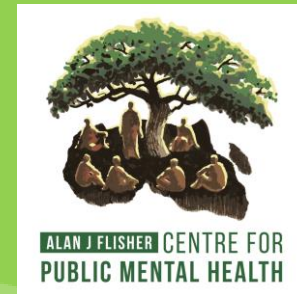




Caring for mothers.
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A/Prof Simone Honikman

MBCChB, Dip O&G, DCH, MPhil

**Director: Perinatal Mental Health Project
Centre for Public Mental Health
University of Cape Town**



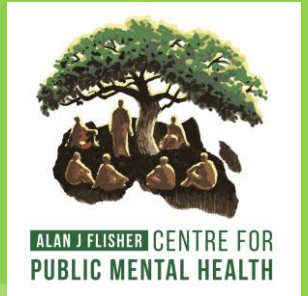
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Maternal Mental Health



health

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National Mental Health Policy 2023-2030



National Mental Health Policy
Framework and Strategic Plan

WHY should maternity care providers be involved?



- High prevalence
- Impact on mother
- Impact on child
- Impact on service providers and health system
- Impact on economy
- There is a lot that can be done to improve things
- If you improve MMH, you improve a whole lot of other things

South Africa: prevalence common perinatal mental health problems

- **Depression: based on diagnosis (ante- and postnatal) many studies. (16-50%) 20%**
- **Anxiety disorders without depression (antenatal) 7.5%**
Redinger et al. 2018, van Heyningen et al. 2018
- **Post-traumatic stress disorder (antenatal) 10%**
van Heyningen et al., 2017; 2018 Redinger et al., 2018
- **Post-traumatic stress disorder (postnatal) 5%**
Redinger et al., 2018
- **Suicide – ‘gross underestimation’,
43 deaths by suicide in last triennia
of national reporting on maternal deaths 2017-19**
Soma-Pillay et al 2020

Possible obstetric outcomes if untreated: pregnancy, birth, postnatal period

- **Self-medication – alcohol/drugs**
- **Sleep and appetite**
- **Poor antenatal weight gain**
- **Obstetric**
 - Miscarriage
 - Antepartum hemorrhage
 - Hypertension
 - Pre-eclampsia
 - Caesarean section delivery
 - **Preterm birth RR 2.3**
 - **Low Birth Weight RR 1.9**
 - Prolonged labour
 - Delayed and decreased initiation of breastfeeding
- **Health-seeking behaviour**
 - Antenatal care uptake ↓
 - Uptake of health regimes ↓ **HIV**
 - Neonatal infections, admissions, ICU ↑
 - ↓ completion immunisations
- **Suicide** *Fuhr et al 2014*

Jarde et al 2016 JAMA Psychiatry (Syst Rv and MA)

Economic matters

- Reduced ability to pursue income-generating or other productive activities of women
- Losses SA: R 42 billion **per annual cohort of mothers and offspring**
(loss in quality of life, loss of income and public sector costs) Bauer et al 2022
- Likely **Return on Investment**: for every R1 invested saves at east R4.70 **Massive!**

D Besada, S Docrat, C Lund “Mental Health Investment Case for South Africa” a report commissioned by the National Department of Health, Pretoria 2021



Photo: PMHP

Common perinatal mental health conditions



High Treatment
Gap in Low-
and Middle-
Income
Countries



Evidence for
effective
Psychosocial &
psychological
treatments



Delivered by
general health
workers/maternity
health workers
CHWs or peers

Advantages of addressing maternal mental wellbeing

- **Return on investment (India, Pakistan, South Africa)**
- Neonatal mortality
- Child diarrhoeal episodes
- Completed immunization
- Contraceptive use
- Underweight for age
- Stunting
- Exclusive breastfeeding
- Play frequency
- Debt reduction for women

Rahman et al 2018

- Quality of life
- Social support
- Parenting competence
- Child social-emotional development

Husain et al 2017, 2020 ; Husain et al 2021; Learning through Play +; Cluster RCT



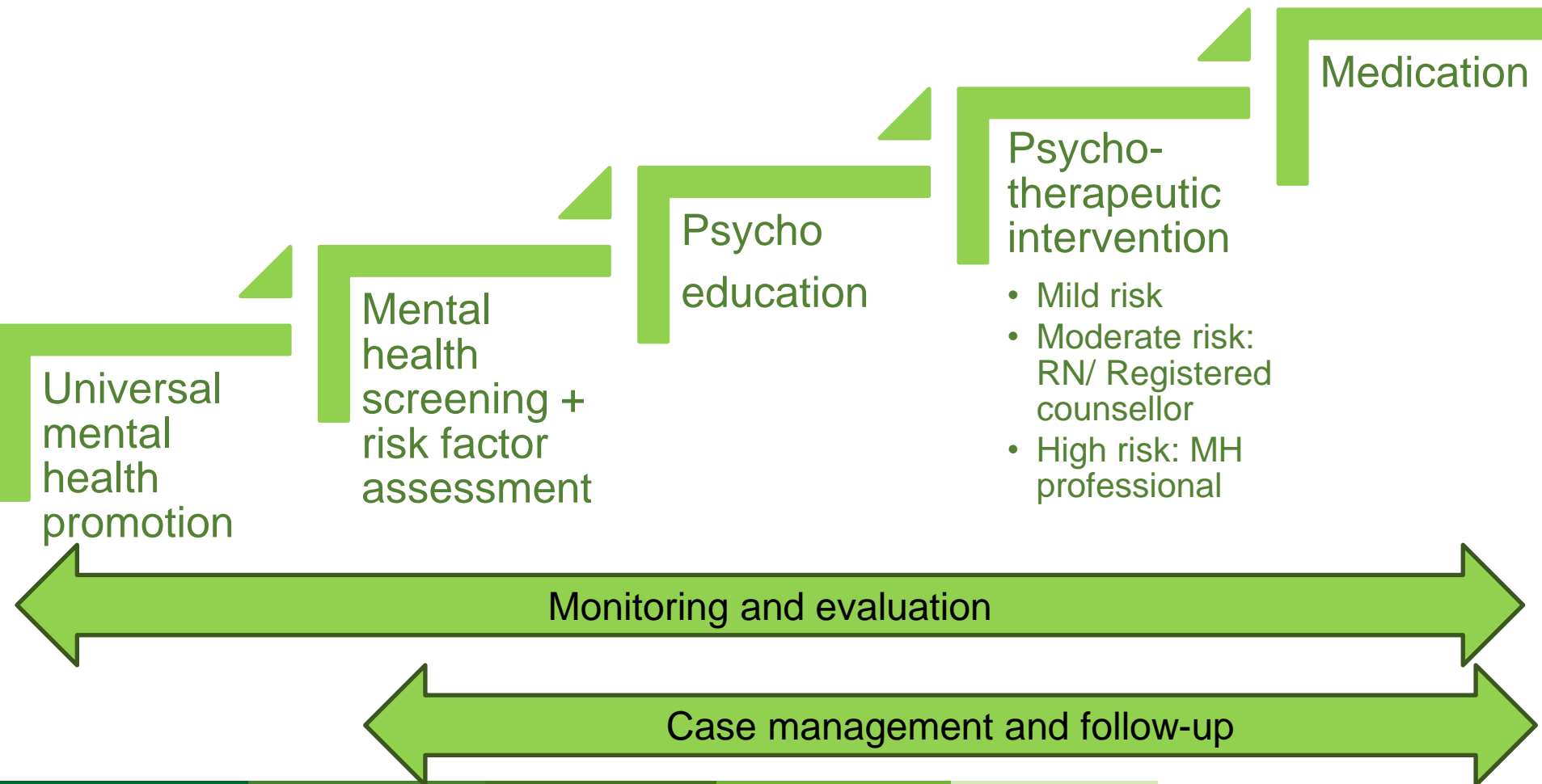
Photo: Terry Kurgan

Maternal Mental Health

Van Heyningen et al 2019

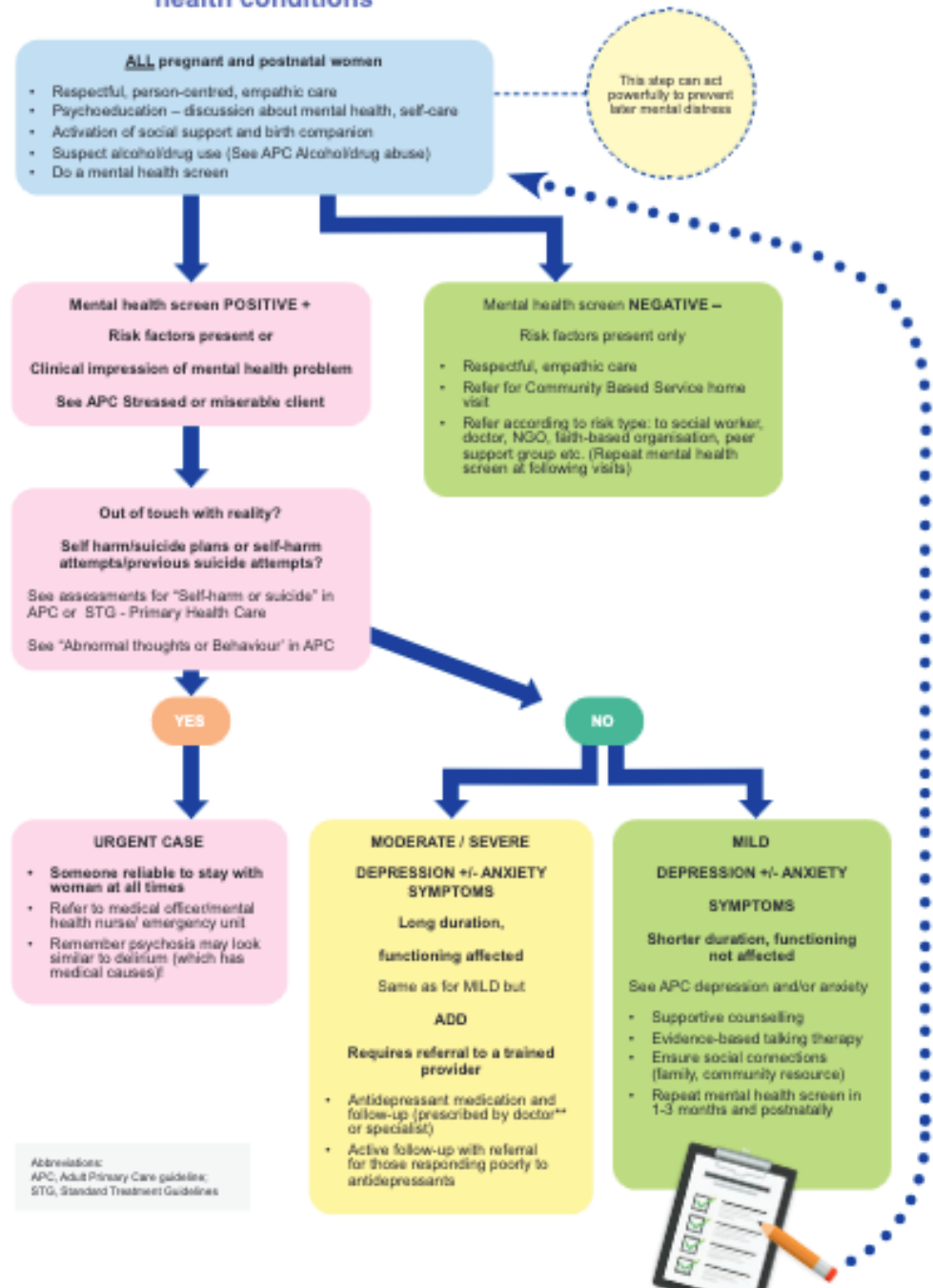
Most international guidelines recommend: a stepped-care approach

Most efficient and effective when ALL on site!



Appendix 3: Stepped care approach to management and referral for mental health conditions

Stepped care approach



COVID-19 Clinical and Operational Guideline for Mothers, Newborns and Children 2022

<https://www.hst.org.za/publications/No-nHST%20Publications/COVID-19%20Guideline%2004%2004%202022%20digital%20v2.pdf>

2022



**Guide for integration of
perinatal mental health in
maternal and child health services**



Maternal Mental Health Chapter

Overview

- Types of mental health conditions
- Possible negative effects of untreated mental health conditions
- Risk factors for maternal mental health conditions
- Screening
- General management principles
- Information sharing for mental health promotion and psychoeducation
- Treatment
- Additional resources for health workers and service users

Maternal Mental Health Training Module

5 Learning Lessons

- Overview of MMH
- Screening and referral
- General management principles
- Management
- MMH conditions



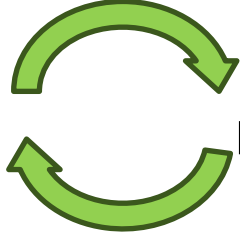
Learning lesson 1: Overview of MMH

Topics

- Importance of maternal mental health
- Types of mental health conditions
- Key challenges: pre-conception, pregnancy loss, pregnancy, birth, postnatal
- Possible negative effects of untreated mental health conditions
- Risk factors
- Barriers to help-seeking



Importance of maternal mental health

- High prevalence of common mental health disorders
- Many risk factors in SA
- Impact for whole family
- Physical wellbeing  mental wellbeing
- **Early** assessment and management improves outcomes

⇒ **Opportunity for intervention!**



Maternal Mental Health

- Mental disorders ≠ temporary distress
- Mental health conditions affect
 - feelings
 - thoughts
 - behaviours/actions
- Mental disorders affect a person's functioning: at work/school, home, in relationships and in the community.
- Affects
 - How health and social services are used
 - Bonding



Caring for mothers, caring for the future

Video clip: Perinatal Mental Health Project



<https://www.youtube.com/watch?v=wGpqVJ-YuGw>

(Acknowledgement: Perinatal Mental Health Project, Caring for mothers, caring for the future;
<https://pmhp.za.org/resources/for-service-providers/>)

Common mental health conditions *

- Include depression, anxiety, posttraumatic stress disorder, and substance use
- Prevalence of perinatal anxiety and/or depression in South Africa (antenatal or postnatal): 1 in 3 women.
- Mild, moderate, or severe symptoms
- Co-morbid: A person may have more than one mental health condition at the same time
- Comorbidity is common
 - ⇒ increases the severity
 - ⇒ Each condition can have separate and cumulative (additive) negative effects for mother and child.



Severe mental disorders



- Usually refers to bipolar and psychotic disorders.
- Uncommon
(2–3% of the general population)
- Severe – cause significantly impaired functioning.
- Remember that puerperal sepsis and other physical causes of delirium may look similar to postnatal psychosis.

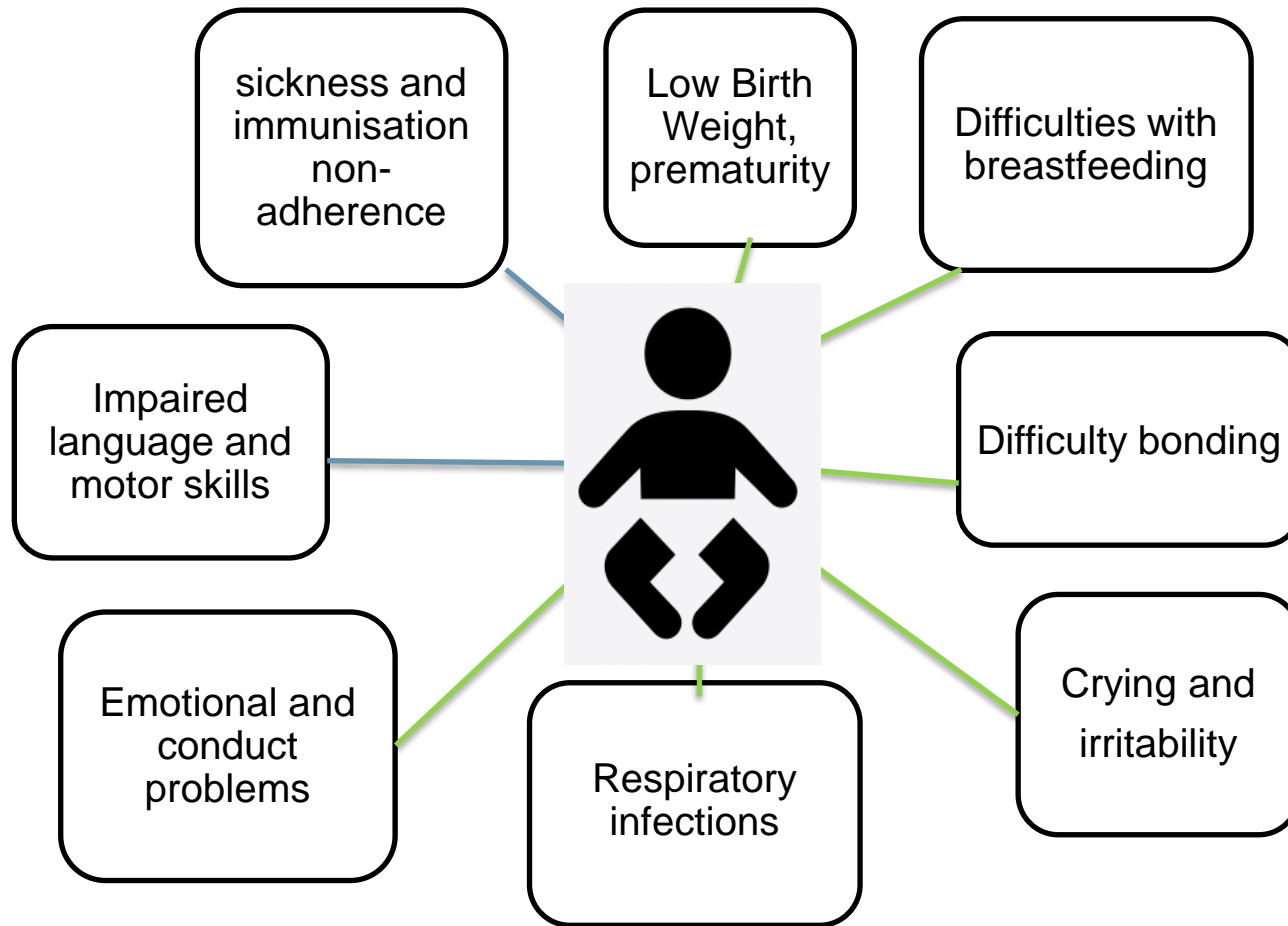


Infant and Child Outcomes

Stein et al (2014). Lancet, 384.

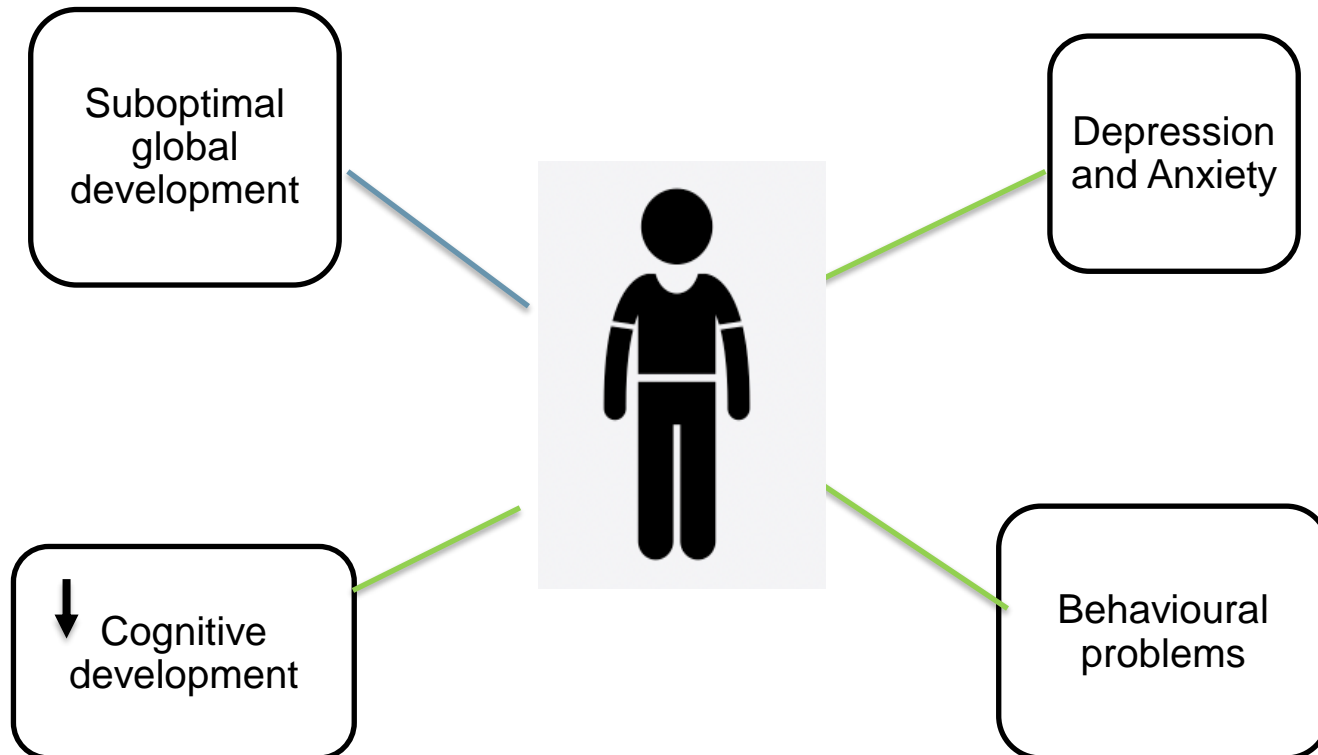
Glover et al, 2018

*Jarde et al 2016 JAMA Psychiatry
(Syst Rv and MA)*



Adolescent Outcomes

Pearson et al, 2015
Lew et al, 2022



Risk factors



- being a teenager
- chronic disease incl. HIV
- poor support / poor relationships
- unwanted / unintended pregnancy
- difficult life events / trauma (e.g. bereavement and current or past abuse)
- intimate partner violence / domestic violence
- alcohol or substance abuse
- past psychiatric history
- being a refugee, asylum seeker, displaced person
- previous or current pregnancy loss, miscarriage, still birth and neonatal death
- serious physical problem in mother
- preterm birth, birth defects or physical illness in neonate
- poverty and food insecurity
- hostile in-laws



Risk factors

Video clip: PMHP – caring for mothers, caring for the future



From 1 min 59 sec

<https://www.youtube.com/watch?v=wGpqVJ-YuGw>

(Acknowledgement: Perinatal Mental Health Project, Caring for mothers, caring for the future; <https://pmhp.za.org/resources/for-service-providers/>)

Protective factors

- **Economic security**
- **Social support**
- **Good partner relationships**
- **Health providers competent in maternal mental healthcare**
- **Holistic care, incl access to faith-based, culturally acceptable care**
- **Companionship in labour**



Photo: PMHP

- Fisher et al, Systematic Review: Bulletin World Health Organ 2012
- MOMENTUM LANDSCAPE ANALYSIS 2022 The Silent Burden: a Landscape Analysis of Common Perinatal Mental Disorders in Low- and Middle-Income Countries

Learning lesson 2: Screening and referral

Topics

- Importance of screening
- Barriers to mental health screening
- Brief maternal mental health screening tool
- How to screen
- Referral



Why do we screen?



- Detection
- Entry to care – need to be able to refer for help
- Screen \neq diagnosis
- Early detection and management = better outcomes
- Opportunity to raise awareness around mental health

Barriers to screening

Health care providers

- Lack of time
- Lack of resources for referral
- Not confident to manage responses
- Own mental health needs not met

Women

- Stigma
- Lack of awareness
- Unused to talking about feelings
- Physical symptoms = 'normal' for pregnancy
- 'Normal' feelings – e.g. expect to feel down
- Coping, not 'weak'
- Previous negative experience with health services – trust broken



Screening tool



In the last 2 weeks, have you on some or most days felt unable to stop worrying or thinking too much?	<input type="checkbox"/> Yes [1]	<input type="checkbox"/> No [0]
In the last 2 weeks, have you on some or most days felt down, depressed or hopeless?	<input type="checkbox"/> Yes [1]	<input type="checkbox"/> No [0]
In the last 2 weeks, have you on some or most days had thoughts <u>and</u> plans to harm yourself or commit suicide?*	<input type="checkbox"/> Yes Refer [1]	<input type="checkbox"/> No [0]
TOTAL SCORE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 >>>>>>>>>> refer <input type="checkbox"/> 3 >>>>>>>>>> refer	
Offered Counselling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accepted counselling	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**the self-harm question will require urgent referral if there are both thoughts AND plans. If there is a history of previous attempt, referral is required even if there are thoughts alone.*

Remember:

HOW one screens may be more important than **WHAT** tool one uses



ACTION

If yes to Number 3 (suicidality) → refer to mental health nurse/doctor immediately (no matter the other scores)

- *If she has **any** self harm thoughts with plans, **urgent referral** is required to emergency unit, doctor or mental health nurse – same day!*

If total 2 or more ‘yes’ answers → for counselling

- Explain that this shows she **may** (not for sure) have a common mental health problem such as depression or anxiety
- that about 1 in 3 women have these problems around pregnancy
- that with the right help, women can and do get better
- ask if she would like to talk to someone about her problems.

Lindiwe is not alone

- 4-minute animated video



https://www.youtube.com/watch?v=kpw_r2Fbc0M

(Acknowledgement: Grow Great, the Perinatal Mental Health Project and Digital MEDIC South Africa, an initiative of the Stanford Center for Health Education)

How not to screen

Video clip: No Maternal Health without Mental Health



From 12min 21 sec

<https://www.youtube.com/watch?v=9TZo40F10rM&t=741s>

(Acknowledgement: Perinatal Mental Health Project, No Maternal Health without Mental Health

<https://pmhp.za.org/what-we-do/capacity-building/>)



Referral

- **Active** – not just recommendation
- Needs **follow-up**
- **Identify resources** in your community
 - community mental health nurse
 - social worker
 - registered counsellor
 - OT
 - Physiotherapist
 - psychologist
 - psychiatrist
 - non-governmental organisation. (e.g support groups, shelters for abuse women, drug counselling , church or youth groups etc)
- Give information (times, costs etc)
- Explore barriers
- Explore facilitators



(Acknowledgement: Bettercare: Maternal Mental Health, illustration by Graeme Arendse, adapted for low-bandwidth access by Kevin Shelley)

Learning lesson 3: General Management Principles

Topics

- Needs of distressed women
- Creating a supportive environment
- Maternal mental health prevention and promotion
- Key psychoeducation messages
- Mather-infant matters
- Perinatal loss



What do distressed women need?

- Someone who really 'listens' to them
- Time, and a safe space to talk to someone and share their feelings
- Supportive health workers who do not judge them
- Respect
- Opportunity to explore their own possible solutions
- Opportunity to identify practical options
- Contact with supportive women who have had similar experiences
- Birth companion



Creating an environment to support mental wellbeing *

- Respectful care
- Connect women to support services
- Share mental health information
- Promote birth companions
- Promotion of staff wellness
- Promotion of staff cohesion



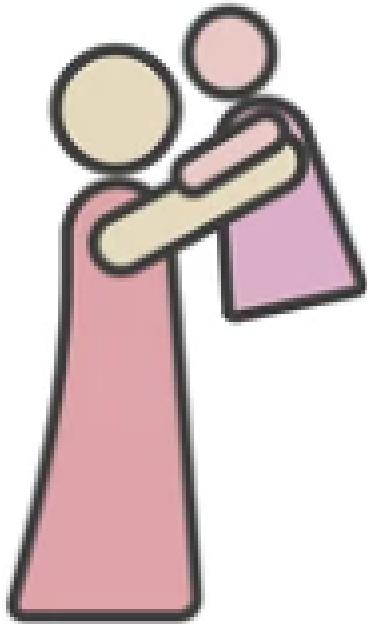
Key Psychoeducation messages



- Emotional difficulties not a sign of weakness (or any other myth, e.g. laziness).
- Symptoms may be similar to many others in same circumstances.
- Too much stress can affect how people **think** and their **actions**.
- People living with mental health problems **can and do get better** with good support and/or treatment from trusted family, friends and health workers.



Mother infant matters



- Assess mother-child interaction as part of post-natal care
- Existing mental health conditions = multidisciplinary approach
- Observe infants exposed to psychoactive medications
- If a mother with a severe postnatal episode requires hospital admission, avoid separation from her infant, where possible.
- Provide gentle breastfeeding support
- Support women (and their partners) who have experienced a pregnancy loss, miscarriage, stillbirth, neonatal death

Coping with grief: Baby loss



Coping with grief: Baby loss (Short animated video)

<https://www.youtube.com/watch?v=5xGwWGzdGaQ>

(Acknowledgement: Coping with grief – Baby loss series, Tommys.org/support)

Mental health promotion resources

- **WHO resources**

<https://www.who.int/news-room/feature-stories/mental-well-being-resources-for-the-public>

Birth Companion

Wondering why your pregnancy or new baby isn't making you happy?

Being pregnant and having a baby are major life events and can cause worry, tiredness and sadness. Usually these feelings don't last long, but if they do, you may be suffering from depression or anxiety. To learn more, read on...

Information for future fathers

Postn conceive more better

What you can do

- Discuss your feeling support. Don't be afraid to give you time to
- Stay connected with
- Go out in the open is good for both of y
- Talk with other care share experiences.
- Talk to your support and
- If you have t someone yo

- **Perinatal Mental Health Project resources**

What is a C-section?

Perinatal Mental Health Project
Caring for Mothers. Caring for the Future.

Preparing for your baby's birth



Violence against women

thers You

and their carers

TOGETHER.

Government
BETTER TOGETHER

FIRST 1000 days
Innocent Start Bright Future

Learning lesson 4: Management

Topics

- Mental health promotion
- ‘Talking’ therapies
- Medication



Mental health promotion: staff and patients

- **Stress management**

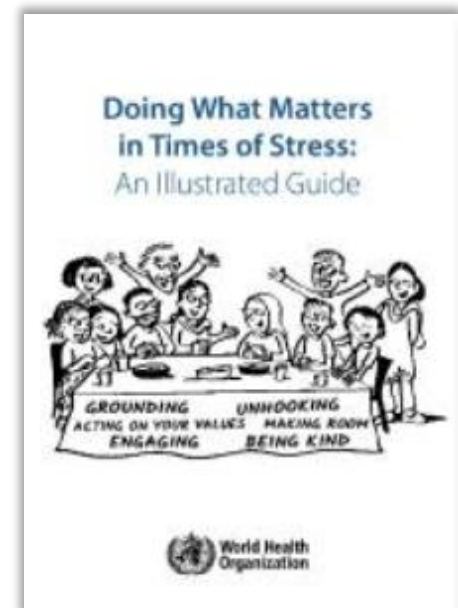
- e.g, WHO: Doing what matters in times of stress

- **Self-care strategies**

- Break big tasks into smaller ones - and do the small tasks you can manage each day.
- Get regular gentle exercise
- Pay attention to nutrition
- Get enough sleep
- Do things that you enjoy

- **Build support networks**

- Emotional / practical
- Family or other
- challenging for people struggling with mental health problems



Evidence-based 'Talking' therapies *

- **Different types**
 - Interpersonal Therapy (ITP)
 - Cognitive Behavioural Therapy (CBT)
 - Problem Solving Therapy (PST) / Problem management
 - Motivational Interviewing
- **WHO recommendations: MHGAP-Operational manual**
- **Do not need mental health specialist (others can be trained)**
- **Common engagement elements**
- **Intensity varies**
- **Need follow up**



Medication



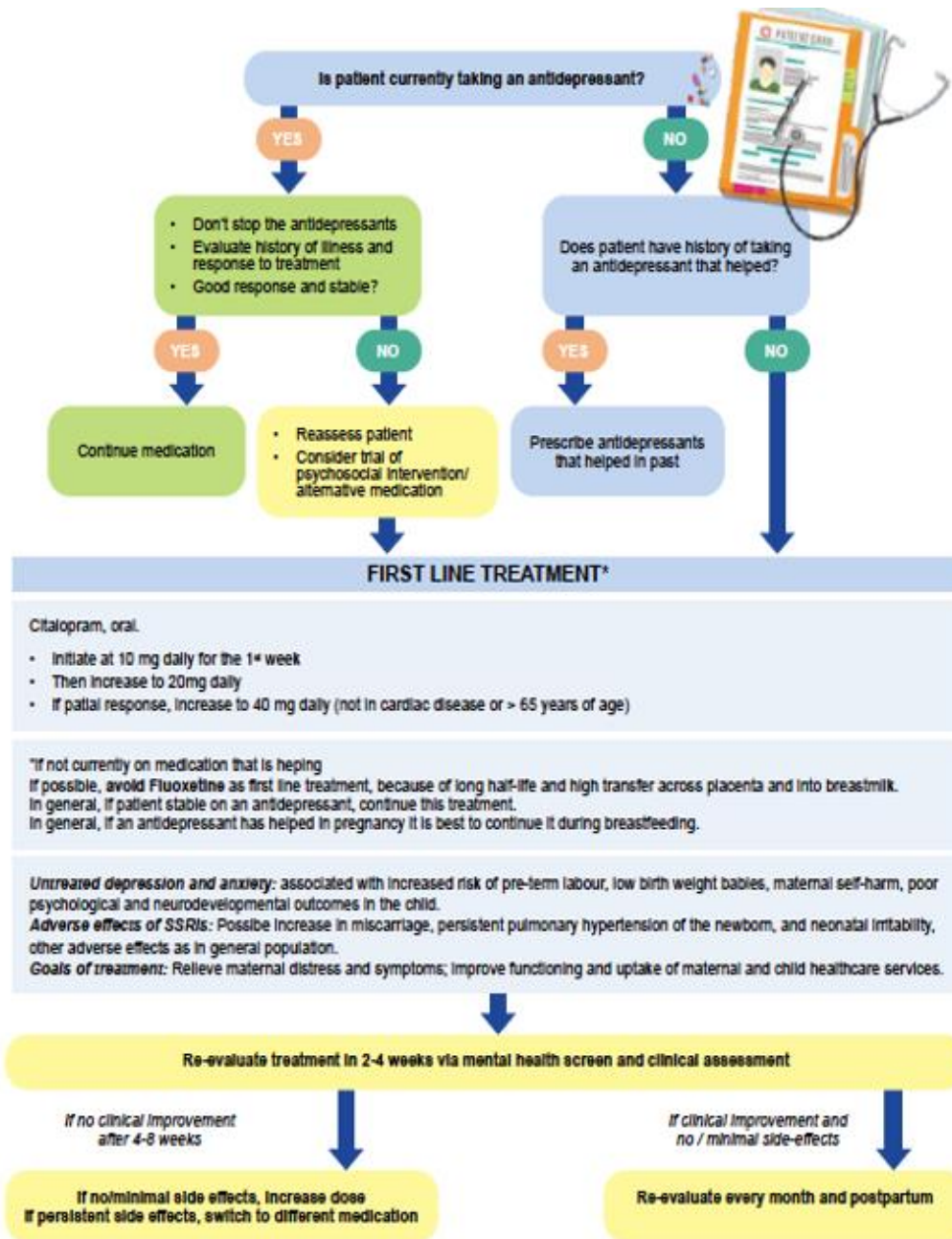
- Moderate to severe anxiety or depression
- During pregnancy and breastfeeding SSRIs can be used as 1st line treatment
- Medical officer can prescribe
- If already on an antidepressant – do NOT stop this – severe relapse likely
- Women on medication for pre-existing mental health conditions = psychiatric assessment & treatment plan



Adult Hospital Standard Treatment 2019 Guideline: Antidepressant Treatment

algorithm

for depression and anxiety in pregnancy and breastfeeding

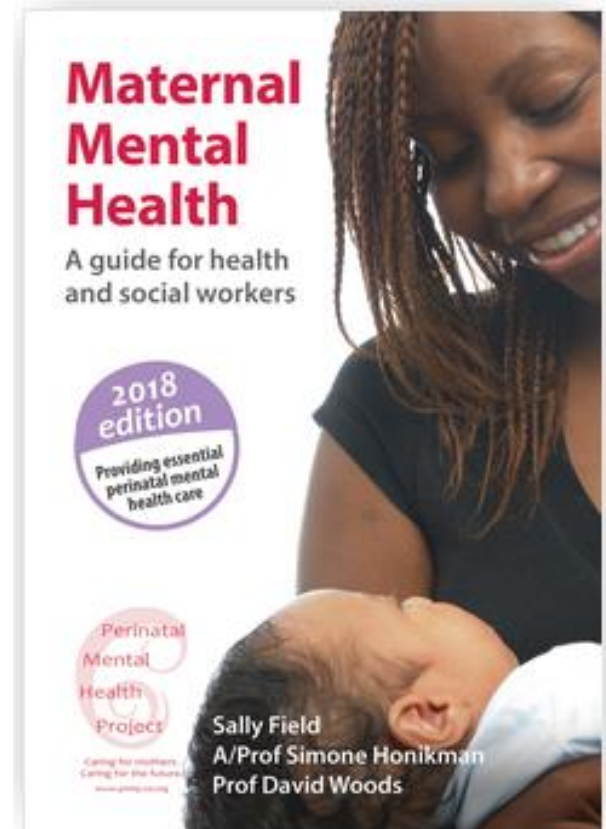


COVID-19 Clinical and Operational Guideline for Mothers, Newborns and Children 2022

[https://www.hst.org.za/publications/No nHST%20Publications/COVID-19%20Guideline%2004%2004%202022%20digital%20v2.pdf](https://www.hst.org.za/publications/No%20nHST%20Publications/COVID-19%20Guideline%2004%2004%202022%20digital%20v2.pdf)

Resources

- **MomConnect**
- **Healthworker Connect**
- **National helplines and NGOs**
- **How to map and maintain referral network**
- **How to refer**
- **Standard Treatment Guidelines**
 - Obstetrics chapter – Primary Care
 - Mental health chapter – Adult Hospital
- **Adult Primary Care**



<https://bettercare.co.za/maternal-mental-health/>

Learning lesson 5: MMH conditions

Topics

- Baby Blues
- Depression
- Anxiety disorders
- Post-Traumatic Stress Disorder (PTSD)
- Panic attacks
- Bipolar Disorder (BD)
- Alcohol and Substance Use Disorder
- Postnatal / Postpartum Psychosis
- Suicide
- Aggressive or agitated behaviour



MMH conditions

For each condition

- Overview and prevalence
- Symptoms
- Management

Table 2-1 Mental health conditions in the perinatal period

Condition	Symptoms	Management
Baby Blues <ul style="list-style-type: none"> • temporary psychological state; not a disorder • usually starts 3rd day post partum • linked to hormonal changes. • 60-80% of women. 	<ul style="list-style-type: none"> • sudden mood swings (feeling very happy, then very sad) • crying for no obvious reason • feeling impatient, • unusually irritable, • restless, • anxious, • lonely or sad 	<ul style="list-style-type: none"> • Usually resolves with compassionate support. • Symptoms may last only a few hours or up to two weeks after birth • Careful monitoring - about 20% of women who experience the 'baby blues' will progress to having postnatal depression.
Depression <ul style="list-style-type: none"> • low mood, • loss of interest and enjoyment, • as well as reduced energy for at least two weeks. • 15-35% of women in pregnancy or postpartum every year in South Africa. 	<ul style="list-style-type: none"> • extreme sadness • tearfulness • difficulty in concentrating, • Forgetfulness • disturbed appetite or sleep (too much or too little) • thoughts that one is worthless (low self-esteem) • feelings of guilt • helplessness • irritability • extreme tiredness • loss of sex drive • Similar symptoms to anxiety disorders 	<ul style="list-style-type: none"> • Screen for common mental disorders • Refer to community mental health team, ward based outreach teams or medical officer if screen is positive or there is clinical impression of a problem • Psychoeducation about depression and treatment options • Women with a past history of a severe mental health condition: comprehensive mental health assessment before conception or in the antenatal period and additional support

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**Associate Professor
Simone Honikman
PMHP Director**

 Simone.Honikman@uct.ac.za

 www.pmhp.za.org

 [@PMHPatUCT](https://twitter.com/PMHPatUCT)

 <http://perinatalmentalhealth.wordpress.com/make-a-difference/>