

Illuminating the Path to Perinatal Mental Healthcare in India

THE TECHNICAL CONSULTATION ON
PERINATAL MENTAL HEALTH IN INDIA

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1. EXECUTIVE SUMMARY



Executive Summary

BACKGROUND

According to the findings of the India State-Level Disease Burden Initiative 2017, mental health issues are prevalent in the country, affecting approximately one in every seven Indians. The study also highlighted a higher incidence of depressive and anxiety disorders among Indian women, with 3.9% of women experiencing these conditions compared to 2.7% of men. These statistics shed light on the importance of addressing mental health challenges, particularly among women, and underscore the significance of perinatal mental health.

The perinatal period, encompassing pregnancy and the postnatal phase, presents a unique set of psychological challenges for women due to the significant physiological and hormonal changes they undergo during this time. The emotional, physical, and social demands of pregnancy and childbirth can be overwhelming, making women more susceptible to developing perinatal mental disorders. Additionally, women facing adverse circumstances such as familial conflict, abuse, financial constraints, or pregnancy complications are at even higher risk of experiencing mental health issues during this critical period.

Recognizing the crucial impact of perinatal mental health on women's well-being and the health of their babies, it is essential for policymakers and healthcare providers in India to acknowledge this issue and prioritize maternal mental health in their agendas. Developing comprehensive strategies and support systems for perinatal mental health is crucial to ensure that women receive the necessary assistance and care during this vulnerable phase.

The Technical Consultation on Perinatal Mental Health in India was a significant step taken by Jhpiego under the aegis of the Ministry Of Health and Family Welfare (MOHFW), with support from the National Institute of Mental Health And Neurosciences (NIMHANS) and the United States Agency for International Development (USAID). This meeting, held on 20th June 2023 at the NIMHANS Convention Centre, brought together eminent perinatal mental health workers, senior officials from the ministry, valued obstetricians from all over India, and several other experts in the field.

MEETING OBJECTIVES

1. Assessing state of perinatal mental health and policies in India
2. Evaluating current mental health delivery models including the positives and gaps
3. Develop a blueprint for the integration of perinatal mental healthcare into mainstream health services.
4. Establishing a collaborative group of stakeholders for ongoing discussions and improvements in perinatal mental health integration and mainstreaming.

MEETING SUMMARY

1. PERINATAL MENTAL HEALTH IN INDIA

Perinatal mental health in India is gradually making its way into mainstream healthcare systems. Policy initiatives like the National Mental Health Mission and the Mental Healthcare Act 2017 have made significant strides in prioritizing perinatal mental health, signaling a positive step towards addressing the mental well-being of expectant and new mothers. Some states, including Kerala, Karnataka, and Telangana, have taken proactive measures by initiating screening programs for perinatal mental health, exemplifying their commitment to early identification and intervention.

Yet, there remains a pressing need for a dedicated policy focusing on perinatal mental health, providing a comprehensive plan that encompasses all state governments to address this critical aspect of healthcare. Crucial areas of focus include the identification and screening of mothers for mental illness, ensuring accessibility to effective treatment options, and establishing efficient referral pathways to facilitate timely and appropriate care.

To achieve positive outcomes, it is imperative to implement simple identification methods, create robust referral pathways, and develop evidence-based models specifically designed to cater to the well-being of mothers and infants. Additionally, prioritizing training for healthcare providers in perinatal psychiatry is vital to enhance the quality of care delivered to expectant and new mothers.

Furthermore, the adoption of evidence-based and cost-effective interventions, such as the Thinking Healthy approach, is paramount. However, the limited availability of Mother-Baby Units (MBUs) for severe mental illnesses, especially psychosis, needs to be addressed to provide comprehensive care to those in need.

An invaluable resource in the pursuit of accessible mental health support is the TeleMANAS program, initiated by NIMHANS. This program aims to disseminate its model nationwide through capacity building and training activities, ensuring that mental health services are readily available to all.

Moreover, the establishment of a directory of perinatal psychiatry has been advocated to facilitate appropriate referrals and ensure timely and accurate support. In this regard, the recently formed South Asian Marce Society (SAMA) plays a vital role in increasing visibility and fostering multidisciplinary collaboration in the region.

Emerging as a leader in prioritizing maternal and child welfare, the state government of Karnataka has implemented various strategies, including the LaQshya program, with a specific focus on reducing maternal and infant mortality rates. Additionally, Karnataka's inclusive approach is exemplified by incorporating two questions related to maternal mental health in the Thaiy card issued to pregnant women, demonstrating the state's commitment to addressing the holistic well-being of expectant mothers, including their mental health.

In conclusion, while perinatal mental health is progressively gaining attention in India, strong and visionary leadership is essential to accelerate its integration into mainstream healthcare systems.

2. SITUATION ANALYSIS: PERINATAL MENTAL HEALTH

To evaluate the present state of perinatal mental health in India, a thoughtful group activity was organized, intending to engage participants in problem identification, analysis, and solution using human-centric design principles. Esteemed facilitators led four groups, each focusing on policy and programs, implementation, clinical healthcare, and the community. The activity commenced with each group identifying positive aspects ("roses"), future opportunities ("buds"), and challenges ("thorns") within their respective themes.

Positive aspects:

Several promising developments in perinatal mental health in India have garnered attention. Notably, the National Mental Health Programme, District Mental Health Programme, and Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCHA) initiatives underscore the commitment to maternal mental health at the national and district levels. Furthermore, commendable state-level efforts have been made to incorporate maternal mental health into separate policies. The successful screening programs and positive outcomes deserve appreciation for their impact in early identification and timely intervention.

Future opportunities:

Exciting prospects lie ahead, such as telemedicine initiatives, corporate engagement, preventive care efforts, wellness clinics, digital connectivity, and targeted training for healthcare professionals. Midwife and primary healthcare worker training programs present opportunities to enhance early identification and support for maternal mental health needs.

Challenges:

Challenges, on the other hand, demand focused attention to ensure comprehensive and accessible care. Among them are awareness gaps, referral pathway issues, funding constraints, the lack of a comprehensive continuum of care, and shortages of healthcare providers. Efforts to support marginalized communities, including training midwives and utilizing digital platforms for self-screening protocols, require further emphasis. Addressing workforce burden, funding availability, and time demands are essential to deliver comprehensive and equitable care for vulnerable populations.

Additionally, ensuring the sustainable implementation of maternal mental health programs is crucial. Encouraging male engagement in improving women's mental health can foster support and understanding within families and communities. Support for new mothers, such as sleep and breastfeeding assistance, is vital for their mental well-being. Continuous learning for healthcare professionals is necessary to stay updated with best practices and evidence-based approaches.

The design of workflows for frontline workers was emphasized to optimize their efforts in providing care and support to mothers and families. Raising awareness through campaigns to reduce stigma surrounding mental health issues, involving families in the care process, and establishing comprehensive support systems were underscored to create a nurturing environment for mothers and their children.

3. EXPERIENCES AND BEST PRACTICES

During the session on experiences and best practices, stakeholders from various regions in India discussed their efforts to improve mental health coverage.

The MP way to implement NMHP:

Madhya Pradesh has emerged as a success story in implementing the National Mental Health Program (NMHP). Their key steps include providing comprehensive care services, training primary healthcare workers, adopting e-health initiatives, conducting awareness programs, collaborating with stakeholders, and integrating mental health within the existing healthcare framework. These initiatives aim to reduce stigma, enhance capacity building, and ensure accessible and quality mental healthcare services across the state.

System strengthening:

The system strengthening in perinatal mental health can be brought about by integrating with initiatives like district mental health programs, capacity building, tailored approaches, and addressing stigma. We should prioritize fostering collaboration between sectors and demonstrating a strong commitment to enhancing mental health care services.

Screening and case identification:

Regarding screening and case identification in perinatal mental healthcare, it is crucial to prioritize targeted screening, establish efficient referral pathways, adopt collaborative care models, and integrate mental health services into routine maternity care. We need to address the need for accessible screening tools, establishing clear referral pathways, providing education and training for healthcare professionals, and utilizing telemedicine for follow-up support to improve perinatal mental healthcare.

4. CURRENT INTERVENTIONS AND BEST PRACTICES

Community Interventions

There are various organizations working on improving mental well-being in women through community engagement. Ekjut is one such organization working in Jharkhand which focuses on peer learning, telepsychiatry services with community involvement and reducing stigma associated with mental illness. Another organization is the Parivartan Trust whose MITA program operates in 35 districts in northern India. It focuses on democratizing and decentralizing mental health services through community involvement, low cost treatment options, stakeholder meetings, the Geeta app for standardized care and collaborating with government agencies, NGOs and community stakeholders. JHPIEGO, an initiative of Johns Hopkins University, collaborates with state and national governments across India, providing strategic support tailored to specific needs in various health domains, including mental healthcare.

Perspectives of the Obstetricians and Gynecologists

In the past two decades, clinicians' attitudes towards mental health have significantly evolved, presenting a timely opportunity for integrating perinatal mental health and driving a global transformation. FIGO, acknowledging the significance of mental health considerations, is dedicated to developing a practical questionnaire for routine screening to bridge the gaps in mental health screening. Collaboration with other organizations, implementing a step-by-step approach, including one-on-one discussions, hand-holding, and recommendations, is suggested for effective training of obstetricians. FOGSI, in partnership with NGOs and stakeholders, can organize training programs to create master trainers who can disseminate knowledge and skills nationwide, driving positive change in the field.

Perspectives of the Mental health specialists

Addressing concerns raised by mothers regarding psychiatric medications, illness inheritance, and behavioral issues is crucial. Early identification and support for developmental concerns, with a focus on the mother's well-being, are vital. Routine assessment of a child's development, involving the entire family, and providing ongoing support are also deemed essential. Engaging with mothers directly during pregnancy and postpartum enhances the chances of addressing their mental health needs. Training programs for healthcare workers were highlighted as essential to understand drug safety profiles and dispel myths and misconceptions. Continuous education within the healthcare community is crucial to address reservations about prescribing medications during pregnancy.

5. HOW DO WE ENSURE MAINSTREAMING OF PERINATAL MENTAL HEALTH?

The World Health Organisation has provided guidelines on integrating perinatal mental healthcare into mainstream healthcare. The guide is highly relevant and adaptable to diverse cultural contexts. The guide focuses on promoting good mental health and respectful maternity care, identifying symptoms early, utilizing a stepped care approach and integrating perinatal mental health into existing healthcare services. It is crucial to incorporate the perspectives of individuals facing mental health challenges and community health workers during the integration process. Leveraging information from various programs across India and prioritizing the mental well-being of mental health providers can benefit the community. Challenges such as stigma, gendered health access, societal issues, and expectations on pregnant women need to be addressed, understanding their concerns about mental illness labels to tailor effective program designs. Community health workers play a pivotal role, and integrating perinatal mental health into relevant programs ensures comprehensive care. Bridging the gap between global evidence and local implementation, along with financial sustainability, was emphasized.

Key Insights



- Integrate perinatal mental healthcare into routine maternity care by leveraging existing information, investments, policies, and global evidence.
- Encourage community participation to deliver mental health services, address stigma, and raise awareness.
- Ensure capacity building and quality mental healthcare for all women, with a focus on marginalized communities such as tribal communities, LGBTQAI members, transgender individuals, and sex workers.
- Educate and train midwives, primary healthcare workers, and obstetricians through skill-building workshops and sessions to dispel myths about psychotropics and reduce stigma among healthcare workers.
- Focus on targeted screening, ultra-short screening tools, quality-controlled treatment availability, efficient referral pathways, and the establishment of a comprehensive continuum of care.
- Utilize technological advancements in mental health delivery, promote peer support, male engagement, provide sleep and breastfeeding support, and address infant development.
- Foster collaboration between government agencies, NGOs, individuals with lived experiences, and community stakeholders.
- Build and optimize resources and facilitate their dissemination.
- Establish a community of practice to advance perinatal and women's mental health.
- Create a robust leadership foundation to advocate and uphold the vital cause of perinatal mental health.

2. Introduction



Introduction

The National Mental Health Programme, which has been in place for four decades, acknowledges that mental health disorders during the perinatal period are a significant concern. In fact, common perinatal mental disorders are the most frequent complications experienced during pregnancy, childbirth, and the postpartum period. Particularly in low- and middle-income countries (LMICs) like India, the prevalence of these disorders among women reaches nearly 20%.

In collaboration with the MOHFW, Jhpiego is committed to demonstrating a comprehensive and integrated model for delivering PMH services in collaboration with district, state, and national governments, field implementation partners, frontline workers, and community-based organizations. The technical consultation served as a forum to exchange insights and exemplary approaches pertaining to perinatal mental health, as well as to explore avenues for enhancing the assimilation of perinatal mental health within the existing mental health endeavors. Moreover, it fostered an opportune milieu for fortifying partnerships and promoting collaboration among diverse stakeholders, encompassing governmental entities, healthcare practitioners, and non-governmental organizations.

WELCOME ADDRESS BY DR ANUPAMA RAO & DR SUNDARNAG GANJEKAR



Dr Anupama Rao, Clinical Advisor at Jhpiego, commenced the technical consultation by extending a warm welcome to all the distinguished experts and providing an overview of the objectives and significance of the day-long event.

In pursuit of the objective of extending support to marginalized mothers grappling with perinatal mental illness, it is imperative to underscore the significance of state and national-level advocacy, the seamless integration of perinatal mental health (PMH) services at the district level, and the fortification of existing healthcare systems by fostering substantial capacity.

Dr. Sundarnag Ganjekar, an esteemed Additional Professor in the Department of Psychiatry at NIMHANS, emphasized the imperative of incorporating diverse stakeholders, including obstetricians, public health workers, policy makers, and perinatal mental health workers, in this transformative endeavor. The overarching goal of the gathering was to collectively forge a path towards effecting meaningful change in the landscape of perinatal mental health in India.

They both expressed heartfelt gratitude for the enthusiastic response of all the experts present.

2.1 Introduction to Perinatal Mental Health



SPEAKER: PROF. DR. PRABHA CHANDRA,
SENIOR PROF., DEPT. OF PSYCHIATRY, DEAN OF
BEHAVIOURAL SCIENCES, NIMHANS

“What is missing now is creating a policy for perinatal mental health so that we have a solid plan to provide to the state governments.”

During her speech, Dr. Prabha Chandra emphasized grassroots action and raised important questions about identifying and screening mothers for mental illness, ensuring treatment accessibility, and establishing effective referral pathways. She highlighted that further research on prevalence is unnecessary, as it is already known that 10-20% of women experience postpartum depression, and there is a high prevalence of mental illness during the antenatal period.

The focus should now shift to gathering evidence on different screening methods and developing referral pathways. Dr. Chandra mentioned the effectiveness of simple, low-cost interventions like Thinking Healthy and emphasized the importance of Mother-Baby Units (MBUs) for severe mental illnesses, especially psychosis, although their availability in India is limited.

Developing district-level services for severe mental illnesses, particularly within the existing District Mental Health Programme, was emphasized by Dr. Chandra. While efforts are being made in perinatal mental health, she stressed the need to make these services accessible everywhere, as primary care units currently lack in this regard.

Training was another area of focus discussed by Dr. Chandra. She advocated for enhancing the perinatal psychiatry certificate course for all healthcare providers and highlighted NIMHANS' postdoctoral fellowships designed for psychiatrists. These fellowships, offering two seats annually, including one sponsored by the state, enable candidates to return to their home state and serve as perinatal psychiatrists. Dr. Ashlesha Bagadia's involvement in perinatal psychiatry training programs with Obstetricians and the Royal College of Obstetrics and Gynecology was also mentioned. Dr. Chandra emphasized the need for a directory of perinatal psychiatry to facilitate appropriate referrals.

Dr. Chandra discussed the newly created South Asian Marce Society (SAMA) and its efforts to increase visibility and promote multidisciplinary collaboration in the region. Policy initiatives like the National Mental Health Mission and the Mental Healthcare Act 2017 were highlighted for their role in prioritizing perinatal mental health. The importance of prioritizing women's mental health within India's suicide prevention strategy was also emphasized.

Dr. Chandra mentioned that three states in India, namely Kerala, Karnataka, and Telangana, have initiated screening programs for perinatal mental health. She emphasized the importance of capacity building and consistent strengthening of services. Integration of perinatal mental health into nutritional services and leveraging technology for enhanced service delivery were also raised as important considerations.

Throughout her speech, Dr. Chandra stressed the need for simple identification methods, robust referral pathways, and evidence-based models focused on outcomes. She highlighted the significance of establishing system-level screening, identification, and referral mechanisms. Dr. Chandra expressed appreciation for the contributions the meeting would generate while emphasizing the urgent need to define outcome measures. She encouraged the harmonious sharing of educational resources and the creation of repositories to advance maternal mental healthcare.

In conclusion, maternal mental health disorders pose a significant challenge for the well-being of mother-infant pairs in India, yet they have not received the attention they deserve. Strengthening maternal mental healthcare systems and improving maternal and child outcomes require innovative implementation and translational research. By generating knowledge through these means, we can effectively address the needs of mothers and infants, ensuring equitable distribution of resources for physical and mental healthcare.

2.2 Context Setting of the meeting on PMH



SPEAKER: DR PARAG BHAMARE,
COUNTRY LEAD, MNH, JHPIEGO

"We are committed to leverage our existing knowledge and demonstrate meaningful outcomes in the field of PMH"

During his speech, Dr. Parag elucidated the purpose behind organizing the technical consultation, emphasizing the importance of adopting a multifaceted approach to tailor global evidence to India's specific requirements. Drawing from his experience with a previous project called the Cancer Programme initiated several years ago, he emphasized the significance of not reinventing the wheel but rather leveraging existing knowledge and learning from those who have already made progress in the field.

Dr. Parag shared the success story of the Cancer Programme, which has witnessed significant advancements in cancer healthcare services across India. He expressed his belief that the present project can similarly benefit from the expertise and insights of the distinguished experts in attendance. Highlighting that the consultation is not merely a meeting but an opportunity for tangible progress, he proposed the concept of "5 measurable outcomes." This entails focusing on concrete outcomes, ranging from existing policies to innovative new implementations that can be pursued.

Concluding his speech, Dr. Parag extended his heartfelt gratitude to all the experts for their presence and valuable contributions, underscoring their collective commitment to achieving the shared goal.

2.3 Government of Karnataka PMH Initiatives



**SPEAKER: DR. RAJKUMAR, DEPUTY DIRECTOR,
MATERNAL HEALTH, DEPT. OF HEALTH AND FAMILY
WELFARE, GOVT. OF KARNATAKA**

"Screening of a mother's mental health has now been introduced in the Thai card. With this we hope to highlight that mental health is a major issue of focus and there onwards further our efforts towards providing a more holistic care for mothers."

Dr Rajkumar is a highly esteemed figure in maternal and child health services in Karnataka, known for his invaluable contributions to establishing maternal mental health initiatives in the state.

During his speech, Dr. Rajkumar highlighted Karnataka's significant strides in prioritizing maternal and child welfare. The state has 56 fully operational priority care hospitals out of 80 centers, delivering high-quality healthcare services.

Karnataka has implemented the LaQshya program to improve care during the intrapartum and immediate postpartum period. It targets government medical college hospitals, district hospitals, and community health centers, aiming to enhance healthcare services and reduce maternal and infant mortality rates.

Recognized for its commitment to healthcare excellence, Karnataka secured the first-place position for introducing certification for the LaQshya program in high case load setups. The state plans to extend the program to low to mid case load setups for comprehensive coverage.

In a progressive step, Karnataka has included two questions related to maternal mental health in the Thai card, a document issued to pregnant women in the state. This reflects their dedication to addressing the holistic well-being of pregnant women, including mental health.

Dr. Rajkumar's speech showcased Karnataka's commendable efforts in promoting maternal and child health, demonstrating their commitment to providing comprehensive and high-quality care throughout women's maternal journey.

2.4 Presidential Address



**SPEAKER: PROF. DR. SHANKARNARAYAN RAO,
SENIOR PROFESSOR IN DEPT. OF NEUROPHYSIOLOGY,
REGISTRAR, NIMHANS**

"The reason for the success in implementation of mental health policies lies in collaboration amongst various disciplines, stakeholders and largely the inclusion of private establishments as well."

In his presidential address, Prof. Dr. Shankarnarayan Rao, a distinguished Senior Professor in the Department of Neurophysiology and Registrar at NIMHANS, emphasized the integration of maternal mental health care into mainstream healthcare practices. He stressed the importance of policy development and resource management in addressing this critical area.

Dr. Shankarnarayan Rao highlighted the need to assess the current situation and customize policies and reforms to meet regional needs. He advocated for streamlining diverse procedures and disseminating successful state-level reforms nationwide.

Addressing the scarcity of Mother-Baby Units (MBUs) in India, with only one at NIMHANS, he emphasized the establishment of more units to support mothers and infants. Dr. Shankarnarayan Rao also mentioned the TeleMANAS program initiated by NIMHANS, which aims to make the model accessible across the country through capacity building and training activities.

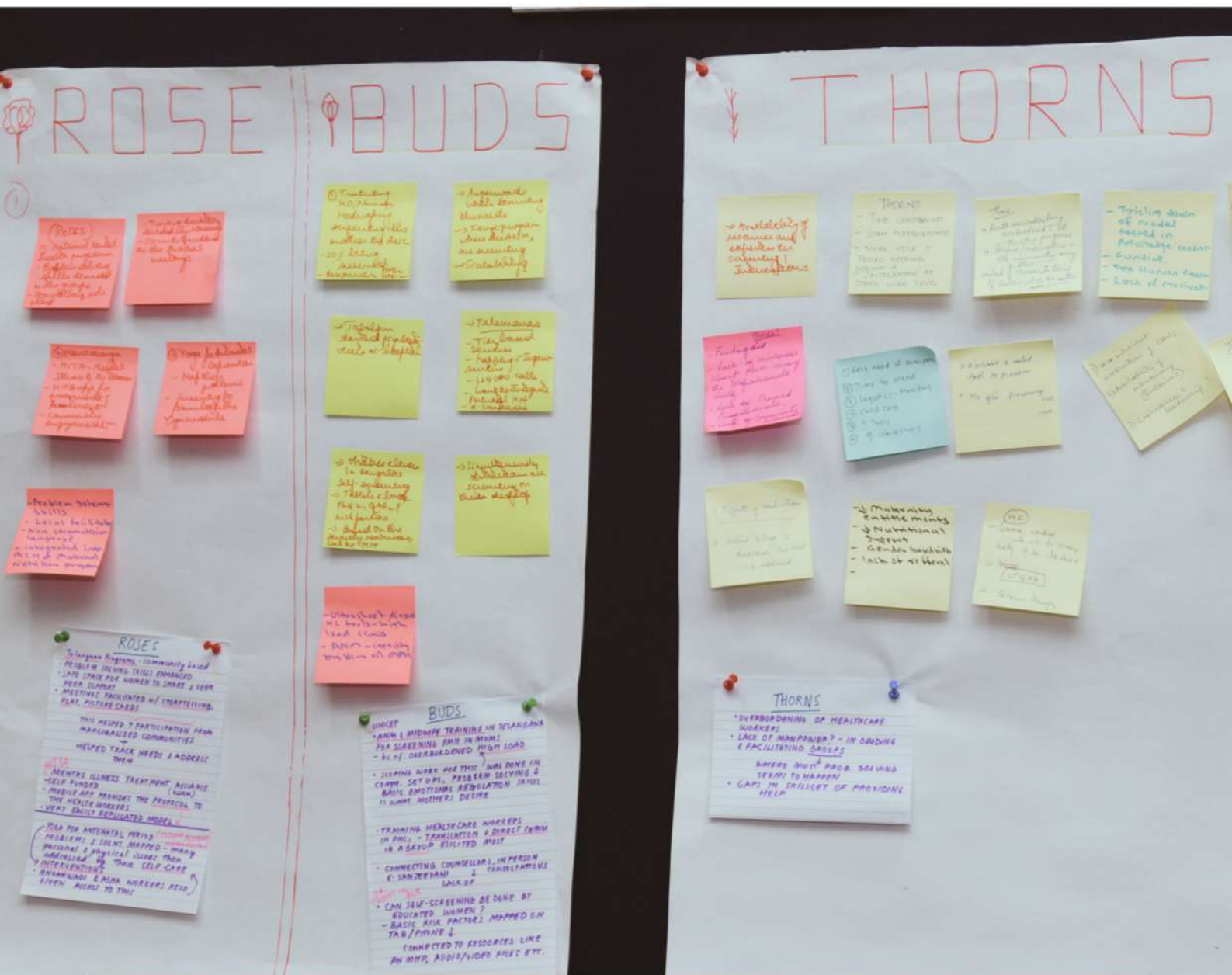
Furthermore, he emphasized the importance of strong leadership to drive changes in maternal mental health care. He acknowledged Dr. Prabha Chandra for her advocacy in perinatal mental health and praised initiatives by JHPEIGO. Dr. Shankarnarayan Rao expressed gratitude to all experts for their contributions to this important cause.

3. Situational Analysis: Perinatal Mental Health: Group work



Situational Analysis: PMH : Group work

The JHPIEGO team organized a stimulating group activity on perinatal mental health and care, led by esteemed facilitators including Tanya Fernandes, Dr. Supraja TA, Dr. Shrimathy Raman, and Dr. Latha K. Participants were divided into four groups, addressing policy and programs, implementation, clinical healthcare, and the community. Each group was tasked with identifying positive aspects ("roses") representing small events or successful steps, future opportunities ("buds") for improvement, and challenges or obstacles ("thorns") hindering progress in each theme. The discussions were skillfully guided by group leaders, and the inputs were captured on a flipchart with sticky notes. The insights were shared in an open discussion, fostering collaboration among experts and participants. This activity provided real-time perspectives, contributing to the advancement of perinatal psychiatry and the well-being of mothers and infants.



1. ROSE, BUD, THORN ASSESSMENT IN POLICY AND PROGRAMMES

During the group discussion, the Policy group highlighted several noteworthy aspects related to perinatal mental health and policies. The presenter shared their insights in the following manner:

In terms of roses, the group acknowledged positive developments such as the National Mental Health Programme, the District Mental Health Programme, and the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCHA) initiatives. They also commended various state-level efforts to incorporate maternal mental health into separate policies. Additionally, they noted the ongoing training programs at the institutional level and the growing emphasis on comprehensive mental health assessments.

Shifting the focus to thorns, the group identified challenges at the central level, such as the limited prioritization of perinatal mental healthcare, cultural taboos, and the persistent stigma surrounding mental health issues. They expressed concerns about the burden placed on healthcare staff due to multiple programs and assessments, which can overwhelm the existing system. Furthermore, they highlighted the need for greater awareness and integration of perinatal mental health in mental health assessments.

The group also

discussed the buds, representing emerging opportunities. They highlighted the multidisciplinary approach taken at the central level to address perinatal mental health, the inclusion of respectful maternity care practices, and the inclusion of perinatal mental health across various fields.

In conclusion, the Policy group's insights underscored the importance of ongoing policy development and implementation. They recognized the progress made through national and state-level initiatives, while also acknowledging the challenges that need to be addressed, such as cultural barriers and the need for widespread awareness. Their discussions aimed to shape policies that promote comprehensive, integrated and collaborative efforts in the field of perinatal mental healthcare and mitigate the stigma associated with mental health issues, ultimately ensuring better support for the mothers and families in need.



2. ROSE, BUD, THORN ASSESSMENT IN IMPLEMENTATION

During the implementation group's discussion, they explored implementation of perinatal mental health initiatives using the roses, buds, and thorns framework.

Roses included successful screening programs in multiple states, reducing high-risk pregnancies, and improving maternal mortality rates. The existing system was seen as a valuable resource for further implementation efforts.

Budding opportunities were observed in improved screening practices, technological advancements, and expanded training programs. These developments aligned with global guidelines and aimed to enhance diagnostics and meet evolving demands.

Thorns included a lack of awareness among healthcare providers and the general population about program implementation and mental health issues. The absence of clear referral pathways and insufficient funding were identified as obstacles. Shortages of local healthcare providers also posed challenges.

To summarize, the group acknowledged successful screening programs and positive outcomes, while highlighting opportunities for improvement. They identified challenges such as awareness gaps, referral pathway issues, funding constraints, and healthcare provider shortages. Their aim was to nurture progress and address obstacles in perinatal mental health programs, shaping policies to support mothers and families.



3. ROSE, BUD, THORN ASSESSMENT IN COMMUNITY

During the community session, participants discussed positive developments in perinatal mental healthcare for marginalized communities. They highlighted the introduction of tailored mental health care programs, such as the MITA programme in Assam, mobile applications, yoga interventions, and initiatives involving animals and Asha workers. These initiatives aim to address the mental health needs of underserved populations.

Budding opportunities were identified in the community context, including the training of midwives and community health workers in perinatal mental health care. The E-sanjeevani platform, an online teleconsultation service, emerged as a promising pathway for easier assessment and holistic care. Ongoing efforts to develop protocols for self-screening were also acknowledged as empowering initiatives.

However, challenges were revealed in the community setting. The overwhelming burden on Asha workers and community health workers hindered their ability to effectively address perinatal mental health concerns. Insufficient funding for mental health programs and the considerable time required for assessments were identified as additional challenges.

In summary, the community session showcased positive developments and initiatives in perinatal mental healthcare for marginalized communities. The training of midwives and community health workers, the E-sanjeevani platform, and self-screening protocols represented promising opportunities. Addressing the challenges of workforce burden, funding, and time demands is crucial to ensure comprehensive and accessible care for marginalized individuals.



4. ROSE, BUD, THORN ASSESSMENT IN CLINICAL ASPECTS (HEALTHCARE PROVIDERS AND SERVICES)

During the discussion on the clinical workforce in maternal mental health, participants explored various aspects using the roses, buds, and thorns framework. Positive developments, represented by roses, included the implementation of mental health assessment programs in certain states, the TeleMANAS program integrating mental health services digitally, and the inclusion of screening questions in the Thai Card in Karnataka. Corporate firms also showed interest in supporting employee mental well-being. These advancements reflected the growing importance of preventive care, exemplified by programs like Thinking Healthy. Health and wellness clinics, digital connectivity, and training for the clinical workforce in remote areas showed promising potential as budding opportunities.

However, thorns surfaced, such as excessive workloads, staffing shortages, limited awareness about maternal mental health, unclear referral pathways, and the absence of a comprehensive continuum of care. These challenges highlighted the need for quality capacity-building initiatives. While progress was being made in enhancing the clinical workforce's capacity, maintaining high standards remained a crucial concern.

In summary, the discussion on the clinical workforce in maternal mental health showcased roses like mental health assessment programs, the TeleMANAS initiative, and corporate engagement. Budding prospects included preventive care efforts, wellness clinics, digital connectivity, and targeted training. Thorns encompassed work burdens, limited awareness, referral pathway issues, and the absence of a comprehensive continuum of care. Addressing these challenges and ensuring quality capacity-building will empower the clinical workforce in providing effective and holistic maternal mental health services.



5. DISCUSSION MODERATED BY DR. PRACHET



After the presentations, Dr. Prachet from NIMHANS led a discussion, generating insightful questions from both experts and the audience. Implementing and sustaining maternal mental health programs and proposed changes in mental health platforms were important topics.

Experts provided valuable insights, emphasizing the need to raise awareness and reduce stigma around mental health to increase demand for services. Normalizing mental health assessments, similar to routine evaluations during pregnancy, was suggested to gradually reduce stigma. Setting practical and achievable goals, collaborating between public and private sectors, improving funding sources, and conducting awareness campaigns were emphasized for steady progress.

Creating a strong demand for mental health assessments in the community was highlighted, leading to increased service availability. Experts stressed the significance of seizing every opportunity, such as incorporating mental health questions into existing platforms like the Thai Card.

Surpassing minimum standards of care and integrating maternal mental health programs into mainstream health initiatives were advocated. Leveraging existing knowledge and resources could avoid excessive funding and unnecessary capacity building. Involvement of NGOs and corporate social responsibility initiatives were seen as transformative in maternal mental health care.

Male engagement was discussed as crucial, with emphasis on involving husbands as active participants. Providing preconception counseling, addressing interpersonal violence, and utilizing services targeting gender-based violence were emphasized. The Parivar Chaupal initiative was praised for promoting family welfare and involving husbands.

Sleep support for expectant and postpartum women was deemed monumentally important in mitigating anxiety and depression. Unwavering breastfeeding support was highlighted, recognizing the challenges faced by women after childbirth. The role of well-trained individuals like Asha workers was appreciated. Learner-centric training programs for healthcare professionals were valued, emphasizing continuous learning and revision courses.

Designing workflows for frontline workers in maternal mental health care was stressed. Seamless integration of maternal mental health care models into existing workflows, especially during antenatal and postnatal assessments, would aid identification and referral of cases requiring specialized attention. Sharing information on referral pathways and relevant contacts was deemed critical.

In summary, the discussion provided valuable insights into maternal mental health care. Key priorities included raising awareness, reducing stigma, involving family members, and establishing a comprehensive support system for mothers and children.

4. Experiences and best practices



4.1 Implementation of NMHP: learnings from Madhya Pradesh:

CHAired BY-

**PROF DR.C NAVEEN KUMAR,
PROFESSOR, DEPT OF PSYCHIATRY, NIMHANS.**

The NMHP implementation in Madhya Pradesh was discussed during the session chaired by Professor Dr. C Naveen Kumar. The speakers, including Dr. Sharad Tiwari, Dr. Jyoti Chauhan, and Dr. Ratnesh Kurariya, highlighted various aspects of the success story in Madhya Pradesh, emphasizing the presence of mental health units, training programs, awareness initiatives, and collaborative efforts between different sectors. Their insights showcased the significance of capacity building, stigma reduction, and integration of mental health services within the existing healthcare framework.



SPEAKER 1

DR. SHARAD TIWARI,
DEPUTY DIRECTOR OF MENTAL HEALTH IN THE
GOVERNMENT OF MADHYA PRADESH.

Dr. Sharad Tiwari discussed mental health initiatives in Madhya Pradesh, ensuring comprehensive care for the population. Efforts have increased mental health professionals' presence across districts, including psychiatrists, clinical psychologists, and psychiatric nurses.

The Mankaksha Program established clinics in community health centers, offering outpatient services, assessments, and IEC activities. Psychotropic medicines are accessible throughout the state, and district health setups provide screening, treatment, and follow-up care. E-health initiatives like e-Sanjeevani and TeleManas provide remote mental health services, while orientation seminars and counseling sessions raise awareness and offer support. Vulnerable populations receive monthly visits for screening, and the Swastha Mann Swastha Tann initiative focuses on mental health education for women, children, and substance abuse. Collaboration with faith healers and awareness initiatives for stakeholders enhance mental health care understanding and implementation. An essential drug list ensures medication availability, and the MANSA magazine promotes awareness and reduces stigma. Caregivers of mentally challenged individuals receive support, and training programs enhance antenatal care providers' skills in addressing maternal mental health. These initiatives aim to promote awareness, reduce stigma, and ensure accessible and quality mental health care services in Madhya Pradesh, fostering a supportive environment for individuals and their families.

SPEAKER 2

DR. JYOTI CHAUHAN,
OBSTETRICIAN AND GYNECOLOGIST CIVIL
SURGEON, SAGAR DISTRICT HOSPITAL, MP

"We need to increase awareness about mental health issues in women and provide easy screening tools to the frontline workers so as to further facilitate prompt identification and referrals."

Dr. Jyoti Chauhan highlighted the mental health framework in Madhya Pradesh, including subcenters, health and wellness centers, RCH initiatives, and TeleManas programs. Capacity building for healthcare professionals in PHCs and CHCs was emphasized, along with the need for awareness and screening tools. Addressing stigma, Dr. Jyoti stressed the importance of influential figures supporting mental health initiatives, proposing government-funded courses for frontline workers. Collaboration between private and government sectors, exemplified by programs like Manyata and LaQshya, was highlighted. Integrating mental health training into existing nutrition programs in Anganwadi centers was seen as an opportunity. Utilizing workers like ASHA and USHA was also emphasized. Dr. Jyoti emphasized expanding mental health services, raising awareness, addressing stigma, providing training, and fostering collaboration to enhance mental health care in Madhya Pradesh. By leveraging existing programs, building capacity, and engaging frontline workers, significant strides can be made towards a more inclusive mental health support system.

SPEAKER 3



DR. RATNESH KURARIYA,
NODAL OFFICER- MENTAL HEALTH,
JABALPUR, GOVT OF MADHYA PRADESH

"Various stakeholders in Madhya Pradesh including ASHA workers, ANMs, CMOs are able to work together and collaborate on identification and referral of mothers with complications in pregnancy. I am sure we will be able to integrate maternal mental health policies in a similar manner."

Dr. Ratnesh Kurariya, the Nodal Officer for Mental Health in Jabalpur, Madhya Pradesh, shared insights on the progress of mental health initiatives in the state. He emphasized the significant improvements witnessed over the past few decades. Madhya Pradesh, once considered a BIMARU state, has made strides in reducing maternal and infant mortality rates. The District Mental Health Program (DMHP) was initiated in 2005, starting in Mandla. The Jabalpur Psychiatry Club played a crucial role in training doctors and health workers in the region. The program expanded and became known as Mankaksha, with psychiatry departments established throughout the state. Collaboration and integration efforts are ongoing to ensure the availability of manpower, funds, policies, and medications for mental health care. Dr. Ratnesh also highlighted the implementation of the HRP clinic, focusing on high-risk pregnancies, which has contributed to a decrease in maternal mortality rates in Jabalpur. The cooperation between psychiatrists and obstetricians has been crucial to this success. Madhya Pradesh stands as a success story, with mental health initiatives positively impacting the well-being of the population.

4.2 Experience of system strengthening on perinatal mental health:

CHAired BY-

**PROF. DR. GIRISH RAO,
PROF. DEPT. OF EPIDEMIOLOGY, NIMHANS**

**DR. PADMALATHA VENKATRAMAN,
CONSULTANT OB-GYN, RANGADORAI HOSPITAL,
BANGALORE**

Prof. Dr. Girish Rao and Dr. Padmalatha Venkatraman chaired the discussion and introduced the speakers, Dr. Rajani P, Dr. Ravina Akkineni, and Dr. Rahul Shidhaye. The speakers shared insights on mental health initiatives in Karnataka, Hyderabad, and Maharashtra, respectively. They discussed the progress made in implementing programs, capacity building, training of healthcare workers, and the importance of awareness campaigns and interdepartmental coordination. The discussions emphasized the need for tailored approaches, integration of mental health services, and addressing challenges such as stigma and confidentiality.



SPEAKER 1



DR. RAJANI P,
DD MENTAL HEALTH, GOVT OF KARNATAKA

"Interdepartmental coordination right from agriculture, police, prisons, mother child care programmes as well as faith healers has ensured success of mental health programmes in Karnataka."

Dr. Rajani P, a highly esteemed official in the mental health sector of the Karnataka government, delivered an insightful discourse on the various initiatives undertaken in the state. Her talk shed light on the remarkable progress that has been made, positioning Karnataka as a frontrunner in the field of mental health care. One of the significant achievements highlighted by Dr. Rajani is the establishment of District Mental Health Program (DMHP) units across all districts in Karnataka. This strategic move has ensured that mental health services are accessible and available throughout the state. Furthermore, she emphasized the expansion of these initiatives to the taluka level, where newer programs have been introduced to cater to the specific needs of communities at a more localized level. An exemplary initiative mentioned by Dr. Rajani is the Manoj Chaitanya program, which facilitates fixed-day clinics once a week in areas where there is a scarcity of permanent psychiatrists in sub-districts and primary health care centers. This innovative approach ensures that individuals in remote areas have regular access to mental health services, thus bridging the gap in care provision. Dr. Rajani also discussed the implementation of 15 new programs in Karnataka, showcasing the state's commitment to addressing various mental health concerns comprehensively. Among these initiatives, the Kishori Vikas program stands out as it focuses on the mental well-being of adults, while the Mukta centers are dedicated to tackling addiction-related issues. Additionally, programs targeting violence against women and children have witnessed significant success, leading to a substantial increase in consultations and support for affected individuals.

To enhance outreach and efficacy, Karnataka has embarked on house-to-house programs and conducted surveys to gather valuable data on mental health issues prevalent in different communities. Screening protocols have been incorporated into these initiatives to identify individuals requiring specialized care and intervention. Dr. Rajani emphasized the improvements in interdepartmental coordination, highlighting the collaborative efforts between various sectors to create a holistic approach to mental health care delivery.

Under Dr. Rajani's guidance, Karnataka has witnessed tremendous growth and progress in the field of mental health. She assured the audience that the government is committed to continually exploring and implementing newer policies and strategies to further enhance mental health care services. Her portrayal of Karnataka as a success story reflects the dedication and concerted efforts made by the state to prioritize mental well-being and ensure that individuals have access to the support they need.

SPEAKER 2

**DR. RAVEENA AKKINENI,
PSYCHIATRIST, HYDERABAD**

Dr. Ravina Akkineni, a psychiatrist in Hyderabad, shared insights on a UNICEF project focusing on capacity building for healthcare workers. The project aims to assess and screen maternal mental health care. System strengthening is a key focus, with midwife training programs and weekly support sessions established. Screening questionnaires like PHQ-2 and GAD2 are used to identify anxiety and depression in pregnant and postpartum women.

Asha workers play a vital role in administering these questionnaires and following referral pathways based on scores. Challenges include initial resistance from healthcare workers and the stigma surrounding mental health. Lack of private spaces for open dialogue is also a concern. However, the project serves as a platform for evidence gathering and identifying effective approaches. Dr. Ravina's discussion highlighted ongoing efforts to address maternal mental health care and pave the way for future advancements.

SPEAKER 3

**DR. RAHUL SHIDHAYE,
PSYCHIATRIST, PRAVARA INSTITUTE OF
MEDICAL SCIENCES, LONI**

Dr. Rahul Shidhaye, a psychiatrist at the Pravara Institute of Medical Science in Loni, presented the Prime model—a comprehensive approach adopted in Maharashtra and other Indian states. This model focuses on establishing a robust platform for mental health interventions. Trained resource individuals assess and screen various mental health issues, ensuring appropriate referrals. The Prime model also emphasizes essential drug availability and organizes

awareness programs, including the confidential Manokaksha initiative, providing a safe space for assessments. Dr. Rahul addressed the resistance faced when training medical officers in mental health assessments. To overcome this, they engaged with officers and their families, understanding their needs and concerns. This approach fostered rapport, enabling effective implementation of mental health initiatives. The Prime model encompasses training, drug availability, awareness programs, and addressing officers' concerns, ensuring a holistic and integrated community-level mental healthcare approach. Dr. Rahul Shidhaye's presentation highlighted successful strategies to overcome challenges and drive positive change in mental health.

4.3 From research to practice: Screening and case identification- what works best

CHAired BY-

DR. HARISH THIPPESWAMY,
PROFESSOR, DEPT. OF PSYCHIATRY, NIMHANS.

SPEAKER 1



PROF. DR. PRABHA CHANDRA,
SENIOR PROF., DEPT. OF PSYCHIATRY, DEAN OF
BEHAVIOURAL SCIENCES, NIMHANS

During the discussion, Dr. Prabha Chandra provided a comprehensive overview of universal screening during the perinatal period to identify psychosocial morbidity and mental health conditions in women. She emphasized the importance of assessing psychological, social, and cultural factors that influence mental health. Universal screening offers benefits such as early identification, improved outcomes, reduced stigma, and increased access to mental health services. However, challenges like false positives and resource limitations need to be addressed.

Dr. Chandra suggested using ultrashort screening tools, such as Whooley questions, the Edinburgh Postnatal Depression Scale, or the Patient Health Questionnaire (PHQ), tailored to high-volume clinics. Targeted screening for high-risk groups should also be conducted, following guidelines like the Marce guidelines. Streamlining the referral process, implementing a stepped care approach, and establishing collaborative care setups involving gynaecologists, psychiatrists, and other healthcare workers were recommended. Treatment options should include low-intensity interventions, social support, gender-based violence services, male engagement, psychoeducation, group antenatal care units, and leveraging technology.

Primary care physicians play a crucial role in case identification and intervention, requiring education, training, accessible screening tools, and a collaborative care model. Clear referral pathways and comprehensive mental health services are essential for assessment, diagnosis, evidence-based interventions, collaborative care, and follow-up in perinatal mental health.

SPEAKER 2



DR. RAICHANDANI,
HEAD OF DEPARTMENT, DEPT. OF PSYCHIATRY,
NSCBMC JABALPUR, MADHYA PRADESH

"We need to include perinatal mental health in the medical curriculum as a part of antenatal check ups."

During this discussion, Dr. Raichandani, Head of Psychiatry at NSCBMC Jabalpur, emphasized the need for early screening and intervention for mental health issues, particularly during the antenatal period. He stressed the importance of initiating mental health screenings in gynecologists' clinics during pregnancy to proactively identify and address potential challenges. Dr. Raichandani also highlighted the significance of targeting mental health issues in adolescent girls, enabling early identification and targeted interventions. Referrals received through the POCSO Act were mentioned, emphasizing the need for specialized training to support women who have experienced trauma. To ensure effective follow-up, telemedicine approaches like telephone or video calls were proposed. Dr. Raichandani called for the improvement of medical curriculum to include mental health education across all branches of medicine. The efforts in Jabalpur to enhance community mental health and integrate mental health care into existing systems were also commended. This collaborative approach promotes interdisciplinary collaboration and the integration of mental health care into mainstream medical practice.

5. Current Interventions and Best Practices: Facilitated by Dr Ashlesha Bagadia



Chaired by:

**DR ASHLESHA BAGADIA,
PSYCHIATRIST, THE GREEN OAK INITIATIVE**

Dr. Ashlesha Bagadia, a highly experienced Perinatal psychiatrist and psychotherapist with a wealth of clinical expertise spanning over two decades, skillfully led the next session as the facilitator. With her keen intellect and profound understanding of the subject matter, she adeptly posed thought-provoking questions to the speakers, creating an engaging and stimulating atmosphere that elicited fascinating insights and responses from the panelists.



5.1 Community Interventions

SPEAKER 1



DR. SACHIN BARBDE,
PUBLIC HEALTH PHYSICIAN, EKJUT

"Participation, peer learning and problem solving approach along with community involvement has shown to improve mental well being in women"

Dr. Sachin Barbde shared insights about Ekjut, an organization serving the indigenous community in Jharkhand. Ekjut focuses on community engagement rather than clinics or hospitals. Through community meetings, inspired by Paulo Freire's pedagogy of oppressed, Ekjut addresses maternal and child health, leading to reduced infant mortality rates and improved postpartum depression outcomes. They also tackle issues like early marriage, gender-based violence, and adolescent concerns through their "Sukhu Dukhu Saathi" program. Trained adolescents, known as Sukhu Dukhu Saathis, facilitate discussions and receive counseling skills training to support mothers during the antenatal period, particularly addressing intimate partner violence.

During the COVID-19 pandemic, Ekjut collaborated with the Central Institute of Psychiatry in Ranchi to provide telepsychiatry services with community involvement. They engage Aasha workers to conduct mental health and nutrition meetings across Jharkhand, training over 30,000 workers and improving mental health indicators. Ekjut also addresses mental health issues among women branded as witches, reducing stigma and increasing awareness through treatment and social contact programs.

Despite integration challenges, government support has been crucial to their success. Ekjut's model is freely available, and randomized controlled trials were conducted in all districts to monitor results. Future plans include integrating mental health into health clinics, establishing a district mental health act, and decentralizing mental health programs through community mobilization.

Ekjut's community-based approach and collaborations exemplify their commitment to improving health and well-being in Jharkhand.

SPEAKER 2



**DR NILESH MOHITE,
COMMUNITY PSYCHIATRIST, PARIVARTAN TRUST**

"Democratization and decentralization of mental health can only be achieved by community participation"

Dr. Nilesh Mohite discussed the self-funding structure of the Parivartan Trust and highlighted the MITA program, operating in 35 districts in northern India. Replicating evidence-based programs in resource-limited settings presents challenges, such as the scarcity of psychiatrists and the region's vulnerability to climatic calamities. To overcome these obstacles, MITA focuses on decentralizing mental health services through community participation.

MITA requires a payment of Rs. 300, covering one month of services provided by psychiatrists, psychologists, and counselors. The trust initiates centers in various locations using their own funds. During the COVID-19 pandemic, their preparedness ensured uninterrupted care with six-month medication supplies at each center. Trained teachers, students, and community members offered support in the community.

The trust promotes community involvement by training individuals from different backgrounds, including students, teachers, and healthcare workers, to identify mental health issues. Stakeholder meetings involve police officials, policymakers, government representatives, and student bodies. To streamline care, the trust developed the Geeta app, providing standardized care and checking for potential drug interactions. It also maintains comprehensive patient records for continuity of care.

A visiting psychiatrist attends the centers weekly, addressing patient needs. The program focuses on sustainability by addressing travel difficulties, security concerns, childcare arrangements, and economic constraints. Risk mitigation strategies include maintaining a six-month medication stock in villages, and patient representatives actively raise awareness and destigmatize mental health.

The success of the Parivartan Trust's community-driven approach demonstrates the potential to bridge mental health care gaps with limited resources. Collaboration between government agencies, NGOs, and community stakeholders can strengthen and expand these initiatives, creating an inclusive mental health care ecosystem.

SPEAKER 3

**DR. JITESH KUWATADA,
NPO, MNCH, JHPIEGO**

Dr. Ashlesha Bagadia questioned Dr. Jitesh about JHPIEGO's role in integrating mental health programs into mainstream healthcare in India. JHPIEGO, an initiative of Johns Hopkins University, collaborates with state and national governments across India, aligning their interventions with existing healthcare systems. They assess the current state, identify gaps, and provide strategic support tailored to specific needs.

JHPIEGO's work spans various health domains, including mental healthcare. They develop evidence-based models, adapting innovations to local contexts through partnerships. The Dakshata program, for example, focuses on competency building and training to improve maternal care.

Recognizing the private sector's importance, JHPIEGO engages with private healthcare providers and fosters coordination. They contribute to district quality improvement sections and comprehensive mental health care programs. JHPIEGO's involvement in the development of health and wellness centers across India has facilitated the establishment of 1.5 lakh centers, offering mental health services and bridging gaps between sectors.

Their collaborative approach, evidence-based interventions, and knowledge-sharing aim to drive positive change and improve mental healthcare services nationwide. JHPIEGO serves as a catalyst for integrating mental health into mainstream healthcare, ensuring quality care for all individuals.

5.2 Perspectives of Obstetricians and Gynecologists

SPEAKER 1



**DR. HEMA DIVAKAR,
OBSTETRICIAN AND GYNECOLOGIST, TECHNICAL ADVISOR TO
MINISTRY OF HEALTH AND FAMILY WELFARE, CHAIRPERSON,
FIGO WELL WOMEN COMMITTEE**

“Since the last two decades, the attitude of clinicians towards mental health issues has changed as witnessed by the groundlevel work. We should take advantage of this and start integration of perinatal mental health and propel a global change.”

Dr. Hema Divakar, an esteemed Obstetrician and Gynecologist and Technical Advisor to the Ministry of Health and Family Welfare, discussed global organizations' perception of perinatal mental health. She noted that this topic has not received significant attention in such discussions so far. However, she expressed optimism that the current meeting would spark meaningful conversations and bring focus to perinatal mental health, inspired by the work of organizations like EKjut and Parivartan.

Dr. Divakar highlighted FIGO's role in addressing women's health concerns through its Well Women Committee. FIGO is a global organization representing obstetricians and gynecologists from 138 countries, working to improve the health and well-being of women and newborns worldwide. The Well Women Committee formulates evidence-based recommendations and guidelines, covering various aspects of women's health, including reproductive health, maternal and child health, menopause, and non-communicable diseases.

Dr. Divakar emphasized the importance of incorporating mental health considerations, such as screening for perinatal mental health, into policies and guidelines. She identified nutrition, contraception, and mental health as key issues across all age groups and highlighted FIGO's initiatives addressing these areas. To bridge the gap in mental health screening, FIGO aims to develop a simple and efficient questionnaire for routine care. Dr. Divakar stressed the significance of ongoing discussions in shaping recommendations and policies that prioritize maternal mental health.

SPEAKER 2

DR. PRITI KUMAR,
CONSULTANT OBSTETRICIAN AND GYNECOLOGIST, NARAYANI
MEDICAL COLLEGE, KANPUR, CHAIRPERSON SAFE
MOTHERHOOD COMMITTEE, FOGSI

Dr. Priti Kumar, Chairperson of the Safe Motherhood Committee of FOGSI (Federation of Obstetric and Gynecological Societies of India), shared insights on maternal mental health and obstetricians' attitudes. FOGSI is a leading organization promoting women's health and supporting obstetricians and gynecologists in India.

Dr. Kumar conducted a survey involving 350 participants to gauge obstetricians' views on maternal mental health. The findings revealed differences between the public and private sectors. Obstetricians showed commendable efforts in addressing maternal mental health, with 29% reporting screening and 70% referring patients to psychiatrists. Rural areas had higher rates of mental health screening compared to urban areas. Impressively, 95% of obstetricians believed maternal mental health should be included in the RMNCH program, indicating awareness.

Dr. Kumar emphasized the importance of expert discussions, such as the current meeting, and the need to focus on private institutes and ground-level work. Training obstetricians on mental health, similar to the successful GDM and anemia management program, is vital. Collaboration with other organizations and conducting annual workshops and programs on perinatal mental health is essential. Dr. Kumar cited the successful Jeevandhara program as an example.

To implement effective training, a step-by-step approach including one-on-one discussions, hand-holding, and recommendations is proposed. FOGSI, in collaboration with NGOs and stakeholders, can organize training programs to create master trainers who can spread knowledge and skills nationwide. Collaboration and interest from various individuals and organizations can drive positive change in the field.

In conclusion, Dr. Kumar emphasized the need for increased focus on maternal mental health, training obstetricians, and collaborative efforts to bring about meaningful change.

SPEAKER 3

**DR. SUCHETA KINJAWADEKAR,
CONSULTANT OBSTETRICIAN AND GYNECOLOGIST, PAST
PRESIDENT OF NAVI MUMBAI OBSTETRICIANS AND
GYNAECOLOGISTS ASSOCIATION**

Dr. Sucheta Kinjawadekar, a renowned Obstetrician and Gynecologist, and Past President of the Navi Mumbai Obstetricians and Gynecologists Association, brings her expertise to the discussion on perinatal mental health.

She highlighted the establishment of a skill building center in Navi Mumbai that provides training for programs like Manyata and LaQshya, focusing on safety during motherhood. Dr. Sucheta emphasized the need to address both safe and happy motherhood. She participated in a workshop on child welfare, recognizing the importance of responsive caregiving, early learning, nutritional interventions, and supporting maternal mental health. To integrate perinatal mental health, she advocated for incorporating relevant questions into training programs for healthcare professionals. Dr. Sucheta stressed the need for standardized approaches and guidelines to ensure consistent and effective care. Her dedication to collaboration and improving maternal mental health services showcases her commitment to fostering comprehensive well-being for mothers and children. Dr. Sucheta's expertise plays a vital role in integrating perinatal mental health into obstetric care, contributing to happier and healthier motherhood experiences.

5.3 Perspectives of Mental health specialists

SPEAKER 1



DR. THOMAS KISHORE,
PROFESSOR, DEPARTMENT OF CLINICAL PSYCHOLOGY,
NIMHANS

Dr. Thomas Kishore, a distinguished Professor at NIMHANS, specializes in developmental issues in children. He addressed concerns raised by mothers regarding psychiatric medications, the inheritance of illness, and behavioral issues. Early identification and support for developmental concerns were emphasized, with a focus on the mother's well-being.

Dr. Thomas stressed the connection between maternal mental health and child development, highlighting the need for comprehensive care. Routine assessment of a child's development, particularly motor skills, was discussed. Dr. Thomas advised approaching developmental problems positively, using interventions like teaching eye contact and reducing overstimulation. Involving the entire family and providing ongoing support were deemed crucial. Dr. Thomas follows a logical and efficient approach to developmental assessments, considering factors like corrected age and routine observations. Incorporating these strategies into perinatal mental health approaches is vital for optimal development. Dr. Thomas' expertise and dedication contribute to fostering healthier outcomes for both mothers and their children.

SPEAKER 2

**DR. RAGESH,
CONSULTANT PSYCHIATRIC SOCIAL WORKER, IMHANS,
CALICUT, KERALA**

Dr. Ragesh, a Consultant Psychiatric Social Worker at IMHANS (Institute of Mental Health and Neurosciences) in Calicut, Kerala, has played a crucial role in developing perinatal mental health services. Collaborating with the Department of Obstetrics, they established a perinatal outpatient department (OPD) and implemented screening tools to identify mental health concerns in pregnant women.

Using the Edinburgh Postnatal Depression Scale (EPDS) and the Perinatal Psychosocial Risk Assessment Scale, expectant mothers were screened and referred for further evaluation if necessary. The proactive approach resulted in screening around 30-35 new pregnant women each month, extending their services to the postnatal period as well.

Dr. Ragesh emphasized the importance of a well-established referral pathway and highlighted their plans to establish a Mother-Baby Unit (MBU) to enhance perinatal mental health support. Additionally, they implemented a helpline to provide guidance and support.

Dr. Ragesh's efforts in developing comprehensive perinatal mental health services, his focus on collaboration, and the successful implementation of screening tools demonstrate his commitment to supporting the well-being of mothers and families. His work highlights the potential of social worker-led interventions and the importance of integrated care in addressing perinatal mental health challenges.

Dr. Ashlesha acknowledged the proactive approach taken by Dr. Ragesh and praised his efforts in setting up the perinatal OPD and actively screening pregnant women. By engaging with mothers directly during pregnancy and postpartum, the chances of addressing their mental health needs are significantly enhanced.

SPEAKER 3

**DR. SAI KRISHNA TIKKA,
ASSISTANT PROFESSOR AND IN-CHARGE HOD, AIIMS,
HYDERABAD**

Dr. Sai Krishna Tikka, an Assistant Professor and In-charge HOD at AIIMS Hyderabad, plays a crucial role in raising awareness among healthcare professionals about drug use during pregnancy and postpartum. He shared insights on initiatives and strategies to address this aspect of perinatal care.

Training programs for medical officers, ASHA workers, and USHA workers were highlighted as essential for understanding drug safety profiles. By educating them about potential side effects, concerns and resistance surrounding drug use during pregnancy can be alleviated. Dr. Sai emphasized sharing information on psychopharmacology compatibility with breastfeeding to make informed decisions for mother and baby.

To support decision-making, Dr. Sai mentioned an app for checking drug interactions, ensuring safe and effective medication use.

Collaboration among healthcare professionals was emphasized to dispel myths and misconceptions. Continuous education and knowledge-sharing within the healthcare community were crucial, considering reservations some doctors may have about prescribing medications during pregnancy.

Dr. Sai addressed false negatives in mental health screenings by ASHA workers, urging the removal of cultural stigmas and avoiding dismissive attitudes. This promotes understanding and acceptance of appropriate drug use during the perinatal period.

Providing education, resources, and support to healthcare professionals is vital to enhance their understanding and decision-making. Dr. Sai aims to ensure optimal care and well-being for mothers and babies by taking proactive measures, collaborating effectively, and addressing prevailing myths and misconceptions.

6. How do we ensure mainstreaming of perinatal mental health



Chaired by:

DR. VEENA SATYANARAYANA,
PROFESSOR, DEPT. OF PSYCHIATRY, NIMHANS
AND, PROF. DR. GEETHA DESAI, PROFESSOR,
DEPARTMENT OF PSYCHIATRY, NIMHANS

Dr. Veena highlighted the importance of interdisciplinary collaboration in assessing evidence and formulating policies for perinatal mental health. Dr. Geetha Desai emphasized the need for early mental health assessments, particularly in adolescents, to establish a foundation for positive outcomes during the perinatal period.



6.1 Adapting the WHO Implementation Guide for integration of perinatal mental health into mental health care



DR. SUNDARNAG GANJEKAR,
ADDITIONAL PROFESSOR, DEPARTMENT OF PSYCHIATRY,
NIMHANS

Dr. Sundarnag reviewed the WHO guide on integrating perinatal mental healthcare, highlighting its relevance and potential applications in our diverse country. He emphasized the guide's focus on addressing the unique needs and challenges faced by women in different regions and communities, and its adaptability to diverse cultural contexts and healthcare systems.

The guide recognizes the perinatal period as a critical time for women's mental health and emphasizes the adverse effects poor mental health can have on women, their babies, and their families. It provides practical steps and strategies for integrating perinatal mental healthcare into existing services, such as maternal and child health programs. Dr. Sundarnag stressed the importance of creating a safe and non-judgmental environment to encourage women to openly discuss their mental health concerns without fear of stigmatization.

The guide aims to support staff working in maternal and child health services by promoting good mental health, identifying symptoms of mental health problems, and offering appropriate care. It advocates for a stepped-care approach, where less intensive interventions are provided to the majority while reserving more intensive interventions for those with greater needs. The guide also emphasizes the importance of screening tools, respectful maternity care, and addressing risk factors associated with poor perinatal mental health.

To integrate perinatal mental health into mental health programs, the guide suggests several steps. These include developing a plan tailored to the local culture and context, conducting a situation analysis to assess existing services and barriers, conducting a needs assessment, and developing a plan and budget based on identified needs and available resources. The guide underscores the importance of engaging stakeholders and ensuring service delivery and workforce training align with the local context and culture.

In conclusion, Dr. Sundarnag encouraged healthcare professionals, policymakers, and administrators to familiarize themselves with the WHO guide and consider its implementation. By embracing its principles and strategies, we can work towards accessible and effective perinatal mental healthcare that is culturally sensitive to the diverse needs of women in our country.

6.2 Reflecting from the development partners



**DR. ANANT BHAN,
MENTOR AND INVESTIGATOR, SANGATH**

“By leveraging the information obtained by various programmes across India and taking care of mental wellbeing of our mental health providers, we may be able to benefit the community at large”

Dr. Anant Bhan, a Mentor and Investigator at Sangath, emphasized the significance of improving policy-making processes during a remote meeting. Sangath, with its expertise in community healthcare and mental health, has been at the forefront of evidence generation under Dr. Vikram Patel's guidance.

Dr. Bhan highlighted the Thinking Healthy program, currently implemented in Goa, focusing on perinatal mental health. Efforts are underway to adapt the program in Madhya Pradesh and integrate it across regions with collaboration from ASHA workers. Women's mental health should be addressed throughout their lives, not just during the perinatal period.

Incorporating the perspectives of individuals facing mental health challenges and community health workers is crucial. Dr. Bhan stressed a human-centric approach, involving those with lived experiences in program design, implementation, evaluation, and policy changes.

He advocated for male engagement, social support systems, and low-intensity treatment approaches. Stigma, gendered health access, societal issues, and expectations on pregnant women pose challenges. Understanding women's apprehensions about mental illness labels is essential to tailor effective program designs.

Ethical responsibility follows the screening process, necessitating quality and accessible care. Referral pathways and community-based care should align with women's preferences and family acceptability. Destigmatization, referral mechanisms, follow-up support, quality care, and medication availability should be integrated.

Community health workers play a pivotal role. Sangath is training ASHA workers to identify and address postpartum depression, aiming to expand this approach. Integrating perinatal mental health into relevant programs ensures comprehensive care throughout women's journey.

Sensitizing policymakers to the unique challenges in perinatal mental health was highlighted. Dr. Geetha suggested mandatory couples counseling during marriage registration. Dr. Bhan acknowledged ASHA workers' concerns about their own mental health and the need to address their challenges. Positive psychology and caring for the workforce's mental health were proposed.

Utilizing technology to gather individuals with soft skills for pre-pregnancy and pre-ANC care was discussed. Digital platforms, peer support, and early interventions can contribute to a comprehensive response, emphasizing the importance of addressing mental health for individuals and their offspring.

6.3 Translating global evidence to practice



**DR. SACHIN GUPTA,
SENIOR ADVISOR, MNCH, USAID**

Dr. Sachin Gupta, a seasoned public health specialist with 20+ years of experience, serves as a senior advisor in Maternal, Newborn, and Child Health (MNCH) at USAID. He is actively collaborating with USAID and JHPIEGO on an innovative project to integrate perinatal mental health into mainstream healthcare in Jabalpur. Dr. Gupta commended India's efforts in this area but highlighted the challenges of translating policies into action.

USAID aims to showcase scalable and sustainable implementation models, leveraging available resources and fostering collaboration between public and private sectors. Dr. Gupta emphasized the importance of bridging the gap between global evidence and local implementation, drawing on successful quality improvement models in ANC. Financial sustainability and diverse funding sources were also emphasized.

Perinatal mental health is gaining global recognition as maternal morbidity becomes a focus. Dr. Gupta stressed the need for a comprehensive and integrated continuum of care model to adapt to India's evolving healthcare landscape. The Jabalpur project aims to integrate maternal mental health interventions, promote continuity of care, and engage the private sector as a valuable partner in improving perinatal mental health outcomes in India.

7. Way Forward



DR PARAG BHAMARE,
COUNTY LEAD-MNCH, JHPIEGO

Dr. Parag Bhamare, the Country Lead for Maternal, Newborn, and Child Health (MNCH) at JHPIEGO, outlined five key objectives following the conference. First, he emphasized the need to consolidate conference findings into a comprehensive report. This report will serve as a guiding document for future endeavors. Dr. Bhamare also stressed the importance of developing a policy brief to advocate for perinatal mental health at multiple levels of governance.

To foster collaboration, he proposed establishing a community of practice under Dr. Prabha Chandra's guidance. This platform will facilitate ongoing discussions and knowledge exchange among stakeholders. A virtual follow-up meeting in six weeks was suggested to review progress and refine the action plan.

Regarding implementation, Jabalpur was identified as a demonstrative district due to its unique characteristics and government leadership. Three key arms of action were proposed for Jabalpur: conducting implementation research, creating an enabling environment, and bringing about a market shift to enhance service delivery.

Dr. Bhamare emphasized applying the Theory of Change in perinatal mental health care, leveraging existing investments, and collaborating with community-based organizations. The project is structured into planning and intervention design, implementation, and dissemination phases.

Dr. Bhamare emphasized applying the Theory of Change in perinatal mental health care, leveraging existing investments, and collaborating with community-based organizations. The project is structured into planning and intervention design, implementation, and dissemination phases.

He highlighted the importance of adopting a client-centered and coordinated approach, bridging gaps between policies and programs, and addressing systemic challenges to improve perinatal mental health care outcomes.

In summary, Dr. Bhamare's address focused on consolidating findings, developing a policy brief, fostering collaboration, organizing a virtual follow-up meeting, implementing targeted initiatives in Jabalpur, and adopting a client-centered approach to advance perinatal mental health care in India.

8. Closing Remarks

PROF. DR. PRABHA CHANDRA,
SENIOR PROF. , DEPT. OF PSYCHIATRY, DEAN OF
BEHAVIOURAL SCIENCES, NIMHANS



Reflecting on her journey since 2005/6 when she returned from the UK, Dr. Prabha Chandra expressed her excitement about setting up a perinatal clinic and the challenges she faced in the early days. She recalled encountering resistance from government officials who were hesitant to use the term "mental" in relation to perinatal health. However, she noted that over the past 15 to 20 years, significant progress has been made, thanks to the persistent efforts of advocates and champions of perinatal mental health.

Dr. Chandra acknowledged that the user involvement may not have been visible during the conference, as some individuals might feel uncomfortable sharing their views in public. However, she emphasized that many users have provided valuable input regarding their needs and requirements. She highlighted an article from 2022 by USAID titled "Silent burden: Maternal mental health," noting that the issue is no longer silent, and efforts are being made to improve policies and practices surrounding perinatal mental health.

Expressing her appreciation for the active participation and enthusiasm displayed by everyone in the room, Dr. Chandra noted the presence of stakeholders from various sectors, including representatives speaking for the community, public and private sectors, and rich initiatives and innovations from across India. She expressed her satisfaction with the choice of Jabalpur as a model city, emphasizing the need for coordination with gender-based violence services and nutritional services to yield better results through collaboration.

Dr. Chandra shared information about NIMHANS' project StreeManoraksha, which has trained over 3,000 counselors for one-stop centers across the country, addressing mental health issues faced by women experiencing gender-based violence. She stressed the importance of cross-talk and resource optimization within different programs, considering the limited resources available. Additionally, she emphasized the need to focus on women who have experienced the loss of their babies and extended her gratitude to JHPIEGO and USAID for convening the conference and bringing everyone together.

Highlighting the metaphorical stage on which all participants played their roles, Dr. Chandra commended JHPIEGO for serving as the director, facilitating collaboration, knowledge sharing, and resource sharing among the actors. She considered the initiative a unique model that is absent in low and middle-income countries and emphasized India's potential to become a torchbearer and leader in addressing perinatal mental health. She mentioned the feedback received from women in perinatal care and announced the serving of cupcakes made by a user of perinatal mental health services in NIMHANS, symbolizing the importance of remembering all women in need, including those facing infertility, those with babies in NICU, and those dealing with babies with congenital issues.

Dr. Chandra extended her gratitude to Dr. Anupama and the JHPIEGO team, highlighting their easy collaboration and applauded the efforts of the NIMHANS team. She encouraged participants to explore the Technical Marketplace, which offers various resources developed by NIMHANS over the years, including materials for psychiatrists, social workers, ASHA workers, treatment guidelines, and details about ongoing projects. She invited everyone to utilize these resources freely.

In conclusion, Dr. Prabha Chandra expressed her appreciation, urged the continuation of the momentum, and encouraged participants to work together to advance perinatal mental health in India.

9. Vote of thanks



**DR. SHAILENDRA HEGDE,
PROGRAM DIRECTOR, MNCH,
JHPIEGO**

Dr. Shailendra Hegde, the Programme Director for UP and Bihar in MNCH at JHPIEGO, expressed his gratitude during the vote of thanks. He described the day as a wonderful and intellectually stimulating experience, reminiscing about his initial visit to NIMHANS years ago, where his passion for addressing postpartum depression began. Dr. Hegde expressed his joy at witnessing the significant growth in the number of experts and policymakers dedicated to this cause.

Dr. Hegde expressed his sincere appreciation to Dr. Prabha Chandra, acknowledging her invaluable guidance and the privilege of being hosted in the magnificent NIMHANS campus. He highlighted the institute's national and global importance, recognizing its calm and intellectually stimulating atmosphere. Dr. Hegde commended the commendable work carried out at NIMHANS, which is widely recognized and utilized worldwide.

He extended his gratitude to Dr. Rajkumar and Dr. Rajni, the Deputy Directors of Maternal and Child Health and Mental Health, respectively, from the Government of Karnataka. Dr. Hegde thanked them for sharing their insightful views and their efforts in shaping policies related to maternal mental health. He also expressed his gratitude to Dr. Sharad Tiwari, Dr. Jyoti Chauhan, Dr. Manish, and the represented colleagues of Dr. Archana Mishra, acknowledging their presence and contributions.

Dr. Hegde conveyed his special thanks to the expert speakers who made the discussions enriching and exciting, mentioning Dr. Raveena, Dr. Rajani, and Dr. Rahul. He expressed his appreciation for Dr. Sachin, Dr. Nilesh, and their inspiring grassroots experiences.

The representation of the committee of obstetricians and gynecologists across the country was emphasized by Dr. Hegde, extending his gratitude to Dr. Hema, Dr. Priti, and Dr. Sucheta for their important contributions.

He expressed his thanks to Dr. Thomas Kishore, Dr. Ragesh, Dr. Sai Krishna Tikka, Dr. Sachin Gupta, and Dr. Anant Bhan for their valuable insights on perinatal mental health and its impact on families. Dr. Hegde reserved a special acknowledgment for Dr. Sundernag Ganjekar, who tirelessly worked as NIMHANS' point person, playing a pivotal role in the success of UNICEF projects in perinatal mental health.

Dr. Hegde expressed his gratitude to the moderators, Dr. Prachet, Dr. Ashlesha, Dr. Girish, Dr. Latha, Dr. Harish, Dr. Veena, and Dr. Geetha, for their excellent facilitation of the sessions.

He extended his thanks to the esteemed Dr. Pratima Murthy, Director of NIMHANS, for providing a platform to discuss these important matters. Lastly, Dr. Hegde expressed his appreciation for the exceptional efforts of the JHPIEGO team and the contributions of those who couldn't be present but have been instrumental in maintaining the momentum.

In his closing remarks, Dr. Hegde gave a heartfelt thanks to the women who face perinatal mental health issues, expressing his privilege in helping them and acknowledging that their experiences drive the need for change.

10. Participant List

	PARTICIPANT NAME	ORGANISATION
1	DR SHARAD TIWARI	DEPUTY DIRECTOR, MENTAL HEALTH, GOVT OF MP
2	DR RAJKUMAR	DEPUTY DIRECTOR, MATERNAL HEALTH, GOVT. OF KARNATAKA
3	DR RAJNI P	DEPUTY DIRECTOR, MENTAL HEALTH, GOVT. OF KARNATAKA
4	DR RATNESH KURARIYA	MENTAL HEALTH NODAL OFFICER-JABALPUR, GOVT OF MP
5	DR MANISH MISHRA	CIVIL SURGEON, DISTRICT HOSPITAL JABALPUR, GOVT OF MP
6	DR NEETA PARASHAR	MATERNAL HEALTH NODAL OFFICER-JABALPUR, GOVT OF MP
7	DR JYOTI CHOUHAN	CIVIL SURGEON, SAGAR, GOVT OF MP
8	DR O.P. RAICHANDANI	HOD, DEPT OF PSYCHIATRY, NSCBMC JABALPUR, MP
9	DR RAJAM P	DEPT OF HEALTH & FW
10	DR SHANKARNARAYAN RAO	NIMHANS
11	DR PRABHA CHANDRA	NIMHANS
12	DR SUNDARNAG GANJEKAR	NIMHANS
13	DR SACHIN GUPTA	USAID
14	DR SUCHETA KINJAWADEKAR	NMOGS
15	DR PRITI KUMAR	FOGSI
16	DR HEMA DIWAKAR	FOGSI
17	SHRIDHAR UTAGI	NIMHANS
18	REMY LOBO	NIMHANS
19	RUPA SANADI	NIMHANS
20	RIGZEN ANGMO	NIMHANS
21	RIPUCHARAN SINGH	NIMHANS
22	AFREEN BANU AK	NIMHANS
23	CHRIS	NIMHANS
24	DR SHRADDHA L	NIMHANS
25	DR NABAGATA DAS	NIMHANS
26	SHREYAS S	NIMHANS
27	DR PRACHET H.R	NIMHANS
28	DR LATHA K	NIMHANS
29	DR THOMAS KISHOR	NIMHANS

	PARTICIPANT NAME	ORGANISATION
30	DR SAI KRISHNA TIKKA	NIMHANS
31	DR NAREN KUMAR	NIMHANS
32	DR CHAITRA	NIMHANS
33	MONA FIROZ	NIMHANS
34	DR GIRISH N	NIMHANS
35	DR ROSHNI A	NIMHANS
36	DR NELHAT	NIMHANS
37	DR REDDY	NIMHANS
38	DR HARISH T	NIMHANS
39	SACHIN BARBADE	EKJUT
40	LAKSHMI SETHURAMAN	SATVA
41	YASHASVI MURALI	SATVA
42	DR ANANT BHAN	SANGATH
43	TANYA FERNANDAS	CMHLP
44	SUPRAJA T.A	KMC.MANIPAL
45	RAHUL SHIDHAYE	PIMS
46	DR NILESH MOHITE	PARIVARTAN TRUST
47	DR LATHA VENKATRAMN	RANGA DORAI HOSPITAL
48	DR SHRIMATHY RAMAN	RANGA DORAI HOSPITAL
49	PORNIMA MAHENDRU	THE GREEN OAK INITIATIVE
50	DR RAGESH	IMHANS
51	DR RAVEENA AKKENENI	UNICEF, TELANGANA
52	DR AAKANKSHA BHATIA	MANN RAHI
53	ADITYA PRAHESH	QUICKSAND
54	SINJINI GHOSH	QUICKSAND
55	DR SURANJEEN PRASAD	JHPIEGO
56	DR SHAILENDRA HEGDE	JHPIEGO
57	DR JYOTI BENAWARE	JHPIEGO
58	DR PARAG BHAMARE	JHPIEGO
59	DR JITESH KUWATADA	JHPIEGO
60	DR ANUPAMA RAO	JHPIEGO
61	ALEEFIA SOMJI	JHPIEGO
62	HEPHZIBHA KOMMU	JHPIEGO
63	DR RUPAL SRIVASTAVA	JHPIEGO
64	MADHURI JENGATHE	JHPIEGO

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NO MATERNAL HEALTH WITHOUT MENTAL HEALTH



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WRITTEN AND COMPILED BY DR SHRADDHA LOTLIKAR

