

## JABALPUR SPEARHEADS THE FIRST-EVER NATIONAL TRAINING OF TRAINERS ON PERINATAL MENTAL HEALTH

23rd & 24th of August, 2023

Jabalpur, Madhya Pradesh

Perinatal Mental Issues (PMH) affect a significant proportion of pregnant women in India, with approximately 1 in 5 facing various forms of PMH challenges. Under the auspices of USAID and in collaboration with NIMHANS, Jhpiego organized a Training of Trainers (ToT) on PMH that demonstrated the pioneering effort required to **integrate mental health into maternal health**. The ToT was organized under the guidance of the Chief Medical Health Officer (CMHO) of Jabalpur. Dr Sharad Tiwari (DD, Mental Health, MP) shared his vision as Chief Guest through a virtual call. The guest faculty, Dr Sundarnag Ganjekar from NIMHANS, and Dr Shubhangi Dere from MGMC Navi Mumbai conducted technical sessions. The event took place on the 23rd and 24th of August, 2023, in Jabalpur, Madhya Pradesh

**THE NATIONAL TOT, ORGANIZED THROUGH NIMHANS WAS THE FIRST-EVER TOT CONDUCTED ON PERINATAL MENTAL HEALTH; A GROUNDBREAKING EVENT SETTING A PRECEDENT FOR FUTURE ENDEAVORS.**

Recognizing the gravity of addressing this critical aspect of maternal health, the ToT was meticulously designed to empower Psychiatrists, Gynecologists, and Nursing Staff with the knowledge and skills necessary to support the well-being of mothers and their families during this crucial period. Uniting these diverse disciplines on a single platform to comprehensively address perinatal mental health issues represents an innovative approach and a significant milestone in sustaining essential services.

The ToT was a resounding success, characterized by its **innovativeness, interactivity, and action-oriented approach**. Dignitaries, including government officials from the health department and specialists from medical colleges, graced the occasion, further underscoring the importance of this initiative; thirty-one participants from across the district actively engaged in the event, using it as a platform to showcase their learnings, experiences, and success stories in the realm of PMH.

The Jhpiego team, represented by Dr. Parag Bhamare, Dr Jyoti Benawari, and Dr. Sunita Dhamija, Dr. Anupama Rao, Dr Jitesh Kuwatada, Dr. Rupal Srivastava, Madhuri Jengathe, and Dr. Dolly Sangani played a pivotal role in providing essential technical support for this ToT. As evidenced by the feedback from participants, the ToT has been instrumental in clarifying doubts related to PMH and improving the quality of maternal health by integrating mental health components. The MNCH division of Jhpiego strives to continue this journey and make a meaningful impact on maternal and child health.

### KEY TAKEAWAY

**Embrace open conversations. Mental health matters in pregnancy and beyond.**

**#EndTheStigma**

**Inspired by NIMHANS, plans are underway to extend this model across all Jabalpur blocks and are in the process of launching a Perinatal Mental Health Outpatient Department at Elgin Hospital and Netaji Subhash Chandra Bose Medical College in the district.**

**This groundbreaking initiative underscores the unwavering dedication to enhancing maternal and child health.**

# GLIMPSES FROM THE EVENT



NO MATERNAL HEALTH WITHOUT MENTAL HEALTH



Protective factors

Social → Good Education  
 Good family support / Husband.  
 Financially independent.  
 Good socio-economic status.  
 No Violence / No. Substance Abuse  
 No Gender Inequality.  
 Strong decision making power.  
 Good nutrition / Good sleep

Biological → Good pregnancy outcomes  
 No Medical & Chronic illness  
 No Aut. / No Psychiatric illness  
 No previous Psychiatric illness / family history  
 Planned & desired pregnancy.

Psychological → Good self-esteem.  
 - Good coping mechanism.

② Assessment of Perinatal mental health problems

Assessment of PMH is done by :-

1. **GAD-7**      2. **PHQ-9**

1. It is done for assessing Generalized Anxiety Disorder.  
 2. It consist of 7 questions for assessment.  
 3. Total Score - 0-21  
 4. A score of 10 or greater is the cut off point for identification of GAD on a 7-item scale.  
 5. It is a 5-item scale that is intended to be used by day to day life.  
 6. 0-4 - minimal anxiety  
 7. 5-9 - mild anxiety  
 8. 10-14 - moderate anxiety  
 9. >15 - severe anxiety

**GAD-2**  
 It is for quick initial assessment by health workers. It consist of 2 questions only.

1. It is done for assessment of depression.  
 2. It consist of 9 questions of assessment.  
 3. Total Score 0-24  
 4. 1-4 - minimal depression  
 5. 5-9 - mild depression  
 6. 10-14 - moderate depression  
 7. 15-19 - moderately severe  
 8. 20-24 - severe

**PHQ-2**  
 It is for rapid initial assessment by health workers consist of 2 questions.  
 \* \* \*  
 A score of 3 is the cut off for making further evaluation of PHQ-9 & other clinical assessment.

1) V. Imp      4) Lead to dis in adulthood & child  
 2) Psy conc      15) Risk of couple with stress  
 3) Start c ANO-etc      16) Heavy Social Econ PMH  
 4) Max in Prim/Sec      17) Address Psycho-social factors

5) Abnormal Strk Normalized often      18) Address Mental Health Issues for PMH  
 6) Dislike Social Ref, family Ref      19) Infertility is the issue  
 7) We know understand. But do not talk      20) Educ is important  
 8) Great Responsibility | Pre-conception Counseling | Intervention  
 9) Significant Prevalence      21) No Data  
 10) Linked - Normal Changes      22) Happy Motherhood  
 11) Treatable      23) Respect  
 12) Mother's Health = Family Health  
 13) Social Stress ↓ PMH dis ↓ IMR

③ Types of PMH problems & Risk & Protective factors for PMH issues.

RISK FACTORS IN PMH

1) SOCIAL FACTORS

- LOW EDUCATION
- LOW SOCIOECONOMIC STATUS
- FINANCIALLY DEPENDENT
- POOR FAMILY SUPPORT
- VIOLENCE / Abuse in partners
- SUBSTANCE ABUSE IN PARTNERS
- Gender Inequality
- Lack of decision making power.
- Lack of autonomy

2) BIOLOGICAL FACTORS

- High (Strong) for marriage & pregnancy / Elderly
- Poverty
- Previous Perinatal mental health problems (PMH, Postnatal depression)
- Past & family m/b any Psychiatric illness.
- Postpartum Infection
- Lack of sleep.

3) Psychological factors

- Low self-esteem & poor coping mechanisms
- Sexual Abuse previously
- Traumatic Birth experience, Injury or family
- Judgment out of a loved one.
- Depressive mood during one.
- Unplanned pregnancy
- Loss of job after delivery

④ Importance of PMH

मानसिक बिमारियों का न होना ही स्वास्थ्य नहीं है। मानसिक अर्थ है।  
 3-माप भावनात्मक, मनसिक, सामाजिक और  
 माध्यात्मिक रूप से स्वास्थ्य है और जीवन के ठीक  
 ढंग से सामान्य तनाव को झेल सकते हैं और अंत  
 रीक से समाज के अक्सर योगदान दे सकते हैं।  
 मानसिक विकार, माँ, नवजात और परिवार पर  
 दुष्प्रभाव डालते हैं।

**Social Stigma :-**  
 गंभीरता को कमी :-  
 मानसिक विकार गर्भावस्था के दौरान और  
 प्रसव पर्यंत अक्षयि में हो सकते हैं।  
 मानसिक विकारों से बचाव, तुरंत पहचान और  
 उखंडन आवश्यक है। ताकि माँ, बच्चा, परिवार  
 और समाज स्वस्थ रह सके।



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