Maternal Mental Health: Depression

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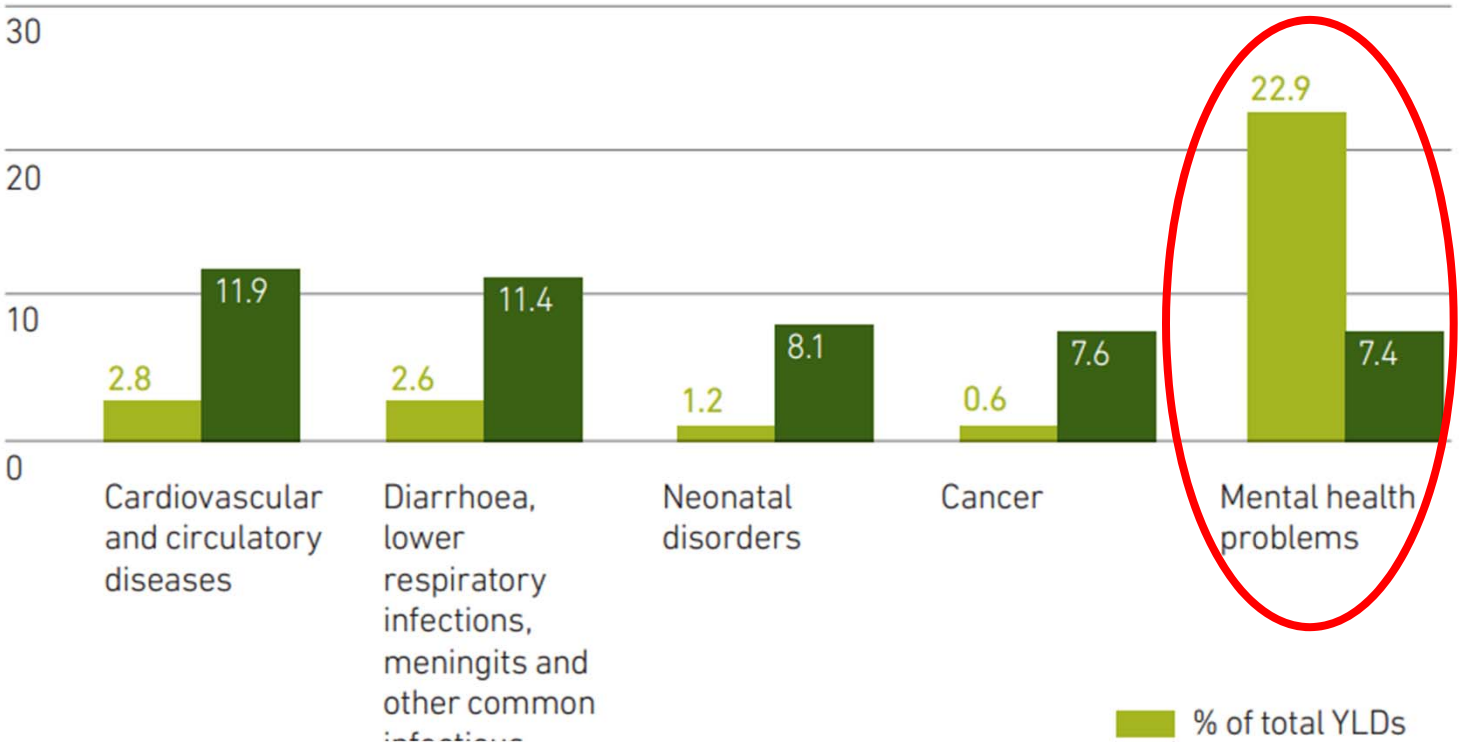
Mental health problems are a global health priority

Source: Global Burden of Disease study



Assumptions leading to inaction

- Depression and poverty are travel companions
- The only way to help depressed people is by changing their socio-economic situation
- Improved treatment by itself is unlikely to alleviate depression among poor people
- Treatments are ineffective and expensive

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Why focus on women's mental health in Low-Middle Income Countries

- Common mental disorders are twice as frequent among women
- Mental health problems among women with children or adolescents can have an impact on them
- Women are more likely to disclose and accept help
- Most patients attending primary care clinics are women
- Mothers and their children are seen regularly during pregnancy and postnatally
- **Most primary care workers are women too!**


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Two biggest challenges

- Lack of specialized human resources
- Lack of funding

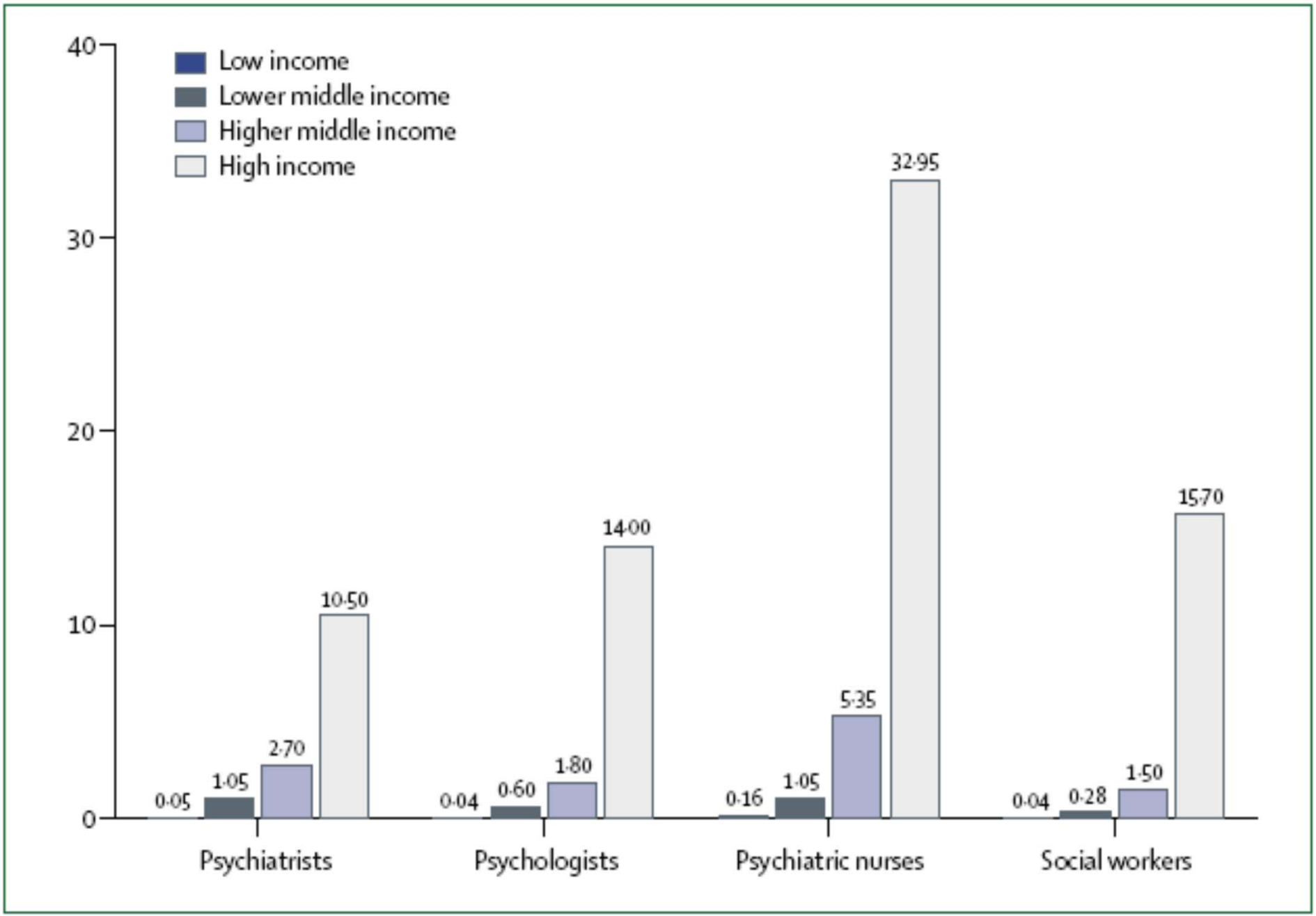

Figure 2: Human resources for mental health in each income group of countries per 100 000 population

Can something be done?

The future of medicine

Squeezing out the doctor

The role of physicians at the centre of health care is under pressure

Jun 2nd 2012 | BANGALORE AND FRAMINGHAM | From the print edition

The Economist

- ‘Physician assistants in America can do about 85% of the work of a general practitioner’
- ‘Resources are slowly being reallocated. Nurses and other health workers will put their training to better use’
- ‘Doctors, meanwhile, will devote their skill to the complex tasks worthy of their highly trained abilities’

Task-shifting

- The strategy of rational redistribution of tasks among health workforce team members
- Specific tasks are moved, where and when appropriate, from highly qualified health workers to health workers with shorter training and fewer qualifications in order to make more efficient use of the available human resources
- Essential is training, supervision, support, and most importantly RECOGNITION
- There is a long history with task-shifting in the developing world

Projects

- Treating depressed low-income women in Santiago, Chile
- Perinatal depression: RCT treating depressed women during the perinatal period (Chile, Brazil, Nigeria)
- Treating pregnant HIV (+) and depressed women in Tanzania
- Treating depressed mothers with children, in Santiago, Chile
- Helping psychologically distressed mothers with children at risk of ill-health and stunting in Xela, Guatemala
- Helping psychologically distressed war displaced women and their families in Bogota, Colombia
- Helping adolescents school children with emotional problems (Chile and UK)
- Parental interventions to improve the cognitive development of their children during pre-school years (Chile and Guatemala)

Treating depressed low-income women in Santiago, Chile

SEVERITY OF DEPRESSION	INTERVENTION	PERSON RESPONSIBLE
MODERATE (HDRS <20)	Group intervention + Follow-up	Social worker or nurse
SEVERE (HDRS >20)	Group intervention + Mixed follow-up + Antidepressant	Social Worker or nurse + GP

Araya et al. Lancet 2003

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Treating depressed low-income women in Santiago, Chile

% Recovered

	Usual Care	Improved Care	DIFFERENCE
3-MONTH	15%	**49%**	34%
6-MONTH	**30%**	**70%**	**40%**

Araya et al. Lancet 2003

The aftermath

Treating post-natal depression in Santiago, Chile

% recovered

	% Recovered EPDS<10 (95% CI)		
	Intervention	Usual Care	p
3 months	**61.4%** (51.2-70.9)	35.2% (26.2-45.0)	0.000
6 months	**45.3%** (35.6-55.2)	34.3% (25.2-44.4)	0.106

26% difference at 3 months and 11% at 6 months

Rojas et al, Lancet 2007

Chile Depression in PHC Programme

Number of people treated by year

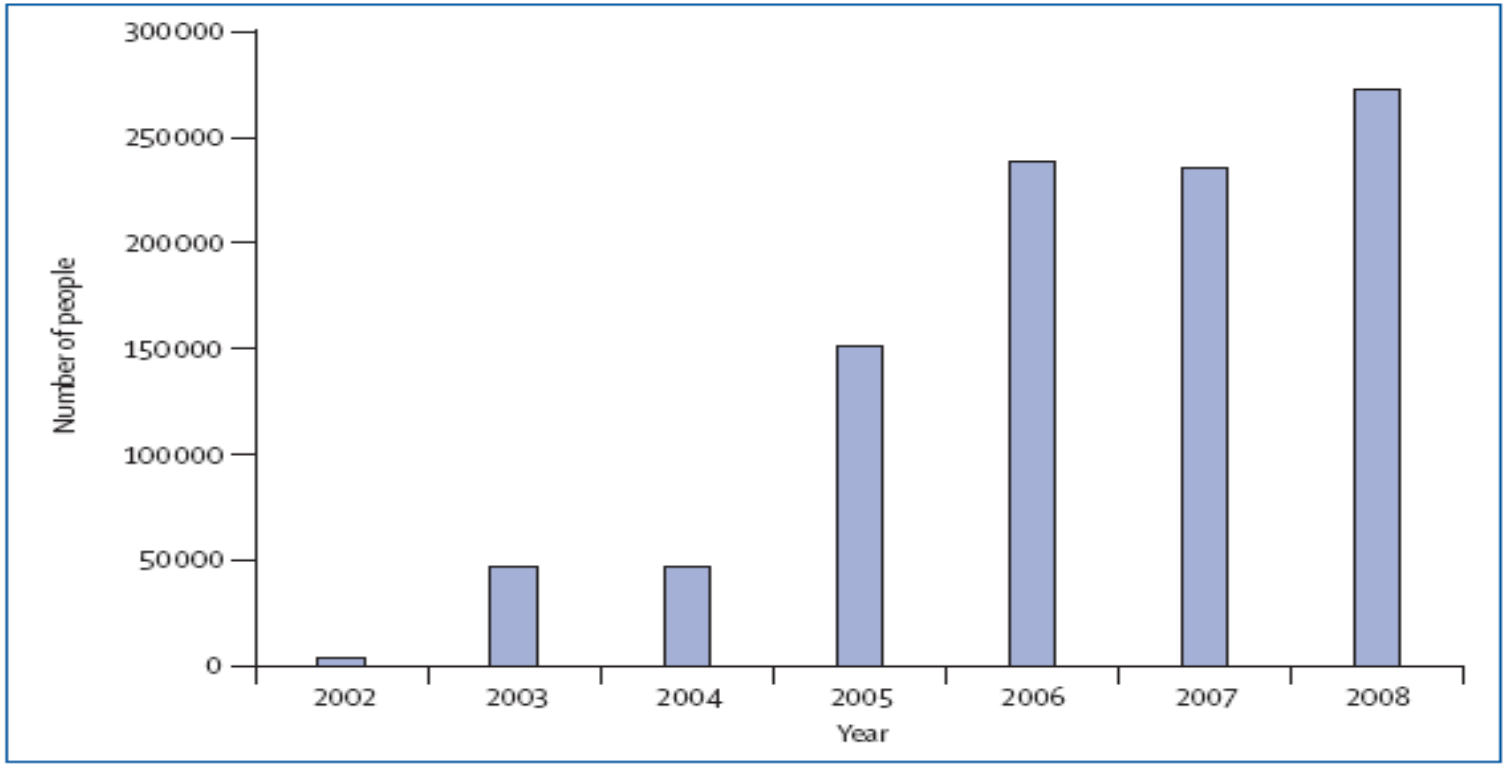

Figure: **Number of people receiving treatment in the Chilean public health-care sector, 2002–08**

Araya et al, Lancet 2009

Psychological treatment for depressed pregnant women in Sao Paulo, Brazil

- Psychological 'support' based on problem solving therapy (PST)
- Delivered at home by primary care auxiliary nurses
- 24 auxiliary nurses, 4 supervisors and 700 depressed women
- In data analysis but preliminary results are positive (approx. 15% difference across groups)

Professor Paulo Menezes and Dr Marcia Scazufca

Lady health visitors using CBT to treat postnatal depression in rural Pakistan

Rahman et al, Lancet 2008; 372: 902–09

HIGHLIGHTS

- CBT for depressed pregnant women delivered by trained lady health workers
- At 6 months, 77% vs 47% of mothers in the intervention and control groups recovered
- These effects were sustained at 12 months

What all these interventions have in common?

- Simple and low cost
- Use existing human resources
- Focus on low income women
- Integration with other health programmes in primary care

Problems with task-shifting

- CHWs overloaded with other duties
- CHWs not properly rewarded for additional duties
- CHWs not adequately trained, supported or supervised
- Tensions within teams due to changing roles
- The lack of policy, legal, and regulatory frameworks for its implementation

Effects of perinatal mental disorders on the fetus and child

- Good evidence that perinatal disorders are associated with risks for a broad range of negative child outcomes, which can persist into late adolescence
- However, risks are not inevitable and in the absence of severe or chronic maternal disorder or other adversities, effect sizes are small
- Parenting is a key modifiable pathway to explain some of the risks of perinatal disorders to the child and should be specifically targeted in interventions
- Interventions could be most important in the context of additional adversities, such as in socioeconomically disadvantaged populations

CENTRE FOR GLOBAL MENTAL HEALTH
London School of Hygiene and Tropical Medicine & Institute of Psychiatry, London

Projects in more than 30 countries

Investors have raised nearly US$100 million in grants

MSc in Global Mental Health

Partnerships with academic institutions throughout the world

http://www.centreforglobalmentalhealth.org/

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+ Canada Grand Challenges
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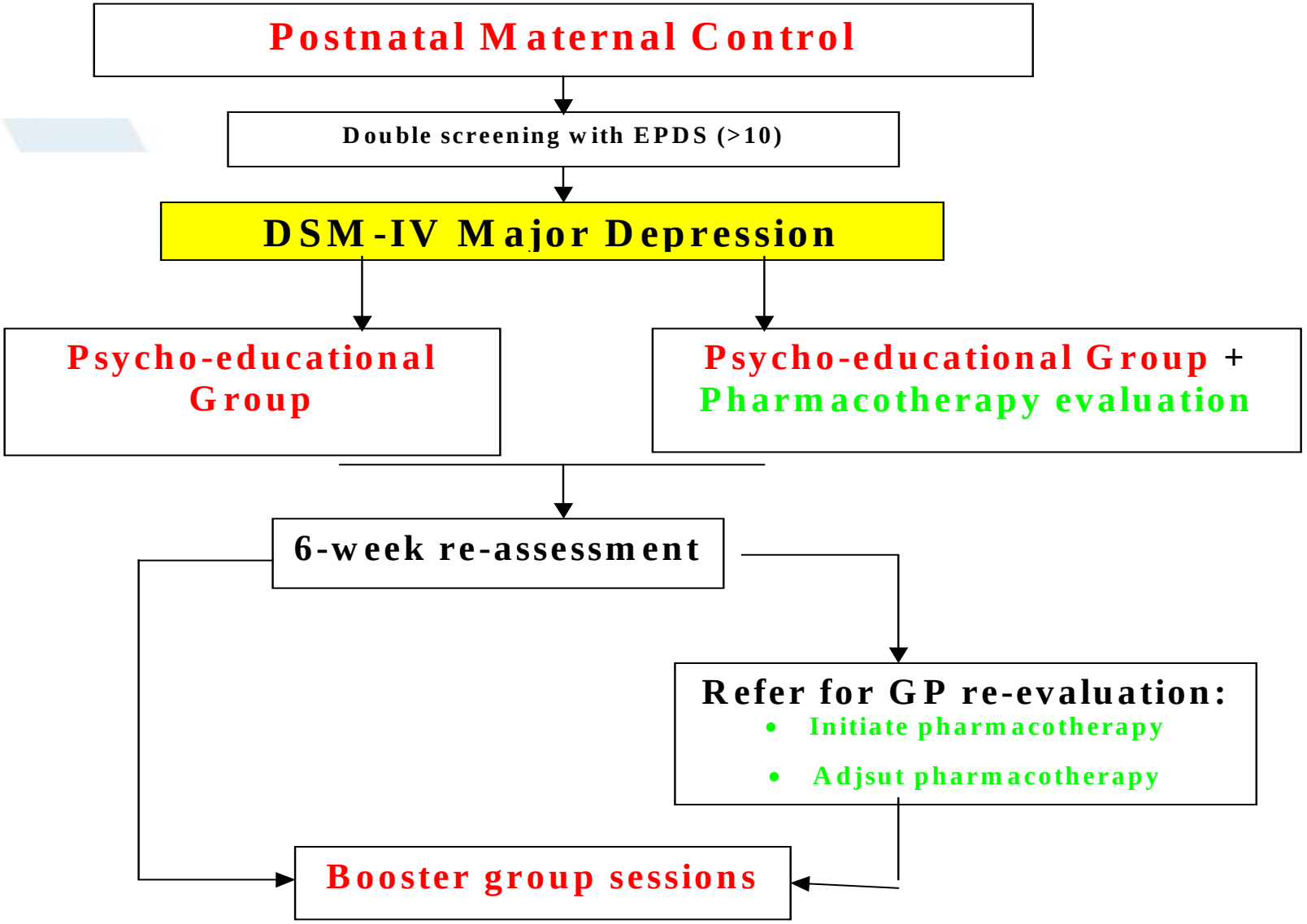
THE END

THE STUDY


Postnatal Maternal Control
Double screening with EPDS (>10)
DSM-IV Major Depression
Psycho-educational Group
Psycho-educational Group + Pharmacotherapy evaluation
6-week re-assessment
Refer for GP re-evaluation:
Initiate pharmacotherapy
Adjsut pharmacotherapy
Booster group sessions

MAJOR COMPONENTS OF PND-MCI

3 major components:

1. Psycho-educational groups
2. Pharmacotherapy Programme
3. General support and active monitoring

PND-SCIP: PHARMACOTHERAPY PROGRAMME

- Setraline 50 mg/d)
- Regular monitoring by non-medical workers to improve compliance
- Follow-up medical appointments when needed
- No guidelines but general advise to all GPs
- Leaflets with information on medication

The CONEMO Technology

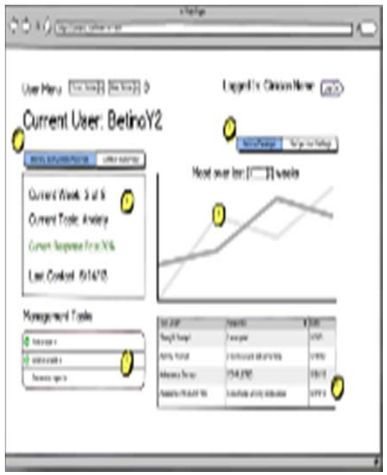
Patient intervention smartphone application

Nurse Assistant (NA) Support System

Nurse patient review dashboard

Management / auditing dashboard

Research data export



POSSIBLE MECHANISMS