IMPLEMENTATION CASE STUDIES

CAREGIVER MENTAL HEALTH KNOWLEDGE SHARING SERIES

Introduction

The Caregiver Mental Health Knowledge Sharing Series promotes the exchange of knowledge and resources with anyone who has a vested interest in caregiver mental health, including academic researchers, government representatives, policy makers, funders, and implementers. The Series' Implementation Task Force has worked to identify

and summarize illustrative examples of entities that have addressed caregiver mental health in Sub-Saharan Africa. A request for case studies was disseminated broadly across a variety of academic networks, implementing organizational coalitions and listservs, and relevant professional contacts of the group. The following case studies represent a sampling of case studies based on responses that were received. The Task Force aims to share key findings with implementing organizations as a means of informing and inspiring others to address the mental health of primary caretakers of children in their efforts.

Table of Contents:

Introduction 1

- I. Integrating PM+ into Nurturing Care Groups 3
- II. Mothers and Babies Course in Tanzania, Kenya, Ghana and Zimbabwe 4
- III. IPT-G Treatment of Maternal Depression in Uganda 4
- IV. IPT-G Maternal Depression Treatment in DFSA in Ethiopia 6
- V. Friendship Bench in Zimbabwe 6
- VI. Mental Health and Psychosocial Support in Cameroon 7
- VII. Chatbot Psychosocial Support and Group Tele-IPT in Zambia 8
- VIII. Mental Health Care for Mothers of Children With Autism Spectrum Disorder in Bangladesh 10
- IX. CETA Mozambique 10
- X. Caring for the Caregiver in Mali, Malawi, Rwanda, Sierra Leone, and Zambia 11
- XI. USAID Momentum Prenatal/Postnatal Mental Health Initiative 12
- XII. CRS/THRIVE in Kenya 12
- XIII. Semillas de Apego in Colombia 13
- XIV. PATH's Integration of Screening and Counseling for Depression within Routine Maternal and Child Health Services in Mozambique 14
- XV. Perinatal Mental Health Project in South Africa 15

Acknowledgements 16

I. Integrating PM+ into Nurturing Care Groups

The World Health Organization (WHO) Problem Management Plus (PM+) psychological intervention is a low-intensity approach for adults impaired by distress in communities who are exposed to adversity. Aspects of Cognitive Behavioural Therapy (CBT) have been adapted for feasibility among communities with limited access to mental health specialists. The intervention can help people with depression, anxiety and stress, whether or not exposure to adversity has caused these problems and regardless of severity of the problems. The approach aims to help people improve their management of practical problems (e.g. unemployment, interpersonal conflict) and common mental health problems (e.g. depression, anxiety, stress or grief) with problem-solving counseling and methods for managing stress, managing challenges, behavioral activation, and strengthening social supports.

The Nurturing Care Group (NCG) approach is World Vision's version of the globally used, evidence-based Care Group approach and addresses issues around poor infant and young child feeding, home management and care seeking for sick children and other disease prevention practices; poor early child development and stimulation practices; poor water collection, storage and treatment, and hygiene and sanitation practices (WASH); and prevention and reporting of violence against children in all of its forms, including child labour and child marriage. The Care Group approach has already been successfully used in over 28 countries by 28 different INGOs/NGOs in development and fragile and emergency contexts.

Together World Vision and Food for the Hungry have worked to integrate essential elements of the PM+ intervention into NCG modules in order to provide caregivers with a set of strategies to help manage and emotional problems. The eight-lesson module represents a set of preventive tools aimed to improve mental health and psychosocial well-

being among caregivers of young children. Plans are underway to pilot the PM+ NCG module Africa (Uganda) and Latin America (Guatemala) beginning mid-2021.

For more information contact: Phil Moses, pmoses@fh.org

II. Mothers and Babies Course in Tanzania, Kenya, Ghana and Zimbabwe

The integrated Mothers and Babies Course and Early Childhood Development (iMBC/ECD) is guided by cognitive behavioral therapy and attachment theory with the aim of supporting pregnant and lactating mothers to become more resilient to daily stressors by learning coping mechanisms to boost their mood, prevent depression and improve bonding with their child. Catholic Relief Services (CRS) and partners have been implementing the course in Tanzania, Kenya, Ghana and Zimbabwe. Trained field partners staff and Community Health Volunteers teach pregnant and lactating women mood regulation skills integrated with nurturing care methods during weekly-one hour sessions followed by targeted 30 minutes home visits for 7 months, followed by iMBC/ECD booster sessions every three months, and referrals to health facilities as needed. The target population is rural, pregnant and lactating women and people living with HIV.

Additional details can be found:

- *Prevalence and Correlates of Depression Among Pregnant Women Enrolled in a Maternal and Newborn Health Program in Rural Northern Ghana*
- *Prevalence and correlates of maternal early stimulation behaviors during pregnancy in northern Ghana: a cross-sectional survey*
- *Ghana-treating-depression-new-mothers- story*
- *Supporting-mothers-wGhana: Treating Depression in New Mothers*

For more information, contact: Elena McEwan, elena.mcewan@crs.org

III. IPT-G Treatment of Maternal Depression in Uganda

With support from Eleanor Crook Foundation - and in conjunction with Columbia University, Johns Hopkins University, and World Vision International - Food for the Hungry conducted a cluster randomized controlled trial in Kitgum, Uganda from 2016-19 among 1,200 depressed mothers. The study tested the hypothesis that a WHO-endorsed, evidence-based, community psychotherapy called Interpersonal Therapy for Groups (IPT-G) can reduce maternal depression and thereby also improve the adoption of household health and caretaking behaviors associated with child wellbeing outcomes. Half of depressed mothers were randomized into the intervention arm, receiving three months of weekly IPT-G treatment prior to 15 months of peer-to-peer health education through Care Groups (an evidence-based cascading behavior change approach using volunteer, community-based health educators). The control arm participated in the Care Groups without the IPT-G treatment.

The study found that women treated with IPT-G had a greater reduction in depression than in the control mothers post-treatment and significantly better improvements in perceived social support from significant others and in functionality. By the end of the research trial, depression among all study participants continued to decline, which may be due to a therapeutic effect of the behavior change intervention itself. Depression had a profound influence on maternal adoption of promoted behaviors. Following IPT-G treatment, the women in both arms who were *no longer depressed* were significantly more likely to be practicing 10 of the 12 behaviors studied.

The findings highlight the value of addressing caregiver depression when implementing activities aimed to increase adoption of behaviors that affect early childhood wellbeing. The study also provides a case for inclusion of low cost mental health interventions with the involvement of non-specialized or community health providers into global health and education efforts.

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IV. IPT-G Maternal Depression Treatment in DFSA in Ethiopia

World Vision Ethiopia together with two other consortium partners integrated Interpersonal Therapy for Groups (IPT-G) into its Development Food Security Activity (DFSA) program in rural Ethiopia beginning in 2019. Significant evidence has identified that maternal depression is associated with poor child health, growth, and development - possibly due to reduced caregiver responsiveness, functioning, and the uptake of caregiving practices. Based on those findings, World Vision Ethiopia introduced a maternal depression sub-study with the aim of identifying whether reducing maternal depression can: (1) Support improvements in child development outcomes, and (2) Enhance the effectiveness of other dimensions of the development food security activity program.

Accordingly, first-round IPT-G treatment sessions started in January 2020 with 467 depressed women and continued for 12 weeks, which resulted in a significant decline in depression scores and significantly improved child care practices. Most women attended 12 sessions as planned. The average initial PHQ-9 depression score was 11.61 for women during screening, and the average score during the termination/concluding session declined to 1.86. Based on a termination phase assessment, child care practices also significantly improved by the end of the treatment. Post-treatment follow-up was done once a month for six consecutive months following the 12-week IPT-G sessions.

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V. Friendship Bench in Zimbabwe

The mission of the Friendship Bench is to create safe spaces and a sense of belonging in communities, to enhance mental wellbeing and improve people's quality of life. In Zimbabwe, the Friendship Bench approach to therapy uses listening and "problem-solving therapy" (PST) by trained lay-counselor grandmothers. The Friendship Bench intervention comprises 6 sessions of individual problem-solving therapy delivered by trained, supervised lay health workers plus an optional 6-session peer support program. When

seeking mental health care is stigmatized or resources are not available—Zimbabwe has just 12 psychiatrists for 14 million people—the Friendship Bench offers an effective and simple option. There have been 700 community health workers (grandmothers) trained and more than 50,000 clients served.

A Randomized Controlled Trial was conducted in Zimbabwe, among 573 randomized patients (286 in the Friendship Bench intervention group and 287 in the control group). Participants were clinic attenders 18 years or older who screened positive for common mental disorders on the locally validated Shona Symptom Questionnaire (SSQ-14); 495 (86.4%) were women; median age was 33 years; 238 (41.7%) were human immunodeficiency virus positive; and 521 (90.9%) completed follow-up at 6 months. Intervention group participants had fewer symptoms than control group participants on SSQ-14 (3.81; 95% CI, 3.28 to 4.34 vs 8.90; 95% CI, 8.33 to 9.47; adjusted mean difference, -4.86; 95% CI, -5.63 to -4.10; P<.001; adjusted risk ratio [ARR], 0.21; 95% CI, 0.15 to 0.29; P<.001). Intervention group participants also had lower risk of symptoms of depression (13.7% vs 29.9%; ARR, 0.28; 95% CI, 0.22 to 0.34; P<.001).

Additional details can be found: https://www.friendshipbenchzimbabwe.org/
For more information, contact: Jean Turner, jean.turner@friendshipbench.io or info@friendshipbench.io

VI. Mental Health and Psychosocial Support in Cameroon

The 2020 Humanitarian Response Plan is a multisectoral strategy aiming to meet the needs of affected people in Cameroon. It is a joint effort of humanitarian actors and partners addressing four parallel crises, including Boko Haram related armed conflict, refugees from the Central African Republic, socio-political crisis in the North West and South West regions, and the COVID-19 pandemic amidst structural weakness of Cameroon's health care system.

Within this strategy, mental health and psychosocial services (MHPSS) for children directly affected by COVID-19 (loss of one or both parents, children who are separated from

parents or unaccompanied, children placed in institutions, children victims of stigmatization) as well as caregivers is a priority area for implementation. The project will be providing mental health assistance to over 250,0000 children and caregivers who are directly or indirectly affected by COVID-19.

In particular, the nonprofit organization BARUDEV has launched a project targeting vulnerable communities in the Boyo district in North Western Cameroon. The project focuses on addressing anger and stress in the affected population through organizing counseling sessions. The project is targeting 750 to 1500 caregivers of patients admitted to the health facility and community health workers.

Additional details can be found: https://www.who.int/health-cluster/countries/cameroon/Cameroon-revised-humanitarian-response-plan-June-2020.pdf?ua=1

VII. Chatbot Psychosocial Support and Group Tele-IPT in Zambia

StrongMinds is scaling depression treatment and psychosocial support to over 100,000 women and caregivers in Africa using Group Interpersonal Psychotherapy (IPT-G). In light of the COVID-19 lockdown on gathering, StrongMinds conducted a community driven survey of over 12,000 Ugandan and Zambian female caregivers. Survey participants expressed a significant need for the support of mental health education and therapeutic resources in response to the new stresses brought on by the pandemic. In response, StrongMinds launched a virtual mental health resource, Amani, a WhatsApp chatbot to help users: explore difficult feelings and learn simple coping strategies, learn facts about depression and its causes and symptoms, and get screened for depression. Individuals who complete initial screening on the chatbot can request a call-back for a more in-depth assessment. Those who exhibit signs of depression are invited to join StrongMinds' COVID-19 modified tele-IPT, a telephone- based group therapy utilizing non-smartphones , which is adapted from their usual in-person group therapy model. The following case study illustrates the impact that tele-IPT counseling groups can have on women and girls, despite COVID-19

limitations.

Stella (name changed for privacy) had just started a new job when the COVID-19 pandemic hit. A 63-year-old widow, Stella had taken the job as a housekeeper to support her four young grandchildren, one of whom has a severe disability and is living with HIV. She had become their sole caregiver after her two daughters passed away within months of each other.

When the virus broke out, Stella's new boss let her go. She looked for odd jobs, but because of the pandemic, work was scarce. Soon she could not afford to pay rent or buy food. Her grandchild was admitted to the hospital three times for malnutrition because she could only afford to feed him sugar and water. She had no one to turn to: "All my relatives, even those from the village, had abandoned the children and me because they did not have any money to help," she explains.

Things went from bad to worse when, during the lockdown period, thieves broke into her house and stole all her property, including the bedding. "At this point, I lost it. I felt I could not handle the situation any longer," she says. "I made a plan: I was going to take our lives using an insecticide. I was first going to give it to the children and then take it as well so that everything could come to an end. I thought it was the only way out."

But, before she could act on her plans, Stella joined a StrongMinds teletherapy group. In the group, she was able to share her challenges and experiences of grief and social isolation with her group members. They made several suggestions to her, one of which was to go and seek support from the local government counselor which she did as part of her homework. She was given financial support and started a small business which is helping support her grandchildren. Her business is growing, giving her so much hope and comfort.

"My grandson no longer cries a lot due to hunger, he is growing well and getting better," she says, "I am really grateful to StrongMinds, I would not have been alive today to tell my story had it not been for their intervention."

While the World Health Organization estimates that 5.9% of women in Africa suffer from depression, rates are as high as 20-30% in the communities where StrongMinds does screenings. Women are twice as likely to suffer from depression as men. When a woman is depressed, she works less, experiences physical ailments, and disengages from her family and community. If she is a mother, the negative outcomes extend to her children, who are more likely to be undernourished, miss school, or have poor physical and mental health

themselves. By contrast, when a woman recovers from depression, she will work more, provide her children with more regular meals and schooling, and she will feel more connected to others. Based on household data in rural and urban Uganda, StrongMinds estimates that for every one woman who recovers her mental health, on average, five members of her household feel the benefits.

For more information, contact: Dena Batrice, dena@strongminds.org

VIII. Mental Health Care for Mothers of Children With Autism Spectrum Disorder in Bangladesh

Researchers in Bangladesh implemented a mental health care program and conducted a corresponding study to assess changes in depression scores among Bangladeshi mothers of school-aged children with autism spectrum disorder (ASD), before and after they received integrated mental health services. Services took place over a period of 4 to 6 months at school settings and included psychiatric counseling, referrals for pharmacological treatment (as needed), and monthly training to enhance the mothers' child care skills at home.

This is the first combined mental health and ASD support intervention for mothers of children with ASD to reduce their burden of depression in a low and middle income setting. If the proposed intervention strategy is found feasible and effective, the project is likely to significantly improve care for ASD at a low cost in a low-resource country context where the burden of maternal depression is high.

For more information, contact: Dr. Aliya Naheed, anaheed@icddrb.org

IX. CETA Mozambique

Health Alliance International (HAI) is piloting the use of the Common Elements Treatment Approach (CETA) to screen for and treat mental disorders within HIV-positive populations and improve HIV treatment outcomes in Mozambique.

The CETA model was designed with Johns Hopkins University for use in low-resource settings and is a validated mental health screening tool that increases access to mental healthcare via trained lay counselors. HAI uses the approach of: Community-to-Clinic Linkages, Skills-Building for Health Providers, Care Integration, Data Systems Improvement and Local Research Capacity Building.

Additional details can be found: https://www.healthallianceinternational.org

X. Caring for the Caregiver in Mali, Malawi, Rwanda, Sierra Leone, and Zambia

In accordance with evidence from the Lancet and UNICEF recommendations on Early Childhood Development and Nurturing Care, preventive support for caregiver health and emotional well-being is key to optimal child development. Yet there is currently very little support for caregiver emotional well-being in resource-constrained, low- and middle-income countries. In order to tackle this issue, UNICEF is developing a Caring for the Caregiver (CFC) training module.

The CFC module aims to build front-line workers' skills in strengths-based counselling to increase caregivers' confidence and help them develop stress management, self-care and conflict-resolution skills to support their emotional well-being. This prototype is currently being validated in eight countries through implementation research among approximately 600 caregivers. A final version of the module will be ready in 2021.

For more information, contact: Ana Nieto, anieto@unicef.org or Radhika Mitter, rmitter@unicef.org

XI. USAID Momentum Prenatal/Postnatal Mental Health Initiative

The United States Agency for International Development (USAID)-supported flagship program, Momentum Country and Global Leadership (MCGL), includes an initiative targeting pregnant/postpartum women with mental health issues (in particular depression and anxiety) and the newborns/children of these women who may be at risk for developmental difficulties. A MCGL team is currently conducting a landscape analysis with a comprehensive bibliography on maternal mental health and child outcomes, being led by Shanon McNab, and its anticipated completion is September 2021.

> *For more information, contact: Patricia Gomez, Patricia.Gomez@jhpiego.org or Shanon McNab, mcnabshanon@gmail.com*

XII. CRS/THRIVE in Kenya

Catholic Relief Services (CRS) implemented a pilot study in former Nyanza Province in western Kenya, where a baseline study found that 65% of the 457 new mothers screened were experiencing symptoms of depression. Many women in Nyanza lack social support, face multiple risk factors such as poverty and HIV infection, and carry the majority of household and childcare responsibilities. The resulting burden and isolation affects women's health, "which also trickles down to the children and can have long-lasting consequences." CRS organized these mothers into support groups led by community health volunteers. They interact with peers in their community, develop a broader network of support and build relationships with people who understand daily life in Nyanza. These women work together, farming and raising small livestock to improve their economic outlook. Moms also receive home visits and are taught skills for interacting with their children and families. After talking with moms and learning the large role that husbands and mothers-in-law were playing in their depression, the project hosted meetings with the extended family to help foster discussions about household responsibilities and working as

a cohesive and supportive unit.

Information provided by Maria Rodrigues, Community Works, Australia

Additional details can be found: https://www.crs.org/stories/moms-matter-improving-maternal-health-kenya

XIII. Semillas de Apego in Colombia

Semillas de Apego ('Attachment Seeds') is a program that offers psychosocial support to primary caregivers in contexts of violence and extreme adversity. The initiative was born as a collaboration between Universidad de los Andes (Colombia) and the Child Trauma Research Program (CTRP) at University of California, San Francisco (UCSF). Since 2018, Semillas de Apego has been implemented in Tumaco, a port city in Colombia that has been deeply affected by drug trafficking, poverty, and social inequality. This implementation phase has been supported by the initiative's core allies, United Way Colombia and Fundación Exito, and funders: Saving Brains - Grand Challenges Canada, FEMSA Foundation, The Coca-Cola Company, and Primero lo Primero. Using a methodology based on the Child-Parent Psychotherapy (CPP) intervention model developed by CTRP-UCSF, the program aims to work with caregivers exposed to violent contexts who care for children <5 years of age. The CPP intervention model is designed to strengthen relationships between children and their caregivers, and thereby repair the children's cognitive, behavioral, and social functioning. Similarly, Semillas de Apego aims at promoting a healthy child-parent emotional bond as an effective mechanism to protect children from the negative consequences of violence and forced displacement. To date 670 mothers (or main caregivers of children) and around 1,000 children have benefitted from the program. Results of impact evaluation are pending.

Information provided by Maria Rodrigues, Community Works, Australia

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XIV. PATH's Integration of Screening and Counseling for Depression within Routine Maternal and Child Health Services in Mozambique

In Mozambique, PATH is piloting an Integrated Management of Childhood Illnesses (IMCI)-modeled protocol for maternal mental health screening and counseling as a part of routine postnatal consultations. Maternal and child health (MCH) nurses have been trained in adapted PHQ-9 tools and contextualized counseling cards based on WHO's Thinking Healthy manual; and have been effectively mentored by mental health providers stationed at the health facilities. A total of 27 MCH nurses and 19 mental health providers from 8 health facilities in Maputo Province were trained on the PHQ-9 screening tool and counseling cards in May 2019. The pilot has demonstrated the viability of integration of mental health screening and counseling into routine MCH services and identified barriers that need to be addressed to increase identification. The 7 health facilities with multiple data points show improvement from baseline performance (April 2019), on conducting screening for maternal depression during postnatal care (PNC) services. Nurses were observed using a PNC mentoring tool with maternal depression items integrated. MCH nurses reported screening as feasible within routine PNC services, were able to follow protocol and perceived screening as part of their tasks. Few nurses conducted structured counseling using counseling cards; most provided empathic listening and drew on their own experience. Mental health providers successfully assumed a supportive and supervisory role with regard to MCH nurses. Overall the caregivers found both screening and counseling on maternal depression acceptable to them. They felt comfortable being questioned by a nurse and felt it was a normal part of the consultation. Detection rate for maternal depression was very low in the first 7 months of the pilot (1.1% on average) but showed overall increase in 2020 (average of 3.3%).

For more information, contact: Svetlana Drivdal, sdrivdal@path.org

XV. Perinatal Mental Health Project in South Africa

The Perinatal Mental Health Project (PMHP), based at the Mowbray Maternity Hospital in the Western Cape Province of South Africa, has developed a stepped care intervention for maternal mental health that is integrated into antenatal care. Mowbray Maternity Hospital is a secondary level maternity hospital, linked to the University of Cape Town, and is located centrally within the city. The PMHP services are based at the hospital within the Midwife Obstetric Unit (MOU), which provides a primary level antenatal clinic. This unit serves women with low obstetric risk from the surrounding areas. The clinic sees approximately 150 women per month for their first antenatal "booking" visit, and there are approximately two midwives and one nursing assistant on daily duty. Midwives at the MOU are trained to screen women routinely for maternal mood disorders during their antenatal visits. Those who screen positive are referred to on-site counsellors who also act as case managers. Where specialist intervention is indicated, women are referred to an on-site psychiatrist. The PMHP works directly with facility managers and health workers through collaborative partnerships, focusing on problem solving and capacity development in the primary health care system. PMHP has also developed a wide range of resources targeting parents and families, as well as capacity-building of service/care providers.

Additional details can be found: https://pmhp.za.org/resources/

For more information, contact: Simone Honikman, simone.honikman@uct.ac.za or Sally Field, sally.field@uct.ac.za

Acknowledgements

This Case Study report was prepared by the Implementation Task Force of the Caregiver Mental Health Knowledge Sharing Series, a six-month working group active from November 2020-April 2021. Task Force members include:

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The Caregiver Mental Health Knowledge Sharing Series was made possible by grants from The Implementer-Led Design, Evidence, Analysis and Learning (IDEAL) Activity and Eleanor Crook Foundation (ECF). The IDEAL Small Grants Program is made possible by the generous support and contribution of the American people through the United States Agency for International Development (USAID). The contents of the materials produced through the IDEAL Small Grants Program do not necessarily reflect the views of IDEAL, USAID, or the United States Government.