Insika Yomama
A feasibility study of Behavioural Activation (BA) therapy for HIV positive women with depression during the perinatal period in southern Africa

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UNICEF ECD Knowledge Building Seminar
Introduction

- Parental mental health impacts on child development through several pathways, the strongest of which appears to be parenting/caregiving capacity.
- Evidence suggests that the impact on children's development:
  - is linked to pregnancy, postnatal and later developmental exposures;
  - can have varying effects on children throughout the course of childhood;
  - is the result of several disorders, including but not limited to depression;
  - can result from either maternal or paternal disorders; the effects of maternal disorders on child development appear to be more direct.
- Effective interventions would likely mitigate these effects on children with significant benefit for parents, families and society.

Problem statement

• Clinical depression is highly prevalent in pregnancy amongst HIV infected and uninfected women, antenatal period is particularly high risk
• Depression is associated with lowered adherence, poor attendance at antenatal care, decreased initiation of breastfeeding, it frequently persists into to postnatal and has adverse effects on child outcomes
• Very few effective interventions which are low intensity, suited to task shifting and known to be effective
• Parents are treated as individuals with little attention given their families or children; or children are studied independently with parental HIV as a risk factors to children's mental health
Proposed Mechanisms

Depression

Interventions treating depression alone do not improve child outcomes

Rumination

Processing of infant cues → Parenting responses

Cognition

Problem solving → Health care engagement

Child development

Maternal health
Behavioural Activation (BA) for depression

• Has been shown to be as effective as Cognitive Behaviour Therapy (CBT) but much simpler
• Can be delivered by non-experts and potentially by lay counsellors and healthcare workers
• Targets behaviours that maintain or worsen depression
• Does not deal with attitudes/beliefs, which are often culturally specific – therefore transferrable/acceptable
• Components already successfully used in Zimbabwe to help with both depression and compliance to ARTs
Depressive and Behavioural Activation

Life Events/Triggers

More negative experiences, less reinforcing experiences

Less reinforcing experiences

Feel low/sad

Avoid
Do less isolate

Do not manage problems
Loss of routines
Poor self-care
BA intervention components

• Depression
• Self monitoring; Activity scheduling; Reducing avoidance; Addressing rumination
  • Core components: self-care, routines, nourishing activities, problem solving, acting from the outside in, rumination, boosters, and tool-box

• Parenting
• Activity scheduling; Focussing on child communication and parental responsiveness
  • Core components: care for development (UNICEF/WHO)
ANTENATAL STUDY PERIOD

Gestation

- 22 weeks
- 28 weeks
- 29 weeks
- 30-36 weeks
- 37 weeks

Infant age

- Day 6
- 2-8 weeks
- 12 weeks
- 4, 6 & 9 months
- 12 months

POSTNATAL STUDY PERIOD

Approach

Recruit

Baseline assessment

4 x therapy sessions

Review phone call

Birth review

Clinic-based

Home-based

Infant age

Birth

Postnatal therapy sessions

PARENTING

Child assessment

Clinic-based

Home-based
Feasibility study - aims

- Develop and test the feasibility and acceptability of a ten-session intervention targeting perinatal depression in HIV-positive women
  - Intervention to be delivered by trained fieldworkers
  - Recruit 40 mothers
  - Rural HIV-endemic community – Africa Centre for Population Health
- Scope – e.g.
  - Can the study be done?
  - Is it acceptable to participants & therapists?
- Does the proposed recruitment strategy “work”?
- How do stakeholders respond this type of intervention
- Is it feasible to scale, potential for integration
Current progress

• Materials and training package developed
• Community and service provider consultations
• Lay counsellors have been trained with excellent feedback
• Felt it was culturally appropriate and targeted to the key issues for local mothers
• Local mothers input into the development with follow-up feedback – positive and appropriate
• Recruitment and treatment under way (8/40)
• Invitation to participate in consultations:
  • contact trochat@hsrc.ac.za to participate and to join in consultations
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