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

Joy Noel Baumgartner, PhD, MSSW
Evidence Lab
Duke Global Health Institute

MACH Symposium
28 September 2015
Maternal Mental Health in LMICs

- Burden of perinatal depression is high globally but even higher in LMICs (18-25%) where it is exacerbated by poverty, gender-based violence, unintended pregnancies, and lack of support.

- Depression causes disability and affects women’s ability to cope with everyday stressors.

- Perinatal depression linked to poor infant outcomes and socio-emotional and cognitive development problems in children.

- Integrating maternal mental health care will help advance maternal and child health (MCH) status.

Rahman et al., 2013
Fisher et al. 2012
Recommendation 8:
Assessment of the mother
At 10–14 days after birth, all women should be asked about resolution of mild, transitory postpartum depression ("maternal blues"). If symptoms have not resolved, the woman’s psychological well-being should continue to be assessed for postnatal depression, and if symptoms persist, evaluated.
Psychosocial Treatment for Depression

- Psychoeducation
- Addressing current psychosocial stressors (e.g. domestic violence)
- Reactivate social networks
- Structured physical activity program
- Follow-up (re-assess)

* Medication as indicated

mhGAP Intervention Guide
for mental, neurological and substance use disorders
in non-specialized health settings

World Health Organization

Mental Health Gap Action Programme

WHO, 2010
Integration opportunities within maternal health care continuum

• Mental health integrated into maternal health services
  – Facility-level
    • Many examples of screening during antenatal care, PMTCT, HIV care & treatment, family planning, and well-child/immunization visits…followed by referral
  – Community-level
    • Health extension workers in Ethiopia trained to screen and refer
    • Screening, counseling and referral as needed within church-based antenatal care program in 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)
Facilitated Referrals to strengthen integrated mental health services

1. Screen
- Screen clients for mental health problems

2. Counsel
- Provide minimal psychoeducation and/or counselling

3. Refer
- Refer clients with need to clinic/service & Record referral

4. Record
- Accompany clients to psychiatric nurse, social worker, or trained lay counsellor

5. Accompany

6. Access
- Clients with referrals access psychiatric clinic or social work services for follow-up

7. Monitor
- Monitor reduction in symptoms, disability, quality of life

Baumgartner et al., 2014
MCH programs & Mental Health

- Addressing maternal mental health will benefit women, children and families

- Evidence-based and/or promising interventions developed for LMICs are becoming publicly available (e.g. Thinking Healthy Programme; Friendship Bench) 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 the health system simultaneously