

MENTAL HEALTH AND PSYCHOSOCIAL
SUPPORT (MHPSS) WEBINAR SERIES REPORT

Strengthening Maternal Mental Health in Special Populations: Implementation Challenges and Opportunities

September 21, 2022
Webinar date

Speakers



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Date of report: October 2022

About the webinar series

ACCELERATING EVIDENCE-TO-USE IN MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS) POLICY AND PROGRAMMING



Image credit: Heartland Alliance International

The Implementation Science Collaborative's Mental Health and Psychosocial Support (MHPSS) Webinar Series advances evidence-to-use priorities to inform policy and practice in low- and middle-income countries (LMICs). This webinar series is supported by the Health Evaluation and Applied Research Development (HEARD) Project, managed by University Research Co., LLC (URC), and co-hosted by the City University of New York (CUNY) Graduate School of Public Health and Health Policy (SPH) Center for Innovation in Mental Health (CIMH) and the East, Central, and Southern Africa Health Community (ECSA-HC).

This report presents the highlights of the third webinar in this series, *Strengthening Maternal Mental Health in Special Populations: Implementation Challenges and Opportunities*, which featured a diverse stakeholder discussion on strategies and opportunities to advance maternal mental health care and psychosocial support for vulnerable mothers in LMICs. The webinar was attended by 246 participants from over 50 countries representing over 120 different international and local non-governmental organizations, academic institutions, ministries of health, and funding agencies.

Our Partners:



SPEAKERS AND PANELISTS



Amanda Nguyen, PhD

Amanda Nguyen is an Assistant Professor at the University of Virginia's School of Education and Human Development with a primary appointment in Youth-Nex, the UVA Center to Promote Effective Youth Development. Her current work includes developing and testing psychosocial interventions for conflict-affected people in Ukraine and Bangladesh, as well as similar work building mental health service capacity in rural US schools.



Sarah Murray, PhD

Sarah Murray is an Assistant Professor in the Department of Mental Health at the Johns Hopkins Bloomberg School of Public Health. Currently, Dr. Murray's primary research interest is in using mixed-methods to understand the multifaceted relationship between violence, stigma, and common mental disorders to inform the development of effective strategies to promote the mental health and psychosocial well-being of women and children living in situations of complex adversity.



Karine Le Roch, PhD

Karine Le Roch is a clinical psychologist with a PhD in psychology. As MHPSS Research Project Advisor for Action contre la Faim, she has been coordinating the implementation of research projects on topics related to maternal mental health, early child development and child undernutrition in humanitarian settings. She is also involved in designing projects that identify, test, and implement innovations that improve the quality of interventions on maternal and child health and well-being.



Juliet Nakku, MD

Juliet Nakku is a Senior Consultant Psychiatrist and the Executive Director of Butabika National Referral Mental Hospital in Kampala, Uganda. Her work has focused on collaborative research contributing to the operationalization of government policies, particularly in the areas of care for pregnant and postpartum mothers and the integration of mental health into primary care and maternity settings.

PANELISTS



Linda Nabitaka Kisaakye, MD

Linda Nabitaka Kisaakye is currently coordinating the overall implementation of the Prevention of Mother to Child Transmission (PMTCT) of HIV program at Ministry of Health Uganda. A medical doctor and public health specialist with over 20 years of experience working at different levels of the health sector, she has vast experience in supporting HIV programming, including HIV testing and PMTCT.



Dilys Walker, MD

Dilys Walker is a Professor at the University of California San Francisco Department of Obstetrics, Gynecology and Reproductive Sciences. She serves as the Director of Global Health Research for the Bixby Center for Global Reproductive Health and the Director of the Institute for Global Health Science (IGHS) Center for Global Maternal Newborn Child Health Research. As a clinician researcher, her academic career has focused on global implementation research in limited resource settings, taking a life course approach to improving outcomes for women, mothers, and their newborns.



Lamia Jouini, MD

Lamia Jouini is a Consultant for the Brain Health Unit at the World Health Organization Department of Mental Health and Substance Use in Geneva, Switzerland. She is also working as an Assistant Doctor in Psychiatry at the Department of Psychiatry and Psychotherapy at Wallis Hospital, Switzerland.

MODERATORS



Victoria Ngo, PhD

Victoria Ngo is an Associate Professor at the City University of New York Graduate School of Public Health & Health Policy and is the Director of the Center for Innovation in Mental Health. Also a clinical psychologist, she has expertise in developing, evaluating, and implementing evidence-based treatments for depression, anxiety, and trauma in diverse communities in the United States and abroad.



Rosemary Mwaisaka, MSc

Rosemary Mwaisaka is the Manager for Non-Communicable Diseases (NCDs), Food Security and Nutrition at the East, Central, and Southern Africa Health Community (ECSA-HC), providing leadership in establishing regional policies and strategies on NCDs, food security and nutrition. She has more than 14 years of expertise in designing, implementing, monitoring and evaluating public health, nutrition and development interventions in the East, Central and Southern Africa region.

Scientific Evaluation of Psychosocial Impacts of Baby Friendly Spaces in Low Resource Humanitarian Settings

Karine Le Roch, PhD, Amanda Nguyen, PhD, Sarah Murray, PhD

About the intervention

Baby Friendly Spaces (BFS) is a holistic psychosocial support program implemented as a part of child malnutrition prevention services. It aims to enhance mothers' well-being, internal resources, and child care practices skills in order to create a buffer against the deleterious health and developmental impacts of humanitarian crisis on mothers and children. This program targets refugee mothers and their acutely malnourished infants and young children living in refugee camps in Cox's Bazaar, Bangladesh.



Learn more
about BFS

Implementers and Partners



SCHOOL of EDUCATION
and HUMAN DEVELOPMENT



JOHNS HOPKINS
UNIVERSITY
BLOOMSBURY INSTITUTE
of PUBLIC HEALTH



Intervention Activities



Breastfeeding
counseling



Baby bathing and
massaging



Relaxation



Play and
psychostimulation



Individual
psychological
counseling sessions



Group discussion on
child care practices

Key Findings

Preliminary results indicate that with supervision and implementation support, integrating manualized psychosocial support activities with nutrition services holds **potential for reducing distress and improving subjective well-being of conflict-affected mothers of malnourished children**, but results were weaker for improving functioning and positive coping.

Implementation Challenges, Solutions, and Opportunities

1

Interruptions in program delivery due to the COVID-19 pandemic

Healthy staff were rotated and rescheduled to maximize coverage. Some participants were relocated to ensure safety and compliance with COVID-19 guidelines.

2

Loss of funding for the program resulting in termination of data collection by March 2022

Data collection was fast-tracked. Staff were provided supervision and support in finding new employment opportunities.

3

Difficulties in finding respondents for the follow-up interviews

Community volunteers made household visits to participants.

Download the presentation transcript [here](#).

Effects of Maternal Depression Treatment in HIV on Depression, HIV Outcomes, Maternal and Child Health

Juliet Nakku, MD

About the intervention

Maternal Depression Treatment in HIV (M-DEPTH) is an evidence-based depression treatment to improve PMTCT care adherence and outcomes among HIV-infected women experiencing perinatal depression in Uganda. The primary objective of the study is to assess whether the integrated depression care model is superior to usual care in helping women to adhere to each step of the PMTCT care continuum.

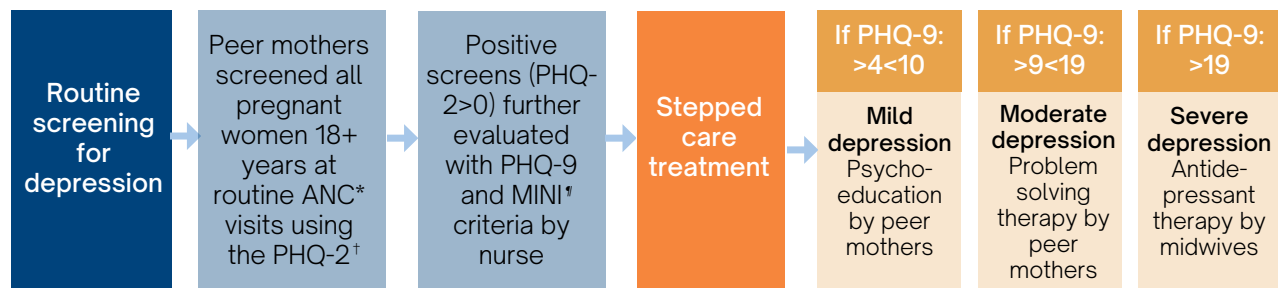
Implementers and Partners



Learn more
about M-DEPTH



M-DEPTH Care Model



*Antenatal care; † Patient health questionnaire; * Mini International Neuropsychiatric Interview

Key Findings



Use of non-specialists such as trained and supervised midwives and lay persons to identify depression and implement evidence-based depression treatment is feasible.



More than three quarters of pregnant HIV+women treated for moderate to severe depression responded to treatment, which is at least equivalent to response rates in the literature.



Depression treatment did not have meaningful effects on HIV care adherence and outcomes.



The intervention showed effects on parenting and maternal health (parental burden, perceived support) at two and six months.



There were no observed effects on early infant development at six months.

Download the presentation transcript [here](#).

PANEL HIGHLIGHTS

Panelists: Lamia Jouini, Linda Nabitaka Kisaakye, Karine Le Roch, Sarah Murray, Amanda Nguyen, and Dilys Walker

Moderators: Victoria Ngo and Rosemary Mwaisaka

1

What challenges did you encounter in maternal mental health programming and what solutions did you employ to address them?

Program interruptions due to the COVID-19 pandemic

For both Baby Friendly Spaces and M-DEPTH, the COVID-19 pandemic interrupted the planned interventions, necessitating numerous changes to the protocol to comply with national and local guidelines and maintain the health of staff and participants. Phone interviews with participants were conducted in lieu of in-person meetings. Program staff requested for permission to conduct home visits to follow up with participants who relocated because of pandemic-induced restrictions to travel.

Adoption and acceptability of the program to program staff

Some M-DEPTH program staff, particularly the midwives, perceived the mental health component of the intervention to be an added burden on top of their regular duties to provide maternal health care. There were also issues with perceived "task-dumping" from the midwives to the peer mothers. To address this, the M-DEPTH team conducted regular meetings with facility teams to discuss their concerns and provide more motivation. They also recruited additional peer mothers to support the work of the peer mothers who were already part of the intervention as program staff.

2

What are special considerations to take into account when providing maternal mental health care to vulnerable populations?

Language services

There are many languages and dialects spoken in humanitarian settings such as refugee camps, and implementers cannot expect all program staff to speak or learn the languages of the service users and vice versa. Translation services for both oral and written content must be considered in the program implementation and timeline.

Development and validation of assessment and evaluation tools

To achieve the proper identification and evaluation of maternal mental health needs, program implementers and researchers must develop, adapt, and validate easy-to-use tools that can be delivered by staff with varying levels of expertise, such as health workers or lay individuals.

Paternal participation

Fathers are traditionally overlooked in the provision of maternal mental health care because of misconceptions that they are not interested in or are not aware of their partner's needs. On the contrary, fathers have been found to be quite concerned about their wives' and children's well-being. Their participation and engagement in maternal mental health interventions should be encouraged and supported.

Stakeholder engagement

Stakeholders across the spectrum must be engaged throughout the intervention. In addition to national government officials, implementers must also reach out to and gain the support of local and religious leaders in the community.

Needs of service users beyond mental health

A number of service users expressed challenges beyond the scope of the psychosocial intervention, such as intimate partner violence (IPV), alcoholism in the family, lack of support from partners, and socioeconomic difficulties. To fill in this need, program implementers must also connect with programs providing other specialized services such as IPV care or livelihood support.

Rapport between MHPSS professionals and service users

While the nature and content of MHPSS activities are important, the manner in which they are delivered from the provider to the user must also be prioritized. Building rapport between MHPSS professionals and service users is key for successful programming.

Well-being and supervision of program staff

Working in refugee camps is challenging, and providing care to people who live in very difficult conditions can also take its toll on providers. Implementers must be mindful of the external factors that providers can face in these adverse environments and must take measures to uphold quality working conditions and prevent compassion fatigue.

In addition to basic and advanced training, regular and structured supervision and mentorship to staff are also critical. Even when it is not feasible for specialized professionals such as psychologists and psychiatrists to provide supervision, other health professionals such as nurses have also been found to be effective at supervising or supporting routine MHPSS interventions at health facilities.

3

It is not so easy to make people “feel” better when they live under constant stress, although they may change some behaviors (e.g. mother-child interactions). Therefore, common mental health indicators used in other contexts might not be applicable. What are better, more appropriate outcomes or indicators that should reasonably be expected from studies within humanitarian or low-resource settings?

Matching outcomes to the intent of the program and its theory of change is incredibly important. While mothers live in a context of multiple ongoing complex stressors and even exposure to violence, it is still possible to build some coping skills that can shape how distress is experienced or the ways in which women deal with those behaviors. In the experience of Baby Friendly Spaces, program implementers and researchers found it important to actually assess those coping behaviors themselves, which may enable functioning and behavior change.

A challenge is that the broader field of measurement in global mental health has been far more focused on the measurement of distress and negative mental health outcomes (e.g. symptoms and disorders) than it has on positive or resilient outcomes. Focusing on measuring mechanisms of action like coping in its different forms, social support and connection, resilience, self-efficacy and self-esteem, and potentially other constructs such as hope, joy, or maternal-child bonding is an incredibly important and needed direction for the field.

4

What are strategies to encourage mothers' participation in the intervention? How do you deal with mothers who refuse treatment?

The women really appreciated the opportunity to have someone to discuss their problems with and receive support in developing coping skills to deal with those problems. Therefore, the therapy itself encouraged sustained engagement.

For M-DEPTH, treatment refusal from participants was low for several reasons. First, because the intervention provided several different treatment options to the mothers, they were usually able to identify an option that worked well for their needs and preferences. Second, in certain cultural contexts, patients tend to defer to their doctor or provider and go along with their recommendations for treatment.

5

What are effective strategies or models for integrating mental health and psychosocial support into maternal care?

Matching MHPSS interventions with existing programmatic and physical infrastructures

It is important to note that the interventions presented in this webinar were not standalone interventions. Both focused on carefully integrating MHPSS interventions into already established programs and their corresponding contextual conditions. Further, the outcomes they measured were those that were important to the community and their stakeholder groups. These are important strategies to consider when integrating MHPSS into maternal care.

Preventing provider burnout

As integration of maternal and mental health approaches often require task shifting and placing the burden of screening and treatment on nurses and midwives, program implementers must also recognize and address the mental health of providers and the work they do. The COVID-19 pandemic brought forth the growing recognition that provider burnout, stress, and exhaustion play an important role in the childbirth experience of women they care for, therefore, provider well-being must always be on the radar when designing and implementing maternal mental health interventions.

Upcoming areas of integration

While efforts to integrate mental health and maternal care are now coming into focus, one area of integration that remains relatively overlooked is maternal mental health and women-centered care. Over a decade ago, the issue of the mistreatment and abuse of mothers during childbirth was identified, and in that time the field has progressed from identifying and categorizing these issues to finally looking at interventions that can mitigate them and improve the care of women throughout the life course. Many of the aspects of women-centered care such as support, dignity, respect, and empathy have been found to be directly linked to improved maternal mental health, and positive childbirth experiences have been found to lead to lower rates of postpartum depression.

6

What are strategies to ensure the sustainability of maternal mental health programming in low-resource settings?

The extent to which meaningful collaboration between communities, community based organizations, and larger, potentially international non-governmental organizations and policy makers is needed can not be understated. Implementers and researchers have to focus on building local capacity to implement programs that are acceptable and perceived as relevant and needed by the community. However, if policy makers do not then recognize that capacity and the need to continue to foster, recognize, and support the use of that capacity through shifts in program funding and implementers, it is not helpful. The strategy used by the two featured interventions in this webinar that integrates mental health support into related sectors (e.g. nutrition, HIV care) is extremely important. However, this requires careful planning, give and take, and ongoing monitoring and evaluation of how these programs affect workers, participants, and the organization overall.

7

What are important directions and recommendations for maternal mental health policy?

Research-sensitive funding

There is a critical need for embedded programmatic research that extensively evaluates the effectiveness and implementation of field interventions. However, supporting these evaluation activities has been a difficult and enduring challenge, as funding timelines are often shorter than actual research timelines. Stakeholders need to advocate for extended program funding timelines to better support the types of research needed to advance the evidence base.

Integration of mental health assessment and support into routine maternal services

Mental health screening needs to be integrated into routine maternal services for early detection and treatment of mental health and psychosocial issues.

Integration of standardized MHPSS interventions into the broader public health system

Small positive change is always better than no change. Standardized interventions may not be suitable for everyone, but they do provide important guidance on implementation and effectiveness. Policymakers, donors, non-governmental organizations, along with other actors of change, such as community members themselves, can benefit from mainstreaming these interventions within the broader public health system.

Creation of policies around task shifting

Given the mounting evidence in support of task shifting mental health care to non-specialized workers, it is high time for task shifting guidelines to be formally included in national and local maternal and mental health care policy.

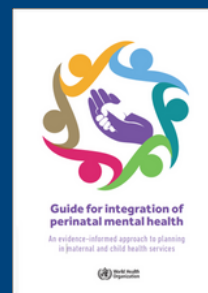
Adaption to new models of care

The World Health Organization has recently moved from a four-visit to an eight-contact model of antenatal care. Systems around the world are figuring out when, where, and how to provide these additional contacts. Those in the field must innovate on how mental health screening, prevention, and treatment can be integrated into these new models and contexts, while also providing peer support and a safe, supportive, and community-fostered environment for pregnant women.

8

What are current efforts on the global stage to advance the maternal mental health agenda?

The World Health Organization has recently released, "*Guide for integration of perinatal mental health in maternal and child health services*." The guide was written to provide information about how staff in maternal and child health services can provide mental health promotion, prevention, treatment and care. It was written primarily for program managers, health service administrators at hospitals, district and primary health facilities and in nongovernmental organizations and community-based organizations that provide maternal and child health services.



Click [here](#) to view or download the WHO Guide for Integration of Perinatal Mental Health in Maternal and Child Health Services.

The guide is intended to be used to develop and sustain high-quality, integrated mental health services for women during the perinatal period. It brings together the best available evidence to support MCH providers in promoting good mental health, identifying symptoms of mental health problems and responding in a way that is adapted to their context.

The guide lists the steps required to plan for the integration of perinatal mental health care and for assessing its impact. It also includes a section about the provision of care for specific needs such as adolescent pregnancy, unintended pregnancy and termination, humanitarian settings, etc.

WEBINAR AGENDA

OPENING & INTRODUCTION

Victoria Ngo, PhD

Director, Center for Innovation in Mental Health
Associate Professor, Department of Community Health and Social Sciences
CUNY Graduate School of Public Health and Health Policy

OVERVIEW OF THE ISSUE & OPPORTUNITY

Rosemary Mwaisaka, MSc

Manager, Food Security and Nutrition, East, Central, and Southern Africa Health Community

SCIENTIFIC EVALUATION OF PSYCHOSOCIAL IMPACTS OF BABY FRIENDLY SPACES IN LOW RESOURCE HUMANITARIAN SETTINGS

Karine Le Roch, PhD

Research Project Advisor, Action contre le Faim France

Amanda Nguyen, PhD

Assistant Professor, University of Virginia

Sarah Murray, PhD

Assistant Professor, Johns Hopkins University

EFFECTS OF MATERNAL DEPRESSION TREATMENT IN HIV ON DEPRESSION, HIV OUTCOMES, MATERNAL AND CHILD HEALTH

Juliet Nakku, MD

Director, Butabika National Referral Mental Hospital

PANEL DISCUSSION

Moderators:

Victoria Ngo, PhD

Rosemary Mwaisaka, MSc

Panelists:

Karine Le Roch, PhD

Amanda Nguyen, PhD

Sarah Murray, PhD

Linda Nabitaka Kisaakye, MD

Senior Program Officer, Uganda Ministry of Health

Dilys Walker, MD

Professor, University of California San Francisco Department of Obstetrics, Gynecology, and Reproductive Sciences

Lamia Jouini, MD

Consultant, World Health Organization Brain Health Unit

CLOSING REMARKS

Rebecca Levine, MPH

Senior Mental Health Advisor, United States Agency for International Development



Watch the full webinar recording [here](#).



For additional information, contact isc@iscollab.org.

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