



Mental Health and Poverty Project (HD6)

Case Study 9:

The Perinatal Mental Health Project (PMHP): Training maternity staff for mental health promotion – the ‘Secret History’ method

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:

In developing countries, nurses' abuse of patients is a significant problem. This has been documented in South African obstetric services: reactive or ritualised abuse has been reported in various forms including clinical neglect, verbal and physical abuse.

In the South African setting especially, nurses often share the same stressors and burdens as their patients, coming from the same social circumstances. It is important to care for their needs to ensure compassionate health care. Research suggests that training should take into account reflection on professional identity, power and the creation of social distance or 'othering'. The 'Secret History' method incorporates these components with the added intention of identifying and acknowledging staff's emotional needs.

Obstetric nursing staff have the opportunity to add to or alleviate levels of distress experienced by vulnerable women during pregnancy. The 'Secret History' method aims to emphasise the latter.

The interactive, confrontational training method enables honest responses toward 'the other'/the patient. Identifying with 'the other' is a critical element of the training and allows for dissolution of cognitions leading to blame, disapproval and abuse of clients.

A process of polarisation and reintegration allows participants to engage with a wider context of maternal care, one which encourages empathy for the 'other' and validates sympathy for the 'self'. Participants are then able to develop their own solutions to address difficulties in the workplace, interpersonal challenges with colleagues and clients, and to generally be more aware, responsive and supportive of the needs of clients, and each other.

There is a high prevalence rate of maternal mental health problems in developing countries. The prevalence of postnatal depression in Khayelitsha township, Cape Town, is thought to be as high as 35%.

South Africa has high antenatal attendance (92%). This provides health workers with an opportunity to alleviate mental health problems among pregnant women.

However, primary care providers in South Africa are not currently trained to detect mental illness. There is a low nurse-to-patient ratio of 1:468 which means that nurses are overworked and operate in high-stress environments.

A number of studies have shown that, in the context of an overburdened primary health care system, primary health care nurses do not have the time nor support to undertake care for common mental health problems.



Trainers and health care workers at a Secret History training session.

What is the actual or potential impact of the research?

- A more empathic service for pregnant and post-partum women in the Project's area of operation.
- Mutually enhancing processes which
- improve staff well-being, and improve the quality of care provided.
- The training method affirms health workers and addresses their own emotional needs. This contributes to improved care for patients and increased job satisfaction among staff.

Training primary level health workers in maternal mental health can contribute to the holistic care of women. This empowers health workers to alleviate the crisis of mental distress among pregnant women, rather than exacerbate it.

Who has benefited?

- Nursing staff in the Cape Town Peninsula Maternal & Neonatal Services
- Psychiatric nurses
- Advanced midwifery students
- Primary health care workers in rural Kwazulu-Natal
- Community-based practitioners

The PMHP has provided maternal mental health training since 2002. The 'Secret History' method has been used since 2006.

For the first half of 2010, the PMHP 'Secret History' training has reached:

- 95 maternity nurses
- 80 medical students
- 20 postgraduate students
- 6 midwifery students
- 32 community-based practitioners.



Description of the project and main findings

The 'Secret History' method was developed by the PMHP in 2006. It is integrated into the Department of Health's ongoing staff education, which reaches all maternity staff within the Cape Town Peninsula Maternal & Neonatal Services. Training is also provided to non-governmental organisations serving vulnerable women.

The method comprises a 2-hour interactive role-play, facilitated by 2 trainers, with an average of 20 participants of the same staff rank. Half the participants assume the role of the nurse/health worker and half take the role of the client/patient as they embark on a journey through a pregnancy. Based on actual life histories from the local setting, the private narrative of each role is revealed in stages. At each stage, participants are assisted in identifying their feelings and needs. The session concludes with a debriefing where staff are able to align their own feelings with the needs of the 'other'/patient. This informs their development of new strategies in providing empathic care.

A recent evaluation noted the following findings:

1. Participants felt positive about understanding the perspective of the 'other'/patient.
2. Staff noted new insights in terms of communication. The importance of non-verbal cues was noted. Staff shared experiences of using the tools in their personal lives.
3. Participants found it difficult to incorporate the new skills into practice. The main reason was that not all staff in their work settings had undergone training. There was broad consensus for all staff working at a particular health facility to undergo the same training.
4. Staff noted their own improved mental health and how this directly related to their improved care of patients.

Why is our research novel?

- The 'Secret History' method was designed by the PMHP.
- The method allows health workers to 'feel' what it is like to be the 'other'.
- The method encourages confrontational behaviour and humour within a safe context, both of which diffuse tension around the subject.
- The 'Secret History' acts as a proxy for participants' own personal difficulties. Thus, their psychological states are revealed, clarified and validated.
- This approach to training may be particularly valuable where other mental health services are lacking.

What makes our research successful?

- The 'Secret History' method was developed in response to the needs of health workers as identified through the Project's service programme.
- Validating the needs and feelings of health workers encourages a change in attitude.
- The method incorporates local scenarios which can effect change by enabling self-identification in each role.
- This method is informed by the participants' resource-limited settings. Solutions proposed are practical and do not require additional resources.
- Successful training requires
 - a participatory approach
 - recognising and addressing the emotional needs of health workers
 - aligning health workers with clients to break down the paradigm of 'otherness'.

DFID involvement

£2,198,552 (2005/6-2010/11) – RPC budget, across the four countries.

NOTE: PMHP is an initiative that is funded independently of DFID, but has affiliated to the MHaPP due to shared research, policy and service development objectives.

Quotes from health workers who have participated in 'Secret History' workshops:

"We gained insight from both perspectives - sometimes when you are so busy you forget that your patient is a person."

"It opened our minds...sometimes as nurses, we talk and act without thinking, but when you are in the shoes of the patient, you realise what you are doing."

"Allowing a patient sympathy allows them to feel better ... [I learned] small things that I've never read anywhere, but that I now know have a huge impact on how I deal with my patients."

"We don't need to be aggressive."

"Perhaps if we spend more time on nurses' mental health they would be more empathetic to patients."

"Nurses also need care around mental health because where does she leave her problems and issues to care for others?"

"I recall being the 'patient' and getting so involved in sympathizing with that patient...the whole session was an eye-opener, but also an opportunity to get things off your chest. We have so many things in our own lives...for a lot of the staff, it was a real eye-opener and now they remember that patients also have other issues."

"My husband is sick and he has never been able to open up to me. But after this training I've learned how to help him open up. We can communicate better now."

Names and countries of the Research Institute(s) and

South Africa

- University of Cape Town
- University of KwaZulu Natal
- University of Stellenbosch

Lead researchers and organisations

PMHP Director:	Dr Simone Honikman, University of Cape Town
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PMHP Communications:	Ms Ingrid Meintjes, University of Cape Town
PMHP Researcher:	Mr Zuhayr Kafaar, Stellenbosch University
PMHP Counselor:	Ms Bronwyn Evans, Mowbray Maternity Hospital
MHaPP Director:	Prof Crick Lund, University of Cape Town

Assumptions/Additional Information

Reports, data and service information available online at <http://www.pmhp.za.org/interventions/services.html>

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