

Promoting Maternal Mental Health through Early Detection

Prasansa Subba ^{1,2}, Erica Breuer ², Petal Petersen Williams ³, Nagendra Prasad Luitel ¹

¹ Transcultural Psychosocial Organization Nepal, Nepal ² University of Cape Town, South Africa ³ Medical Research Council, South Africa

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]. Globally, postnatal depression is the most common form of affective disorder occurring in the perinatal period [2]. In Nepal, depression affects 4.9-12% of women in the perinatal period [3-5] and suicide is the leading cause of death amongst women of reproductive age [6]. 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 connection with her child that may lead to poor physical, cognitive and behavioral development of the infant. [7-8]. 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) [9] 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 [10].

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.

Methods

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

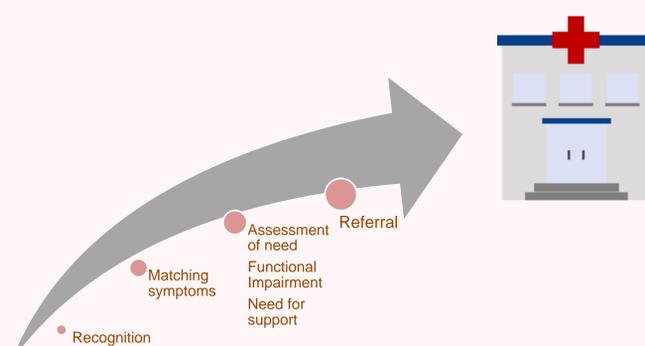
What is CIDT?

- 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 [11].
- The tool has already been validated in Nepal

How does it look like?

The screenshot shows the CIDT tool interface. It includes a 'Name' and 'Location' field, a 'Referred by Name' section with checkboxes for Teacher, Mother's Group, Traditional Healer, and FCHV. The 'OBSERVATION' section features a central text box with a narrative about Sabina and a circular arrangement of eight images depicting various symptoms. Below this is a 'QUESTIONS' section with three questions (A1, A2, A3) and a 'Results' section showing the total score of items.

How does it work?



Results

Antenatal depression	Postnatal depression
Sabina is six months pregnant. For the past two months she has looked depressed and has not been able to enjoy anything. Most of the time, she prefers staying alone and feels irritated upon hearing others talking to her. She complains of having pain in different parts of her body and feels tired most of the time. Despite having difficulty carrying out daily household chores, she is expected to take care of everything. She feels that her family does not understand her problem thus, feels frustrated with her life. When all these things overtake her, she feels restless and wants to run away from all the responsibilities. She has not been able to sleep and has been eating less than usual. She thinks that there is nothing she can do in her life and cries almost every day. Sometimes she thinks it is better for her to die than to live.	Binita is from a poor family and has just given birth to a daughter for the second time. It is just a few weeks after delivery, she looks depressed throughout the day. She has not been able to stay happy even after giving birth. In the same way, she feels guilty for not being able to give birth to a son and make her family happy. Most nights she has not been able to sleep thinking about these things because of which she feels tired and lazy during the day. Binita used to be very energetic, but nowadays, she feels weak and has not been able to carry out her household chores. Similarly, she also feels irritated to look after the newborn baby and gets angry easily with anyone. These days she stays alone most of the time, doesn't eat well and doesn't maintain her personal hygiene. Because she could not do anything as she had imagined, she thinks there is no reason for her to live.

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).

Reference [1] Marcus, M., Yasamy, M. T., van Ommeren, M., Chisholm, D., & Saxena, S. (2012). Depression: a global public health concern. *World Health Organization Paper on depression*, 6-8. [2] Patel, V., DeSouza, N., & Rodrigues, M. (2003). Postnatal depression and infant growth and development in low income countries: a cohort study from Goa, India. *Archives of Disease in Childhood*, 88(1), 34-37. [3] Clarke, K., Saville, N., Shrestha, B., Costello, A., King, M., Manandhar, D., ... Prost, A. (2014). Predictors of psychological distress among postnatal mothers in rural Nepal: a cross-sectional community-based study. *Journal of Affective Disorders*, 156, 76-86. [4] Ho-Yen, S. D., Bondevik, G. T., Eberhard-Gran, M., & Bjorvatn, B. (2006). The prevalence of depressive symptoms in the postnatal period in Lalitpur district, Nepal. *Acta Obstetrica et Gynecologica Scandinavica*, 85(10), 1186-1192. [5] Regmi, S., Sliq, W., Carter, D., Grut, W., & Seear, M. (2002). A controlled study of postpartum depression among Nepalese women: validation of the Edinburgh Postpartum Depression Scale in Kathmandu. *Tropical Medicine and International Health*, 7(4), 378-382. [6] Suvedi, B. K., Pradhan, A., Barnett, S., Puri, M., Chitrakar, S. R., Poudel, P., ... Hulton, L. (2009). Nepal Maternal Mortality and Morbidity Study 2008/2009: Summary of Preliminary Findings (DoHS Family Health Division, Ministry of Health, Government of Nepal, Trans.). Kathmandu, Nepal. [7] Halbreich, U., & Karkun, S. (2006). Cross-cultural and social diversity of prevalence of postpartum depression and depressive symptoms. *Journal of Affective Disorders*, 91(2-3), 97-111. doi: 10.1016/j.jad.2005.12.051 [8] Patel, V., Rahman, A., Jacob, K. S., & Hughes, M. (2004). Effect of maternal mental health on infant growth in low income countries: new evidence from South Asia. *British Medical Journal*, 328(7443), 820-823. [9] Glasco, F. P. (2005). Screening for Maternal Perinatal Depression. *Developmental Behavioral Pediatrics Online, American Academy of Pediatrics*. [10] Brenman, N. F., Luitel, N. P., Mall, S., & Jordans, M. J. (2014). Demand and access to mental health services: a qualitative formative study in Nepal. *BMC International Health and Human Rights*, 14, 22. [11] Jordans, M. J. D., Kohrt, B. A., Luitel, N. P., Komproe, I. H., & Lund, C. (2015). Accuracy of proactive case finding for mental disorders by community informants in Nepal. *The British Journal of Psychiatry*.

Acknowledgement

This project was conducted as a part of MPHil degree at the University of Cape Town under the financial support from the Department for International Development (DFID) for PRogramme for Improving Mental health care (PRIME). Special thanks to Dr. Mark J. D. Jordans, TPO Nepal and entire PRIME team.

