



## ■ Technical Brief

# ADDRESSING COMMON PERINATAL MENTAL HEALTH DISORDERS IN LOW- AND MIDDLE-INCOME COUNTRIES

A Silent Burden No More

## INTRODUCTION

Nearly one billion people globally live with some form of mental illness, and 80% of them reside in low- and middle-income countries (LMICs).<sup>1,2,3</sup> The inequality continues with treatment access. It has been estimated that up to 90% of people who need mental health treatment in LMICs are not receiving it.<sup>4</sup> Women bear a particular burden, especially during the perinatal period. Common perinatal mental disorders (CPMDs), including prenatal and postpartum depression, anxiety, and somatic disorders, are the leading complications of pregnancy and childbirth globally.<sup>5</sup> About one in five women in LMICs suffer from one or more CPMD.<sup>6</sup> The pressing need to address perinatal mental health (PMH) globally has gained attention in recent years, particularly as the COVID-19 pandemic further worsened mental health outcomes for women during pregnancy, childbirth, and the postpartum period, and in light of the ongoing maternal mortality crisis.<sup>7</sup>

## FINDINGS FROM A LANDSCAPE ANALYSIS ON PMH IN LMICS

To better understand the state of PMH in LMICs, and interventions implemented to address women's PMH needs, in 2021, the U.S. Agency for International Development (USAID)-funded MOMENTUM Country and Global Leadership project conducted a landscape analysis, "The Silent Burden: Common Perinatal Mental Disorders in Low- and Middle-Income Countries."<sup>7</sup> It explored the prevalence of CPMDs, risk factors for CPMDs, and interventions to address identified mental health issues and support women and families. It also highlighted some of the gaps—in research and implementation—when trying to address the PMH needs of women and girls globally.



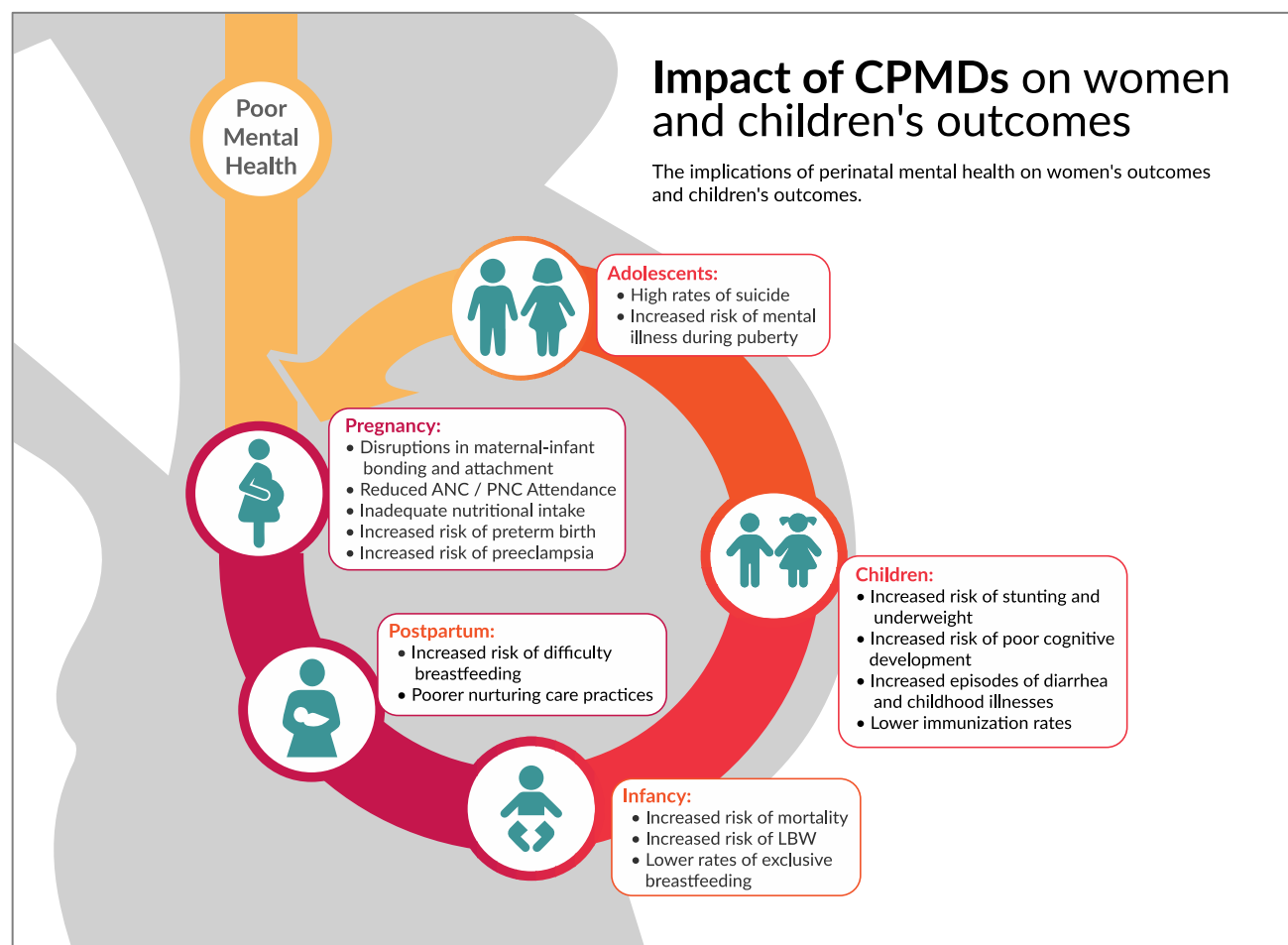
## PMH Landscape Analysis: Key Themes

- CPMDs have significant and lasting implications for women’s health and quality of life.
- CPMDs have been associated with adverse development in newborns and children.
- Women in LMICs are at greater risk for CPMDs if exposed to multiple risk factors, such as negative experiences with the health system, obstetric trauma, perinatal loss, and poor social support.
- PMH should be integrated across sectors, within and outside of health, away from centralized institutions to the primary health center and community level, and into health worker education and practice.
- Future research should include findings from different contexts, avoid generalizations, generate more evidence for vulnerable populations, expand beyond postnatal depression, center the expressed desires of women, and explore integrated approaches for women’s and children’s health.

The landscape analysis found that CPMDs pose significant and lasting implications for women’s and children’s health and quality of life. Women with a history of postpartum depression had a 25% risk of a recurrence in a subsequent pregnancy; postpartum depression is a major risk factor for maternal death by suicide, accounting for 20% of mortality in the year after childbirth.<sup>8,9</sup> PMH conditions have also been associated with adverse physical, emotional, and neurological development in newborns and children.<sup>10</sup> Studies from LMICs found that depressed mothers had a higher risk of preterm births and low-birthweight babies.<sup>11</sup> The presence of CPMDs in mothers also appears to increase the risk of stunting and wasting in children.<sup>12</sup> (The full impact of CPMDs on both maternal and newborn/child health outcomes is outlined in Figure 1.) There also appears to be an association between CPMDs and the extent to which mothers seek immunization services or care for ill children.

In terms of implementation strategies and existing programs, the landscape analysis identified the successful core components of PMH interventions at both the community and facility levels. At the community level, stepped care, detailed context assessments, task-sharing models, and talk therapy were identified. At the health facility level, core components included pre-service training on mental health, trained and supervised providers, referral and assessment processes, mental health support for providers, provision of respectful care, and linkages with gender-based violence services. Despite these successful implementation approaches, significant gaps remain in understanding how to address CPMDs, which further illuminates an urgent need to provide CPMD prevention and care to women in LMICs.

FIGURE 1: IMPACT OF CPMDS ON WOMEN AND CHILDREN'S OUTCOMES



## GIVING VOICE TO THE SILENT BURDEN: THE PMH TECHNICAL CONSULTATION

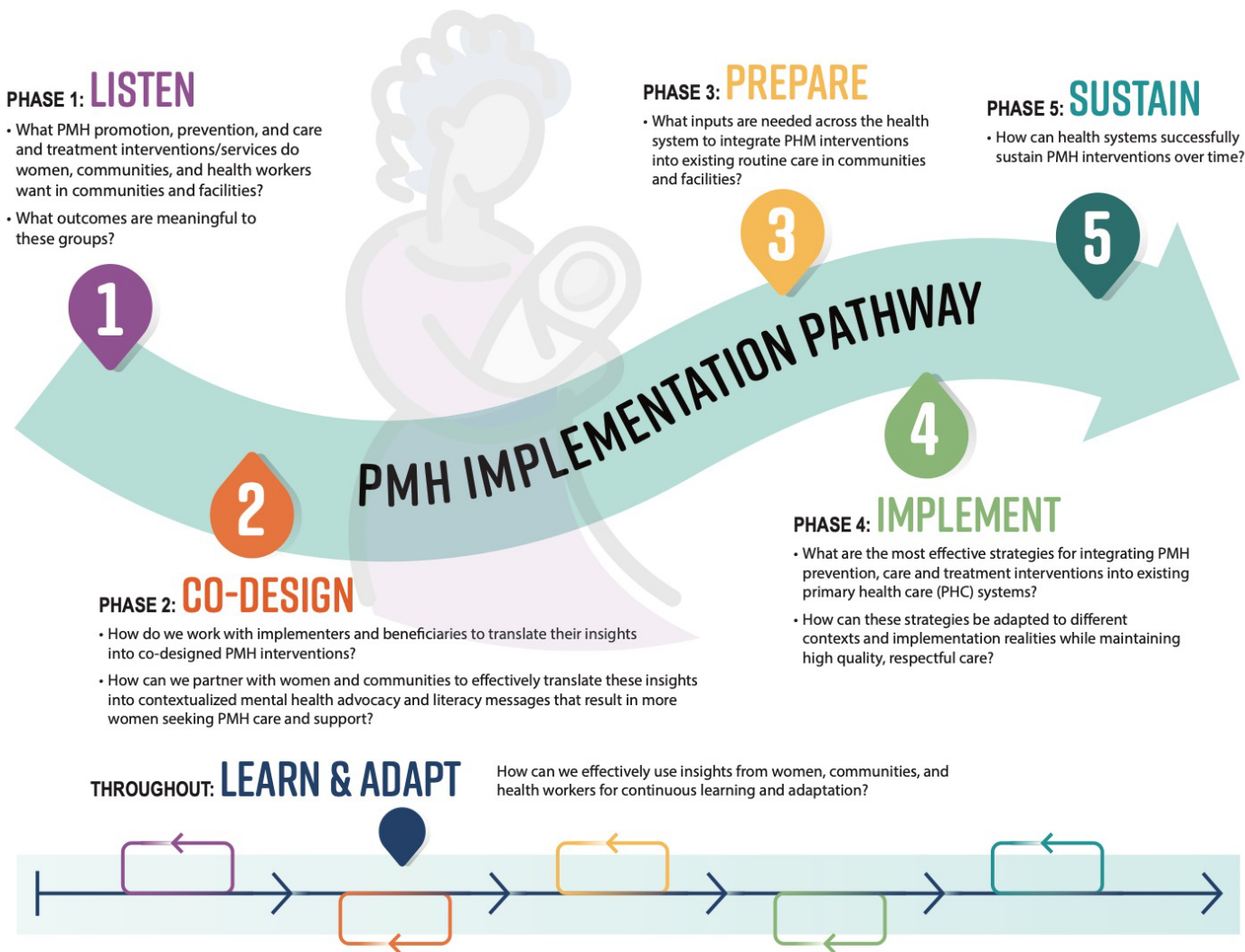
In September 2021, MOMENTUM Country and Global Leadership, in collaboration with the World Health Organization and United Nations Population Fund, facilitated a three-day technical convening on PMH in LMICs, entitled “Giving Voice to the Silent Burden: Maternal Mental Health Technical Consultation.” This interactive, virtual event brought together 689 participants from 89 countries who are members of the maternal, newborn, child health, nutrition, faith, humanitarian, and mental health communities to collaborate and inform the path forward for PMH to ensure that pregnant and postpartum women, and their families, receive the respectful and nurturing care they need and deserve.

Panelists, speakers, and participants focused on populations that particularly need to be reached by PMH programming, such as adolescents, families experiencing perinatal loss, and women living in humanitarian settings. They further explored the available evidence and some of the challenges in implementing programs for PMH with fidelity and at scale. Key discussions included an overview of the global burden of CPMDs, current evidence on effective interventions, considerations for vulnerable populations and those at increased risk for CPMDs, country experiences introducing and scaling up PMH programs, integrating mental health care into existing service delivery platforms, strengthening provider capacity to deliver PMH care, and the role of community, civil society, and faith organizations in supporting mental health.

# CO-CREATING A PMH THEORY OF CHANGE AND SET OF PRIORITIZED IMPLEMENTATION RESEARCH QUESTIONS

The technical consultation led to a clear call for a common global vision and framework for PMH programming, as well as a shared PMH research agenda, behind which the mental health, maternal mental health, and maternal, newborn, and child health communities could coalesce. These collaborative conversations led to the engagement of a human-centered design partner, Quicksand, from May to July 2022 to support a co-creation process. This process resulted in 1) a prioritized list of implementation research questions and 2) a global PMH theory of change.

**FIGURE 2: PMH IMPLEMENTATION RESEARCH QUESTIONS ALONG THE PMH IMPLEMENTATION PATHWAY**



Following the prioritization of the PMH implementation research questions, and with support from Quicksand and the PMH steering committee, MOMENTUM facilitated the development of a PMH theory of change (Annex A). The theory of change was organized according to the layers of the social ecological model, which outlines the broad illustrative interventions and outcomes at each layer, and a shared vision or goal for PMH. This theory of change provides essential guidance for well-coordinated and designed programming and can serve as the basis for future metrics and implementation guidance. The theory of change includes a package of resources for global use.

## PMH IMPLEMENTATION RESEARCH AND COUNTRY PROGRAMS

Now, in 2023, the MOMENTUM team is starting to plan for PMH implementation research in **India**. Working to build on the progress and work to date, the team will explore strategies for implementing high-quality, integrated PMH programs at scale, and to expand the evidence base in response to the prioritized questions in Figure 2. Focusing on the subdistrict level, MOMENTUM proposes to integrate PMH programming into existing platforms and programs at the facility and community levels to understand implementation challenges. This implementation research scope will start to address the question of how to practically integrate PMH prevention, promotion, care, and treatment interventions into existing primary health care systems. Implementation research will start with a co-creation process with partner Quicksand and a diverse set of stakeholders to define a set of user-centered interventions and then implementation and evaluation of the interventions in select facilities and communities.

Additional PMH efforts at the country level include the following:

**Nigeria:** The MOMENTUM team in Nigeria hosted a maternal mental health dialogue in November 2022. Sixty participants, including the director of reproductive health division, the head of safe motherhood in the reproductive health division, and the national coordinator of mental health, engaged with a panel of practitioners and researchers in maternal mental health and committed to eight solutions. These solutions include integrating maternal mental health services into existing services, mainstreaming services into primary health care using the Basic Health Care Provision Fund, and allocating adequate funding provision for research on PMH.

**Cambodia:** MOMENTUM, in partnership with the Ministry of Health, will begin work to strengthen mental health services for survivors of the Khmer Rouge through the existing primary health care system. Given MOMENTUM's experience with the PMH analyses, conducting qualitative research and co-creating research agendas and a theory of change for mental health (and incorporating the social determinants), the MOMENTUM PMH team was asked to contribute to the work plan and strategize on how best to support the integration of mental health services into existing health and social services. MOMENTUM will continue to support project implementation as the scope of work is defined with Cambodia's Ministry of Health.

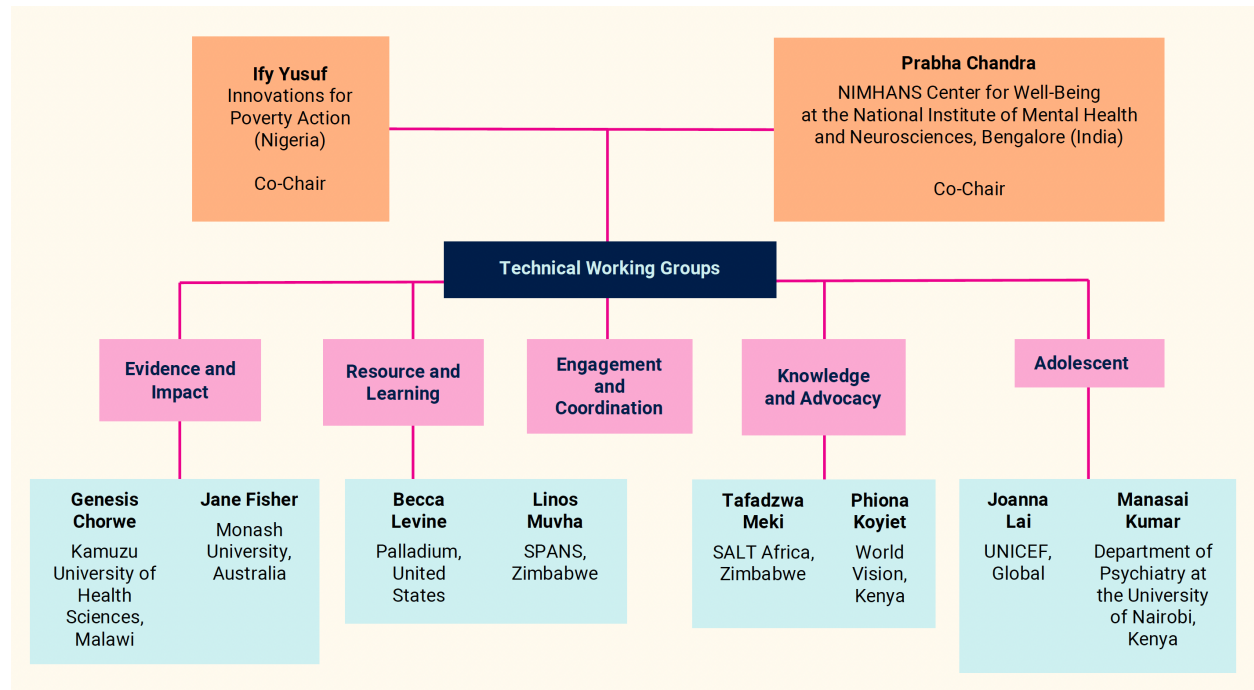
## ESTABLISHING A COUNTRY-LED PMH COMMUNITY OF PRACTICE

In June 2023, MOMENTUM facilitated the launch of a PMH community of practice (CoP). The PMH CoP serves as a global collaborative platform for experts and practitioners working in maternal health, newborn health, mental health, and related fields. It is intended for program implementers, researchers, and those with lived experiences to learn from each other and enhance their knowledge of PMH in LMICs. The community provides an opportunity for those living and working in LMICs to share practical and effective tools and best practices, and to coordinate capacity-strengthening efforts related to PMH.

The PMH CoP strives to create a dynamic and inclusive environment for its members to collaborate in the following ways:








- Connect individuals who have an interest in enhancing and advocating for PMH prevention, care, and treatment in LMICs.
- Disseminate the latest evidence, lessons learned, and implementation guidance.
- Share program achievements, challenges, and outstanding questions to harness the power of a global community for peer learning, collaboration, and collective problem solving.





**FIGURE 3: THE PMH COP ORGANIZATIONAL STRUCTURE.**



# PMH KNOWLEDGE EXCHANGE AND ADVOCACY

## WHERE TO FIND THE PMH PUBLICATIONS AND PRODUCTS DISCUSSED IN THIS TECHNICAL BRIEF

| Publication/product  | Description  | QR code   |
|--|--|---|
| <a href="#"><u>Full PMH landscape analysis</u></a>                                     | The full landscape analysis report, “The Silent Burden: Common Perinatal Mental Disorders in Low- and Middle-Income Countries,” was published in 2022.   |    |
| <a href="#"><u>PMH landscape analysis brief</u></a>                                    | MOMENTUM distilled the landscape analysis into a brief that was published in September 2021.   |    |
| <a href="#"><u>PMH landscape analysis findings in BMC Pregnancy and Childbirth</u></a> | A peer-reviewed article based on the findings from the landscape analysis was published in <i>BMC Pregnancy and Childbirth</i> in April 2022.  |    |
| <a href="#"><u>PMH call to action in BMC Pregnancy and Childbirth</u></a>              | A call-to-action commentary on the urgent need to focus attention, effort, and funding on PMH, authored by key members of the PMH Steering Committee, was published in <i>BMC Pregnancy and Childbirth</i> in April 2022.  |  |
| <a href="#"><u>Summary of the PMH technical consultation</u></a>                       | A summary of the September 2021 PMH technical consultation, with links to videos of key sessions, is posted to the MOMENTUM website.   |  |
| <a href="#"><u>PMH blog post</u></a>   | Four speakers/panelists/moderators from the PMH technical consultation developed a <a href="#"><u>blog post</u></a> for the AlignMNH Knowledge Hub.  |  |
| <a href="#"><u>Curated collection of PMH resources on</u></a>                          | A curated set of PMH resources and take-aways on key and emerging evidence, global guidance, operational supports, country experiences, advocacy resources, and continued opportunities for debate, learning, and discussion can be found on the AlignMNH Knowledge Hub. |  |

| Publication/product  | Description  | QR code   |
|--|--|---|
| <a href="#"><u>PMH call to action in “The Conversation”</u></a>  | MOMENTUM, in partnership with a South African expert on PMH (Simone Honikman), contributed to an <a href="#"><u>article</u></a> in “The Conversation.” The call to action put forward in this article was converted into a graphic that can support advocacy efforts.  |    |
| <a href="#"><u>PMH theory of change and prioritized implementation research questions</u></a>                  | A <a href="#"><u>PMH theory of change</u></a> that outlines broad illustrative, evidence-based PMH interventions by level and a shared vision for PMH was published in December 2022. It provides essential guidance for well-coordinated and designed programming and to be the basis for future metrics and implementation guidance.<br><br>A prioritized list of PMH implementation research questions supports the development of a coordinated global learning/research agenda for PMH and guide global alignment and funding considerations for PMH. |    |
| <a href="#"><u>Brief on the intersection of adolescent health, sexual and reproductive health, and PMH</u></a> | This technical brief explores the linkages between CPMDs among adolescents and adolescent sexual and reproductive health in LMICs, with a focus on contraceptive use and related outcomes.   |    |
| <b>Brief on the PMH community of practice</b>  | “Furthering a movement: The perinatal mental health community of practice” is a brief on the scope of the CoP, associated technical working groups, and instructions for joining.  | Pending finalization.   |
| <a href="#"><u>Recording of the PMH CoP launch webinar</u></a>   | The PMH CoP was launched via a global webinar in June 2023.  |  |
| <b>Commentary on mental health needs of pregnant/postpartum women and caregivers</b>                           | This commentary on the urgent mental health needs of pregnant and postpartum women and their caregivers is under consideration for inclusion in a PLOS Global Health supplement on mental health.  | Pending finalization.   |

For further information or queries regarding MOMENTUM’s work in perinatal mental health or the perinatal mental health community of practice, please contact [PMH.CoP@jhpiego.org](mailto:PMH.CoP@jhpiego.org).



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# ANNEX A. GLOBAL PMH THEORY OF CHANGE

## The Global PMH ToC

A common framework that can guide global thinking, investments, and programming when trying to improve the access and quality of care for PMH services.\*



\*Due to space constraints this Theory of Change does not include outputs.

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