The purpose of this Policy Brief is to:

- Draw policy-makers’ attention to broad development implications of maternal mental health
- Illustrate how addressing the mental health of mothers can help South Africa to achieve several key policy goals simultaneously

**Audience:**
Clinicians, managers, health planners, strategists, policy-makers in the health, development and NGO sectors

**BACKGROUND**

The high prevalence of common mental disorders during pregnancy and in the postnatal period in low- and middle-income countries is well documented. These have adverse effects on maternal and child mortality and morbidity, as well as on social and economic outcomes.

In South Africa, where rates of common mental disorders are particularly high, integrating maternal mental health interventions into existing health and development programmes can provide a means to achieve the goals of several key South African statutes and policies.

- In South Africa, as many as one in three women experience depression or anxiety during pregnancy and in the postnatal period.\(^1\)
- Common maternal mental disorders are a leading cause of maternal mortality globally,\(^2\) and have consequences on infant and child health outcomes: they can impede growth, increase diarrhoeal disease episodes, and affect emotional and cognitive development of the child.\(^3\)
- Common maternal mental disorders can also affect parenting, mothers’ engagement with health & social services, education and income generating activities.\(^4\),\(^5\)
- Research suggests that maternal mental health interventions can be feasibly and effectively integrated in primary health care, even in low-resource contexts. Doing so can address the mental health of pregnant women and mothers, and promote general health and social development for both mothers and their children.

The Perinatal Mental Health Project has been providing an integrated maternal mental health service in low-resource communities in Cape Town for 11 years.
1. **National Development Plan 2030 (2012)**

Chapter 9* of the Plan: Intervene in ECD through empowering mothers

- First 1000 days – utilise critical period from conception;
- pregnant women and mothers need access to emotional and material support to ensure a healthy pregnancy;
- need to ensure optimal nurturing for children so they can grow up healthy, well nourished, physically fit, cared for in a stable home environment;
- empowered mothers lay a solid foundation for a healthy life, and potential to achieve higher educational achievement.

**Delivering maternal mental health care to mothers would:**

- address all of these development goals simultaneously;\(^2\)
- be the most cost-effective time to intervene for investment in human capital. \(^10\)


**Principle: Protection against vulnerability**

Developmental vulnerabilities to mental health problems associated with life stages, as well as vulnerabilities associated with gender (including pregnancy), socio-economic position, ill-health and disability, should be protected against through the provision of **targeted prevention interventions**.

**Areas for Action by 2015**

1. Mental health will be **integrated** into all aspects of **general health care**, particularly those identified as priorities within the 10 point plan e.g., TB and HIV and AIDS.
2. Mental health promotion and prevention initiatives will be **integrated** into the policies and plans of a **range of sectors** including, but not restricted to, health, social development and education.
3. **Specified micro and community level mental health promotion and prevention intervention packages** will be included in the core services provided, across a range of sectors, to address the particular psychosocial challenges and vulnerabilities associated with the different lifespan developmental stages. These will include:
   - **Motherhood:** (1) treatment programmes for maternal mental health as part of the routine antenatal and postnatal care package; (2) programmes to reduce alcohol and substance use during and after pregnancy.
   - **Infancy and Early childhood:** programmes to increase maternal sensitivity and infant–mother attachment.

Introduce routine indicated assessment and management of common mental disorders in priority programmes at PHC level: ● TB, HIV & AIDS ● **Antenatal mothers** ● **Postnatal care** ● Family planning ● Chronic diseases

**Integrated maternal mental health interventions**

- that include routine mental health screening can feasibly be incorporated into physical health screening procedures at community level and within most priority programme areas at PHC level;\(^5\)
- can include the management of common mental disorders at PHC level by non-specialist staff.\(^6,7\)

3. **National Department of Social Development Strategic Plan 2012-2015**

1. *A long and healthy life for all South Africans.*
2. Reduction in new HIV and AIDS infections.
3. Mitigation of the psychosocial and economic impact of HIV and AIDS as well as TB and other chronic illnesses.
4. Strengthened community capacity and systems.
5. Improved access to ECD programmes: investing in the development of children is one of the primary means of improving human capital and reducing intergenerational poverty.
8. Protection of poor and vulnerable citizens against income poverty.
9. Strengthened collaboration with stakeholders in order to enhance service delivery.
10. Deepened social policy discourse and evidence-based policy-making.

**Integrated maternal mental health interventions would:**

- support the creation of a safe, stimulating and nurturing environment for the infant;
- empower women to identify and access means of social and financial support.

\* Numbering follows original policy document for ease of reference
4. National Strategic Plan on HIV, STIs & TB (2012-2016)

**Strategic objective 1:** addressing drivers of HIV, STI and TB infections.

**Strategic objective 2: preventing** new HIV, STI and TB infections using a combination of prevention approaches.
- combination of biomedical, behavioural, social and structural interventions that reduce transmission and mitigate susceptibility and vulnerability to HIV, STIs and TB;
- reducing transmission of HIV from mother to child;
- addressing sexual abuse and improving services for survivors of sexual assault.

**Strategic objective 3: sustaining health and wellness** universal access to affordable and good quality healthcare.

- Ensure people living with HIV & TB remain within the healthcare system, **adhere** to treatment & maintain optimal health
  - mental health screening with appropriate referral;
  - strengthening the integration and provision of mental health services within maternal and childcare programmes;
  - developing programmes to focus on both physical and mental wellbeing.
- **Counselling and mental health services should be available in all health and social services facilities** given the impact of testing positive and its implications.

**Integrated maternal mental health interventions would:**
- address a key factor underlying non-adherence to treatment regimens; ¹¹
- increase the capacity of women to negotiate intimate partner relationships;
- link and support existing HIV testing and counselling objectives.

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**A model for integrating mental health into maternal care**

<table>
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<tr>
<th>Prepare and maintain the service environment ¹²</th>
<th>Detection: an entry point to care ⁷</th>
<th>Referral to quality counselling ⁷, ¹³</th>
<th>Partnerships with stakeholders ⁶</th>
<th>Monitoring and evaluation ⁶</th>
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| For health and development workers:  
- Improve mental health literacy;  
- Impart practical skills for empathic engagement;  
- Support mental wellness of workers themselves. | Staff should use a simple, yet valid screening tool as a routine procedure.  
When integrated into assessments, stigma is minimised, uptake is optimised. | Brief interventions show positive impact on maternal mood, functioning and child outcomes.  
Impact and sustainability is maximised with adequate quality training and supervision.  
Efficiency is enhanced when counselling is integrated on site with other services.  
Continuity of care is enhanced when counsellors take on a case management role. | Meaningful relationships & communication strategies support comprehensive care.  
Collaborations between sectors and services require active engagement and referral procedures. | Standard M&E procedures should include simple coverage and uptake indicators.  
Accountable management will ensure communication of findings to stakeholders.  
Leadership will ensure active and accountable engagement with the findings to ensure quality of care and sustainability of the service. |

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The Perinatal Mental Health Project’s experience of integrating maternal mental health:  
23,000 women screened; 4000 women counselled; 3500 health workers trained

- Participatory, mental health training packages adapted for different cadres of workers;  
- In-service training & courses embedded in curricula.
- Feasibility and acceptability of routine mental health screening demonstrated with 80% uptake by booking mothers. ⁵
- Local validated screening tool in development.
- Improvement after average of 3 sessions. ⁵  
- Range of evidence-based techniques used;  
- Routine follow-up ensures continuity and assists evaluation.
- Development of several mutually supportive referral pathways to health and development sectors and CBOs/NGOs.
- Increased screening and counselling uptake, reduced loss to follow up;  
- Communication of findings to stakeholders to promote strategic collaboration.
Maternal mental health services may be integrated into the following programmes:

- Basic Antenatal Care and Intrapartum Care
- Mother Baby Hospital Friendly Initiative
- Saving Babies
- Contraception
- Non-Communicable Diseases
- Child Care & Protection
- Family and Parenting
- Essential Postnatal Care
- Perinatal Problem Identification Programme
- Early Childhood Development
- Immunisation programmes
- Substance Abuse
- Victim Empowerment

Other relevant statues and policies

- DOH 10-Point Strategic Plan 2009-2014 & Outcome-Based Medium-Term Strategic Framework 2009
- South Africa’s national strategic plan for a campaign on accelerated reduction of maternal & child mortality 2012
- Strategic plan for maternal, newborn, child and women’s health and nutrition in South Africa 2012-2016
- National Department of Health Public Healthcare Re-engineering Plan 2010
- The Negotiated Service Delivery Agreement (NSDA) 2010-2014
- Diagnostic Review of the Early Childhood Development Sector 2012

Resources


About PRIME

PRIME is a Research Programme Consortium (RPC) led by the Centre for Public Mental Health at the University of Cape Town (South Africa), and funded by the UK government’s Department for International Development (UKAID). The programme aims to develop world-class research evidence on the implementation, and scaling-up of treatment programmes for priority mental disorders in primary and maternal health care contexts, in low resource settings.

Partners and collaborators include the World Health Organization (WHO), the Centre for Global Mental Health (incorporating London School of Hygiene & Tropical Medicine and King’s Health Partners, UK), Ministries of Health and research institutions in Ethiopia (Addis Ababa University), India (Public Health Foundation of India), Nepal (TPO Nepal), South Africa (University of KwaZulu-Natal & Human Sciences Research Council) and Uganda (Makerere University & Butabika Hospital); and international NGOs such as BasicNeeds, Healthnet TPO and Sangath.

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