Wellness Summit

Maternal mental health

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Perinatal Mental Health Project

Caring for mothers.
Caring for the future.

www.pmhp.za.org

Photo: PMHP
Key messages

• Mental disorders around pregnancy around 1 in 3 women in SA
• Women more vulnerable when have risk factors.
• Impacts for mothers (physical and mental) may be severe.
• Impacts for infants and children (physical and mental) may be severe.
• There are unique opportunities to address this silent epidemic.
• There is ample evidence for low cost interventions.
• Addressing maternal mental health will impact several key priority areas in health and development.
How much of a burden?

Depression

• In pregnancy 40% (Khayelitsha, KZN)
• After pregnancy 35% (Khayelitsha)

• In developed countries: 10-15%
Risk Factors

- Poverty
- HIV/AIDS
- Violence
- Lack of support
- Refugee status
- Substance abuse
- Teen pregnancy
- Maternal Mental Illness
- Poor uptake of Services
- Adverse maternal outcomes
- Adverse child outcomes
Self-portrait: Thembisa Mdatyulwe
Impacts for mothers

- Suicide
- ↑ chance HIV infection
- Progression of HIV illness
- Poor adherence to medical care
- Violence
- Social drift
- Poverty
Impacts for infants and children

- Poor obstetric outcomes
- ↓ chance successful breastfeeding
- Child physical outcomes
- Child developmental outcomes
- Child emotional outcomes

Intergenerational vicious cycle of poverty and distress

Persist into adolescence
Adverse outcomes

Mother

Antenatal distress  →  Postnatal distress
- Chronic mental illness
- Drugs / alcohol
- Suicide/Infanticide

Child

Childhood / Adolescence
- Abused
- Mental health problems
- Conduct disorder
- Attention Deficit Disorder
- Substance abuse

Infancy
- Emotional problems
- Cognitive problems
- Poor growth

Dysfunction influences the next generation
Poor bonding
What are the opportunities?

• Perinatal period = high contact with health facilities
• Staff skills and morale improvement – other knock-on effects
• Mental health promotion
• Mental disorder prevention
• General health promotion and prevention
• Stop the vicious cycle – intergenerational effects on health and poverty
What can we do?

• Integrate, integrate, integrate
• Make mental health routine part of primary health care
• Screen all
• Refer on-site
• Quality counselling
• Stepped care
• Complementary care: violence, poverty alleviation
What have we done?
The Perinatal Mental Health Project

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• Service Delivery
• Health worker training
• Research to develop best practice model
• Advocacy
Services overview

All services free of charge

- 10,000 pregnant women screened
- 91% coverage (2010)
- 1,500 woman counseled on-site
- 113 women received psychiatric intervention, on-site
- 4,000 health workers trained
- 200 community carers trained in 2010

Photo: PMHP
What do we want to do?

• Refine model
• Scale up
• Collaborate
• Integrate

Photo: Alexia Beckerling
Working upstream
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