Perinatal Mental Health in Africa: A Mini-Review of Screening, Prevalence, and Impact

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Abstract

Perinatal mental health challenges are prevalent in Africa, with estimates exceeding those observed in high-income countries. Significant obstacles in screening and care provision complicate interventions to address these challenges. This mini-review synthesises findings from relevant literature on perinatal mental health screening interventions in Africa. The review included studies on the prevalence of perinatal mental disorders, associated risk factors, existing care models, screening tool effectiveness, and the roles of healthcare providers and policymakers. As part of the methodology, academic databases such as EBSCOhost, Pubmed, PsycINFO, and CINAHL were searched using specific keywords and MeSH terms related to perinatal mental health, screening, and interventions in Africa. Boolean operators were employed to refine search results. Studies published in English within the past 15 years were included, focusing on African populations. The studies were critically appraised for methodological quality and relevance. Key findings were extracted and synthesised to provide a comprehensive overview of perinatal mental health screening in Africa. Results showed that the challenges to effective screening and care include a high burden of mental health issues, limited screening resources, and a shortage of mental health specialists and medications. Additionally, the lack of training for health workers, poorly coordinated referral systems, and stigma surrounding mental health further hinder effective screening. One in four pregnant women and one in five postpartum women in Africa experience mental health problems. To address these challenges, increasing awareness of perinatal mental health issues, training healthcare staff, developing context-specific solutions, and utilising telehealth and mobile health services are essential. These strategies could provide timely support and reduce the incidence of perinatal mental health challenges in Africa.

Keywords: a mini-review, Africa, challenges, perinatal mental health, screening, synthesis.

1. Introduction

The impact of perinatal mental health on both maternal and foetal outcome is significant globally. This review looks at perinatal mental health and screening issues in Africa.

The prevalence of perinatal mental health challenges in Africa is noteworthy, with studies indicating high rates of common mental disorders among women during the perinatal period. In sub-Saharan Africa, recent systematic reviews (Woodhead et al., 2023) found that

interventions to address these mental health issues are limited, despite the high rates of perinatal mental disorders. Lee et al. (2023) further supported this by highlighting the high risk for mental health conditions such as depression and anxiety among women in sub-Saharan Africa, influenced by factors like poverty, gender violence, and HIV.

Whereas the prevalence is known to be high, specific rates are not provided in the context of the papers reviewed. However, Buhagiar et al. (2024) did offer a specific prevalence rate for Malta, which is outside of Africa, reporting that 21.4 % of postpartum women experienced perinatal mental health disorders, according to diagnostic interviews. This figure underscores the global nature of the challenge, suggesting that African rates may be similarly high or even higher given the additional socioeconomic challenges present in many African contexts. However, the exact prevalence rates of perinatal mental health challenges in Africa are not detailed in the literature reviewed. Research consistently acknowledges that these challenges are a significant public health issue in the region. The limited evidence on effective interventions and the high-risk factors associated with mental health conditions in sub-Saharan Africa highlight the need for increased support and research in this area (Lee et al., 2023; Woodhead et al., 2023). Thus, the perinatal period represents a critical window of opportunity for identifying and addressing mental health concerns among African women. Despite the implied high prevalence of perinatal mental disorders in the region, screening initiatives for diagnosing perinatal mental health challenges in Africa appear to be limited, leading to underdiagnosis and inadequate support for the affected individuals.

The systematic review covering 32 low- and lower-middle-income countries across sub-Saharan Africa found that most interventions took a psychotherapeutic approach, with only two including a pharmaceutical component, and effectiveness was generally limited (Woodhead et al., 2023). Additionally, a pilot study in rural Kenya revealed that healthcare workers had some knowledge of perinatal depression, but there was little research on their views, indicating a potential gap in screening initiatives (Goyal et al., 2023). Furthermore, despite the significant impact of perinatal mental health issues, there is a severe shortage of mental health specialists in the region, and healthcare workers often lack specialised training in screening and managing these conditions (Nakidde et al., 2023).

Besides the high prevalence of perinatal mental health problems in South Africa, most women do not receive any care, suggesting a lack of screening and intervention programmes (Bauer et al., 2022). Moreover, less than 15 % of pregnant and postpartum women seek timely help for their mental health care, indicating possible deficiencies in screening and knowledge (Nwoke et al., 2023). Midwives also perceived barriers to screening, referral, and management of perinatal mental health issues (Bayrampour et al., 2018). However, there is an acknowledgement of the potential for Artificial Intelligence and Machine Learning to aid in diagnosis and prognosis, though their application in Africa is still in its infancy and faces contextual challenges (Ugar, Malele, 2024).

The evidence implies that screening initiatives for perinatal mental health challenges in Africa are indeed limited. There is a need for more effective screening and intervention programmes, as well as specialised training for healthcare workers to manage these conditions. The limited effectiveness of current interventions and the lack of all-inclusive care for perinatal mental health issues highlight the need for increased investment and innovation in this area (Bauer et al., 2022; Bayrampour et al., 2018; Nakidde et al., 2023; Nwoke et al., 2023; Ugar, Malele, 2024; Woodhead et al., 2023). As advocates for maternal and child health, it is imperative that healthcare providers prioritise the implementation of culturally sensitive and accessible perinatal mental health screening programmes to ensure the well-being of mothers and their infants.

2. Methods

This mini-review was informed by a review of relevant academic literature on perinatal mental health screening interventions in Africa. This review included studies that explored:
– The prevalence of perinatal common mental disorders (e.g., depression, anxiety) in Africa.
– Risk factors associated with perinatal mental disorders in Africa.
– Existing models of care for perinatal mental health screening in Africa.
– The effectiveness of screening tools for perinatal mental health in Africa.
– The role of healthcare providers, policymakers, and community stakeholders in advocating for perinatal mental health screening integration.

–Successful collaborative efforts and innovative strategies in perinatal mental health care in Africa.

Search Strategy

– Academic databases like EBSCOhost, Pubmed, PsycINFO, and CINAHL were used for the search.

– Specific keywords and MeSH terms related to perinatal mental health, screening, interventions, Africa, and cultural sensitivity were used.

– In-built search engine Boolean operators (AND, OR, NOT) were employed to refine the search and identify relevant studies.

– **Inclusion/Exclusion Criteria**

– Studies published within the past 15 years were included to ensure a good overview of information.

– Studies focusing on specific populations within Africa (e.g., Ghana, Kenya, Nigeria, and South Africa) were considered.

– Studies published in English were the primary focus.

Data Analysis

The studies were critically appraised to assess their methodological quality and relevance to the topic. Key findings from the studies were extracted and synthesised to present a full overview of the current state of perinatal mental health screening in Africa.

3. Results
Screening of perinatal mental challenges

The current landscape of perinatal mental health screening in Africa is characterised by a high prevalence of perinatal mental disorders and a significant gap in the implementation of effective screening and intervention strategies. In sub-Saharan Africa, perinatal depression was a major concern, with a severe shortage of mental health specialists, leading to more needed healthcare workers to be trained to deliver mental health services (Goyal et al., 2023). A systematic review covering low- and lower-middle-income countries in the region revealed that most interventions took a psychotherapeutic approach, with some including pharmaceutical components, and that task-shifting was a common strategy, although effectiveness was limited (Woodhead et al., 2023).

There were contradictions and interesting facts within the context provided. For instance, while the Edinburgh Postnatal Depression Scale (EPDS) and Patient Health Questionnaire-9 (PHQ-9) were cited as having the most evidence for use in sub-Saharan Africa, there was no evidence that the EPDS is effective or culturally safe among Aboriginal women in Kimberley (Kotz et al., 2016; Larsen et al., 2021). This evidence suggests that cultural adaptation is crucial for screening tools to be effective (Kotz et al., 2016; Larsen et al., 2021). Additionally, despite the high rates of perinatal mental disorders, there is a lack of research examining healthcare workers' views on maternal mental health in some African regions (Goyal et al., 2023).

Perinatal mental health screening in Africa faces several challenges, including a severe shortage of mental health specialists, limited research on healthcare workers' views on maternal mental health, and barriers to help-seeking in rural communities (Goyal et al., 2023). Additionally, evidence on the effectiveness of interventions is limited, with task-shifting approaches being common, yet services are often delivered at health facility levels rather than in communities (Woodhead et al., 2023). Although efforts to train healthcare workers and implement task-shifting approaches to address the shortage of specialists exist, there is a critical need for further research and development of culturally sensitive programmes to improve the effectiveness of perinatal mental health care (Goyal et al., 2023; Larsen et al., 2021; Woodhead et al., 2023). Despite these challenges, there are opportunities for improvement. Studies suggested that culturally adapted approaches and psychotherapeutic interventions could significantly impact outcomes, though more evidence is needed to scale up these holistic approaches effectively (Woodhead et al., 2023).

Moreover, the available literature indicated that stigma, limited resources, and a shortage of trained mental health professionals were indeed barriers to perinatal mental health screening in Africa. Goyal et al. (2023) highlight that healthcare workers in rural Kenya face barriers and stigma associated with perinatal depression, which can impede the development of mental health programmes. Similarly, Muzik et al. (2022) discussed the challenge of ensuring adequate perinatal

mental health care services globally, particularly in resource-constrained countries like those in Africa, where multiple risk factors such as poverty and violence exacerbate the situation.

Incongruities were not evident in the provided context; rather, there is a consensus that these barriers are significant. For instance, Brown and Sprague (2021) identify structural, socio-cultural, organisational, and individual factors as barriers to early identification and treatment of mental illness in the perinatal period in South Africa. Nakidde and colleagues (2023) also emphasised the lack of specialised training in maternal mental health as a major challenge for healthcare professionals in Uganda. Obviously, the literature consistently identified mental illness stigma, limited resources, and a shortage of trained mental health professionals as barriers to perinatal mental health screening in Africa (Brown, Sprague, 2021; Goyal et al., 2023; Muzik et al., 2022; Nakidde et al., 2023). Addressing these barriers is crucial for the early identification and treatment of perinatal mental disorders, which are highly treatable when detected early. The integration of mental health services into maternal care, as well as culturally sensitive training and programmes, are recommended to overcome these challenges.

Interestingly, while the challenges are pronounced, there is an acknowledgment of the need for task-shifting and the potential for healthcare workers to be trained to deliver mental health services (Goyal et al., 2023). This aligns with the common approach in sub-Saharan Africa, where task-shifting to non-specialist health workers has been employed due to the scarcity of specialists (Woodhead et al., 2023). Moreover, the hierarchical approach to managing perinatal depressive symptoms, starting with clinical resources and escalating to psychiatric referrals as needed, indicated a structured, albeit resource-limited, system in place (Goyal et al., 2023; Woodhead et al., 2023). Thus, the challenges to improving access to perinatal mental health screening in Africa include a lack of specialists, limited research, and barriers to help-seeking, with task-shifting being a common but not fully effective approach (Goya et al., 2023; Woodhead et al., 2023). However, opportunities exist to train healthcare workers and develop culturally sensitive and evidence-based interventions to enhance the effectiveness of perinatal mental health programmes (Goyal et al., 2023; Woodhead et al., 2023).

Cultural considerations in perinatal mental health screening tools

Cultural beliefs and practices significantly influenced health-seeking behaviours and perceptions among African women during the perinatal period. The literature indicated traditional beliefs, practices, and the definitions of pregnancy and motherhood shaped attitudes toward seeking antenatal and postnatal care (Atekyereza, Mubiru, 2014; Raman et al., 2016). For instance, pregnancy is often seen as a natural state that does not necessarily require medical intervention, and this perception can lead to reluctance to seek professional healthcare (Raman et al., 2016). Additionally, the role of women as mothers is culturally constructed to emphasise endurance of pain and suffering, which may discourage them from seeking help for perinatal mental health issues (Raman et al., 2016).

Contradictions arose when considering the impact of these cultural norms on health-seeking behaviour. Even though some women view pregnancy positively, associating it with joy and social status, others perceive it as a source of misery and suffering, which can deter them from accessing antenatal care (Akekyereza, Mubiru, 2014). Moreover, the stigma associated with mental health problems and the lack of culturally sensitive healthcare services further complicates the willingness of African women to seek care during the perinatal period (Leis et al., 2011).

So, cultural beliefs and practices among African women play a crucial role in shaping their health-seeking behaviours during the perinatal period. These include perceptions of pregnancy as a natural condition, cultural constructions of motherhood, and the stigma surrounding mental health issues. To improve maternal and child health outcomes, it is essential to develop culturally responsive healthcare interventions that acknowledge and address these beliefs and practices (Atekyereza, Mubiru, 2014; Raman et al., 2016).

Prevalence and risk factors of perinatal mental challenges

The prevalence of mental health disorders in the postpartum period among African populations varies across different studies (Sawyer et al., 2010) reported a weighted mean prevalence of 18.3 % for depression after birth, with anxiety rates at 14.0 % postnatally. Silverman et al. (2022) indicated an increase in poor mental health symptoms at seven months postpartum compared to shortly after birth in rural South Africa. Groves et al. (2015) highlighted that nearly one-quarter of South African women experienced intimate partner violence (IPV), which can be associated with mental health disorders,

in the first nine months postpartum. These findings suggest a significant burden of mental health issues during the postpartum period within African populations.

However, there are inconsistencies and interesting facts to consider. For instance, Sawyer et al. (2010) noted that the evidence relating sociodemographic and obstetric variables to mental health was inconclusive, indicating that the risk factors for these disorders are not fully understood. Silverman et al. (2022) also associated worsening mental health with socioeconomic factors such as food insecurity. Groves et al. (2015) emphasised the prevalence of psychological IPV, which may have distinct negative consequences on mental health.

Given this evidence, the prevalence of postpartum mental health disorders in African populations was considerable, with depression and anxiety being the most reported conditions (Sawyer et al., 2010; Silverman et al., 2022). The evidence suggested that these disorders were influenced by various factors, including socioeconomic conditions and IPV (Silverman et al., 2022; Groves et al., 2015). These findings underscored the importance of integrating mental health care into maternal and infant health policies in African countries (Sawyer et al., 2010).

The risk factors associated with perinatal mental disorders in Africa included intimate partner violence, food insecurity, physical illness, poverty, gender violence, living with HIV, psychological and psychiatric risk factors, obstetric risk factors, and social risk factors such as trauma (Le et al., 2023; Ng'oma et al., 2020; Varma et al., 2022). Additionally, socio-cultural factors, lack of social support, and a tendency towards pessimism are also identified as contributing to the risk of perinatal mental disorders (Brown, Sprague, 2021; Kaźmierczak et al., 2020). Though these risk factors were prevalent, there was a discrepancy in the impact of maternal mental health disorders on child development. One study found no significant differences in neurodevelopmental outcomes between toddlers exposed to persistent maternal mood or psychotic disorders and those without such exposure. In contrast, exposure to comorbid anxiety and mood disorders was associated with higher cognitive, motor, and language development scores (Burger et al., 2023). This suggests that the relationship between maternal mental health and child outcomes may be complex and influenced by various factors, including potential protective elements. Therefore, perinatal mental disorders in Africa are multifaceted and influenced by a combination of individual, socio-cultural, and structural factors. Addressing these risk factors requires a holistic approach that considers the diverse contexts within which African women live. Interventions should be culturally sensitive and integrated across multiple levels of healthcare delivery to effectively mitigate these risks and improve maternal and child health outcomes (Brown, Sprague, 2021; Woodhead et al., 2023).

Impact of perinatal mental disorders on maternal and child outcomes

Perinatal mental disorders, such as depression and anxiety, have significant implications for both maternal and child health in Africa. These disorders are prevalent and are associated with adverse outcomes, including impairment of infant health and development (Ng'oma et al., 2020). The literature indicated that maternal and perinatal mental disorders could lead to developmental and behavioural problems in children, potentially mediated by the programming of the hypothalamic-pituitary-adrenal axis, with increased cortisol concentrations during critical periods having long-term effects (Agapaki et al., 2022).

While the impact of perinatal mental disorders is recognised, there is a discrepancy in the knowledge of prenatal versus postnatal mental health among African mothers, with less awareness of the prenatal period and its influence on child development (Nwoke et al., 2023). Additionally, the COVID-19 pandemic has exacerbated perinatal mental health issues, with an increase in the prevalence of depression, anxiety, and self-harming thoughts among perinatal women (Buhagiar, 2021).

Therefore, perinatal mental disorders in Africa pose a substantial risk to the well-being of mothers and their children. The consequences extend beyond the immediate postpartum period, affecting long-term child development and behaviour. Addressing these disorders is crucial, and there is a need for increased awareness and integration of mental health services into maternal and child healthcare systems (Meintjes et al., 2010; Ng'oma et al., 2020). The evidence underscores the importance of culturally sensitive interventions and the potential benefits of involving extended family support, such as grandparents, in mitigating the impact of these disorders (Riem et al., 2023).

4. Discussion

Current research findings on perinatal mental health screening interventions in Africa indicate that common perinatal mental disorders, such as depression and anxiety, are prevalent and have significant implications for both maternal and infant health (Ng'oma et al., 2020). Key risk factors identified include intimate partner violence, food insecurity, and physical illness, with psychological interventions being integrated into routine maternal and child healthcare. However, the optimal model and intensity of these interventions were unclear (Ng'oma et al., 2020). In rural Kenya, healthcare workers have been found to possess varying levels of knowledge and understanding of perinatal depression, and they employ a hierarchical approach to manage symptoms, utilising clinic resources and psychiatric referrals as needed (Goyal et al., 2023).

The effectiveness of screening tools for perinatal mental health in Africa is a subject of ongoing research and debate. In Mali, West Africa, an adapted version of the Edinburgh Postnatal Depression Scale and Hopkins Symptom Checklist has been validated, indicating that Western screening tools can be adapted for local relevance (Lasater et al., 2017). However, a systematic review covering several sub-Saharan African countries found that while most interventions took a psychotherapeutic approach, the effectiveness was limited, with only three studies showing a significant impact (Woodhead et al., 2023). This suggests that while screening tools are being adapted and used, their effectiveness in improving maternal mental health outcomes may be variable.

Some studies emphasise the adaptation of screening tools to local contexts (Lasater et al., 2017; Woodhead et al., 2023), while others highlight the lack of use of validated tools in certain regions, such as the UK (Terry, 2023), and the debate over the effectiveness of universal routine screening (Laios et al., 2013). Additionally, task-shifting to healthcare workers is a common strategy due to the shortage of mental health specialists, but this often occurs at health facility levels rather than in communities (Cooper et al., 2017; Goyal et al., 2023). Despite the fact there is evidence of the adaptation and use of perinatal mental health screening tools in Africa, their effectiveness varies. The need for culturally sensitive and locally relevant tools is recognised, but the impact on maternal and child health outcomes requires further investigation. The debate over the best approach to screening and the integration of mental health care into routine maternal care continues, with more research needed to determine the most effective strategies (Laios et al., 2013; Lasater et al., 2017; Woodhead et al., 2023).

The effectiveness of models of care for perinatal mental health screening in Africa appears to be varied and somewhat limited. According to a systematic review, interventions in sub-Saharan Africa predominantly adopted a psychotherapeutic approach, with some including pharmaceutical components. However, the effectiveness of these interventions was generally limited, with only three studies showing a significant impact and just one demonstrating a large effect size (Woodhead et al., 2023). This suggests that while some models of care have been beneficial, there is a need for further evidence and support for implementing these interventions across a wider variety of countries and contexts.

Interestingly, despite the limited effectiveness of some interventions, task-shifting was a common approach, and services were often delivered at health facility levels rather than in communities (Woodhead et al., 2023). This further indicated a potential mismatch between the models of care and the accessibility needs of the population. Additionally, the burden of depression and poor maternal mental health in Africa is likely related to multiple risk factors such as poverty, violence, and disease, which may complicate the effectiveness of standard screening models (Muzik et al., 2022). On one hand, there are models of care in place for perinatal mental health screening in Africa. On the other hand, their effectiveness is not uniformly high, and there is a clear need for scaling up holistic approaches that are culturally sensitive and accessible at the community level. The evidence suggests that task-shifting and facility-based services are common, but there may be benefits to expanding community-based services and addressing broader social determinants of mental health to improve outcomes (Muzik et al., 2023; Woodhead et al., 2023).

The effectiveness of perinatal mental health screening integration strategies within healthcare systems in Africa appears to be varied and somewhat limited. Some studies highlighted that while interventions are present in several sub-Saharan African countries, their effectiveness is constrained, with only a few studies showing significant impact and even fewer demonstrating a large effect size (Woodhead et al., 2023). These authors also pointed out the common use of task-

shifting approaches, yet services are often confined to health facility levels rather than community settings, suggesting a potential gap in accessibility size (Woodhead et al., 2023).

Interestingly, Goyal et al. (2023) provided a more focused view on healthcare workers in rural Kenya, revealing that they possessed knowledge of perinatal depression and utilised a hierarchical approach to manage symptoms, which includes clinic resources and psychiatric referrals. This suggests a foundation for integrating mental health screening within healthcare systems, but the extent of its effectiveness is not fully explored in this study (Goyal et al., 2023). While there are strategies in place for the integration of perinatal mental health screening within healthcare systems in Africa, the evidence for their effectiveness is limited. The studies indicate a need for scaling up holistic approaches and improving the generation of evidence across various countries and contexts. The integration of such screening programmes is crucial, but further research and support are needed to enhance their impact and reach within the healthcare systems (Woodhead et al., 2023).

Community-based initiatives, task-shifting approaches, and technology-enabled solutions have been instrumental in expanding access to perinatal mental health care in Africa. These strategies addressed the shortage of specialised mental health professionals by empowering non-specialist health workers and community members to provide care. Task-shifting, in particular, is a common approach where responsibilities are transferred to less specialised health workers, which has been applied in various African countries (Woodhead et al., 2023). Moreover, stakeholders see integrating mental health services into primary care settings as both desirable and feasible, suggesting that such approaches can enhance the reach of mental health care (Nakku et al., 2016). However, there are contradictions and challenges to these approaches. While task-shifting is widely used, its effectiveness has been limited, with only a few studies showing a significant impact (Woodhead et al., 2023). Additionally, services are often delivered at health facility levels rather than in communities, which may limit accessibility (Woodhead et al., 2023). Furthermore, the integration of perinatal mental health care into maternal health care is still not prioritised in funding and policy despite its recognition in global health agendas (Sarkar et al., 2022). However, the effectiveness of these strategies in reducing healthcare disparities is not uniformly established. While some studies have shown significant impacts of interventions on maternal mental health (Woodhead et al., 2023), others indicate that more efforts are needed to expand the capacity and services of Access Programmes to address perinatal mental healthcare inequities (Ramella et al., 2022).

5. Implications for practice, policy and research

Healthcare providers play a crucial role in advocating for the integration of perinatal mental health screening into routine perinatal care in Africa. They are at the forefront of recognising the high prevalence of perinatal depression and anxiety disorders, particularly in sub-Saharan Africa, where there is a severe shortage of mental health specialists (Goyal et al., 2023). Providers can leverage their position to highlight the need for systematic screening and treatment, often hindered by limited resources, lack of training, and cultural barriers (Johnson et al., 2021).

Interestingly, while healthcare providers acknowledge the importance of their role in recognising perinatal depression, there is variability in their perceived responsibility to treat it, and they face significant barriers, including structural, socio-cultural, organisational, and individual factors (Brown, Sprague, 2021). These barriers are compounded in settings with culturally and linguistically diverse populations, such as among women of refugee backgrounds, where stigma and language barriers further complicate access to care (Willey et al., 2020). Notwithstanding, healthcare providers are pivotal in advocating for integrating perinatal mental health screening into routine care. They can use clinical encounters to raise awareness about the importance of mental health during the perinatal period and the need for culturally sensitive screening programmes. By doing so, they can help address the multiple barriers to care and support the development of interventions tailored to the specific needs of African populations (Brown, Sprague, 2021; Goyal et al., 2023; Woodhead et al., 2023). Providers' advocacy efforts are essential to ensure that mental health becomes routine in maternity care, ultimately improving outcomes for African mothers and children (Laios et al., 2013; Blackmore et al., 2022).

Policymakers can also be crucial in advocating for integrating perinatal mental health screening into routine perinatal care in Africa. Policies should address barriers facing mental health service provision, such as low literacy about perinatal depression among health administrators, community awareness, and cultural norms (Dadi et al., 2021). Additionally,

policymakers can influence the prioritisation of mental health services within the healthcare system, which often lacks structural support for such initiatives. Despite the recognition of the importance of mental health screening, there is evidence of insufficient policy support for physical health components in mental health plans, and routine screening for metabolic syndrome risk factors in people with severe mental illness is notably low (Mugisha et al., 2017).

Successful collaborative efforts and innovative strategies in perinatal mental health care have been documented in various settings. For instance, integrating education and primary care sectors has been instrumental in addressing the shortage of mental health services for children and adolescents, with research indicating positive outcomes from such partnerships (Arora, Bohnenkamp, 2016). Additionally, multidisciplinary approaches, which include a range of healthcare professionals, should be targeted as they have been shown to provide wide-ranging care and improve maternal mental health outcomes (Kihara, 2024).

Furthermore, innovative strategies include implementing early intervention programmes (Sarfo, 2014) and effectively improving mental health outcomes for women and infants (Myors et al., 2015). Moreover, integrated care efforts, such as the MC3 Perinatal care programme, have demonstrated success in increasing access to perinatal mental health care and improving maternal mental health outcomes, particularly in reducing anxiety and depression (Quigley, 2021). The establishment of a Perinatal Mental Health Task Force at an urban academic children's hospital has also been a successful example of systems change, leading to expanded screening and improved identification and treatment of perinatal mood and anxiety disorders (Jarvis et al., 2021).

Therefore, collaborative efforts across various sectors and adopting multidisciplinary and integrated care models have successfully overcome systemic challenges and enhanced perinatal mental health outcomes. These strategies have been supported by research and clinical examples that demonstrate their effectiveness in providing high-quality mental health care and addressing barriers to access and engagement (Arora, Bohnenkamp, 2016; Jarvis et al., 2021; Kihara, 2024; Quigley, 2021).

Interestingly, despite the high rates of common perinatal mental disorders in sub-Saharan Africa, research on interventions is limited, with most studies focusing on psychotherapeutic approaches and some including pharmaceutical components. The effectiveness of these interventions has been mixed, with only a few studies showing a significant impact (Woodhead et al., 2023). Additionally, the economic burden of perinatal mental health problems is substantial, with lifetime costs for a cohort of women and children in South Africa estimated at USD 2.8 billion, highlighting the need for investment in perinatal mental health care (Bauer et al., 2023).

Although there is recognition of the burden of perinatal mental health disorders in Africa and some efforts to integrate screening and interventions into healthcare systems, the evidence remains limited. There is a need for further research to support the implementation and scaling up of effective, culturally sensitive, and holistic approaches to maternal mental health and child wellbeing (Bauer et al., 2022; Woodhead et al., 2023). Addressing these challenges is crucial for improving the health outcomes of mothers and children across the continent (Woodhead, 2023).

6. Conclusion

Perinatal mental health challenges are significant in Africa, with prevalence estimates exceeding those in high-income countries. However, addressing these challenges requires overcoming obstacles in screening and care. Challenges to screening and care include high burden, limited screening, and scarce resources. Studies implied that one in four pregnant women and one in five postpartum women in Africa experience mental health problems. However, lack of training for health workers, poorly coordinated referral systems, and stigma surrounding mental health can hinder screening. There is also a shortage of mental health specialists and medication in many African countries. Culturally appropriate interventions and leveraging existing community support systems can be highly effective. Besides, utilising technology for remote consultations and mental health support groups can expand access to care, especially in rural areas. In the future, multi-pronged approaches that address awareness, screening, workforce development, and resource allocation will be essential to improving African perinatal mental healthcare.

7. Declarations
Ethics approval and consent to participate
Not applicable.

Consent for publication
Not applicable.
Availability of data and materials
Not applicable.
Conflict of interest statement
The author reports no conflicts of interest.
Funding
Not applicable.

8. Acknowledgements

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