The Perinatal Mental Health Project

Caring for Mothers
Caring for the Future

The Perinatal Mental Health Project (PMHP): a summative evaluation of a pilot implementation programme

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Background

Maternal mental health in low and middle income countries (LAMICs) is a neglected area within public health. The prevalence of postnatal depression in developed countries is 10-15%.[1] In LAMICs, the rate is frequently noted to be three times this level.[2,3] In Khayelitsha, an informal settlement outside Cape Town, the prevalence of postnatal depression is 35%.[4] The negative cycle of mental ill-health and poverty is especially relevant for women and their infants 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 to it.[5] In South Africa, overburdened maternal and mental health services have not been able to provide the necessary care. Mental health disorders during pregnancy are considered to be as common as those postnatally[6] and are highly associated with distress postnatally[7]. An opportunity exists to provide mental health programmes, when women attend health services for antenatal care.

Objectives

1) To describe the processes and patterns of utilisation for the Perinatal Mental Health Project (PMHP) screening, counselling and psychiatry service;
2) To analyse characteristics for patients who qualify for, decline referral, are counselled, and default appointments; and
3) To provide information to inform and improve on service provision.

Setting

The Cape Town-based PMHP was launched in 2002 at Mowbray Maternity Hospital (MMH).

Screening is offered at the second antenatal visit. It is self-administered in private. Two questionnaires are used:

- Edinburgh Postpartum Depression Scale (EPDS)[8]
- Risk Factor Assessment (RFA) (11 yes / no questions) – developed by the PMHP

Nursing staff calculate scores. Levels of EPDS ≥13 and or risk factors ≥3 qualify for referral. Appointments are arranged to see an on-site counsellor. The counsellor may refer to a psychiatrist who provides a weekly session on site.

Methods

Service utilisation data from a 30 month period, ending in June 2008, were entered into a database. Odds ratios were calculated for categories defined by pattern of service use. Results were collated into a flow diagram.

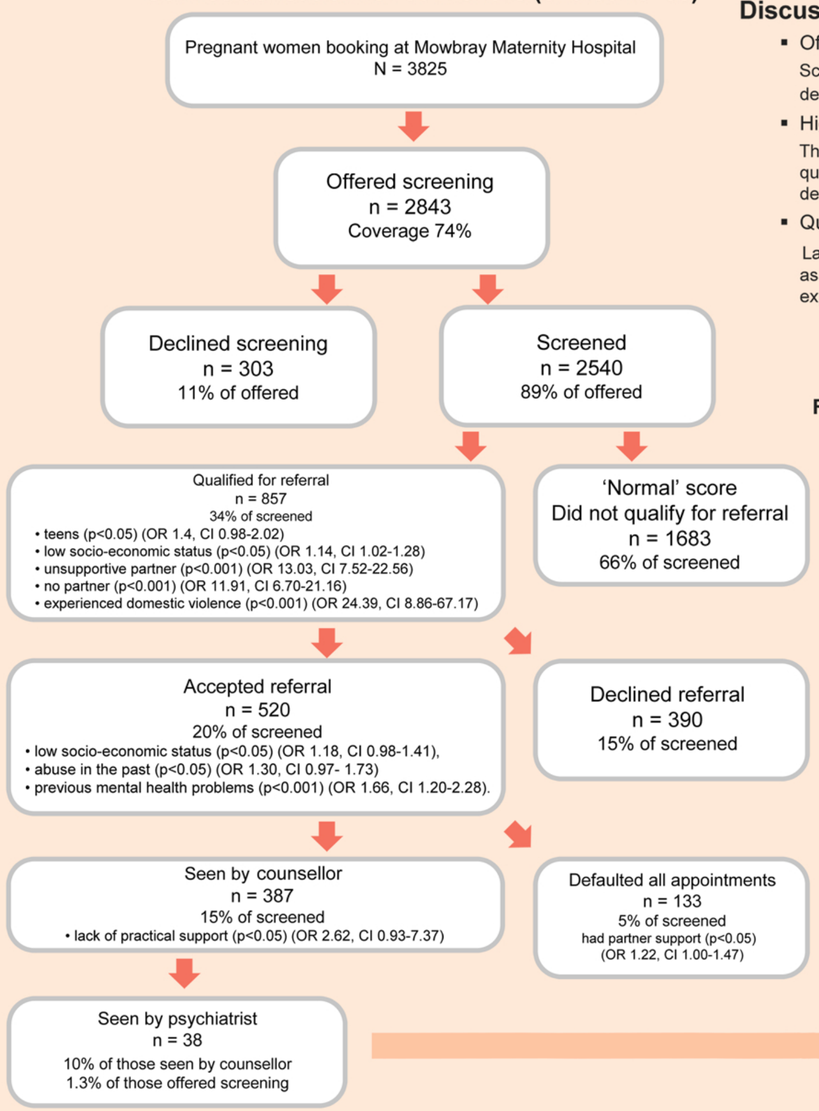
Results

Factors relating to social support were associated with both the need for mental health care and service uptake.

Description of women attending counselling

		Presenting problems categories	
No. new clients	387	Primary support problems	69%
Average no. sessions/client	1.7	Problematic Social environment	20%
Client information		Health / medical problems	19%
Mean age	25.5	Difficulties with lifestyle transition	36%
Mean EPDS score	16.0	Psychiatric problems	28%
Mean RFA score	3.5	Included in 2 or more categories	54%

Service utilisation for 30 months (end June '08)



Discussion

- **Offering screening**
  Screening procedures need to be brief, and referral criteria designed according to resources available.
- **High coverage**
  The PMHP has demonstrated that the degree of need (34% qualify) for mental health services warrants allocation of dedicated counsellors.
- **Qualifying for referral**
  Lack of support by a partner appears to be highly associated with qualifying for referral. The women who experience domestic violence are particularly at risk.
- **Defaulting appointments**
  There is a significant defaulting rate for counselling appointments. This may be ameliorated by an adequate follow-up and tracking as well as an "open-door" policy. A dedicated counsellor improves efficiency of the service by diminishing the loss to follow-up rate.
- **Counselling**
  Uptake of counselling is strongly associated with lack of practical support. Problems with primary support are key problems for 69% of women counselled.
- **Psychiatry**
  Major Depressive Disorder was diagnosed for 86% of those who saw a psychiatrist. Those with disorders in the anxiety spectrum represented 34%

Recommendations

• A mental health service should be integrated routinely within the maternal care package and provided on site. This maximises access for those most at risk, including women with problematic partner relations and adolescents.
• A full-time, dedicated counsellor enables a more flexible arrangement for appointments. This is particularly relevant for those in need of additional support systems.
• In low resource settings, a valid and brief screen should be developed for local use.

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Description of women attending psychiatry

No. new clients	38	**Categories in history**		**Diagnostic categories**	
Average no. sessions/client	2.3	Past/current abuse	53%	Major Depressive Disorder	86%
Client information		Previous psychiatric history	50%	Post Traumatic Stress Disorder	5%
Mean age	27.2	Unsupportive family	45%	Generalised Anxiety Disorder	11%
Mean EPDS score	17.1	Unsupportive partner	45%	Panic Disorder	18%
Mean RFA score	3.9			More than one diagnosis	29%