impact on birth experiences generally falls beyond the scope of the services provided by PMHP. However, our counselling interventions have shown to have an increased positive association with improved coping and resilience amongst mothers who have had negative experiences during labour. Of the women who reported negative birth experiences, more than 74% reported positive and successful bonding with their infants at the postpartum follow-up assessment. The assessment data on bonding (attachment) is independent of birth experience and is summarised in the table below. All findings were statistically significant.

Table 3: Birth and parenting outcomes*

Positive postnatal outcomes	Percentage of clients (n=218) at LMOU	Percentage of clients (n=167) at FBH	Percentage of clients (n=163) at HP MOU
Positive experience of birth	58%	54%	60%
Bonding with the baby	96%	93%	98%

*The figures of presenting problems are from the group of women who received postnatal assessments, and not from all women who received counselling.

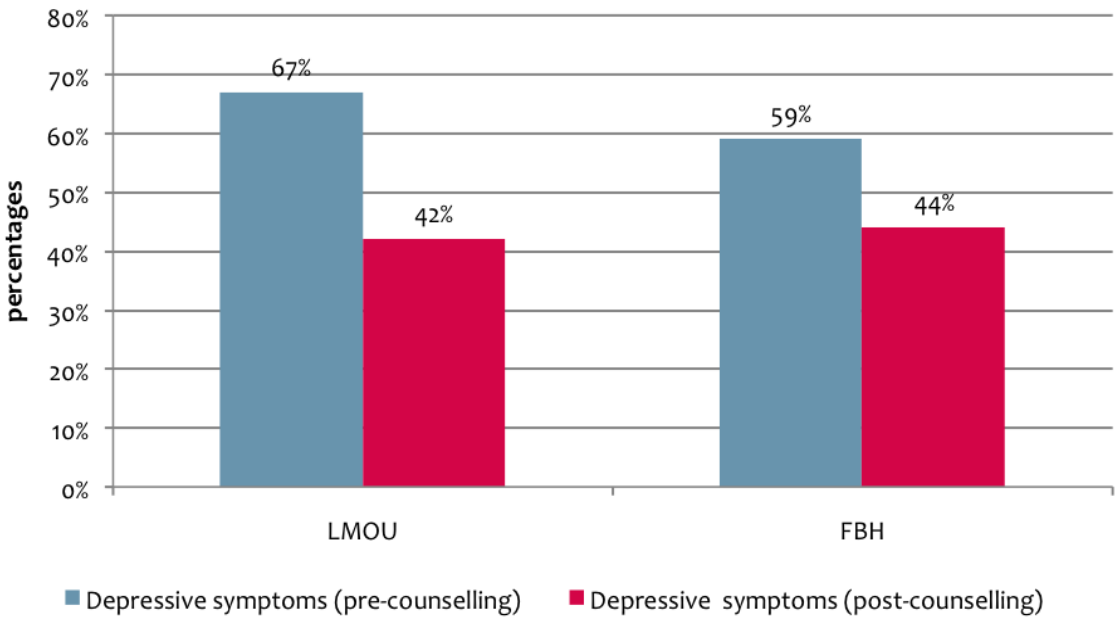
Breastfeeding as a proxy indicator for positive attachment also had a positive association with counselling during pregnancy. Across the three sites, of the women who had a negative birth experience, over half (60%) were breastfeeding. This finding was statistically significant.

4.3 Depressive symptoms

There were statistically significant improvements in depressive symptoms at all sites after the counselling intervention.

- For LMOU and FBH, depressive symptoms are assessed using a validated 3-item questionnaire. The items include reports of excessive crying, not looking forward to enjoying things, and thoughts of self-harm or suicide. Women that experienced any of these symptoms 'quite a lot' and 'most of the time' were considered to have depressive symptoms.

Figure 1: Reduction in percentage of clients reporting depressive symptoms



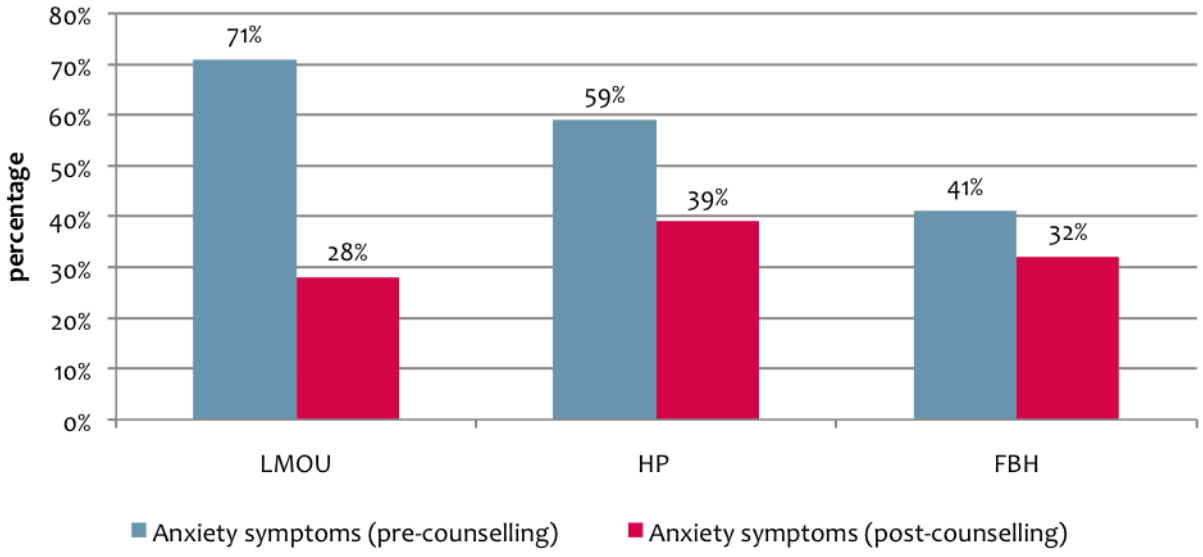
At LMOU, out of the 218 client records, 67% had depressive symptoms. This reduced to 42% after counselling at postnatal follow-up. At FBH, out of the 167 client records, 59% reported depressive symptoms. This reduced to 44% at postnatal follow-up.

- At HP MOU, a different, briefer depression screen is used which assesses for feelings of prolonged sadness and little interest or pleasure in doing things. Women that answered 'yes' to experiencing any of these symptoms were considered to have depressive symptoms. In total, out of the 185 client records, 60% had depressive symptoms at screening, which reduced to 53% at the postnatal follow-up. We believe that this tool does not sensitively measure depressive symptoms and will be investigating other tool options.

4.4 Anxiety

As part of the counselling services provided, anxiety symptoms were assessed and noted. Symptoms assessed included (1) nervousness and anxiousness and (2) persistent uncontrollable worrying. Women that experienced these symptoms between half of each day to all day long for either or both items, were considered to have anxiety symptoms ('anxiety symptom positive'). The figure below shows a decline in the number of women reporting anxiety symptoms after the counselling intervention. LMOU recorded the most significant percentage decline.

Figure 2: Reduction in percentage of clients reporting anxiety symptoms (pre and post intervention)

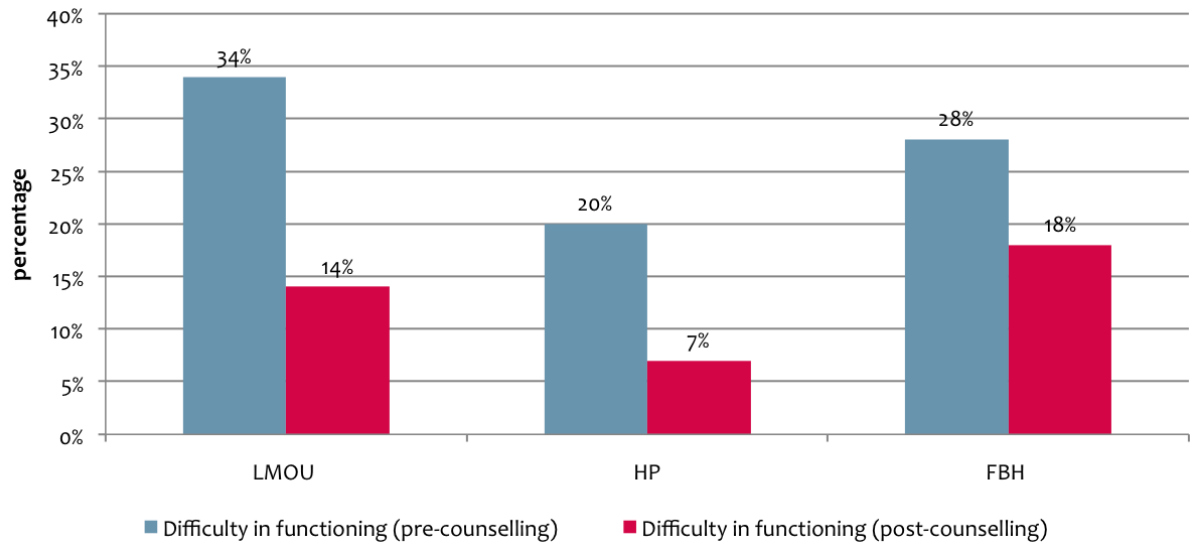


At LMOU, of the 218 client post-natal assessment records for anxiety symptoms, 71% were 'anxiety symptom positive', before the intervention. This reduced to 28% after the counselling intervention. At HP, 59% of 165 client records for anxiety symptoms were 'anxiety symptom positive' before the intervention. This reduced to 39% after intervention.At FBH, out of the 167 post-natal assessment records for anxiety symptoms, 41% were 'anxiety symptom positive' before counselling and 32% did so, afterwards. These measures were statistically significant at all sites.

4.5 Functioning

Functioning was assessed to understand clients' ability to function in three domains: performing household tasks, work and in social activities. This was assessed before and after the counselling intervention. Below is a graphical presentation of the impact of counselling on any difficulty in functioning reported by the women.

Figure 3: Decrease in percentage of clients reporting difficulty in functioning at home, work, or interpersonal relationships (pre and post intervention)



There were improvements in functioning at all sites. At LMOU, prior to intervention, client records show that 34% of women reported difficulties with performing household duties, work, or interpersonal relationships. This reduced to 14% after counselling intervention. At HP, 20% of client records reported difficulties with functioning before intervention and this reduced to 7% post intervention. At FBH, 28% of postnatal cases recorded difficulties with functioning prior to counselling compared to 18% after the intervention. These measures were not statistically significant.

4.6 Perceptions of general life experience

Of the 84% of women who perceived their life experience as negative before counselling at LMOU, 87% viewed it as positive after counselling. The same pattern could be seen at FBH, where of the 89% of clients expressing a negative view of their life experience before counselling, the same proportion had a positive view after counselling. At HP MOU, 59% women perceived their life as negative before counselling, while 63% perceived their life as positive after counselling. These findings were all statistically significant

4.7 Impressions of the PMHP service

A scale with positive, neutral and negative possible response options was used to assess mothers' impression of PMHP services. This identified that between 84% and 97% of women counselled at, LMOU and HP MOU and FBH report having a positive experience of PMHP's counselling service.

5. Number of sessions

Clients attended an average of 1 to 3 (and most commonly, 5) counselling sessions in LMOU, HP MOU and FBH. Less commonly, clients have had up to 16 sessions at LMOU and HP MOU, and 8 sessions at FBH.

6. Further/Future counselling after postnatal assessment

A small percentage (19% across the 3 sites) of clients required further counselling sessions after the postnatal assessment. Results show that for LMOU, 5% clients required and scheduled further counselling session after the postnatal assessment. The figure increased for HP (28%) and FBH (15%).

7. Conclusion

The 2014 / 2015 data strongly suggests in line with previous outcome reports that the PMHP service intervention can have positive outcomes for women and their children. The counselling, which focuses on containing clients' distress, empowering them and improving their assertiveness has a beneficial impact on depression and anxiety symptoms, coping, and parenting. The PMHP counselling intervention also recommends that mental health care may promote resilience and provide the necessary support to enable vulnerable women to identify resources and personal capabilities. We conclude that integrated maternal mental health care may act as a strategic intervention for capability formation and sustainable development.