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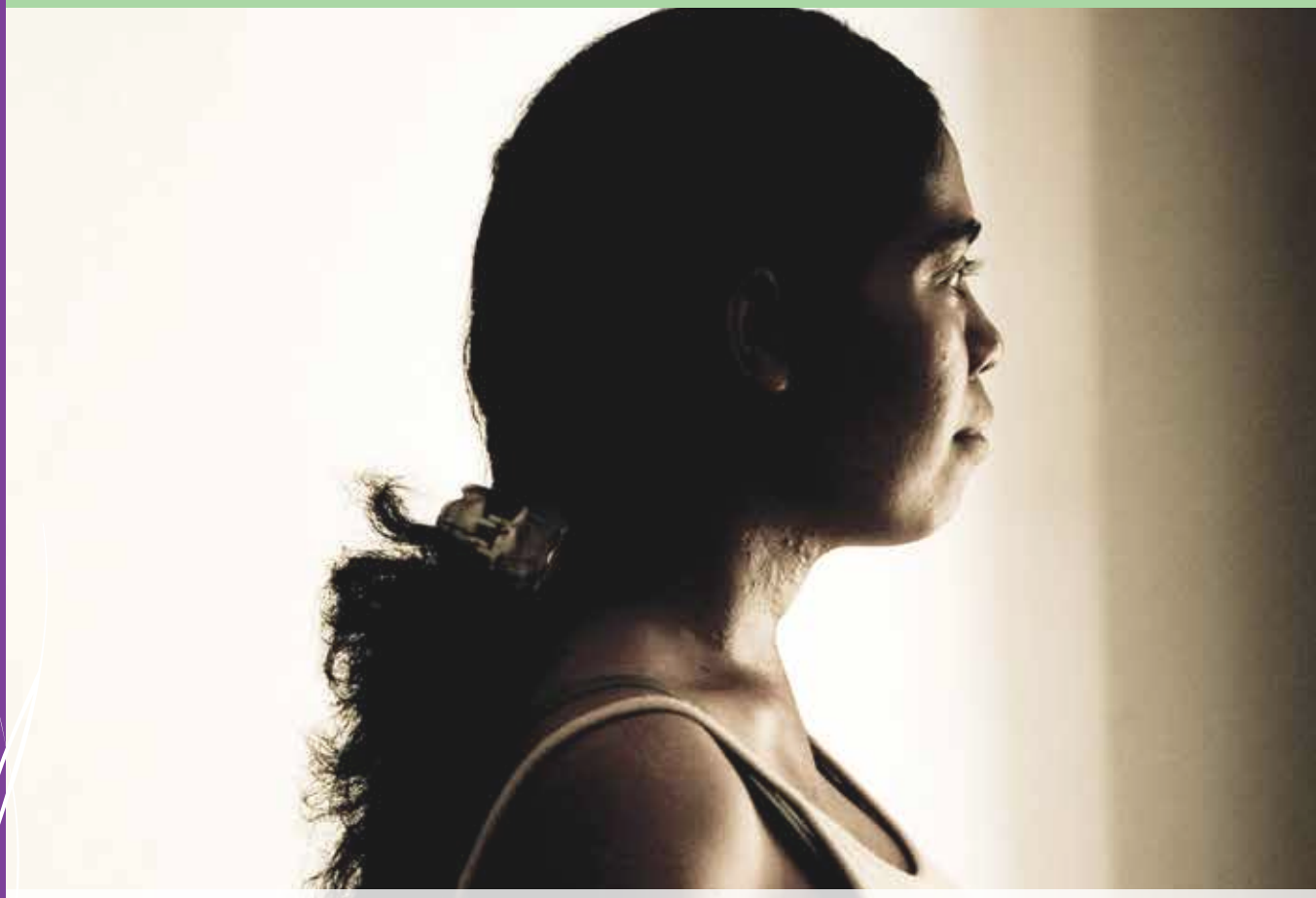
KNOWLEDGE SUMMARY: WOMEN'S & CHILDREN'S HEALTH

2014

MATERNAL MENTAL HEALTH:
WHY IT MATTERS AND WHAT COUNTRIES WITH LIMITED RESOURCES CAN DO



Despite being a basic right for every woman and important for the psychosocial well being of women and their children, recognition of maternal mental health has not been a priority on health agendas for many low- and middle-income countries. Mental health and non-communicable diseases have emerged as a central focus for public health experts globally, in discussions about the post-2015 agenda. A paradigm shift towards integrated approaches ensures a responsive health system with strategies in place not only for treatment and care, but also for the promotion of maternal mental health and prevention of mental health problems through broader, cross-sector linkages.

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The Partnership for Maternal, Newborn & Child Health

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IDEAS Evidence to improve maternal & newborn health

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The challenge

Why maternal mental health matters

Common perinatal mental disorders (CPMDs), essentially comprising depression, anxiety and somatic disorders, are one of the major causes of disability during and after pregnancy, affecting the quality of life of both mother and child.[1] Depressive disorders in pregnant women have been shown to be associated with the use of tobacco, alcohol and other harmful substances, necessitating the need for intervention.[2] According to a recent review, almost one in every five women experiences one or more CPMDs during pregnancy or after child birth in low- and middle-income countries (LMIC).[3]

Maternal mental health problems primarily including CPMDs, alcohol use and psychosis are a key cause of pregnancy related morbidity and mortality.

Psychosis, although rare - affecting only one to two women in every 1 000 giving birth can lead to detrimental consequences like suicide and harm to the baby. This makes it vital for health-care providers to identify the symptoms at an early stage for timely intervention.[4]

Adolescent pregnancy

Adolescent mothers are not only at higher risk of pregnancy-related complications, e.g. miscarriage and stillbirth, but also face challenging social circumstances including forced marriage, poverty and stigma, making them more vulnerable to mental health problems like depression.[5] According to World Health Organization (WHO) statistics, 95% of adolescent pregnancies occur in LMICs.[6]

Intergenerational impact

Long-term studies have shown that depressive disorders in mothers adversely affect the psychosocial well-being of their children.[7] Evidence makes clear how maternal depression can translate into the intergenerational transmission of health and socio-economic disadvantages.[8, 9] Interventions for improving maternal mental health lead to better mother-infant interaction, improved cognitive development and growth, reduced diarrhoeal episodes and increased immunization rates.[10]

How are countries responding to this need?

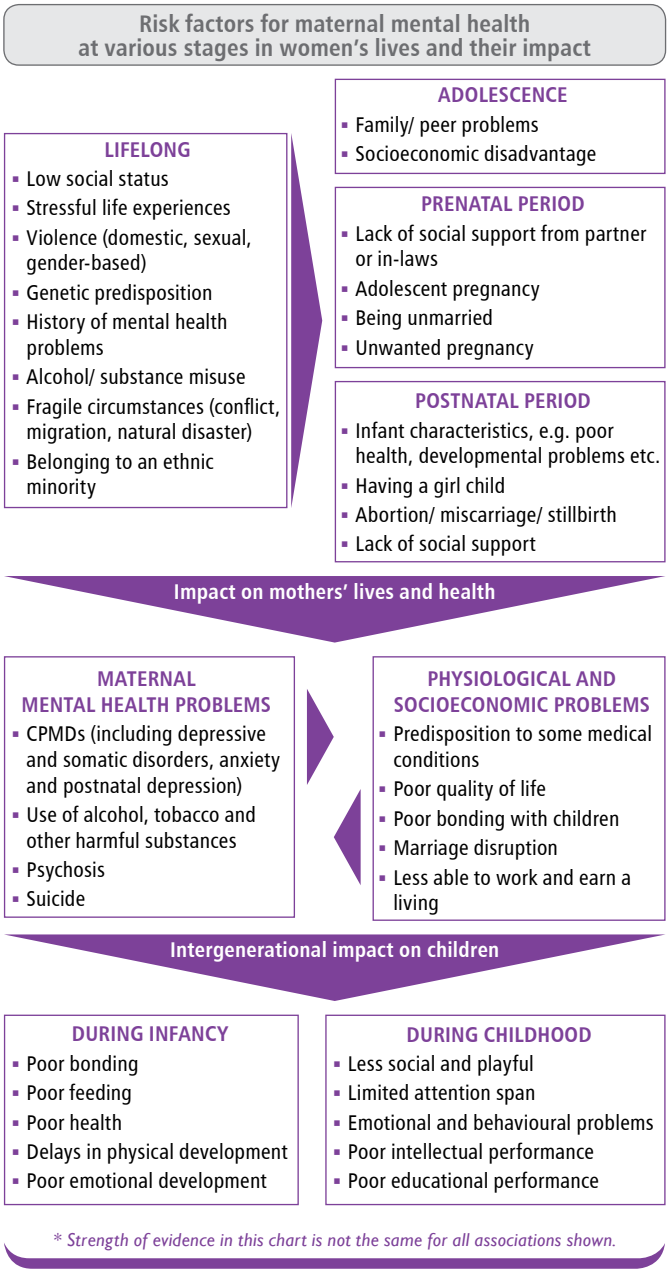
Currently, there are no formal integrated systems for addressing maternal mental health needs in LMIC, yet mental health problems are detectable at primary care level,[3] and there are examples in which non-specialists have delivered acceptable, feasible and affordable interventions with encouraging outcomes in terms of early detection and timely and effective treatment.[12]

A major problem is the difficulty of detecting CPMDs in resource-constrained health systems. During regular antenatal and postnatal visits, primary symptoms of these disorders - like poor sleep, fatigue and low appetite - can go easily unnoticed by health professionals who have no training in mental health screening.[13, 14, 15]

A lack of trained health workers, along with insufficient resource allocation for primary care and weak health systems further contributes to the problem.[16]

Figure 1

Risk factors for mental health problems in mothers and their impact on mothers' and children's lives[2, 3, 10, 11] *



** Strength of evidence in this chart is not the same for all associations shown.*

What works

Comprehensive and integrated primary mental health care is a concept that takes into account the complexity of the interaction of physiological, social and psychological factors for mental health care provision at primary and community level.[17, 18] As such, it offers a solution for addressing maternal mental health. It can be achieved by taking into account WHO's building blocks for health systems, i.e. appropriate and timely service delivery, a trained health workforce at primary care level, improved health information systems, equitable access to essential medicines and enhanced financing, and effective leadership/governance at national, local, health facility and community levels.[19]

WHO's Mental Health Gap Action Programme (mhGAP) stipulates evidence-based guidelines for an integrated system to treat maternal depression, psychosis and alcohol abuse at primary and community health care levels through a non-specialised health workforce in LMIC.[20] The mhGAP intervention guide provides simple and locally applicable tools, that can be integrated within the health system for comprehensive planning, education and training of health care providers, and delivery of services at primary level to manage mental health problems.[21]

Such services need to be incorporated into routine antenatal and postnatal care services to reach a greater proportion of women at a minimal cost. Recent analysis indicates improvements in maternal mental health in a few LIMC through psychological and health promotion interventions given during the antenatal and postnatal periods.[22] These have been effective in reducing the symptoms of CPMDs through non-pharmacological interventions provided by trained and supervised non-specialist health professionals.

Agenda for action

An integrated system involving identification of mental health problems through the application of context appropriate assessment methods during routine antenatal and postnatal visits, followed by provision of psychosocial support and appropriate referrals as needed, can improve both maternal and child health outcomes.

Simultaneously, innovative preventive programmes targeted at promoting maternal psychosocial well-being and raising awareness among women and their partners of the danger signs, along with social support through participatory women's groups and/or health visitors, may also be beneficial. However, careful evaluation is required to see how these interventions work.

This would be facilitated through fund-raising for mental health and redirecting available resources towards primary health care and community-based services to integrate mental health services into existing sexual health, reproductive, maternal and child health, and youth and adolescent health services.[18, 25] The process will initially require a situation analysis of the current burden of CPMDs in any given country, followed by a gap analysis of available and required resources. For these steps, WHO's Assessment Instrument for Mental Health Systems (WHO-AIMS) provides improved tools to collect information on mental health systems at country level.[26]

In addition, cross-sector collaboration to improve access to education and employment, and the formulation and implementation of laws for social protection and to prevent violence against women, are essential to maternal mental health.

Innovations to address this need

There are a number of examples where effective interventions for mental health have been integrated within maternal and child health care package.[11] Two such examples are:

Case study 1

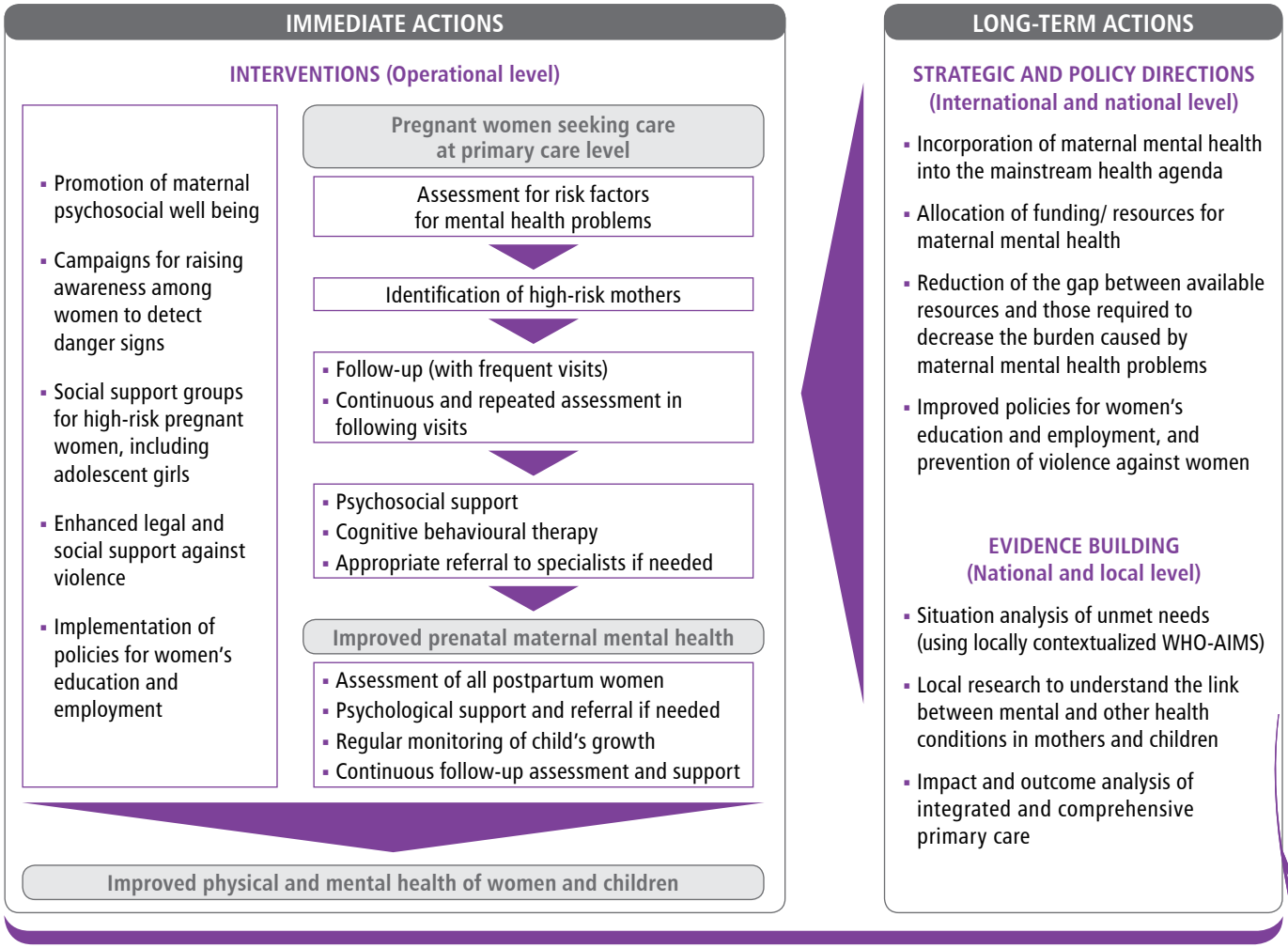
A cluster-randomised control trial aimed at testing the efficacy of a cognitive behaviour therapy-based intervention for mothers with depression in two rural areas in Pakistan, have shown a remarkable decrease in the percentage of women with depression over a 6- to 12-month period. The intervention is designed to be integrated into the routine work of Lady Health Workers. The advantage of this approach is that it reaches women who are most in need, with the added benefit of improvements in infant health outcomes.[14] The approach has also been adapted for integration into large scale maternal and child health programmes.[23]

Case study 2

The Perinatal Mental Health Project (PMHP), began in 2002 in South Africa. It is a stepped care intervention approach applied within a facility-based maternal and child health programme. The main focus is to integrate mental health care for pregnant women at primary level. PMHP has proved successful in increasing maternal mental health screening (with an average of 91% coverage), uptake of counselling (with 2 394 women receiving individual counselling) and improved maternal well-being at the four obstetric sites where it is currently running.[24]

Figure 2

Conceptual framework for integrated maternal mental health care at primary level



Conclusion

Maternal mental health is fundamental to achieving global health targets relating to women and children because of its direct and potentially long-term impact on their general well-being and social and economic participation. It also influences women's care-giving capabilities, which in turn impacts children's health and development. Addressing maternal mental health requires comprehensive and holistic models of care in which psychosocial assessment and treatment can be provided through integrated primary health care. Access to simple, reliable and affordable means of identification and management of mental health problems is a basic human right.

Box 1 – Maternal mental health care provision – a moral case

Disparity in the provision of mental health services, poses a moral and ethical dilemma.[27]

The risk of depression for women is more than one and a half times greater than for men, which is thought be mainly due to historically and culturally rooted social and economic inequalities, and also to gender-based violence, which increases women's vulnerability and reduces their ability to access timely care.[16, 28] The Comprehensive Mental Health Action Plan, endorsed by the 66th World Health Assembly in 2013, highlights the need to integrate mental health services into maternal health programmes.[17] As a part of the WHO's *Quality Rights* initiative, the recently launched MiNDbank programme is directed at promoting human rights.[13]

A list of all references numbered in this text and definitions of key terminologies are available online at:
http://www.who.int/pmnch/knowledge/publications/summaries/en/

Acknowledgements

Scientific writer: *Iram Ejaz Hashmi.* Contributors for development and review: *Jane Fisher, Charlotte Hanlon, Joy Lawn, Natalie Likhite, Olayinka Olusola Omigbodun, Vikram Patel, Atif Rahman, Jennifer Requejo, Joanna Schellenberg, Kadi Toure, Mohammad Taghi Yasamy.* Coordinating team: *Bilal Avan, Agnes Becker, Shirine Voller, Deepthi Wickremasinghe, at the London School of Hygiene and Tropical Medicine, and Vaibhav Gupta, Shyama Kuruvilla, Rachael Hinton, at the Partnership for Maternal, Newborn and Child Health.* Design by: *Roberta Annovi.*

Available on-line at http://www.who.int/pmnch/knowledge/publications/summaries/ks31/en/