MAMI Outpatient Care: Maternal Mental Health Support Summary

As part of MAMI Outpatient Care, all mothers receive counselling on relaxation techniques, regardless of mental health status. However, mothers (or primary caregivers) with identified mental health risk require more specialised support. This document provides guidance on the process of identifying which mental health support package is appropriate to local resources and context.

Screening

The MAMI Care Pathway uses the PHQ-2 to screen for mental health concerns as part of the MAMI Assessment. If concern is identified in screening, the PHQ-9 is used in the MAMI Maternal Mental Health Assessment. Both tools (PHQ-2 and PHQ-9) are designed to identify depression. If anxiety is considered a significant issue in your context, you may wish to consider the use of other or additional tools (e.g. PHQ-4 and GAD-7).

Target population

- All mothers (or primary caregivers) who score 10-14 on the MAMI Maternal Mental Health Assessment.
- All mothers (or primary caregivers) who score 15 or higher on the MAMI Maternal Mental Health Assessment. These mothers should also be referred to specialist MHPSS services that are equipped to address severe mental health concerns if available.

Potential interventions options

A range of mental health interventions are available to support mothers as part of MAMI Outpatient Care. Service providers should choose the most appropriate approach based on their context-specific needs, existing services, and resources available (human and financial). Several potential intervention options are detailed below to facilitate this choice. When considering the packages, ensure that the management approach is appropriate to address the conditions identified by the screening criteria.

1. ***mhGAP*** (WHO)
2. ***Problem Management Plus Approach*** (WHO)
3. ***Thinking Healthy*** (WHO)
4. ***Friendship Bench*** (LSHTM, Welcome Trust, Grand Challenges Canada, GACD, NIHR, Comic Relief, MRC, MISEREOR, Zimbabwe Health Training Support, LSTM, Kings College London, Draper Richards Kaplan Foundation, CRI Foundation)
5. ***Where there is no Psychiatrist*** (Royal College of Psychiatrists)
6. ***Basic Psychosocial Counselling Skills*** (Inter-Agency Standing Committee)
7. **Psychological First Aid** *(WHO)*

The interventions are summarised in the table below. All interventions should be researched in more detail to ensure that the approach is appropriate.

INTERVENTION PACKAGE	TARGET POPULATION	INTENDED USER	TIME TO TRAIN FRONTLINE STAFF	FREQUENCY OF INTERVENTION	CONTENT OF PACKAGE	NOTES	LINKS TO FURTHER INFORMATION
MHGAP	Any person[1] suffering from the following priority conditions: • Depression • Psychoses • Self-harm/suicide • Epilepsy • Dementia • Disorders due to substance abuse • Mental and behavioural disorders in children and adolescents • Any other significant mental health complaints (e.g., stress)	**Supervisors:** Specialist (psychiatry or neurology) physicians or nurse and/or existing non-specialized supervisors. **Implementers:** Non-specialized healthcare workers (e.g., community health workers, nurses, physicians).	**Supervisors:** 5 days. **Implementers:** 5-6 days, continuous supervision.	**Assessment:** May include more than one assessment depending on symptoms presented. **Intervention:** Dependent on condition diagnosed. For example: • **Depression:** Second appoint within a week, regular follow-up at least monthly for the first three months, reduce as condition improves. • **Dementia:** minimum follow-up every 3 months. • **Psychoses:** Initially follow up daily if possible, once responding to treatment, monthly to quarterly follow up is recommended. See resources for details on other conditions.	• Training manuals for supervisors/trainers and implementors. • General guidelines for good clinical practice. • Master chart containing common presentations of priority conditions, this guides the user to the correct modules. Modules are organized by priority conditions and contain: • **Assessment:** Flowcharts, starting with a common presentation of suspected condition, from which there is a serious of clinical assessment questions, one should move down the chart answering yes or no, in order to get a clinical assessment and management plan. • **Management:** Details on interventions that will help manage assessed conditions. • **Follow-up:** Flowchart to guide follow-up procedures.	Designed for implementation in low- and middle-income countries.	mhGAP Intervention Guide – Version 2.0

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PROBLEM MANAGEMENT PLUS APPROACH	Adults (18+) with depression, anxiety or stress who live in communities affected by adversity.	**Supervisors:** Experience in mental health care required. **Implementors:** Specialized or non-specialized care providers (e.g., social workers, health workers, volunteers).	**Supervisors:** PM+ training, with two days of training in supervision. **Implementors:** Classroom training (40hrs for specialized and 80hrs for non-specialized implementers), two cases of supervised practice, and continued supervision (weekly or fortnightly depending on level of skill).	**Assessment:** Pre-intervention and post-intervention assessment. **Intervention:** 90-minute sessions (includes brief assessment at the beginning of each session) once a week for 5 weeks.	• Basic helping skills. • Structured programme and guidance of the different components of the programme (assessments, managing stress, strengthening social support etc.).	Operationalizes mhGAP psychological guidelines (designed for low- and middle-income countries) in low resource settings.	**https://www.who.int/publications/i/item/WHO-MSD-MER-16.2**
THINKING HEALTHY	Pregnant and lactating women with depression	**Supervisors:** No mental health background or cognitive behaviour therapy expertise required. **Implementers:** Community healthcare workers (no previous knowledge or experience in metal health care required).	**Supervisor:** Received Thinking Healthy training and practised methods under supervision for 12 months. **Implementers:** Training for 5-10 days and supervision conducted every month.	**Assessment:** Formal assessment not specified (instead, common signs of depression explained). **Intervention:** Session should last 45min - 1hr (includes brief assessment at the beginning of each session using Mood Charts). Frequency of visits is flexible, but recommended frequency shown below: • **14-40 weeks prenatal:** introductory sessions (2 visits) then weekly sessions. • **3rd-5th week postnatal:** fortnightly. • **2nd-10th month postnatal:** monthly.	• Communication skills. • Structured programme including: 1. Reference manual (acts as a training manual and step by step guide for healthcare worker). 2. Calendar for each mother, which contains key messages and monitoring tools that allows the mother to track her and her infant's progress.	Operationalizes mhGAP guidelines (designed for low-middle income countries) for perinatal depression in low resource settings. Designed to be integrated into community health worker's routine home visits.	**https://www.who.int/publications/i/item/WHO-MSD-MER-15.1**
FRIENDSHIP BENCH	Adults (18+), with mild to moderate level common mental health disorders (e.g., anxiety, depression and somatoform disorders). Programmes have also adapted the Friendship Bench model to serve adolescents.	**Supervisors:** Existing supervisors (e.g., health promotion officers), supported by clinical psychologists and psychiatrists. **Implementors:** Community health workers (no mental health background required).	**Supervisors:** 2 months of training. **Implementers:** 9 days of training. Current guidelines on training required are extracted from randomised control trails. General training guidance is currently under development.	**Assessment:** Pre-intervention, at the 3rd session, and at follow up at 6 months. **Intervention:** 6 weekly 45-minute sessions.	• How to assess common mental disorders using Shona System Questioner (SSQ-14). • Counselling skills. • Problem solving therapy and how to use it.	Designed for low-, middle-, and high-income countries. Implementers sit with clients outdoors, under trees or on benches in discreet, safe spaces in the community. After one-to-one therapy, clients are referred to peer-led support groups, which provide ongoing support and an opportunity to engage in revenue-generating activities.	**The Friendship Bench Training Manual | Mental Health Innovation Network**

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WHERE THERE IS NO PSYCHIATRIST	General population suffering from mental health problems including: • Common mental disorders (e.g., depression). • Habits that cause problems (e.g., alcohol abuse). • Severe mental disorder (e.g., psychosis). • States of confusion (e.g. dementia). • Mental health problems in children/adolescents (e.g., conduct disorders). • Other conditions (e.g. epilepsy). See resources for full list of conditions covered.	**Supervisors:** Mental health specialist where possible. **Implementors:** Non-specialized healthcare workers (e.g. doctor, nurse, social worker).	No specific training detailed – provides an in-depth guide for identification and management of mental health problems, rather than step by step programme, with specific training.	Assessment and intervention: Specific to mental health problem and management strategy implemented.	• Core skills. • Assessments. • Specific treatments for mental health problems (e.g., medication, counselling and social support). • Management of clinical problems associated with mental health problems. • Integrating mental health into other services (e.g., healthcare and community platforms). • Adapting and implementing guidance.	Designed for low- and middle-income countries or low resource settings in high-income countries.	**Where There Is No Psychiatrist: A Mental Health Care Manual, 2nd edition**
BASIC PSYCHOSOCIAL COUNSELLING SKILLS	Any person affected by Covid-19 (e.g., illness, loss, affected by restrictions)	**Supervisors:** Not specified **Implementers:** Any person providing a critical function during Covid-19 (e.g., health worker, shop keepers, person providing care/support to family/friends)	**Supervisors:** Not specified **Implementers:** 3 hours. Orientation package provided in PowerPoint format. Training can be expanded to one full day if in-depth discussion and role play exercises are added.	**Assessment:** Not required **Intervention:** For day-to-day interactions, no follow up required	• Basic psychosocial skills and how to use them to help another feel supported. • How to look after ourselves so we can help others.	While guide is focused on Covid-19 response, skills and information are applicable to other settings.	**Basic Psychosocial Skills: A Guide for COVID-19 Responders**
PSYCHOLOGICAL FIRST AID	PFA is for distressed people who have been recently exposed to a serious crisis event. You can provide help to both children and adults.	Any person that needs to support others after a traumatic event. For example, health worker, NGO staff or teacher. No previous training/ experience required.	**Implementers:** Approximately 3 hours. Facilitators manual for orienting field workers and accompanying slide show provided.	PFA is aimed at helping people who have been very recently affected by a crisis event. You can provide PFA when you first have contact with very distressed people. This is usually during or immediately after an event. However, it may sometimes be days or weeks after, depending on how long the event lasted and how severe it was.	• Understanding PFA. • How to help responsibly. • Providing PFA. • Caring or yourself and your colleagues. • Practice what you have learned. • Pocket Guide.	Handbook available in multiple languages.	**Psychological First Aid (WHO)** Guide for Field Workers. **https://www.slideshare.net/complianceandsafety/psychological-first-aid-training-by-mhpss**