

Opportunities for integrating mental health care into maternal health care platforms in low-resource settings

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Burden of maternal mental health

- Common perinatal mental disorders (CPMDs), which includes depression, anxiety and somatic disorders, are a major cause of disability during and after pregnancy
- Burden of perinatal depression (*pregnancy period + 12 months postpartum*) is high globally but even higher in LMICs with estimates from **18% to 25%**
- Burden of CPMDs can be reduced through mental health interventions delivered by supervised non-specialists
- Implementation of depression interventions in primary care settings is cost-effective
- Addressing maternal mental health benefits women, children and their families

Risk factors for CPMDs

- Poverty
- Gender-based violence
- Lack of reproductive autonomy
- Having an unintended pregnancy
- Lack of social support

Key References:

Fisher et al., *Bull World Health Organ* 2012;90:139G–49G; Rahman et al., *Bull World Health Organ* 2013;91:593–601; Chisholm et al, *BJP*; 2004, 184(5): 393-403; Araya et al., *Am J Psychiatry* 2006; 163:1379–1387.; Siskind et al., *J Mental Health Policy Econ*; 2008;11(3):127-33.



Impact of perinatal depression

Impact on Mother

- Disability, poor quality of life
- Poor social functioning
- Decreased productivity
- Negative cognitions
- Suicidal ideation

Impact on Child

- Undernutrition, stunting, diarrhea
- Problems in breastfeeding
- Low academic achievement
- Socio-emotional and cognitive delays
- Childhood depression
- Behavior problems



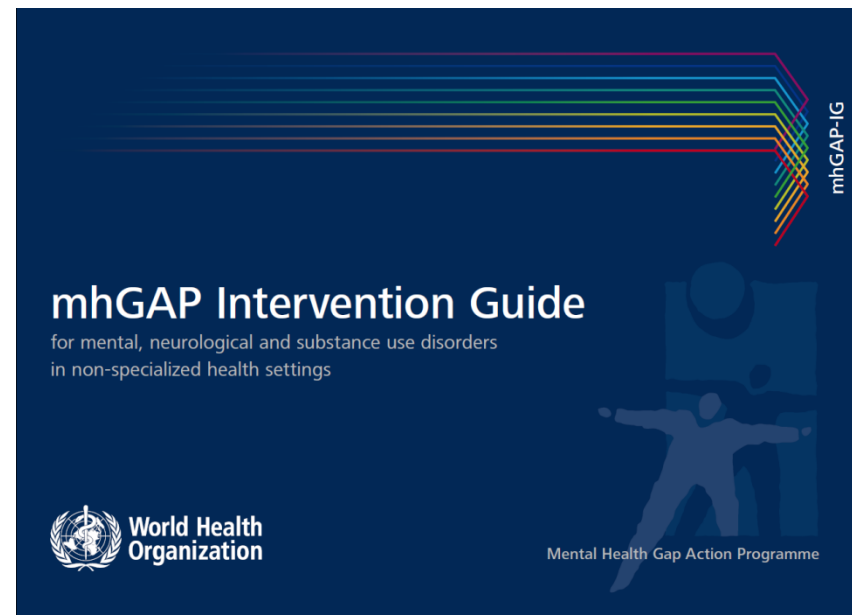
Wachs, et al. (2009). Maternal Depression: A global threat to children's health, development, and behavior and to human rights. *Child Development Perspectives* 3(1):51-59.

Fisher, et al. (2012). Prevalence and determinants of common perinatal mental disorders in women in LMICs: a systematic review. *Bull World Health Org* 90:139-149G.

Rahman, et al. (2013). Grand Challenges: Integrating Maternal Mental Health into Maternal and Child Health Programmes. *PLoS Med* 10(5).

Global mental health policies and guidance

Recommendation to assess mother 10-14 days postpartum for resolution of mild, transitory postpartum depression (“maternal blues”). If symptoms persist, further assessment and evaluation.



WHO, 2010

Psychosocial treatment for depression

Psychoeducation; Addressing current psychosocial stressors (e.g. domestic violence); Reactivate social networks; Structured physical activity program; Follow-up; * Medication as indicated



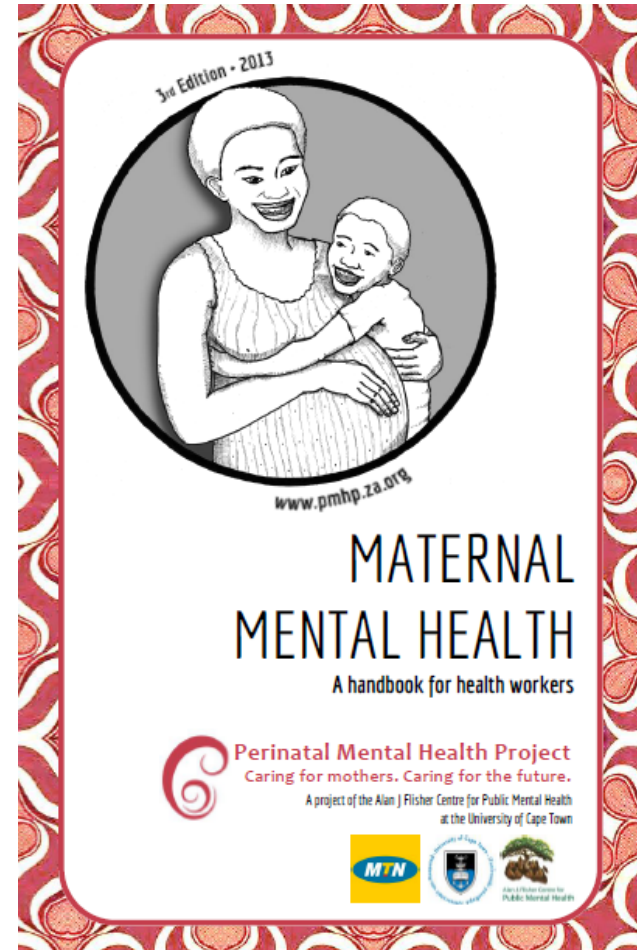
Maternal mental health resources developed for LMICs



THINKING HEALTHY

A manual for psychosocial management of perinatal depression

WHO generic field-trial version 1.0, 2015
Series on Low-Intensity Psychological Interventions – 1



Integration opportunities within maternal health care continuum

- Mental health integrated into maternal health services
 - Facility-level
 - E.g. antenatal care, PMTCT, HIV care & treatment, family planning, and well-child/immunization visits
 - Community-level
 - E.g. Screening and referral by health extension workers (Ethiopia) or church-based lay counsellors within antenatal program (Nigeria)
- Integrating mental health requires health systems strengthening *(e.g. effective referral system is part of quality service delivery yet many barriers to referral completion)*



PRIME-South Africa Package for treating depression in PHC



- Background: Department of Health in South Africa is piloting introduction of integrated screening and management for chronic disease management in primary health care in 10 national health insurance pilot districts
- Tool: Primary Care 101 (PC101)
Symptom-based clinical management guideline using algorithms for management of multiple chronic conditions (including mental, neurological and substance abuse disorders)

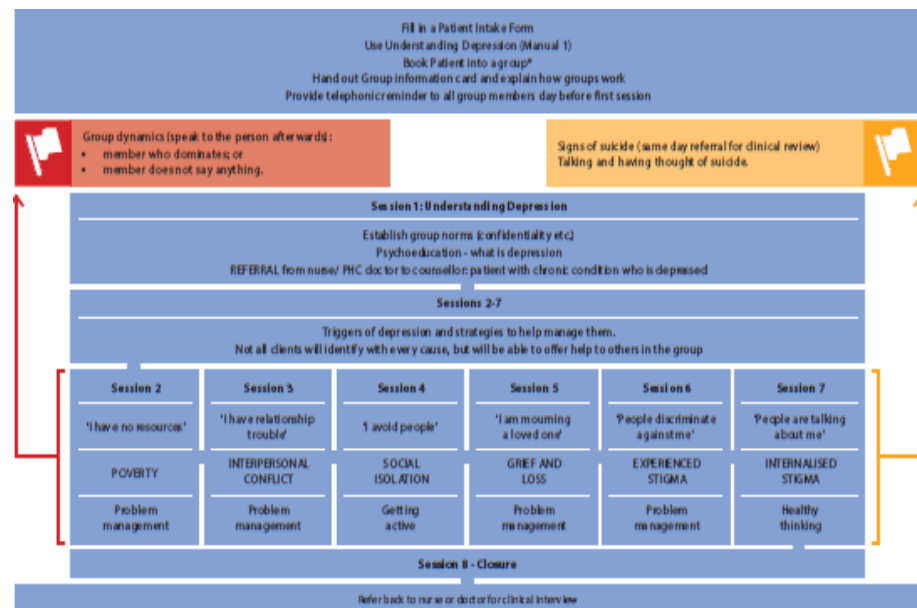
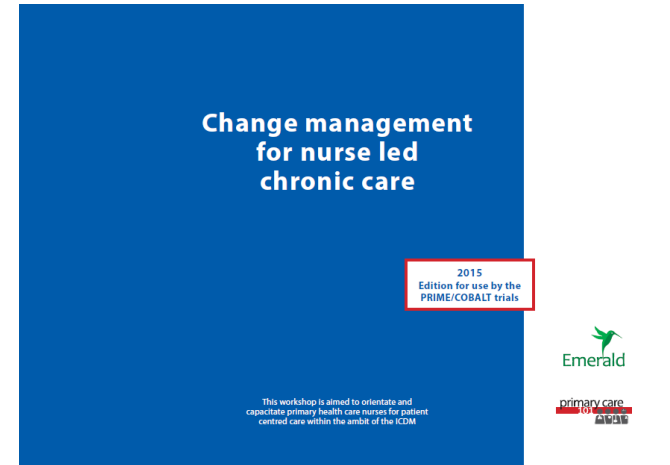


PRIME-South Africa Depression Package



Facility-based collaborative care package for depression comorbid with other chronic conditions (including NCD & ART patients)

- Change management for nurse-led chronic care
- PC101+ (strengthened module on mental health (depression, AUD and follow-up))
- Initiation of anti-depressant medication by PHC doctors
- On site counselling service by behavior change providers (community health worker level) supervised by district psychologists





Integrated mental health care for perinatal women living with HIV and depression in Tanzania

- **Background**: Tanzanian health policy calls for integrated mental health and HIV care at district and lower level health services. Integration of depression packages in PMTCT may reduce opportunity costs of care and improve treatment outcomes.
- **Intervention**: Comparing a task-sharing approach (i.e. problem solving and cognitive behavioral therapy components delivered to groups facilitated by lay community-based health care workers) versus none, in sites with site-based integrated improved standard of care for depression treatment among HIV-positive women accessing PMTCT-plus services at government MCH clinics (NIMH-funded)



Training health providers for enhanced standard of depression care in PMTCT services

Assessment, diagnosis and management (8 training sessions)

- Able to identify moderate-severe depression (also previous mania episodes, alcohol and substance use disorders, and psychotic symptoms)
- Offer psychosocial support including psycho-education, behavioral reactivation & structured activities counseling
- Know when and where to refer
- Refill antidepressant prescriptions post referral
- Provide regular follow up
- Refining standard operation procedures (SoPs) and clinic guides for enhanced mental health care

Assessment, diagnosis and management (3 training sessions)

- Assessment, crisis management (for those with high suicide risk) and referral
- Refining SoPs and clinic guides for enhanced mental health care



Agreed Collaborative Care plan

Who is responsible for care	What is the focus?	What do they do?
Step 3b: Supervision at facility or at tertiary care facility Psychiatrist	Response to referral - Risk to life/severe self-neglect	Medication/complex psychological interventions, combined treatments
Step 3a: Facility-based MH care room Psychiatry nurse & Clinical Officer/AMO ESC	Collaboration: Risk to life/severe self-neglect - consult	Discuss key current stressors, psycho-education, consult with psychiatrist by phone; refer or prescribe as per consult
Step 2b: Prescribers Room RCH Clinical Officer/AMO ESC	Recurrent and those with significant risk to self-care or suicide	Provide information on option for drug treatment; prescribe using good prescribing practices
Step 2a: Identified private spot in the facility Medical social worker ESC	Psychosocial stressors that precipitated /maintain symptoms	Address intervenable significant psychosocial stressors
Step 1: PMTCT room RCH NMW counselor ESC	Screening for depression; recognizing and responding to moderate to severe depression	<ul style="list-style-type: none"> • Assessment • Mild depression: Watchful waiting & brief psychoeducation • Mod-severe depression: key current stressors, psycho-education, assess for suicidality/monitor adherence; • Consult with social worker for remediable stressors OR ANC clinical officer for depression severe functional impairment/severe suicide risk;

Key: RCH = Reproductive and child health clinic; NMW= nurse midwife; AMO=Assistant Medical Officer; ESC=Enhanced standard of depression care trained

The Way Forward: MCH & Mental Health

- Integrating maternal mental health care will help advance maternal and child health (MCH) status
- Evidence-based and/or promising interventions developed for LMICs are becoming publicly available and WHO's mhGAP guidelines are increasingly being adapted for local contexts
- As MCH programs consider integrating and scaling up new and adapted mental health interventions, sufficient attention and resources must also be paid to strengthening health systems
 - Task-shifting/sharing needs supportive supervision and monitoring
 - Functioning referral systems and training for non-specialists to screen/refer/follow-up
 - Incorporating mental health into HMIS
 - Sensitization of communities as well as health financing stakeholders that mental disorders are treatable and a good MCH investment

