Policy brief
April 2016

Human Development Research Foundation

Treating perinatal depression - for 2 cups of coffee

Atif Rahman, Human Development Research Foundation & University of Liverpool, UK

Executive statement

The evidence-based Thinking Healthy Programme for perinatal depression has been tried successfully in various settings across South Asia and has been adopted by the World Health Organization for global dissemination. The stage is set for all stakeholders to assist with the scale-up of this intervention to reduce the suffering of millions of women across the world. We invite policy makers, implementers in governmental and non-governmental organizations and donors to bring perinatal depression out of the shadows so that the silent suffering of millions of women and their infants can be reduced.

Problem

- Perinatal depression has a huge human and economic cost
- In low income countries perinatal depression affects 1 in 5 women
- Perinatal depression is adversely associated with infant growth and development
- For under USD $10, a woman with perinatal depression can be effectively treated

Recommendations

1. Recognise perinatal depression as a public health priority
2. Tailor the training and supervision of maternal and child health and primary care personnel
3. Make much needed investments into training, supervision and integrating the Thinking Healthy Programme into existing services

Introduction

Perinatal depression is a public health priority associated with high prevalence and poor child development[1]. In high income countries (HIC), the value of total lifetime costs of perinatal depression has been estimated to be over USD $100,000 per woman with the condition, with the majority of the costs related to adverse impacts on children.[2] In low income countries where perinatal depression affects 1 in 5 women, and unlike HIC, is independently associated with infant malnutrition, the relative impact is likely to be greater.[3]

> “We support the scale-up of the World Health Organization’s Thinking Healthy Programme in Pakistan. It is high time that concerted efforts are made to address perinatal depression that poses such a threat to the health of future generations”
>
> Dr Assad Hafeez, Director General Health, Pakistan and Member Executive, WHO

Evidence-based 'talking therapies' such as Cognitive Behaviour Therapy (CBT) are proven to be effective. In our ground-breaking research, the techniques of CBT were simplified so ordinary community health workers in Pakistan with just a high school education could deliver it effectively to depressed women in their homes as part of their routine health education activities.[4] The Thinking Healthy Programme is now a part of the World Health Organization's mental health gap action programme.

About the innovation

The Thinking Healthy Programme (THP) aims to reduce perinatal depression in low socioeconomic settings and to improve health outcomes in their children through the adaptation and integration of Cognitive Behaviour Therapy (CBT) into the routine work of community health workers. THP was developed in Pakistan after extensive community consultation including with mothers (with and without depression), community health workers, midwives, primary care doctors and traditional birth attendants.

Starting from pregnancy till one year postnatal, participants receive 16 sessions of the evidence based "talking therapy". The approach in the THP includes specific cognitive behavioral therapy (CBT) strategies, in order to achieve 3 main goals:

1) To identify and modify maladaptive thinking styles – in particular those leading to poor self-esteem, inability to care for their infants, and disengagement from social networks – and to substitute these with more adaptive ways of thinking
2) Behavioral activation to rehearse these strategies between sessions
3) Problem-solving to overcome barriers to practicing such strategies.

THP also aims to improve women's social support and status using the family's shared commitment to the baby's wellbeing as an entry point.

The programme is fully manualized, and includes instructions for the delivery of each session with culturally appropriate pictorial illustrations aimed at helping mothers reflect on their thinking process and encouraging family involvement. There are five modules: preparing for the baby, the baby's arrival and early, mid and late infancy. Each module contains sessions on the mother's health, her relationship with her baby, and the relationships with people around her. It is designed to be delivered in home visits by supervised community health workers, who receive a brief five-day training, strengthened by experiential learning and monthly half-day facilitated group supervision.

The intervention has been evaluated in one of the largest randomized trial for psychological interventions to be conducted in the developing world.[4] In a rural Pakistani population of 1.2 million, about 4000 pregnant women were screened to identify 903 with perinatal depression. In partnership with the Primary Health Care Services, 42 Community Health Workers were trained to deliver THP. The intervention costs less than USD $10 per woman per year, and led to recovery in 3 out of every 4 woman treated.

For less than US$10, the price of 2 cups of coffee, a woman with perinatal depression can be treated for a year

Impact

The Thinking Healthy Programme (THP) is an evidence based 'talking therapy' for perinatal depression:

- With THP, a woman with perinatal depression can be treated for under USD $10
- 3 out of 4 women will recover with treatment and will remain well after one year
- THP has beneficial effects on infants of treated mothers: they are less likely to suffer from diarrhoeal episodes and more likely to be immunized; both parents also report spending more time playing with their infant, which is beneficial for child development and parent-child bonding.

Recommendations

1: Recognise perinatal depression as a public health priority

Perinatal mental health and well-being is a generic component of maternal and child health (MCH) that does not compete with MCH, gender empowerment and poverty reduction programmes but complements them.

2: Tailor the training and supervision of maternal and child health and primary care personnel

THP can be integrated into the routine training and supervision of community and lay-health workers so they can manage perinatal depression in the community. This will enable them to be more effective health-care workers, as well as integrating mental health into general community care.

3: Make much needed investments

Investments for deployment of community workers, their training, supervision, monitoring and evaluation need to be made to allow governmental and non-governmental organizations to integrate THP into existing programmes focused on MCH, gender empowerment and poverty reduction.

Acknowledgements

Wellcome Trust, National Institute of Mental Health, Grand Challenges Canada.

References

1. Fisher J, Cabral de Mello M, Patel V, Rahman A, Tran T, Holton S, Holmes W. (2012) Prevalence and determinants of common mental disorders in women in low- and lower-middle-income countries: a systematic review. *Bulletin of the World Health Organization,* 90:139-149G.
2. Bauer A, Knapp M, Parsonage M. (2016) Lifetime costs of perinatal anxiety and depression. Journal of Affective Disorders, 192:83–90.
3. Rahman A, Surkan PJ, Claudina E. Cayetano CE, Rwagatare P, Dickson KE. (2013) Grand Challenges: Integrating Maternal Mental Health into Maternal and Child Health Programmes. *PLoS Med.10(5):e1001442.*
4. Rahman A, Malik A, Sikander S, Roberts C, Creed F. (2008) Cognitive Behaviour Therapy-based intervention by community health-workers for depressed mothers and their infants in rural Pakistan: cluster-randomized controlled trial. *Lancet,* 372:902-909.

For the WHO Thinking Healthy Programme manual, visit:
http://www.who.int/mental_health/maternal-child/thinking_healthy/en/