Promoting Maternal Mental Health through Early Detection

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Background

Women are two or three times more vulnerable to depression than men and the risk is even higher during the perinatal period - from the onset of pregnancy extending to one year after delivery 1,6. Globally, postnatal depression is the most common form of affective disorder occurring in the perinatal period 7,8. In Nepal, depression affects 4.8-12% of women in the perinatal period 9,10 and suicide is the leading cause of death amongst women of reproductive age 11,12. Perinatal depression in mothers is marked by higher levels of disability and such mothers are likely to stop breastfeeding early, may have an impaired relationship marked with less affection, interaction and communication with her child that may lead to poor physical, cognitive and behavioral development of the infant 13,14. Because of its impact, it is imperative to treat depression early. However, early detection for perinatal depression is very uncommon in low and middle income countries (LMICs) 15 and help seeking behaviour for mental illness is impeded by various structural and social challenges such as lack of human resources, limited service centres and stigma 16,17.

It is against this backdrop a culturally sensitive detection tool called Community Informant Detection Tool (CIDT) was developed with an aim to facilitate detection of mental health problems in the community level by lay community people.

What is CIDT?

• CIDT stands for Community Informant Detection Tool
• It is unique to other screening tools that require specialized knowledge
• The CIDT is culturally grounded and consists of contextualized vignettes using local idioms to express depressive symptoms
• Major symptoms are presented in pictures, too
• Three questions about the level of match, functional impairment and need for support
• If a person in the community has little to high match in the symptoms and has positive response to either of the 2 and 3 questions, referral is made
• People with limited education can use CIDT to identify
• A study conducted on the accuracy of the CIDT found the tool to be effective for community use to identify caseness of psychiatric disorders 18
• The tool has already been validated in Nepal

Results

Step 1

• In-depth Interviews with women identified positive for depression using Edinburgh Postnatal Depression Scale (EPDS) (n=26) and Focus Group Discussions with health workers (n=13), psychosocial counselors (n=5) and female community health volunteers (FCHV) (n=16)

Step 2

• Prioritization of symptoms based on the findings from qualitative study and preparation of draft tool

Step 3

• One-day workshop with the health workers (n=12), psychosocial counselors (n=2) and consultation meetings with the psychologist (n=1) and the psychiatrist (n=1)

Step 4

• Finalization of the tool

Conclusion

Timely detection and treatment of depression of the mothers can have positive implications on both the mother’s health and child’s development in the long run. The CIDT facilitates detection of antenatal and postnatal women with depression and promotes help seeking.

Future Directions

Both the tools will be pilot-tested in Chitwan (paper based) and in Sindhuli (mobile based).

Methods

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How does it look like?

How does it work?

Matching symptoms

Assessment of symptoms

Impairment test

Ned for support

Referral