

Scaling up care for perinatal depression for improved maternal and infant health (SPECTRA)

Oye Gureje

Professor and Director

WHO Collaborating Centre for Research and Training in Mental Health

Department of Psychiatry

University of Ibadan

Nigeria



Outline

- Background
- Overall objective
- Specific objectives
- Key messages at end of project
- Target populations for key messages
- Methods of dissemination
- Conclusion

Background..1

- Depression is a leading cause of disease burden worldwide
- Perinatal depression, that is non-psychotic depression occurring during pregnancy or within one year of childbirth, affects 10% – 15% of women
 - The problem may be more common in low- and middle-income countries
- Perinatal depression is associated with significant negative consequences on:
 - obstetric outcomes,
 - adjustment to motherhood
 - mother-child interactions
 - infant care- including missing immunizations
 - infant growth and development
 - care of existing children



Background..2

- Only a minority of women with perinatal depression receive care:
 - Detection is poor in primary maternal care
 - Midwives often lack the skills to detect and treat appropriately
- However, evidence exists that with training, providers of maternal care at primary care levels can offer effective treatment for the conditions
- In a recent randomized controlled trial, we have recently shown that women with perinatal depression who received care from trained community midwives recovered from depression



Background..3

- Midwives were trained to use the Mental Health Gap Action Programmed Intervention Guide (mhGAP-IG) to deliver service
- mhGAP-IG was developed by the WHO as a clinical support tool to help non-specialists, especially those working in primary care in low- and middle-income countries to deliver evidence-based mental health service
- Users of mhGAP-IG need to be trained to use the tool
- Unfortunately, most low- and middle-income countries lack mental health specialist manpower to deliver the training at a level necessary for service scale-up



General objective of SPECTRA

- To study the barriers and facilitators for the scaling up of evidence-based and sustainable care for women with perinatal depression in routine maternal and child health service

Specific objectives

- What are the existing organizations factors that impede the delivery of effective care to women with perinatal depression?
- Given that mental health specialists are few in low- and middle-income countries, can non-specialists be trained to become effective trainers in the use of the mhGAP-IG?
- Can community midwives trained by non-specialist trainers acquire adequate skill and competency and can they deliver effective service for women with perinatal depression?
- What factors will facilitate the sustainable use of this approach of capacity building and reduce the burden of perinatal depression?
- What is the likely cost of scaling up this approach at the population level?

Key messages at the end of the project

- We can reduce the burden of perinatal depression and improve maternal and child health
- System-level barriers and facilitators to the delivery of effective intervention for perinatal depression have been identified
- A sustainable approach for building the capacity of community nurse and midwives to deliver evidence-based service for perinatal depression has been developed
- Mothers who receive evidence-based service for perinatal depression have good outcome and their infants show good developmental profiles

Target populations for messages..1

Message	Potential utilization	Role in the health system
Effective interventions are available close to you	Improved help seeking	Community, service users and caregivers
Treatment of perinatal depression will improve wellbeing, functional, and infant outcome	Improved confidence in the health system and in treatment compliance	Service users and caregivers
Providers can be trained to deliver evidence-based intervention for perinatal depression	Willingness to acquire skills and competency	Maternal care providers
Delivery of evidence-based intervention for perinatal depression improves maternal and infant outcomes	Confidence to deliver intervention	Maternal care providers
Intervention for perinatal depression can be delivered within routine and integrated maternal care	Readiness to integrate intervention to routine practice	Maternal care providers

Target populations for messages..2

Message	Potential utilization	Role in the health system
Sustainable model for delivery evidence-based intervention is available and feasible	Planning for maternal and child health	Policy makers
The training of maternal care providers on evidence-based intervention for perinatal depression can be delivered effectively by non-specialists and the training can be integrated into existing curriculum	Revision of the training of primary health care workers	Bodies responsible for developing and standardising the training of primary health care workers (eg. National Primary Health Care Development Agency)
The cost of scaling up service for perinatal depression is known	Population health planning and policy development	Health planners

Target populations for messages..3

Message	Potential utilization	Role in the health system
mhGAP-IG is an effective tool for delivering evidence based intervention for perinatal depression	Wider application	WHO, other low-and middle-income countries
A sustainable model for using the mhGAP-IG to scale up service has been developed	Replication of findings and use in other settings	Researchers in the field

Approaches to sharing the messages..1

- Community
 - Engagement activities with community leaders and opinion leaders
 - Public enlightenment campaigns
- Users and caregivers
 - Routine facility-based health talks
 - Information leaflets

Approaches to sharing the messages..2

- Policy makers and health planners
 - Policy briefs through WAHO
 - Project briefs to the Mental Health Action Committee
- WHO and other countries
 - Publications
 - Presentations
- Researchers
 - Publications in academic journals
 - Presentations at conferences

Conclusion

- SPECTRA builds on solid evidence derived from a fully-powered randomized controlled trial
- That evidence suggests that, with training, community midwives can use mhGAP-IG to deliver effective intervention for perinatal depression
- The challenge is to now show how this can be done in a sustainable way through its implementation in routine maternal care service
- Findings will be disseminated to targeted audiences to ensure their uptake for scaling up service