The South African Department of Health developed a primary healthcare re-engineering plan to respond to the lack of progress around key health indicators. These include indicators related to the Millennium Development Goals (MDGs).

The challenges identified included:

- the lack of resources and staff in the public health system
- the increase in the burden of HIV/AIDS
- the increase in burden of infant and maternal ill-health
- the political and historical legacy of a fractured health system.

Four key health objectives were set:

- increase life expectancy
- decrease child and maternal mortality
- decrease the burden of HIV/AIDS, TB and other chronic diseases
- improve the effectiveness of the health system overall

The Perinatal Mental Health Project (PMHP) suggests that a mental health dimension be integrated into the re-engineering plan.
Mental health: the cornerstone of maternal and child health outcomes

The burden of mental illness does not only concern individuals, but also affects their children, their families and society in general. Mental illness can have long-lasting and intergenerational consequences: studies have shown links between mental illness in mothers and fathers with poor emotional, physical and developmental outcomes for infants and children.

For instance, mental illness in pregnant women is associated with:
- poor foetal growth
- premature delivery

Mental illness in mothers is associated with:
- increased infant vulnerability to infections and diseases
- increased infant admissions to hospital

Children of mothers with mental illness are more likely to:
- be abused
- perform poorly at school
- develop mental illness themselves

These health outcomes are consistently associated with infant mortality and loss of developmental potential in children under five years - especially in contexts of poverty, violence and poor education.

Maternal mental illness in South Africa

Pregnancy and the postnatal period is a psychologically distressing time for many women who are living in the context of poverty, violence, abuse and HIV/AIDS.

In South Africa, more than 1 in 3 women living in poverty will experience mental health problems during and after pregnancy. This is three times the prevalence of developed countries, and is significantly higher than the rate in other developing states. Though post-natal depression is more commonly understood, both depression and anxiety are highly prevalent during pregnancy. Studies in KwaZulu-Natal and Cape Town report rates of 47% and 39% for antenatal depression, respectively. Furthermore, depression during pregnancy is a strong predictor of postnatal depression.

Possible reasons PHC staff prioritise women's physical problems over underlying psychological issues:
- staff shortages
- increases in patient numbers
- inadequate mental health training

Yet, untreated maternal mental illness is a significant cause of maternal mortality and poses a significant threat to maternal and child health.

The three streams of the Re-engineering Plan

Ward-based PHC outreach teams
Each team should be linked to a PHC facility, and should comprise a professional nurse, environmental health and health promotion practitioners, as well as 6 community health workers.

School health services
More school health nurses/teams should be employed, and, at first, deployed in the poorest schools in each district, where learners have limited access to healthcare.

District-based specialist teams
To improve maternal and child health specifically, every district should be assigned a team of clinical specialists, consisting of an obstetrician, gynaecologist, paediatrician, family physician, anaesthetist, advanced midwife, advanced paediatric nurse and a PHC nurse.
Recommendations

Mental illness should not be thought of as an isolated health problem. A focus on mental health promotion provides an efficient, cross-cutting solution.

The physical, social and economic impact of mental illness constitutes a major public health challenge that requires specific attention from health planners and policy developers.

The PMHP proposes the following:

1. A qualified mental health counsellor to be added to the ‘Specialist Teams’ in stream 3 of the Re-engineering Plan
2. Community Health Workers to receive adequate training and support to screen, refer and provide basic care for those in psychological distress. This work should form part of their routine tasks.
3. Teaching and training for all health workers providing care to mothers. By engaging in participative training, they increase their capacity to screen for and manage common mental illness and emotional distress in their clients, as well as address their own mental health needs.

Benefits of this strategy:

- Addresses upstream causes of ill-health and burden of disease.
- Addresses major stressors on the public health system, such as health worker burnout and human rights abuses in public health facilities.
- Has a significant impact on MDGs 4, 5 and 6, that is:
  - reduce under-five mortality
  - Improve maternal health
  - Combat major diseases such as HIV/AIDS and TB
- Contributes to achieving the 4 key objectives of the Re-engineering Plan through:
  - improved birth outcomes, breastfeeding, bonding and family cohesion
  - Improved ability of mothers to identify and optimally use social support
  - optimal use of health services and adherence to ARV and TB treatment regimens
  - completion of infant immunisations
- Increase rate of return of investment in human development
  - The work of J. Heckman, Nobel Prize winner for economics, shows that the earlier the capital investment in human development, the greater the return
  - Therefore, investment in the antenatal period is likely to be highly economically efficient. Less investment is likely to be required for interventions timed at later stages.

By working upstream with mothers in distress, maternal mental health care offers a protective and preventive intervention. This contributes to women’s health as well as early childhood and adolescent development.

80% of South Africans with mental health problems do not receive the care they need.
The Perinatal Mental Health Project (PMHP) is based at the University of Cape Town as a founding partner of the Centre for Public Mental Health.

The Project has been operating for 10 years in close partnership with the Western Cape Provincial Department of Health. It provides a counselling service in four public obstetric facilities in Cape Town. It is also actively involved in maternal mental health training and staff development for a range of different health workers.

The PMHP’s aim is to integrate mental health care within the primary level maternal care environment, as part of routine maternity care.

Formally recognised by the World Health Organization, it is the only project of its kind in South Africa, and one of a handful in the developing world.

References