



# Perinatal Mental Health Project

## MID-YEAR REPORT

January – June 2013



Alan J. Flisher Centre for  
Public Mental Health



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Alan J Flisher Centre for Public Mental Health  
Department of Psychiatry & Mental Health | University of Cape Town  
46 Sawkins Road | Building B | Rondebosch | 7700 | South Africa

☎ 021 689 8390 ✉ [info@pmhp.za.org](mailto:info@pmhp.za.org) PerinatalMentalHealthProject @PMHPatUCT

[www.pmhp.za.org](http://www.pmhp.za.org)

## Vision and Mission

The primary objective of the PMHP is to enable maternity services to provide integrated maternal health care for mothers. Thus the PMHP develops, evaluates and optimises interventions through service provision to 4,000 at-risk women and girls at 3 strategic obstetric facilities annually. The secondary objective is to prepare the environment and enhance scalability of maternal mental health services through 3 complementary programmes.

Our mission is to work in partnership with the Department of Health to equip the public health sector with the tools and skills necessary to provide appropriate, accessible and affordable maternal mental health services. Therefore the PMHP actively supports and enables state agencies to achieve health and social development objectives as well as address some of the challenges in meeting Millennium Development Goals 4, 5 and 6.

The PMHP is located as a partner of the Alan J Flisher Centre for Public Mental Health in the Department of Psychiatry and Mental Health, University of Cape Town.

### The PMHP is grateful to its donors:

- Mary Slack & Daughters Foundation
- Breadsticks Foundation
- DG Murray Trust
- Harry Crossley Foundation
- Discovery Fund
- The Rolf Nussbaum Foundation
- Mediclinic Southern Africa
- Stella & Paul Loewenstein Education Trust
- Medical Research Council
- Quaker Services Cape
- Welton Foundation

### The PMHP gratefully acknowledges on-going support from its partners:

- The University of Cape Town and Vice-Chancellor Dr Max Price
- Faculty of Health Sciences
- Department of Psychiatry and Mental Health
- Alan J Flisher Centre for Public Mental Health
- School of Child and Adolescent Health
- National Department of Health
- Western Cape Department of Health
- Mowbray Maternity Hospital
- False Bay Hospital
- Hanover Park Midwife Obstetric Unit
- Retreat Midwife Obstetric Unit
- Red Cross Children's Hospital

## Acronyms

<b>AFFIRM</b>	Africa Focus on Intervention Research for Mental Health
<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>CHC</b>	Community Health Centre
<b>CPMH</b>	Centre for Public Mental Health
<b>CSC</b>	Clinical Services Coordinator
<b>DOH</b>	Department of Health
<b>ECD</b>	Early childhood development
<b>HIV</b>	Human Immunodeficiency Virus
<b>M&amp;E</b>	Monitoring and Evaluation

<b>MMH</b>	Mowbray Maternity Hospital
<b>MOU</b>	Midwife Obstetric Unit
<b>MS<sup>2</sup></b>	Maternal Support Service Project
<b>NGO</b>	Non-governmental organisation
<b>PMHP</b>	Perinatal Mental Health Project
<b>PMNS</b>	Peninsula Maternal and Neonatal Service
<b>PMTCT</b>	Prevention of mother to child transmission of HIV
<b>PRIME</b>	Programme for Improving Mental Health Care
<b>UCT</b>	University of Cape Town

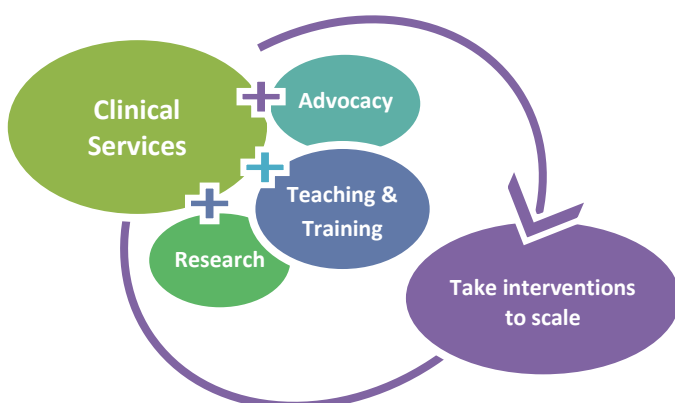
# INTRODUCTION

**In South Africa, nearly 40% of women living in poverty will experience a mental illness during pregnancy.** Maternal mental illnesses, particularly common mental disorders such as depression and anxiety, are very common in low-income and informal settings. While maternal mental illness affects 10% to 15% of women in developed countries, the prevalence is almost 40% in South Africa. Most of the women in South Africa who experience maternal mental illness are poor, from disadvantaged communities, and face many challenges in accessing health services and treatment.

The Perinatal Mental Health Project (PMHP) addresses mental illness among pregnant and postnatal women and girls. The PMHP envisions universal access to quality mental health care, routinely integrated into maternity services, for all women. This would bring benefits at all levels, from the individual and family to society as a whole. Strategically this means influencing systems of state healthcare delivery to:

- recognise the cost of poor mental health;
- appreciate the multiplier effect of maternal mental health care;
- and accept that well-evidenced preventative services are cost effective;
- provide maternal mental health care.

Operationally our work is divided into four programmes, however, these programmes are inter-connected and support each other towards our goal.



## Service Delivery

Our service delivery sites provide the means to test and cost models of maternal mental health care provision within the state system and within a diversity of communities. During the reporting

period, the PMHP's Clinical Services programme reached **4,843** women through:

- psycho-education
- screening
- counselling
- postnatal follow-up care, and
- referral to additional social support services.

## Teaching & Training

The Teaching and Training programme builds a critical mass of trained health care workers. This programme extends our reach beyond our immediate beneficiaries, and creates a long-term difference in the care experienced by pregnant women and mothers across numerous health care sites. We estimate that training participants serve 120,000 women and children each year. In the current reporting period, **491** health care providers and/or students received training in maternal mental health. The PMHP will thus exceed its target of reaching 500 participants in 2013.

## Research

Our research tests our model of maternal mental health care provision in order to improve services and provide evidence about effectiveness and efficiency. Through our research collaborations, we are part of an international discussion about how best to provide these services in a low-resource environment. The programme




- generates lessons from routine service monitoring and evaluation data
- conducts targeted research to refine components of the PMHP model
- engages in international research consortia evaluating implementation and scale-up of treatment programmes for mental disorders in low resource settings, and
- disseminates research findings via journal articles, conference presentations, and academic platforms.





## Advocacy

Our advocacy promotes the need, value and model of maternal mental health care to the public as well as policy and decision makers in the public healthcare system. In the current reporting period, we have partnered in public campaigns and consulted with policy makers on upstream interventions in the early childhood development sector as well as national and provincial mental health and maternal care policies.


# 10 KEY MEASURES OF SUCCESS

The PMHP's 10 key measures of success for 2013 are outlined below. The PMHP is on target to meet its objectives for the year.

Description of Activities	Progress	Indicators		
<b>1. Maternal mental health screening coverage, counselling uptake, retention in care, maternal well-being improved for pregnant women accessing antenatal care at 4 public obstetric sites.</b>	 On target	Screening coverage (averaged across 4 sites)	<b>80%</b>	Target: 80%
		# of women screened at 4 sites	<b>3,652</b>	Target: 4,800
		# of women counselled at 4 sites	<b>501</b>	Target: 600 (200 per site p/a)
		# of sessions provided at 4 sites	<b>1,406</b> (average of 3 sessions/client )	Target: 2 sessions p/client
		# of women with access to psycho-education materials	<b>4,843</b>	Target: 6000 p/a
		Improved mood at time of postnatal evaluation (across all sites)	86.3%	Target: 80%
		Decline in anxiety at time of postnatal evaluation (across all sites)	84.1%	Target: 80%
		Demographic profile of beneficiaries	43% black • 55% coloured • 2% white	
<b>2. 500 professional and lay health students and workers taught or trained annually on maternal mental health.</b>	 Ahead of target	Students taught	<b>181</b>	Target: 175 p/a
		Health practitioners trained	<b>310</b>	Target: 325 p/a
		Total	<b>491</b>	Target: 500 p/a
		Demographic profile of beneficiaries	52% black • 32% coloured • 11% white • 3% Indian • 2% other	
			79% female • 21% male	
		Provinces represented	Eastern Cape • Free State • Gauteng • KwaZulu-Natal • Limpopo • Mpumalanga • Western Cape	
		Countries represented	Botswana • Eritrea • Democratic Republic of Congo • Lesotho • Libya • Malawi • Uganda • Zambia • Zimbabwe	
<b>3. Incorporate maternal mental health modules into academic/training curricula of professional and community health workers.</b>	 On target	University of Cape Town	1. Medical Students	
			2. Advanced Midwifery Students	
			3. Mphil (Maternal & Child Health)	
		University of Stellenbosch	4. Advanced Psychiatric Nursing Diploma	
		Red Cross Hospital	5. Postgraduate Nursing Students	
		Department of Health	6. Peninsula Maternal & Neonatal Services: midwives and staff at 8 midwife obstetric units	
		Department of Health: MS <sup>2</sup> (Maternal Support Service) Project	7. BPsych Interns (Mitchells Plain)	
		Community Health Workers	8. Philani Mentor Mothers Programme (Khayelitsha)	

Description of Activities	Progress	Indicators
4. Development of maternal mental health handbook complete; develop evaluation plan.	 On target	<b>Update</b> <ul style="list-style-type: none"> <li>Handbook published and disseminated as complementary resource for training participants.</li> <li>Freely available online at <a href="http://www.pmhp.za.org/learn/pmhp-resources">www.pmhp.za.org/learn/pmhp-resources</a></li> <li>Field testing: basic evaluation designed to accompany digital download.</li> <li>PMHP is partnering with Perinatal Education Programme (PEP) and Electric Book Works to develop the handbook into a learning module with national reach; an evaluation will accompany the course content.</li> </ul>
5. Mental health screening tool for low-resource settings developed and field-tested.	 Expedite progress	<b>Update</b> <ul style="list-style-type: none"> <li>PMHP's former Research Coordinator is currently developing a PhD proposal based on the PMHP screening tool development study. The screening tool is in the process of being developed based on the analysis of data collected.</li> <li>The next stage of the research will be to assess the validity of the screening tool, and field test it. For this, a field testing protocol will be developed, which will include a capacity and resource plan.</li> </ul>
6. Findings presented at 3 academic and professional public health symposia annually.	 Ahead of target	<ol style="list-style-type: none"> <li>Malawi Mental Health Conference: Key note address</li> <li>University of Cape Town Faculty of Health Sciences Departmental Research Day</li> <li>Red Cross Hospital: Managing secondary traumatisation, burnout and compassion fatigue</li> <li>Treatment Action Campaign Annual General Meeting: Maternal Mental Health &amp; HIV</li> <li>PRIME Annual Meeting (Ethiopia): Presentation of maternal component of Mental Health Care Plan Review; developed gender mainstreaming in mental health workshop</li> </ol>
7. Submission of 2 academic/research papers to peer-reviewed publications annually.	 On target	<b>Published</b> <ul style="list-style-type: none"> <li>Vythilingum B, Field S, Kafaar Z, Baron E, Stein DJ, Honikman (2013) Screening and pathways to maternal mental health care in a South African antenatal setting. Archives of Women's Mental Health. April 2013. 1-9.</li> </ul> <b>Submitted</b> <ul style="list-style-type: none"> <li>Field S, Baron E, Kafaar Z, Honikman S (2013) Patterns of use of a maternal mental health care service in a South African low-resource antenatal setting. Submitted to Archives of Women's Mental Health.</li> <li>Meintjes I, Field S, Baron E, Honikman S (2013) The secret to sustainable task-shifting: lessons from the maternity context. Submitted to the African Journal of Psychiatry.</li> </ul>

Description of Activities	Progress	Indicators
8. Evidence of increased organisational visibility and credibility e.g. newsprint, television and radio appearances 4 x per year; publication of new or updated issue briefs 2-4 times per year; 2 x e-newsletters per year.	<div>✓✓</div> <div>Ahead of target</div>	<ul style="list-style-type: none"><li>1 x print: Cathartic – University of Cape Town Faculty of Health Sciences Annual Newsletter</li><li>1 x radio (Bush Radio: Teen moms)</li><li>1 x new beneficiary brochure: Medication adherence for clients</li><li>1 x new issue brief: ‘Achieve quality health care by caring for health workers’</li><li>2 x issue briefs updated</li><li>2 x eNewsletters (March, May)</li><li>featured as a case study in a partner paper: Rahman A, Surkan PJ, Cayetano CE, Rwagatare P, Dickson KE (2013) Grand Challenges: Integrating Maternal Mental Health into Maternal and Child Health Programmes. <i>PLoS Med.</i> 10(5): e1001442</li><li>Annual report completed and distributed May 2012</li><li>Full content update of PMHP website</li><li>Invited to showcase PMHP at the Impumelelo Social Innovators Network launch</li><li>PMHP contributed to developing a set of Patient-Centred maternity care brochures for dissemination at all antenatal care facilities. Materials being reviewed by the Western Cape DOH the task team:<div><div><div>1. Patient-Centred maternity care (for service providers)</div><div>2. Patient-Centred maternity care (for service users &amp; partners)</div><div>3. Healthy Pregnancy</div><div>4. Safe Birth</div></div><div><div>5. Birthing Companions</div><div>6. Maternal mental health</div><div>7. You can be safe: breaking the cycle of domestic violence</div><div>8. Take Care: Self-care strategies for health workers</div></div></div></li></ul>
9. Evidence of strategic collaborations, participation or consultations towards integrating PMHP model components into public health care programmes and implementation of policy changes.	<div>✓</div> <div>On target</div>	<div>1. Alan J Flisher Centre for Public Mental Health (CPMH)</div> <div><ul style="list-style-type: none"><li><b>PRIME:</b> In addition to the Project’s regular collaboration as a cross-country partner, the PMHP<ul style="list-style-type: none"><li>reviewed country Mental Health Care Plans re the maternal mental health components and presented at annual meeting in Ethiopia</li><li>contributed to gender mainstreaming workshop for PRIME researchers facilitated at annual meeting in Ethiopia</li></ul></li><li><b>AFFIRM:</b> The PMHP’s on-going collaboration with the AFFIRM trial saw an increase in our research activities and support, such as<ul style="list-style-type: none"><li>integrating appropriate PMHP lessons and models into the AFFIRM trial</li><li>co-authoring the training manual for community-based counsellors, who will be providing the trial intervention</li><li>contributing to the development of the intervention evaluation and analysis</li></ul></li></ul><p>As part of the trial, AFFIRM is also developing a Functioning Assessment Instrument (FAI) that is relevant to the South African setting, as well as validating the use of the Hamilton Depression Rating Scale (HAM-D) in South Africa. PMHP has provided research and statistical support for these projects by</p><ul style="list-style-type: none"><li>analysing data for the FAI and contributing to the academic paper to be published on the analysis</li><li>contributing to the development of the protocol for the validation of the HAM-D.</li></ul></div> <div>2. Department of Health</div> <div><ul style="list-style-type: none"><li>Member of the Western Cape Provincial DOH Patient-Centred Maternity Care task team; contributed to developing Patient-Centred Maternity Care Code; developing training strategy for maternity staff and developed resource materials for provincial distribution (see item 8 above).</li><li>Maternal Support Service (MS<sup>2</sup>) Project: Partnering in roll-out of maternal mental health services at pilot site - Mitchells Plain Community Health Centre. PMHP provided a 3 day training course to prepare all partners and build capacity. Training participants were: Mental Health sub-directorate staff and health managers; facility clinicians; mental health nurses; MOU staff; social workers; HIV counsellors; and BPsych interns.</li></ul></div>

Description of Activities	Progress	Indicators
		<ul style="list-style-type: none"> <li>Consulted to the Health Impact Assessment division of the Western Cape DOH on evidence for maternal mental health need and intervention impact. As a result, mental health services will be included in DOH strategic plan 2030.</li> <li>PMHP data significantly informs Western Cape DOH annual M&amp;E meeting.</li> <li>Mother and Baby Friendly Initiative at MMH: through this forum, the PMHP also participates in the Better Birth Initiative and the Perinatal Problem Identification Programme.</li> <li>Consulting to the Basic Antenatal Care (BANC) rollout plan.</li> </ul> <p><b>3. Ilifa Labantwana</b></p> <ul style="list-style-type: none"> <li>Partner in developing essential package of care for ECD policy development.</li> <li>Developed maternal mental health content for a national radio campaign (SABC) targeting mothers and primary caregivers. PMHP developed content for 5 radio programmes.</li> </ul> <p><b>4. Community-based partnerships:</b> Hosted a training day on intimate partner violence for PMHP counsellors and partners (Parent Centre, CASE and AFFIRM). Training provided by Mosaic Centre for Women.</p> <p><b>5. Children's Institute:</b> contributed a case study for the <i>Child Gauge 2013</i>.</p> <p><b>6. Amnesty International:</b> Met with newly appointed South African Country Researcher and informed situational analysis.</p> <p><b>7. Hosting postgraduate research:</b> We have met with a range of PhD candidates in 2013. Some have interviewed our team members, some have asked for advice on research and resources. Targeted support provided to MSc Global Mental Health student - joint supervision between King's College London and London School of Hygiene and Tropical Medicine.</p>
<p><b>10. Evidence of improved financial sustainability.</b></p>	 <p>Progress made</p>	<p>The PMHP is grateful for renewed funding from the Mary Slack &amp; Daughters Foundation and the DG Murray Trust as well as funding from 3 new donor partners: Breadsticks Foundation; Discovery Fund and Mediclinic Southern Africa. In this reporting period</p> <ul style="list-style-type: none"> <li><b>110</b> new prospects have been identified</li> <li><b>23</b> proposals have been completed and submitted</li> </ul> <p>Focus has been given to</p> <ul style="list-style-type: none"> <li>exploring new funding leads</li> <li>building on existing relationships</li> <li>working more strategically with the UCT Development and Alumni team in South Africa, United Kingdom, Canada, United States and Australia, and</li> <li>developing innovative funding campaigns, such as the 'Circles of Support' initiative which highlights the work and experiences of PMHP counsellors. The 'Circles of Support' aim to set up mechanisms specifically to sustain counsellors' salaries.</li> </ul> <p>The PMHP has benefitted from the addition of a Development Officer to our team since the end of 2012. This position, funded by the Mary Slack and Daughters Foundation, significantly contributes to the Project's sustainability. The PMHP Director works closely with the Development Officer in liaising with donors and meeting potential funding partners.</p>

# PROGRAMME HIGHLIGHTS

## 1. Clinical Services Programme

### Reach

For the period January to June 2013, the PMHP has

- screened **3,652** women and girls
- counselled **501** women and girls
- provided **1,406** counselling sessions (on average, women attend 3 counselling sessions)

Since inception in 2002, the PMHP has:

- screened **22,702** women and girls
- counselled **3,724** women and girls
- provided **8,430** counselling sessions

The number of pregnant women and girls who have had access to PMHP's psycho-educational materials, and the opportunity to take up screening and/or counselling, is **32,446**. This number does not account for partners who would have access to PMHP's resources for fathers.

### Outcomes

At the PMHP, we call all our clients 6 to 10 weeks after they have given birth. This is an opportunity to evaluate the mother's current mood, general functioning and bonding with her baby. It can also provide an opportunity for an additional therapeutic intervention, if necessary. Furthermore, the follow-up contact addresses the gap in postnatal care coverage in the South African healthcare system. The phone call usually lasts 25 to 45 minutes. PMHP monitoring and evaluation shows that:

- Problems relating to primary support and social environment are typically the most difficult to resolve, yet around 85% report improvement following counselling.
- Counselling is particularly helpful for women who report problems around the transition to motherhood. 90% of these problems improve, including 50 to 60% which are either 'much improved' or 'resolved'.
- 90% of clients report that their main problem is 'much improved' or 'resolved' after counselling.
- 88% report being able to cope with parenting and life circumstances at the time of assessment.

For 2013-2015, the PMHP service programme operates as an incubator for the continuing, real-world testing and refinement of service package components. Programme goals are:

- to provide psychological support and address the mental health needs of pregnant and postnatal women in psychological distress or at risk of mental disorders.
- to support and enhance the capacity of maternity facilities and staff to integrate mental health services in a sustainable manner.
- to develop pragmatic, evidence-based service models that may be adapted for use at scale by national health authorities or in other resource poor settings.
- to develop a stepped-care, collaborative model implemented through task sharing to ensure: scarce skills are optimally utilised; burnout is minimised; and sustainability and reach are improved.

### On-site liaison work

The PMHP counselling team continue to strengthen relationships at their service sites. This includes working closely with obstetricians, neonatologists, social workers and psychiatry staff at the various sites. They also contribute to several facility-level processes, such as providing debriefing and self-care workshops for midwives and nurses. Counsellors initiate mental health talks in the maternity units' waiting rooms. This provides an opportunity to de-stigmatise mental health problems, answer questions and share information, such as PMHP's maternal mental health and parenting leaflets.

### Retreat site update

Since 2011, the PMHP has partnered with Hope House counselling Centre to provide maternal mental health services as False Bay Hospital and Retreat Midwife Obstetric Unit. Due to funding constraints, it has not been possible to maintain both of these sites. The service at Retreat has taught us valuable lessons but we assessed that this site was not using our limited resources effectively. Unfortunately we have had to curtail our services here. The PMHP will continue to support the MOU staff through training and a monthly debriefing session run by Beulah Marks, one of our volunteers. The PMHP will continue the service at False Bay Hospital.

## 2. Teaching & Training Programme

### Reach

The total reach of our training programme for the period January to June 2013 is **491**. Training participants hailed from 7 provinces and 9 African countries. Having set an annual target of 500, owing to the fact that we have not had a Teaching & Training Officer for this period, we are pleased that this goal will be surpassed. It is also clear that we can set higher goals for this programme once the Programme Coordinator post is filled. We hope this will be within the financial year thanks to a new funding partnership with Breadsticks Foundation.

The PMHP will be able to reach a broader population through its new partnership with the Perinatal Education Programme (PEP) and Electric Book Works (EBW). We are in the process of converting our recently published Maternal Mental Health Handbook into a formal distance-learning course as part of the PEP and EBW stable of learning resources. Their successful model provides an empowering, transformative approach to learning, enabling health workers of all cadres to access knowledge and skills wherever they may be located. Read more about their work here: [www.pepcourse.co.za](http://www.pepcourse.co.za)

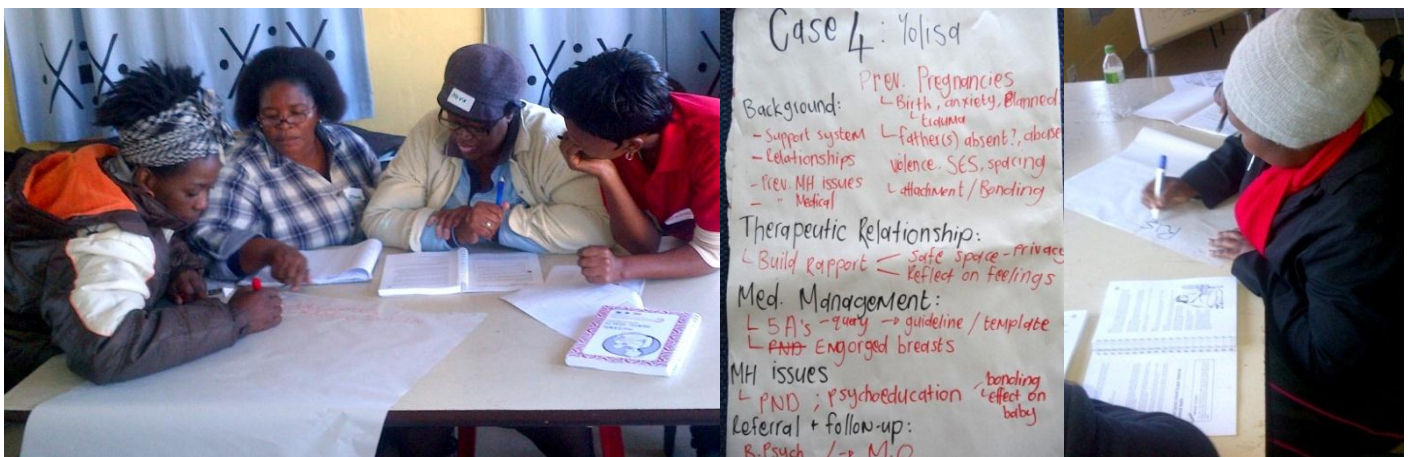
### Outreach

The programme continues to balance demand with sustainable growth. In addition to our core commitments to the PMNS staff and UCT medical students, PMHP is able to provide bespoke trainings to a range of sectors. New trainings in 2013 include:

- 3 day workshop on compassionate engagement, case management, and monitoring and evaluation for the DOH MS<sup>2</sup> Project
- curriculum modules for postgraduate nursing students at the Red Cross Children's Hospital and Stellenbosch University
- workshop on general counselling skills for working with HIV positive adolescents at the Paediatric Aids Treatment for Africa (PATA) Conference in Lesotho
- 6-sessions training programme developed for mentor mothers at Philani Child Health & Nutrition Centre
- workshop on how to deal with perinatal loss for midwives at the Hanover Park MOU
- master-class on how to develop and sustain a mental health service and workshop on sustaining mental health workers at the Malawi Mental Health Conference
- training on the new DOH code for Patient-Centred Maternity Care

For 2013-2015, the PMHP Teaching & Training programme aims to provide teaching and training to a range of service providers and stakeholders in order to:

- empower and affirm providers
- address the mental health needs of health workers
- conscientise and shift attitudes
- develop pragmatic skills and practices to support maternal mental health
- capacitate service providers to integrate quality maternal mental health services into routine practice
- capacitate trainers beyond the PMHP to conduct maternal mental health training.



Philani Mentor Mothers participate in the PMHP training programme. All participants received a copy of the PMHP Maternal Mental Health Handbook to compliment the training experience.

### 3. Research Programme

The first half of 2013 marks the start of the evaluation of our clinical services and of the training programme. This is essential for PMHP to demonstrate the effectiveness of our package of care for maternal mental health, before it can be advocated for scale up.

#### Evaluating the PMHP counselling intervention

Over the past 6 months, an effort has been made to ensure that PMHP counsellors use the different therapeutic interventions in a standardised way. The next step is to evaluate with adequate scientific rigour whether women's mental health improves as a result of the counselling intervention. A protocol is currently being developed for ethics approval.

- Pregnant women will be assessed at screening, at 38 weeks of gestation, and at 6 weeks postnatally.
- Change in mood, anxiety and functioning will be assessed by observing the change across all three assessments.
- Change across these assessments will be compared between women who:
  - received counselling
  - required counselling but did not accept the referral
  - accepted counselling but did not attend any session
  - did not qualify for counselling

To preserve objectivity, an external research officer will carry out the assessments.

#### Evaluating the PMHP training intervention

A training partnership with Philani Child Health & Nutrition Centre provides the foundation for our first formal evaluation of the PMHP training programme. As part of our 6-day training programme for the Philani mentor mothers (community outreach workers), the PMHP has introduced a pre- and immediate post-training questionnaire, which assesses the trainees':

- attitudes and behaviours towards persons with common mental disorders (depression and anxiety)
- knowledge around common mental disorders and ways to address these
- thoughts on the training itself

The data will be analysed once the final training session has been provided. The PMHP is hoping to see

In 2013, the Research Programme aims to:

- develop and field test an evidence-based package of care for maternal mental health, in low-resource settings, that is grounded in iterative, pragmatic research. Including: screening tool, training materials, community health worker intervention, and counselling modality
- apply research findings and lessons through our government and non-government partner organisations to deliver mental health services to women
- inform mental health policy through research findings
- inform maternal mental health research through dissemination of research findings
- support/enhance the sustainability of PMHP operations and maternal mental health services through direct application of research findings to service sites
- produce peer reviewed publications for international dissemination

an improvement in knowledge, attitudes and behaviours around common mental disorders after the training. In addition, the training aims to translate knowledge into skills, and to see these incorporated into daily practice. The trainees will be asked to complete the questionnaire at three and six months after the training, to assess the training's longer-term impact. The trainees' feedback will help to improve the training programme for all health workers.

#### Publications

The team has worked hard at completing drafts and submitting academic papers for journal publication.

**Published** Vythilingum B, Field S, Kafaar Z, Baron E, Stein DJ, Honikman (2013) Screening and pathways to maternal mental health care in a South African antenatal setting. Archives of Women's Mental Health. April 2013. 1-9.

**Submitted** Field S, Baron E, Kafaar Z, Honikman S (2013) Patterns of use of a maternal mental health care service in a South African low-resource antenatal setting. Submitted to Archives of Women's Mental Health.

Meintjes I, Field S, Baron E, Honikman S (2013) The secret to sustainable task-shifting: lessons from the maternity context. Submitted to the African Journal of Psychiatry.

## 4. Advocacy Programme

### Advocating for quality, patient-centred maternity care

In the first part of 2013, the PMHP has worked closely with the Western Cape Department of Health in developing and communicating the new code on Patient-Centred Maternity Care. We have developed messaging for service providers and users, as well as service-users' partners. We were also able to lobby for a more comprehensive package of information to be shared with all antenatal clients. This package provides information on intimate partner violence, birth companions and maternal mental health. We have also advocated strongly for increased attention to care for health workers. To this end, PMHP has developed a brochure entitled 'Take Care: Self-care strategies for health workers' as well as a brief targeting facility managers and policy makers 'Achieve quality health care by caring for health workers'.

### New resources

The PMHP published the third edition of its Maternal Mental Health Handbook. The Handbook is freely available on the PMHP website ([www.pmhp.za.org](http://www.pmhp.za.org)). We hope that this is an accessible resource for health workers, and will be surveying users' opinions and recommendations. An online survey can be accessed when the handbook is downloaded.

### Department of Health

The PMHP engages more regularly and substantively with our DOH partners. Our partnership with the DOH now spans local, provincial and national levels.

**National** draft Mental Health Policy

**Provincial** Peninsula Maternal and Neonatal Service • Basic Antenatal Care programme (BANC) • Patient-Centred Maternity Care

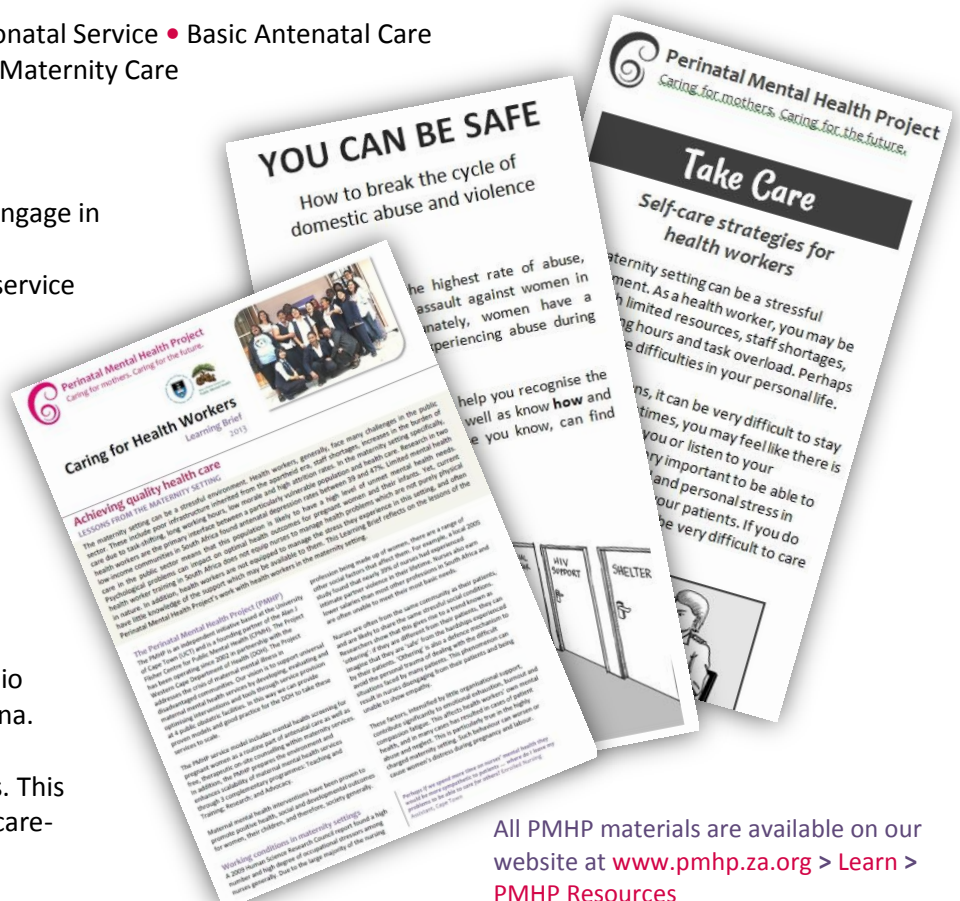
**Local** MS<sup>2</sup> Project

### Community campaigns

We actively look for opportunities to engage in community-based campaigns. This is important in tackling stigma amongst service users, especially potential service users. It is also an important strategy in building demand for maternal mental health services. To use resources efficiently, PMHP partners with community-based campaigns where alignment with maternal mental health is mutually strategic. For example, the PMHP has developed programme content for a national year-long community ECD radio campaign developed by Ilifa Labantwana. The campaign is aimed at supporting mothers and other primary care-givers. This includes a focus on health workers as care-givers.

PMHP's advocacy programme focuses on research uptake and policy implementation. Strategies build momentum and collective support for State-provided maternal mental health services by:

- raising awareness among the public and service providers at all levels
- addressing stigma and empowering service users
- participating in policy development and supporting implementation
- The PMHP envisions its roles as service development 'incubator', research unit, advocate, training provider, M&E agent and supporter of maternal mental health interventions.



All PMHP materials are available on our website at [www.pmhp.za.org](http://www.pmhp.za.org) > **Learn** > **PMHP Resources**

# CONCLUSION

The PMHP is well on its way to achieving its core targets for 2013. We have also made great strides in improving our financial sustainability.

We are excited to be moving closer to formally evaluating the PMHP intervention. With 10 years' experience in modelling maternal mental health interventions and preparing the environment, we feel confident that a suitably streamlined package of care can be standardised and tested.

The timing is fortuitous as the focus of many key strategies in health, social development and early childhood development are turning to maternal mental health issues as key considerations.

We would like to thank our partners, donors and Board of Advisors, as well as the dedicated volunteers who have supported our work in 2013: Beulah Marks, Eve Sigalas, Pennie Bumrungsiri and Fatima Moosa.

“Interventions that improve mental health not only enhance positive mental health, but also contribute to the reduction of risk behaviours such as tobacco, alcohol and drug misuse and unsafe sex; the reduction of social and economic problems such as dropout from school, crime, absenteeism from work and intimate partner violence; and the reduction of rates, severity of, and mortality from physical and mental illness.”

Moodie & Jenkins (2005) *International Journal of Health Promotion and Education. Supplement: The evidence of mental health promotion effectiveness: strategies for action. 2: 42-46*



Visit **[www.pmhp.za.org](http://www.pmhp.za.org)** to access our new resources:

PMHP's Maternal Mental Health Handbook  
Self-care for health workers

**Issue Brief** | Adolescent pregnancy and mental health

**Learning Brief** | Achieving quality health care by caring for health workers

## Photos

**Top and middle:** Mothers visited by PMHP Director Dr Simone Honikman while training in Lesotho (top) and Malawi (middle)

**Bottom:** PMHP Board of Advisors (l-r) Lane Benjamin, Dr Sharon Kleintjes, Prof Julian Leff, Dr Tracey Naledi, Dr Simone Honikman and Prof Joan Raphael-Leff (Prof Andy Dawes not present)