The vision of the Perinatal Mental Health Project (PMHP) is for all women to have access to routine mental health care during and after pregnancy as part of the package of maternal care. The Project develops, implements and evaluates maternal mental health models aimed at increasing the capacity of health workers to intervene where pregnant and post-partum women are experiencing psychological distress. The PMHP partners with public health services to intervene in the crisis of maternal mental illness among poor women in South Africa.

### Summary of success:

Maternal mental health is a neglected and under-researched area. Advocacy is therefore a critical intervention, and comprises one of the four main objectives of the PMHP.

**Specific campaigns and projects have included:**

- an independent website in November 2009. The website has had over 1500 hits since it was launched.
- a short film to raise and maintain awareness of maternal mental health problems and possible interventions. The film demonstrates the positive impacts of maternal mental health services in women’s lives. It has been viewed online over 300 times since uploaded in March 2010.
- a Road Show to screen its film at hospitals, community health centres and at non-governmental organisations working with women in the broader Cape Town area. The Road Show reached approximately 270 practitioners working with women.
- The PMHP has proactively raised its media profile. Maternal mental health issues have been profiled on
  - national television
  - local and international newspapers
  - South African and regional radio
  - online weblinks
- As part of a broader Mental Health and Poverty Project, the PMHP provided material contributions to the new draft of the South African Mental Health Policy. The PMHP participated in the South African National AIDS Council (SANAC) task team to develop an alternative community care worker (CCW) policy framework, advocating for a maternal mental health perspective.
- The PMHP has received a formal commendation from the World Health Organisation and an Impumelelo Innovations Trust award for poverty alleviation and innovation.

In South Africa, perinatal mental health disorders appear to be at least three times the levels found in developed country settings. While postnatal depression affects 10% to 15% of women in developed countries, studies in KwaZulu-Natal and Cape Town report rates of 41% antenatal depression and 35% postnatal depression respectively. Mental ill-health among mothers living in adversity can have significant intergenerational effects through long-lasting impacts on child, women’s and social development.

Women have a significantly higher risk than men of developing depression and anxiety disorders. Pregnancy further increases the risk of mental illness, particularly for those living in poverty.

The stress of living in poverty may lead to increased risk during pregnancy, while women who live with mental illness are at increased risk of sliding into (or remaining in) poverty.

Pregnancy is also the time when most women learn their HIV-status. Mental illness has been found to impact negatively on HIV/AIDS treatment adherence and outcomes. Mental ill-health is a leading cause of maternal mortality (mostly through suicide), and a significant factor in AIDS-related mortality among women generally.
The evolution of health communication since the Alma Ata Declaration (1978) has seen a shift from ‘behaviour-change’ messaging to initiatives which emphasise participation and empowerment. The PMHP thus adopts participatory strategies of ‘cooperation’ and ‘listening’, which validate all involved parties, rather than strategies of ‘telling what to do’.

The PMHP’s approach aims to increase demand for and utilisation of services in communities while simultaneously improving service delivery. The PMHP uses original data and research generated by the Project to present a ‘powerful case for sustainable social change’.

Advocacy can:
- overcome stigma
- encourage positive attitudes toward mental health
- strengthen the sector’s ability to deliver maternal mental health services
- promote community participation and the empowerment of service users
- improve the health of infants, children, and mothers
- precipitate change in policies and programmes

Evaluations of PMHP advocacy strategies revealed that:
- health workers feel helpless, frustrated and concerned about the lack of mental health resources, training and capacity.
- health workers believe that they would be better able to treat their patients if mental health issues were treated too.
- health workers who are aware of mental health issues are able to understand their patients better and appreciate that ‘difficult’ or ‘rude’ behaviour could have complicated causes.
- health workers are interested in having more information about mental health issues.
- due to their own identification of the overwhelming need, health workers are enthusiastic about maternal mental health training.
The PMHP’s advocacy strategy operates on many levels for maximum impact.

Firstly, it engages at the policy level, producing original research and an evidence-based model for service integration. Secondly, the PMHP advocates at a community level. Here, the Project’s impact is two-fold: it raises awareness among health workers and potential service users.

Demand for maternal mental health services becomes more widespread as health workers understand the benefits of an integrated and holistic health service, and women are empowered to know their rights and demand the services they need.

Awareness among decision-makers at the policy level alone will not affect change. An increase in awareness among service users and service providers is also required.

“*If staff can see [your] film, maybe they can understand why patients seem rude. Maybe they are just scared. If we understand this, we can treat them better.*” Midwife, Gugulethu MOU

“I am the clerk here. I work at the reception desk. I am the first person the patient sees, and they are so angry. I think they are angry, and rude, but I can see now that there are so many things going on, and that they are just scared. This [film] helps me think about how I treat the women when they come to book here.” Clerk, Khayelitsha MOU

“This film helps me see the connection many people miss - with domestic violence. Women don’t have support. Part of domestic violence is being isolated. Women really need a service like this. For abused women in particular, this is an opportunity out of abuse.” Counsellor, domestic violence and abuse centre

“Counselling changes their [women’s] mindset and is positive – I have seen it. They are not so depressed anymore. They have a more positive outlook on pregnancy.” Midwife, Mowbray Maternity Hospital

“We realise that we need more awareness ourselves. Not knowing about this [mental health problems] means that we lose that client. We judge first and don’t see depression.” Court worker, domestic violence and abuse centre

“Sometimes women don’t understand what they are feeling. They don’t know about depression and those things. They just think ‘maybe I’m a bad mother’.” Midwife,
**Names and countries of the Research Institute(s) and Organisations(s)**

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<thead>
<tr>
<th>South Africa</th>
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<tr>
<td>University of Cape Town</td>
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<td>University of KwaZulu Natal</td>
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<td>University of Stellenbosch</td>
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**Lead researchers and organisations**

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<th>Role</th>
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<tr>
<td>PMHP Director</td>
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<td>PMHP Counselor:</td>
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<tr>
<td>MHaPP Director:</td>
<td>Prof Crick Lund, University of Cape Town</td>
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**Assumptions/Additional Information**

- Film: Caring for Mothers: available online at www.pmhp.za.org
- Film evaluation available online at www.pmhp.za.org/home/reports.html
- List of media featuring the PMHP: available online at www.pmhp.za.org/advocacy/media.html
- All advocacy information is available online at http://www.pmhp.za.org/advocacy.html

**References**