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An Assessment of Training Gaps, Barriers, and Facilitators in Managing Postpartum Depression Among Healthcare Workers and Policymakers in Nairobi, Kenya, and Zomba, Malawi

Background

Despite the high prevalence of postnatal depression (PND), many healthcare workers in primary health facilities, do not have sufficient training to recognize and manage this condition effectively. The detection rate for mental disorders among clinicians is critically low, with figures standing at just 4.1% in Kenya and 0% in Malawi. Both countries recognize the urgent need to invest in training for both specialist and non-specialist healthcare providers, through task shifting and sharing. This study explores healthcare workers' knowledge, attitudes, and current practices in screening and management of postnatal depression. It focuses on identifying the training gaps related to mental health training healthcare workers face, specifically pertaining to their ability to recognize and provide treatment for PND in two primary healthcare facilities in Nairobi, Kenya, and two facilities in Zomba, Malawi.

Methods

A mixed-methods approach, consisting of online baseline survey with 4 FGDs and 6 in-depth interviews with experts in maternal mental health.

Results

Fifty-eight respondents participated in the online survey. The majority of respondents were female, with an average age of 39.1 years and 11.3 years of healthcare experience. While 63.8% recognized the term "postpartum depression" only 41.4% had formal training on the topic, and 81.0% had not received post-service training. Despite 62.1% feeling confident in providing mental health care, only 19.0% regularly interacted with PND patients. Common management strategies included counseling (86.2%) and specialist referrals (79.3%). Key barriers to effective PND management were inadequate training (85.5%), limited resources (55.2%), and mental health stigma (48.3%). The qualitative findings regarding healthcare workers' awareness of postpartum depression symptoms found, participants noted specific maternal behaviors that could indicate a need for screening. A health care worker said "We have seen someone denying their child or refusing to breastfeed; that's when we recognize this may be depression." Another said "a mother just carrying a crying baby, instead of breastfeeding him or her or soothing, she will not be bothered and her mind is not even there at the moment."

Regarding training, participants from both countries said mental health training they received was insufficient. "It was just a course on how to manage mental health issues; I cannot say it was adequate. We only learned the basics." Echoing this sentiment, another added, "Okay, what we learned in (medical school) was not adequate." The findings also identified several barriers to managing PND as lack of maternal mental health guidelines, limited funding for mental health programs, and the stigma surrounding mental health issues within both the community and healthcare systems.

Conclusion

There is a pressing need to address stigma and systemic issues surrounding maternal mental health in order to provide better support for women after childbirth. Raising awareness, educating the community, and creating open conversations on PND while ensuring support and resources are easily accessible is critical. Additionally, invest in training specialist and non-specialist healthcare providers, promote task shifting and sharing, coupled with establishing routine screening for PND, and provide low cost psychosocial and psychological therapies for women who struggle to find proper care is paramount.

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