



Society for Pre and Post Natal Services

PVO 12/2015

***Working in working in collaboration with the Ministry of Health and Child Care
supporting the National Health Strategy (NHS).***

COVID-19 AND COMMUNITY FAMILY MENTAL HEALTH SEPTEMBER 2022 REPORT



Society for Pre and Post Natal Services (SPANS) has impacted nearly 50,000 men and women in the community and at 4 primary health care facilities in the Goromonzi district during our COVID-19 and Community Family Mental Health. Currently we are targeting women, fathers, and babies in Goromonzi District (Peri-Uban and Rural) who come for their routine antenatal and post-natal care visits at the clinic. We have limited our mobile campaigns due lack of financial support to support our community activities. SPANS also works with pregnant mothers and their partners by increasing mental health literacy/education, early identification, supporting, referral, and home visits.

Nearly 1 billion people across the world suffer from mental illness. The global prevalence of antenatal depression is estimated at 15% while in Zimbabwe a study conducted in Harare polyclinics found that 23% of pregnant women experienced prenatal depression (Kaiyo-Utete et al., 2020). In certain regions of the world up to 90% of these people do not have access to care or treatment. Globally 17,22% of women who gave birth are affected by Postpartum Depression (PPD) while the prevalence in Zimbabwe is even higher at 27,22% making PPD the most common psychological condition following childbirth (Wang et al., 2021). While much is being done to address this challenge, perinatal women have been largely left out or ignored in the face of the global mental health crisis. This lack of attention, funding and programmatic interventions to support perinatal women, especially those living in LMICs, is surprising given the detrimental impact mental illness has on women and their babies. Failure to treat promptly may result in a prolonged, negative effect on the mother, the relationship between the mother and baby and on the child's psychological, emotional, social, spiritual and educational development. Mental distress, mental health problems and mental disorders in the perinatal period are an important public health issue, global health issue, a human rights issue and treatment and support should not be seen as a luxury. The women in Zimbabwe cannot afford the support and services they deserve either.

Some of the challenges mentioned in the strategy that continue to cripple mental health service delivery including, but not limited to, inadequate commodities (40%), lack of mental health specialists, and low initial utilization (20%) due to the stigma and cultural barriers. There has not been enough support given towards strengthening mental health services towards pregnant and

lactating mothers in Zimbabwe. According to the WHO Special Initiative for Mental Health (2020), “Zimbabwe has a severe shortage of human resources for mental health, with an estimated 18 psychiatrists (17 of them in Harare) or approximately 0.1 per 100000 people. There are 917 psychiatric nurses (6.5 per 100000) and 6 clinical psychologists (0.4 per 100000).”

Community Awareness Raising:

In 2020, we developed the “Covid-19 Community Family Mental Health Awareness Response” that entails awareness campaigns on mental health and Covid and provides mental health education and support to the community and front-line workers by using a van, loudspeakers and open-air discussions. Since the start of the Covid-19 pandemic we have reached more than 10k people in Goromonzi District, Harare, Zimbabwe.

SPANS is investing in the prevention of mental health conditions so that the education system, life expectancy of the population, mentally sound generation, good parenting and all sectors of the economy will benefit. Our programme includes activities that address ‘upstream’ social determinants of mental health, such as increased mental health literacy/education, early identification of risk of common perinatal mental health conditions in women followed by provision of specialized support (family therapy) coupled with appropriate ongoing mental health support, parenting programmes, referral, home visits and alleviation of poverty. We also focus on ‘downstream’ measures, such as those to support coping strategies of families or family based interventions for the whole family and individuals already at risk of poor mental health to promote and protect sound mental health.

In the last 13 years, SPANS has reached more than 50,000 mothers and fathers through the 4 Primary Health Care (PHC) clinics with mental health literacy and more than 2,050 families through family therapy sessions coupled with subsequent sessions. Working directly in the communities, SPANS has provided more than 8,000 mothers and fathers mental health literacy, we had so recruited and trained 350 family mental health therapists and provided 150 family therapy sessions.

Despite being an early-stage initiative, we have built on the support and commitment of the Zimbabwe Ministry of Health and Child Care (MOHCC), one of the most significant elements of SPANS' success. SPANS has a strong buy-in from the Zimbabwean Government through a signed Memorandum of Understanding (MOU) with the Republic of Zimbabwe's Ministry of Health and Child Care (MOHCC) on the 9th of February 2021 to support the Zimbabwe National Health Strategy.