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IT'S TOO COSTLY TO DO NOTHING ABOUT PERINATAL MENTAL HEALTH PROBLEMS IN SOUTH AFRICA

It's too costly to do nothing about perinatal mental health problems in South Africa

Perinatal mental health problems can have serious consequences for the health and wellbeing of mothers and their children. In South Africa, the estimated prevalence of the common conditions: perinatal depression, stress and anxiety, is one in three women, although in some communities

it is up to one in two. High rates are linked to the burden of socio-economic adversities faced by women. The COVID-19 pandemic further worsened the situation. Considerable evidence demonstrates the relationship between perinatal mental health problems and poor pregnancy outcomes, infant growth and development problems, poor child physical and mental health, and reduced children's educational

achievement.

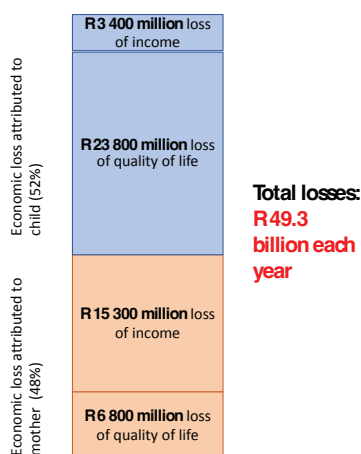
We recently conducted a study in collaboration with colleagues from the London School of Economics and the South African Medical Research Council. We looked at the financial impact for South Africa of common mental health problems during pregnancy and after childbirth: depression, anxiety, Post Traumatic Stress Disorder and completed suicide. We used data

from cohort studies, as well as epidemiological and economic data from South Africa, and international studies, when local data wasn't available. We modelled the financial impact on a hypothetical cohort of women giving birth within one year. Impacts were accounted for 10 years for women, and 40 years for children. The economic consequences costed that were linked to mothers included losses in quantity and quality of life and losses in financial productivity. For children, costs were calculated in the same way and we also included the costs of increased hospital care.

For every year of births, South African society bears economic costs of R 49.3 billion! About 48% of these costs may be attributed to the consequences related to the mother and 52% may be attributed to the consequences related the child. There were relatively low costs falling on the health system (R59,5 million) as little is currently being offered to address perinatal mental health problems in public health sector.

The costing calculations are summarised in the image below.

Inaction has intergenerational impacts and costs



That's just under R 51 000 per baby. It's too costly to do nothing!

By investing in evidence-based strategies to address maternal mental problems, we may alleviate transgenerational suffering, and also save on the costs of inaction. There are several approaches that have shown impact.



The status of care in South Africa

In South Africa, mental health care is not currently routinely provided to women as part of maternity. However, we have a new Maternal, Perinatal and Neonatal Health Policy (2021) which centres maternal mental healthcare as one of 16 'Essential Life-Saving Intervention Packages'.

From this policy, maternal, perinatal and neonatal guidelines are currently being developed that include substantive content on mental health, including the introduction of routine mental health screening into primary-level antenatal care. For this, a locally developed and validated screening tool has been integrated into the Maternity Case Records booklet (the standard public sector obstetric care document that includes investigation, clinical notes and care provided to pregnant and labouring women).

The Standard Treatment Guidelines (Hospital Level) includes specific advice for managing mental health conditions in pregnant and breastfeeding women, including a prescribing algorithm for antidepressants for women with moderate to severe depression and anxiety.

The role of the frontline provider

General healthcare providers (nurses, doctors, OTs, social workers, community health workers etc.) have a vital role to play in preventing and managing common perinatal mental health problems in the primary care setting. Mental health providers may play a vital role in supporting non-specialists to do this work and may themselves be suited to addressing moderate to severe conditions.

What can you do to help?

1. Promote awareness and reduce stigma. Healthcare providers can play a significant role in promoting awareness of mental health problems and reducing the stigma associated with mental illness. Educate perinatal women, their families and the broader community about the importance of well-being during and after pregnancy.

- Share useful information about mental health issues and self-care.
- Explain that emotional difficulties are not a sign of weakness (or any other myth, e.g. laziness).
- Explain that symptoms may be similar to those experienced by many others in the same circumstances.
- Explain that too much stress can affect how people think and their actions. It can affect their work and relationships and is not good for the baby. This is true for all people in the home.
- Provide a reminder that people living with mental health problems can and do get better with good support and/or treatment from trusted family, friends and health workers.
- Give the person the chance to talk about how they feel about their mental health challenges and treatment and effect on their life.
- Provide information on treatment, prognosis and coping methods.

2. Be aware of the risk factors associated with perinatal mental health problems. These include

- Poverty and food insecurity
- Being a teenager
- Living with a chronic disease, including HIV
- Poor support / poor relationships with partner, family or community
- Unwanted / unintended pregnancy
- Difficult life events / trauma (e.g. bereavement and current or past abuse)

- Intimate partner violence / domestic violence
 - Alcohol or substance abuse
 - Past history of mental health problems
 - Serious physical problem in mother or baby
 - Being a refugee, asylum seeker, displaced person
 - Previous or current pregnancy loss, miscarriage, still birth and neonatal death
 - Preterm birth, birth defects or physical illness in neonate
3. Incorporate mental health screening as part of routine maternity care. First develop rapport with the woman: the way in which screening is offered is linked to how a woman will respond. If the screener has a gentle and kind attitude, the woman is much more likely to respond openly and take up any referrals.
 - A brief three-question mental health screen is available in the Maternity Case Record.
 - Use your clinical judgement and refer women that you're worried about for support, even if their screening test is negative.
 4. Enable access to evidence based interventions. This may include psychosocial care, psychotherapy, medication or a combination of these. It is helpful to do a mapping exercise of resources in your location – keep a record of

names, numbers and other relevant details. Get to know the providers. This can save valuable time!

If some time is spent in making a quality referral, the woman is more likely to take up the opportunity. Give the woman reasons, options and explain the service in as much detail as possible and follow-up.

- Connect women to social support services (social grants, community services, relevant NGOs) and other activities to strengthen social support (women's groups, support groups, faith-based activities and include partners and families).
- Become trained in one of the evidence-based 'talking therapies' or refer to someone who can provide these.
- Become comfortable with prescribing anti-depressants for moderate to severe depression and anxiety. See the algorithm in the Hospital Level (Adults) Standard Treatment Guidelines (2019), Chapter 15 on Mental Health.

5. Mother-infant matters. Assess mother-child interaction as part of post-natal care and refer when appropriate and resources available.
 - For women with existing mental health conditions, a multidisciplinary approach to

care is essential, with a clear treatment plan and continuity of care across different clinical settings.

- Arrange for observation of infants exposed to psychoactive medications or illicit substances during pregnancy.
- If a mother with a severe postnatal episode requires hospital admission, avoid separation from her infant, where possible.
- Provide gentle breastfeeding support to all women with mental health problems. Breastfeeding challenges are common in women with mental health conditions.
- Women (and their partners) who have experienced a pregnancy loss, miscarriage, stillbirth or neonatal death, require special attention and support for bereavement.

Perinatal mental health problems are a significant public health issue in South Africa with substantial economic and societal costs. We have a responsibility to address these conditions and provide appropriate care and support to affected women and their families. This will help to improve the well-being of mothers and children and contribute to a healthier, more productive society.

References available on request. MHM

