

Perinatal Mental Health Project



*Caring for Mothers
Caring for the Future*

Policy brief 6

Integrating mental health into maternal care in South Africa

Mental Health and Poverty Project



The purpose of the Mental Health and Poverty Project is to develop, implement and evaluate mental health policy in poor countries, in order to provide new knowledge regarding comprehensive multi-sectoral approaches to breaking the negative cycle of poverty and mental ill-health.

Integrating mental health into maternal care in South Africa



Introduction

There is growing recognition that the mental health of mothers is a crucial public health issue in South Africa. In the low-income and informal settlements surrounding Cape Town, maternal mental health problems have reached epidemic proportions: *one in three* women in these areas suffers from postnatal depression.¹ Research from rural KwaZulu-Natal showed that 41% of pregnant women are depressed.² This is more than three times higher than the prevalence in developed countries.³

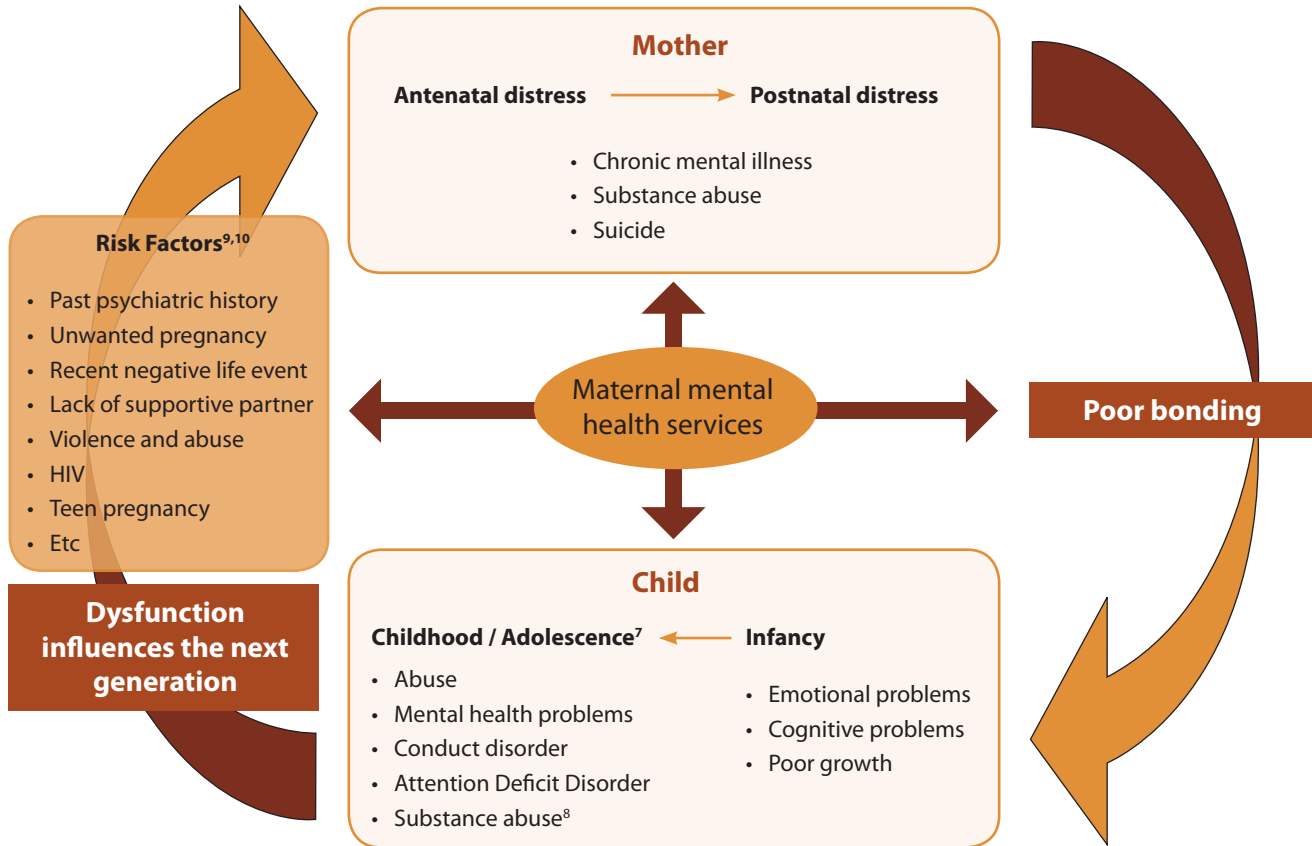
Emerging evidence from low- and middle-income countries shows that mental ill-health is strongly associated with poverty.^{4,5} The relationship between mental ill-health and poverty is especially relevant for women and their infants during the perinatal period (during and after pregnancy). At this time, women are rendered vulnerable to mental illness from social, economic and gender-based perspectives. Those with the most need for mental health support have the least access.⁶

Current situation

Maternal health services in Cape Town are currently facing staff shortages and increasing patient loads. Services focus on physical rather than emotional issues. Community-based mental health teams are overwhelmed by the numbers of mental health users relying on community services. Therefore, they are seldom able to assist in addressing emotional needs in maternal services. At present, maternal mental health needs are not being addressed in either system.

Mental distress of the mother may have a negative impact on the child. This may have long-term consequences that adversely affect the next generation. For optimal impact, maternal mental health services would address the cycle of maternal mental distress at several stages.

Cycle of maternal mental distress



The Perinatal Mental Health Project

The Perinatal Mental Health Project (PMHP) was launched in September 2002 at Liesbeeck Midwife Obstetric Unit (MOU) at Mowbray Maternity Hospital, Cape Town. The screening, counselling and psychiatry service was founded by a team of obstetric doctors, midwives and volunteer counsellors and psychiatrists. The PMHP aims to provide a holistic mental health service at the same site where women receive obstetric care. It provides interventions to break the cycle of maternal mental distress. The PMHP is actively involved in maternal mental health training and staff development for a range of different health workers.

The vision of the PMHP is to integrate mental health care on site within the primary level maternal care environment on a broader scale. This is in alignment with the basic tenets of the Western Cape's 'Healthcare 2010' initiative, which advocates the provision of community-based, preventative care at primary level. Furthermore, the PMHP's objectives and its strategic intent accord directly with the South African Mental Health Care Act of 2002. This Act recognises that health is a state of physical, mental and social well-being and states that mental health services should be provided as part of health care at primary level, not only at specialist level. The Act states that access to mental health services should be integrated into the general health services environment.

The PMHP is part of the Mental Health and Poverty Project (MHaPP), a groundbreaking project that aims to develop and evaluate evidence-based policies that break the negative cycle of poverty and mental ill-health and to ensure that the poorest communities have access to mental health care.

Although formal services providing perinatal mental health have shown considerable success in many other parts of the world, no programme has been instituted in South Africa. The project at Mowbray Maternity Hospital is the only known service of its kind in South Africa. A version of the PMHP has been adapted and is currently being piloted in other facilities within the Peninsula Maternal and Neonatal Service. These other midwife units are using a brief screening tool, and have integrated mental health screening into the existing history-taking process.

www.psychiatry.uct.ac.za/pmhp/

Extracts from Gloria Mbovu's* story:

'Speaking and being heard'

...When we had a child together, I again suffered very much from postnatal depression, although I did not know what it was called at the time. The clinic I went to in the township did not know anything about depression. So, I was unable to get help from them.

...I attended Liesbeeck MOU for my antenatal care. There I met with a counsellor as part of the Perinatal Mental Health Project. Finally I was able to get help. It was very good to speak to her about how I was feeling and to just talk out about everything. That was what was killing me, having to keep all my feelings inside of me for a long time. I was so lonely and there were so many things that I needed someone to listen to. I needed to express my feelings and to be heard when I was saying something... They also sent me to a psychiatrist to get medication for my depression. Now I am doing just fine and coping very well with motherhood.

...There are so many women who are dying inside from this thing. They don't know how to deal with it or how to cope. Everything in their lives is turning upside down. And they need someone who will understand and not judge them. If I could have my way, each and every one of the hospitals would have these kinds of counsellors, especially the government hospitals, which are for everybody. That way, everyone could get help.

* Name used with permission

Recommendations

Mental health care needs to be integrated on site within the maternal care environment at primary level. The following steps could help to achieve this:

- Development of formal partnerships between health managers and relevant stakeholders.
- Provision of basic training in mental health for staff in maternity and baby clinic facilities.
- Routine incorporation of mental health screening for mothers within history-taking or booking procedures, using a validated screening tool.
- Establishment of criteria for referral to counsellors.
- Provision of dedicated counsellors on site for obstetric and baby clinic facilities.
- Provision of counsellors with adequate training and ongoing, weekly clinical supervision.
- Formalisation of links with community health centre social workers and mental health teams for appropriate referral according to prescribed criteria.

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