Caring for mothers. Caring for the future.

Pregnancy can be a particularly vulnerable time for women, especially those living in adversity. In South Africa, 1 out of every 3 women living in poverty will experience a mental health problem related to her pregnancy – this is three times the rate in developed countries.

The stress of living in poverty may lead to mental illness during pregnancy due to lack of social support and increased exposure to domestic violence. At the same time, those who live with mental illness are at increased risk of sliding into, or remaining in poverty, as a result of increased health expenditure, lost income, reduced productivity and lost employment.

High levels of violence and abuse in South Africa place women at a higher risk of developing a mental illness. Furthermore, women with mental illness are more vulnerable to abuse. During pregnancy, abuse and violence are likely to increase, with the severity increasing as the pregnancy progresses.

Pregnancy is also the time when most women learn their HIV-status. Mental illness has been found to impact negatively on HIV/AIDS treatment adherence and outcomes.

Psychological distress has negative impacts on the mother, foetus and infant, which can persist into adolescence, resulting in higher rates of cognitive, behavioural and emotional difficulties as well as mental illness and suicidality in teenagers.

The recent spate of baby abandonments in the Western Cape is a significant reminder of the lack of meaningful support for women in distress. The PMHP works to provide a model for national maternal mental health service integration in fulfillment of the Mental Health Act of 2003. The project aims to fill this current gap in maternal mental health services. It is the only project providing this service in South Africa, and only one of a handful in the developing world.

The PMHP’s guiding philosophy is that caring for mothers is caring for the future development of the child. When mothers are provided with the support that they need, they are then more likely to draw on their resilience and care for their families in the healthiest possible way.

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Acronyms

AIDS       Acquired Immunodeficiency Syndrome  NGO       Non Governmental Organisation
CPMH      Centre for Public Mental Health  PMHP      Perinatal Mental Health Project
HIV        Human Immunodeficiency Virus  PMNS      Peninsula Maternal and
HSRC      Human Sciences Research Council  Neonatal Service
KZN       KwaZulu-Natal  UCT       University of Cape Town
MHaPP     Mental Health and Poverty Project  UWC       University of Western Cape
MMH       Mowbray Maternity Hospital  VHW       Village Health Workers
MOU       Midwife Obstetric Unit  WHO       World Health Organisation
Perinatal Mental Health Project

Caring for mothers.
Caring for the future.
1. Message from Dr Simone Honikman, PMHP Director

2010 was, yet again, a year of considerable growth and consolidation across all programme areas. The PMHP team took an end-of-year break - both exhausted and proud. We continue to be humbled by the experiences of the mothers we serve and the staff we train. We remain motivated by the resilience of those living in extreme hardship - by mothers’ and carers’ extraordinary ability to heal from psychological distress when the appropriate support is available.

This report summarises our activities and provides some detail on the highlights of yet another remarkable year.

More information is available on our website at www.pmhp.za.org. We encourage newcomers to the site to download and watch our short film Caring for Mothers. Follow Xolelwa’s journey through her pregnancy, her pain and finally, her recovery as a result of her relationship with the Project.

Vision and Mission

The Perinatal Mental Health Project recognises that at least a third of women living in poverty in South Africa experience mental health problems during and after pregnancy.

Addressing maternal mental health has long-term positive impact for mother, child, family and community. Our aim is for all women to have universal access to quality maternal mental health care, routinely integrated into maternity services.

To achieve this aim, the PMHP works with vulnerable women, civil society, international organisations, academic and government institutions by implementing 4 interrelated programmes. These programmes develop an innovative model for integrated mental health services and include: a pragmatic mental health service, responsive teaching and training, iterative research and advocacy.
2. Programmes

The PMHP continues to operate four interrelated programmes: service delivery, training, research and advocacy. In 2010, significant developments occurred in all areas.

2.1 Mental Health Services

The Mental Health Service Programme surpassed all key targets in screening coverage, numbers of women screened as well as numbers of women receiving counselling for the year. This was achieved despite increasing numbers of women attending the maternity facilities.

Service outputs

At the end of 2010, the PMHP was approaching a total of 10,000 women screened and 1,500 women counselled.

Table 1: Key indicators, targets and outputs

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Annual Target</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening coverage rate*</td>
<td>80%</td>
<td>77%</td>
<td>84%</td>
<td>89%</td>
<td>92%</td>
</tr>
<tr>
<td>Women screened annually</td>
<td>1 400</td>
<td>921</td>
<td>1 281</td>
<td>1 726</td>
<td>1867</td>
</tr>
<tr>
<td>Women counselled annually</td>
<td>220</td>
<td>159</td>
<td>234</td>
<td>254</td>
<td>319</td>
</tr>
</tbody>
</table>

* Screening coverage rate is the proportion of women booking at the maternity clinic who undergo mental health screening. ‘Booking’ refers to the number of women coming to attend the health facility for the first time in pregnancy.

Table 2: Counsellee client presenting problems

<table>
<thead>
<tr>
<th>Presenting problems categories</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>A – Primary support</td>
<td>74%</td>
<td>63%</td>
<td>64%</td>
<td>74%</td>
</tr>
<tr>
<td>B – Social environment</td>
<td>27%</td>
<td>17%</td>
<td>23%</td>
<td>33%</td>
</tr>
<tr>
<td>C – Health / medical</td>
<td>17%</td>
<td>20%</td>
<td>17%</td>
<td>21%</td>
</tr>
<tr>
<td>D – Lifestyle transition</td>
<td>39%</td>
<td>37%</td>
<td>40%</td>
<td>46%</td>
</tr>
<tr>
<td>E – Psychiatric conditions</td>
<td>18%</td>
<td>48%</td>
<td>56%</td>
<td>43%</td>
</tr>
<tr>
<td>Included in 2 or more categories</td>
<td>55%</td>
<td>66%</td>
<td>76%</td>
<td>78%</td>
</tr>
</tbody>
</table>
Table 3: Psychiatry presenting diagnostics categories

<table>
<thead>
<tr>
<th>Presenting diagnostic categories</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Depressive Episode</td>
<td>86%</td>
<td>77%</td>
<td>80%</td>
<td>75%</td>
</tr>
<tr>
<td>Post Traumatic Stress Disorder</td>
<td>7%</td>
<td>8%</td>
<td>60%</td>
<td>13%</td>
</tr>
<tr>
<td>Generalised Anxiety Disorder</td>
<td>7%</td>
<td>8%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Features of anxiety</td>
<td>–</td>
<td>46%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>14%</td>
<td>8%</td>
<td>–</td>
<td>13%</td>
</tr>
<tr>
<td>Adjustment Disorder</td>
<td>–</td>
<td>15%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>More than one diagnosis</td>
<td>21%</td>
<td>31%</td>
<td>40%</td>
<td>38%</td>
</tr>
<tr>
<td>Medicated</td>
<td>64%</td>
<td>77%</td>
<td>60%</td>
<td>88%</td>
</tr>
</tbody>
</table>

Staff update
We are very fortunate to have Charlotte Mande-Ilunga join us. She is a professional nurse, midwife and counsellor, and was the head of a rural maternity unit in the Democratic Republic of Congo. She is a survivor of the war in her country.

In addition to her individual counselling sessions with refugees from several countries, Charlotte has initiated group sessions which have allowed lonely and isolated women to share experiences, advice and friendship. Charlotte expands the language capacity of PMHP with French, Swahili, Lingala and Kiluba. The PMHP supported Charlotte to attend an advanced counselling course at the South African School of Applied Psychology.

Refugees have often witnessed or participated in violent and brutal acts. Many want to leave this traumatic past behind. Entering into a therapeutic relationship, which will ‘exhume’ the past and requires a relationship of trust, is therefore difficult.

Also, not being able to maintain cultural practices around pregnancy can be overwhelming for many refugee women. We Congolese say: “If you haven’t slept in that house, you won’t know that the roof is leaking.” Understanding some of the culture and context of refugee women is very important for providing adequate health care.

We bid a grateful and fond farewell to our two French counsellors, Marie-Christine Cavallini and Geraldine Robin-Gaillard, back to France. We also wish Thabile Zondi-Rees the very best as she embarks on new ventures. Thabile was an invaluable addition to the team during 2010, providing isiXhosa counselling services at Mowbray Maternity Hospital.

We were pleased to host Sonia Fick, a Masters student in Clinical Psychology from the University of Western Cape. She completed her 6 month clinical placement under the guidance of the PMHP Clinical Services Coordinator, Bronwyn Evans.
Christine meets Charlotte

Christine arrived in South Africa from the Democratic Republic of Congo four years ago. Christine struggled to get work and stay employed due to language difficulties. When Christine became pregnant for the second time, her partner did not want the child. He became verbally and emotionally abusive and was controlling with finances. She was forced to live on his meagre handouts.

Eight hours after giving birth to her second daughter, Christine was discharged from hospital and returned home. Despite her pain and exhaustion, she had to continue, alone, with her domestic obligations – washing clothes, cleaning the house, and cooking for her partner and children.

Christine’s relationship with her partner deteriorated, and without any friends or family to support her, Christine felt completely alone. She became increasingly sad and stressed.

Maybe it wasn’t a wise decision to bring this child into the world. I am a failure. How am I going to take care of this baby?

Feeling despondent, isolated and helpless, Christine found it difficult to bond with her new baby and had no energy to meet the demands of her 2 year old daughter. She wanted to run away from it all, but then was consumed with guilt for having such thoughts.

The baby didn’t stop crying. I couldn’t do anything to make her feel better. I felt useless as a mother and thought that it may be better if I ended my life.

Cultural norms added to Christine’s desperation. At the time of her pregnancy, her partner’s parents had not yet paid lobola (dowry) for her. She was therefore not recognised as being married. Consequently, her baby could not be named, making it more difficult to bond.

Christine’s stress and depression caused her breast milk to dry up. She was referred to Charlotte, the PMHP’s French-speaking counsellor. At the time, she was 31 years old, and unemployed. Her daughters were 2 years and 2 months old.

Charlotte worked with Christine on acknowledging her feelings, and building a sense of her own self-worth and capabilities. Christine started to develop solutions to some of her problems, and felt empowered to negotiate a healthier way to communicate with her partner. She also accepted the help of a breastfeeding advisor.

At first, help was like a slap in my face. But with counselling I recognised that I had a problem and that it was not my fault. I now have time with my children and the milk is flowing. The heavy cloud over my head has been swept away. I now take things one step at a time.

Today, Christine loves being a mother. She is more able to manage stress effectively and to care for her own and her children’s physical and emotional needs.
New services
Hope House Counselling Centre, a faith-based NGO, approached us to collaborate on developing services. Together with their director, Judy Strickland, we launched two new comprehensive maternal mental health services at Retreat Midwife Obstetric Unit and False Bay Hospital.

The PMHP has provided service development support for these health facilities and trained Hope House counsellors, Antoinette Devasahayam and Priscilla Marie Fry, to provide on-site mental health services in these under-served communities.

Antoinette provides counselling services at False Bay Hospital, where she previously worked as a staff nurse.

*After 11 years in maternity care, counselling mothers-to-be feels like a continuation for me – there is a big gap in maternal mental health services. When you start doing the stats you see how many referrals there are - there have been 27 referrals out of 62 women that were screened in our first month of operation. That’s quite a big number. But, we are able to help with most problems, and it makes such a big difference to them.*

Antoinette has been a counsellor for 3 years, working especially with trauma, termination of pregnancy and perinatal counselling.

As a resident of Retreat, Priscilla has been active in her community for decades. She sees her work as a perinatal counsellor as an extension of her commitment to her community.

*I have been involved with counselling in my church since 1996, and I have seen how important it is to provide support for pregnant moms.*

Priscilla qualified as a counsellor in 2010, and is completing her practical training with Hope House.

Judy Strickland is a registered counsellor, with 10 years experience. She is the founder of Hope House, which opened its doors in 2004 in response to the overwhelming need she saw in her community.

*At Hope House we started seeing mothers with depression, but the bigger impact on me was that these teenage and adult mothers had problems reaching back to childhood, where their mothers had depression. So when I heard about the PMHP, which provides services during pregnancy to prevent this, Hope House was pleased to begin a partnership to deliver mental health services at False Bay Hospital and Retreat Midwife Obstetric Unit.*

Judy has been married to her husband Allen for 38 years, has 3 children, 2 grandchildren and is a foster mother.
2.2 Teaching and training

The Training Programme maintained core training activities and capacity building for maternity staff within the Peninsula Maternal and Neonatal Service (PMNS), medical and postgraduate students in a range of disciplines.

In response to demand, the training programme has extended substantially beyond the PMNS, clinical facilities and UCT. We now serve a range of non-governmental and community organisations. Over the last 3 years, this new training component has increased from 30 practitioners in 2008, to 105 in 2010.

Following the road show of our short film, there has been an enormous demand from a range of NGOs in the HIV and women’s sectors to provide training and capacity building for staff on maternal mental health. We were able to provide a series of interactive morning workshops with HIV nurses, women’s shelter workers, village health workers and many others.

The participants universally commented on feeling empowered with new skills and seemed to generate several of their own ideas for integrating mental health care into their work. After each capacity building session, we were requested to return and provide more training. This feedback resonates with that of the usual training that we continued to conduct with our usual core of health workers.

In 2011, we aim to raise funds for a full-time trainer who can take this work to a national level. We hope to develop train-the-trainer programmes and accredited modules to integrate maternal mental health into the curricula of a range of health workers.

Table 4: Training outputs

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Annual Target</th>
<th>Annual Outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2008</td>
<td>2009</td>
</tr>
<tr>
<td>Maternity nurses trained</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>Psychiatry nurses trained</td>
<td>new</td>
<td>new</td>
</tr>
<tr>
<td>Medical students trained</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Post-graduate students trained</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td>Advanced midwifery students</td>
<td>new</td>
<td>new</td>
</tr>
<tr>
<td>Community-based practitioners</td>
<td>40</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>215</td>
<td>210</td>
</tr>
</tbody>
</table>

In 2010, the PMHP training programme doubled its total reach from 210 to 400 service providers trained.
Other achievements include:

- Developing new training modules for maternity staff, rural facility staff and village health workers.
- Updating the PMHP Maternal Mental Health Training manual.
- Producing 3 new training and support documents: *Service development guidelines for health facilities, Basic counselling skills, and a Mental health service directory*.
- Contribution to the WHO drafts of Maternal Mental Health training manuals for health workers, community leaders and trainers and the *Mental Health Gap Action Programme (mhGAP) Intervention Guide*, launched in October 2010.

Download the mhGAP Intervention Guide at www.who.int/mental_health/mhgap/en/index.html

The documents you sent through have been very useful. I will be using their content when putting my training packages together for the National Perinatal Depression Initiative.

I really like that you have included the very basics of mental health, good communication skills, the basics of counselling and the Secret History training method. Primary health care staff need to be reassured that they have great communication skills already, and that what we are asking them to do – have a conversation about how a woman is feeling – is something they can do.

We are rolling out training and education in earnest next year, and I am particularly interested in your training packages, given your fantastic results on the ground with the decrease in referrals to tertiary services and increase in confidence of your primary health care staff.

Cathy Chapple
Project Officer Perinatal Mental Health
Northern Territory Mental Health program
Tamarind Centre, Parap, Australia

Cathy Chapple is responsible for implementing maternal mental health integration in the Northern Territory, Australia as part of the National Perinatal Depression Initiative. In this region, 70% of the population is indigenous, and greatly dispersed across rural, remote areas.
We have been inspired by our collaboration with the Keiskamma Trust in Hamburg, a village in the rural Eastern Cape. In a region devastated by HIV/AIDS, poverty and poor infrastructure, this extraordinary NGO has delivered a range of health, education, cultural and income-generating programmes to more than 20 remote villages in the South Peddie district.

We visited the Trust twice during the year to provide mental health training to their Village Health Workers (VHWs) and to maternity staff of the regional hospital. We drafted a proposed strategy for developing maternal mental health services with key role-players in the organisation.

Should funding be procured, we hope to continue to support the development and supervision of this strategy which should see mental health benefits both for the VHWs as well as the community.
2.3 Research

The Research Programme has enjoyed an increase in capacity with the appointment of a dedicated research coordinator.

Thandi van Heyningen, a clinical psychologist and researcher, joined the core team in August as Research Coordinator for the PMHP. She will be responsible for ensuring that our research outputs are written into publishable articles for peer-review journals. In 2011, Thandi will also manage the Screening Tool Development Study in Hanover Park, which was awarded a 3-year Medical Research Council (South Africa) grant.

Thandi holds a Masters degree in Clinical Psychology as well as in International Relations. Thandi has clinical and research experience gained through projects at UCT and the Human Sciences Research Council (HSRC), as well as the KwaZulu-Natal (KZN) Department of Health.

In KZN, Thandi started a child and adolescent outpatient mental health service at Ngwelezane Hospital in Empangeni and also provided rural outreach through the Red Cross Air Mercy Service. Thandi is particularly interested in developing adequate, integrated mental health care systems in Africa.

We had the opportunity to disseminate our research findings both nationally and internationally through a range of oral presentations and posters at conferences and summits. This lead to several new relationships with organizations and individuals involved in health management, research and clinical work.

2010 research outputs

Journal and feature articles

• Editorial commentary JCAMH ‘Improving child outcomes through maternal mental health interventions.’

Policy brief

• Maternal mental health: addressing key vulnerabilities

Feature articles

• Equal Treatment (journal of the Treatment Action Campaign): Maternal mental illness & HIV: Colliding epidemics
• Sensitive Midwifery Magazine: Screening for maternal mental health problems to improve maternal and child outcomes

Issue briefs

• HIV and maternal mental health
• Intervening in abuse through maternal mental health services
Case studies
- The PMHP model for integrated mental health services
- Training maternity staff for mental health promotion: the ‘Secret History’ method
- Advocacy: raising the profile of a neglected health issue.

Academic presentations
- Department of Psychiatry and Mental Health, UCT
- Department of Obstetrics and Gynaecology Registrar Research Day, UCT
- School of Public Health and Family Medicine, UCT

Conference presentations and posters
- 2010 International Marcé Society Conference, Pittsburgh, USA
- Key note speaker: African Health Facilities Conference, Durban, South Africa
- National Department of Health Midwifery Summit, Johannesburg, South Africa

Our visiting US PhD student, Sarah Rubin, won a Fulbright scholarship and spent the year collecting rich anthropological data from interviews with mothers and health staff in Gugulethu. We look forward to her qualitative findings on motherhood, mental illness and poverty informing our work.

We gratefully acknowledge Lisa Sanders’ significant contribution to the PMHP’s research outputs in 2010. Lisa is currently completing her community service as a Clinical Psychologist in various district clinics across the Johannesburg metropole.

The Project produced a series of case studies for the conclusion of its research partnership with the Mental Health and Poverty Project (MHaPP). The Centre of Public Mental Health (CPMH) was established to continue strategies informed by MHaPP. Through the CPMH, we will continue to work with the previous director of MHaPP, Prof Crick Lund, as well as leading international partners at the London School of Economics, the Institute of Psychiatry at University College London, Sangath Centre, India, the World Health Organisation (WHO) and others.

As a founding partner of CPMH, we collaborated in the development of a multinational research consortium, Programme for Improving Mental Health Care (PRIME). PRIME enjoys multi-country partnerships across several disciplines and was successful in a funding application to DFID (Department for International Development) for a 5-year grant. The PMHP participated in the research protocol development for this grant which has as a focus the integration of mental health into HIV and maternity primary care in low resource countries.

The CPMH is a virtual centre for collaborating on inter-disciplinary research and teaching toward the promotion of mental health service development in Africa. The CPMH sits concurrently within the University of Cape Town and Stellenbosch University.
The PMHP has, for the past several years, conducted research for the development of maternal mental health services.

Preparation for a study to develop a mental health screening tool is nearing completion. The tool will be validated, will be suitable for busy local clinical settings and will take into account HIV testing issues.

A central component to a maternal mental health service is screening for mental distress. This is the routine assessment of all pregnant women for mental disorders. The PMHP believes that a crucial first step to the meaningful scale up of maternal mental health services on a national level is the development of a screening tool which is relevant for our particular setting.

Based on 8 years of experience, the PMHP has identified the midwife obstetric unit (MOU) at Hanover Park Community Health Centre as a highly favourable site for this study. This is a community of high risk and need, and reflects the social and demographic realities of women who may be vulnerable to maternal mental illness, violence and abuse. In addition, the Project enjoys positive working relationships with the facility management and staff.

In 2011, the PMHP will erect a building on site to house the study and new service. Staff will be recruited to collect data and provide clinical services. Efficient referral channels will be in place for study participants, and systems for regular and ongoing monitoring and evaluation will be implemented. Once the site is fully operational, the PMHP will convert the site into a full screening, counselling and psychiatry service available to all women attending the MOU.
2.4 Advocacy and Policy Development

**Advocacy** has become increasingly central to PMHP’s work. As part of the Project’s multi-pronged approach, advocacy activities act to overcome stigma, encourage positive attitudes toward mental health issues, and strengthen the health sector’s ability to achieve the necessary change for maternal mental health service integration.

The PMHP website has been active for one year, and has received over 20,200 hits. Traffic to pages containing maternal mental health information attests to the use of our website as a resource.

We have been able to advocate through a broad range of media in 2010. In addition to our active website, the development of policy briefs, articles in the on-line and daily news papers, specialist magazines, radio and television appearances, the PMHP was centrally involved in a high-profile, multi-media campaign on the topical issue of baby abandonment and infanticide. We were able to raise public awareness of the need to provide practical and emotional support to vulnerable mothers in order to prevent child abuse. The PMHP was invited to give a presentation at an Emergency Summit hosted by the Department of Social Development to address the high rate of baby abandonment in the Western Cape.

In collaboration with our partners in the Mental Health and Poverty Project (MHaPP), we were able to contribute significantly to the draft of the new National Mental Health Policy for South Africa. We ensured there was due attention paid to maternal mental health, the mental health of persons living with HIV, gender-based considerations and training and support requirements for lay counsellors.

The PMHP was invited by **USAID** to apply for inclusion in its AIDSTAR (AIDS Support and Technical Assistance and Resources) ‘Promising Practices Database’. The PMHP was given the highest accolade of a category 3 rating for both ‘evidence’ and ‘promise’.
3. Looking Ahead

In 2011, the PMHP will focus on supporting the **3 new maternal mental health service sites** in under-served communities in the Cape Town area.

The PMHP has identified the need to **expand the health worker training** programme to fill the gap in undergraduate training for all health disciplines, as well as for community health workers. Employing a full-time trainer will be prioritised in our fundraising strategy.

The team will grow substantially as PMHP undertakes its screening tool study in Hanover Park. Advocacy and policy development will enjoy a boost as the Communications Coordinator converts from a part-time to a full-time position.

To maximise our gains achieved so far, and to ensure our continued effectiveness in the face of new opportunities and challenges, the PMHP will engage in a formal strategic planning process early in 2011, which will provide a framework to manage our growth, ensure our impact, and sustain our team.
4. Team

Core team

Dr Simone Honikman ........................................................................................................... Director and Founder
Ms Sally Field ..................................................................................................................... Project Coordinator
Ms Bronwyn Evans ............................................................................................................. Clinical Services Coordinator
Ms Charlotte Mande-Ilunga ................................................................................................ French-speaking Counsellor
Ms Thandi van Heyningen ................................................................................................. Research Coordinator
Ms Ingrid Meintjes ............................................................................................................... Communications Coordinator

Back row: Simone Honikman, Thandi van Heyningen
Middle: Sally Field, Charlotte Mande-Illung, Bronwyn Evans
Front: Ingrid Meintjes
Support, supervision and ad hoc services

Ms Thabile Zondi-Rees ....................................................... Counselling Psychologist
Mr Zuhayr Kafaar .............................................................. Consultant Statistician
Ms Lisa Sanders ............................................................... Research Assistant
Ms Justine Evans ............................................................. Clinical Supervisor for Psychologists
Dr Sarah Howard ............................................................. Psychiatrist
Prof Astrid Berg .............................................................. Clinical Supervisor for Psychiatrist
Dr Bavanisha Vythilingum ................................................ Consultant Liaison Psychiatrist
Ms Marie-Christine Cavallini .............................................. Volunteer French Counsellor
Ms Geraldine Robin-Gaillard ............................................ Volunteer French Counsellor

Advisory Board

Prof Joan Raphael-Leff
_Psychoanalyst and social psychologist. Convenor: Academic Faculty for Psychoanalytic Research UCL/Anna Freud Centre, London. Visiting professor at the University of Essex (UK) and Stellenbosch University (South Africa)._;

Prof Julian Leff
_Social psychiatrist. Emeritus Professor at the Institute of Psychiatry, Kings College London. Honorary Professor at University of Cape Town and the University of Western Ontario, Canada._;

Prof Andy Dawes
_Associate Professor Emeritus, Division of Child and Adolescent Psychiatry, University of Cape Town. Associate Fellow, Department of Social policy and Social Work, University of Oxford._;

Ms Sharon Kleintjes
_Research Officer, Mental Health and Poverty Project, University of Cape Town._;

Ms Kate Reynolds
_Lawyer and Partner, Webber Wentzel Attorneys._;

Ms Angie Maloka
_Senior Manager: Health Portfolio, MTN SA Foundation._
5. Innovation

Unique approach

In collaboration with the Department of Health, the PMHP has developed a pragmatic approach which is preventative and promotes an integrated, multi-pronged mental health service model. The four components of this model are:

1. mental health services
2. teaching and training
3. research, and
4. advocacy and policy development

Improving access

A high rate of antenatal care attendance in South Africa (92%) provides a unique opportunity to support and treat mental illness at this crucial time. By operating within community and other health centres where women are already attending for antenatal care, the Project reaches vulnerable women when and where they are able to access health care. This significantly decreases barriers to accessing health services, especially for poor or marginalised women.

Achievable:

Maternal mental illness is predictable, identifiable, preventable and treatable.

6. Recognition

- WHO: formal commendation
- Impumelelo Award for Innovation and Poverty Alleviation
- Medical Research Council (South Africa)
- USAID AIDSTAR-One: selected as a “good and promising programmatic practice” – highest category awarded
- Media: The PMHP has been at the forefront of the campaign against baby-abandonment and abuse in South Africa.
- The Huffington Post: Don't forget about perinatal mental health by Ruth Messinger
7. Financials

The PMHP is a non-profit entity and is required to generate its own funds. The PMHP spends more than 80% of its budget on programmes.

2010 Income

Table 5: Income 2010 (donors)

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance brought forward from 2009*</td>
<td>R808,000</td>
</tr>
<tr>
<td>Mary Slack and Daughters Foundation</td>
<td>R764,000</td>
</tr>
<tr>
<td>MTN SA Foundation</td>
<td>R55,000</td>
</tr>
<tr>
<td>Ruth and Anita Wise Charitable and Educational Trust (Investec)</td>
<td>R30,000</td>
</tr>
<tr>
<td>Individual Donors</td>
<td>R33,000</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>R 1,690,000</strong></td>
</tr>
</tbody>
</table>

*Income in 2009 totalled R2,886,000. Of this total, R 1,178,000.00 was spent and R 900,000 has been earmarked under a separate budget for the Screening Tool Development Study, to be spent in 2011. This is not reflected in the 2011 budget.
2010 Expenses

Table 6: Expenses 2010

<table>
<thead>
<tr>
<th>programme</th>
<th>cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Core programmes</td>
<td></td>
</tr>
<tr>
<td>1.1 Service</td>
<td>R 418,900</td>
</tr>
<tr>
<td>1.2 Training</td>
<td>R 117,900</td>
</tr>
<tr>
<td>1.3 Research</td>
<td>R 343,600</td>
</tr>
<tr>
<td>1.4 Advocacy</td>
<td>R 191,600</td>
</tr>
<tr>
<td>Total Core Programmes</td>
<td>R 1,072,000</td>
</tr>
<tr>
<td>2. Management and administration</td>
<td>R 150,000</td>
</tr>
<tr>
<td>3. Operational expenses</td>
<td>R 88,300</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>R 1,310,300</td>
</tr>
</tbody>
</table>

**The balance at the end of 2010 was R379,700. Items from the 2010 budget will be paid for from this balance during the 1st quarter of 2011.**

Table 7: Budget 2011

<table>
<thead>
<tr>
<th>programme</th>
<th>cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Core programmes</td>
<td></td>
</tr>
<tr>
<td>1.1 Service</td>
<td>R 827,400</td>
</tr>
<tr>
<td>1.2 Training</td>
<td>R 642,300</td>
</tr>
<tr>
<td>1.3 Research</td>
<td>R 744,600</td>
</tr>
<tr>
<td>1.4 Advocacy and policy development</td>
<td>R 550,300</td>
</tr>
<tr>
<td>Total Core Programmes</td>
<td>R 2,764,600</td>
</tr>
<tr>
<td>2. Administration</td>
<td>R 309,800</td>
</tr>
<tr>
<td>3. Organisational development</td>
<td>R 44,000</td>
</tr>
<tr>
<td>4. Infrastructure levy</td>
<td>R 311,900</td>
</tr>
<tr>
<td><strong>Total budget</strong></td>
<td>R 3,430,300</td>
</tr>
</tbody>
</table>

Table 8: 2011 Funds secured and pledged

<table>
<thead>
<tr>
<th>Source</th>
<th>amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Slack Tranche 4</td>
<td>R 700,000</td>
</tr>
<tr>
<td>General support</td>
<td></td>
</tr>
<tr>
<td><strong>To be raised</strong></td>
<td>R 2,730,300</td>
</tr>
<tr>
<td>Funds Pledged for 2011</td>
<td></td>
</tr>
<tr>
<td>Truworths Corporate Social Investment</td>
<td>R 273,778</td>
</tr>
<tr>
<td>Medical Research Council</td>
<td>R 129,000</td>
</tr>
</tbody>
</table>
8. Acknowledgements

The PMHP operates with a small and dedicated team. However, we are profoundly grateful and privileged to have the crucial support from a range of sources that enables our work to progress.

- **Our donors** who acknowledge the need for maternal mental health services through their ongoing support, especially as we expand to meet demand. Without University or Department of Health funding, our long-term and new donors have provided the vital means to keep the Project running. We are particularly grateful for the 5-year general support of the Mary Slack and Daughters Foundation which has afforded us opportunities to grow and respond to the fluctuating landscape of the maternal mental health field.

- Our supporters, such as Mowbray Maternity Hospital, the Western Cape Department of Health and the University of Cape Town. In particular, our location in the **Department of Psychiatry and Mental Health**, Faculty of Health Sciences affords the Project infrastructural support as well as a vibrant academic community of international standing.

- Our new **Advisory Board** was convened in 2010. The members provide highly skilled and generous input throughout the year and include experts in law, psychiatry, psychology, nursing, the corporate sector, the NGO sector and the Department of Health.

The PMHP is grateful to Terry Kurgan for donating the beautiful images from her *Maternal Exposures* collection. Visit Terry’s website at [www.terrykurgan.com](http://www.terrykurgan.com)

The untimely death of Professor Alan Flisher this year left us reeling and mourning. Alan provided us a home within UCT’s Mental Health and Poverty Project as well as his intellectual support, sage advice and friendship. We deeply miss his warmth and leadership and are motivated by his life work to keep ours of the highest quality with the broadest of reach.