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"Building back better": Task shifting is the way forward for Sri Lanka to address maternal mental health in the economic crisis

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ABSTRACT

Maternal mental health is a global priority. Like other low-and middle-income countries, maternal mental health issues are highly prevalent in Sri Lanka. While the country claims to have achieved a satisfactory level of maternal health care indicators in the Southeast Asian region, maternal mental health care remains ignored. The COVID-19 pandemic followed by the economic crisis of 2022 has worsened the situation in the country by increasing the prevalence of maternal mental health issues and limiting the availability of and capacity of the country to allocate resources for the healthcare provision for maternal mental health issues. Integrating task-shifted, non-specialist based, mental healthcare into the existing maternal healthcare programme is considered a cost-effective approach in addressing maternal mental health. In this article, we discuss the opportunities and challenges of employing task shifting to address maternal mental health issues in Sri Lanka.

1. Maternal mental health is the missing "m" in the Sri Lankan maternal and child health programme

Following the COVID-19 pandemic, there is a significant increase in mental health problems throughout the world (Organization, 2022b). For example, it is reported that the prevalence of major depressive disorders and anxiety disorders has increased by 27.6 % and 25.6 % respectively (Santomauro et al., 2021). Women and youth worldwide are at a higher risk of experiencing mental health problems, with those in Low- and Middle-Income Countries (LMICs) being disproportionately affected compared to those in High-Income Countries (HIC) (Organization, 2022b). A meta-analysis suggested a prevalence of 18.7 % and 25.1 % for anxiety and depression among pregnant women during the COVID-19 pandemic (Ghazanfarpour et al., 2022). From the reported prevalence in Asian countries, Sri Lanka recorded the highest prevalence of anxiety (17.5 %) and depression (19.5 %) among perinatal mothers (Ghazanfarpour et al., 2022; Rahimi et al., 2020). There is a high prevalence of maternal mental health conditions in Sri Lanka with a prevalence ranging from 7.5 % to 32.1 % (Patabendige et al., 2022). Maternal mental health conditions have negative impacts not only on the mother but also on the early child development of the offspring (Rahimi et al., 2020, Sim et al.,2023) and the family and society at large (Organization, 2022a). However, the National Maternal and Child Health Programme (MCH Programme) of Sri Lanka, having achieved satisfactory maternal health indicators in the Southeast Asian region, has not recognized and neglected maternal mental health conditions to be tackled. Despite evidence of the high prevalence of maternal mental health conditions in Sri Lanka during and after the COVID-19 pandemic (Fan et al., 2020), commendable attempts were made to continue MCH services, yet they missed providing adequate services for maternal mental health conditions.Within this context, maternal mental health can be considered the missing "m" in the Sri Lankan MCH Programme (Hobbs., 2024). The current economic crisis faced by Sri Lanka poses a severe threat to the prospects of introducing the "m" to MCH services in the near future. The budgetary allocations to maternal and child health programs are painfully curtailed, which is less than 1 % of the GDP for

Abbreviations: MCH programme, Maternal and child health programme; BBB, Build back better.

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the year 2023 (lanka, 2023; Ministry of Finance, 2023). In addition, there is an alarming increase in the migration of healthcare specialists in Sri Lanka. Up to date over 700 doctors including medical consultants migrated within the year 2022 (Morning, 2023) and at the moment in the country, there are less than 100 psychiatrists to treat 22 Million of the population. With scarcity of mental health specialists, rising burden of maternal mental health conditions and the economic crises, poses challenges, yet also provides opportunities to build back better for maternal mental health and mental health at large within Sri Lanka.

2. Building back better by re-imagining mental health service delivery

Given the historical neglect of prioritizing maternal mental health in the Sri Lankan MCH Programme and the current economic crisis and a scarcity of specialists in Sri Lanka, it is very clear that "business as usual" will not provide an opportunity to find a solution for this urgent public mental health need. However, this itself presents an opportunity for Sri Lanka to "build back better", a concept that originated from post-Tsunami and was embraced globally as a solution for countries to rebuild in post-crisis situations (Fernandez and Ahmed, 2019; Organization, 2013). "Build back better (BBB)" emphasizes re-imagining the service delivery to prevent being trapped in pre-disaster vulnerabilities of the system. This advocates strategically to embrace the new opportunities, and changes in mindsets that arise due to the crisis, and optimally utilize them to re-imagine the services delivery for the populations affected.

Yet, there are criticisms about the concept of BBB. Though theoretically, it sounds like a desirable goal, in practical implementation, it is easier said than done (Fernandez and Ahmed, 2019). The post-Tsunami experience of Sri Lanka is an example where re-building was not successful. A review points out that "poor coordination, political restraints, poor beneficiary identification and participation, inadequate public policies, poor expertize and knowledge, poor information and knowledge dissemination, and lack of guidance and financial control" as reasons for the failure of Sri Lanka (Fernandez and Ahmed, 2019).

This presents a challenge for the Sri Lankan policymakers and also an opportunity to learn from mistakes and strategize the BBB efforts in re-imagining maternal mental health during the economic crisis with carefully scrutinized evidence. They will have to understand why the pre-COVID and Pre-economic crisis context did not prioritize maternal mental health, and what were the barriers and bottlenecks for that. Also, they will have to look at the globally available evidence to provide successful maternal mental health interventions in low-resource settings, how such systems work, how sustainability is ensured, and what they have to do differently to implement such (Kola et al., 2021).

3. Global evidence for maternal mental health interventions in low resource settings

The World Health Organization (WHO) highlights the importance of screening, diagnosis, and management of maternal mental health conditions and integrating this into the existing MCH programs (Organization, 2022a). This is a solution for the low resource settings to utilize the existing service providers and systems rather than re-inventing services (Abdelghaffar et al., 2023). WHO proposes a "stepped care approach" to integrate maternal mental health services into the MCH service (Organization, 2022a). "Stepped care" includes a system of evidence-based interventions in an order from the least to the most resource intensive, so that the treatments can be provided according to the level of patient need. This approach will ensure that all women will receive some level of evidenced-based mental health care services while specialized care is preserved for women with greater mental health care needs.

The stepped-care approach is essential for integrating maternal mental health in a setting with low human resources. According to the WHO mental health atlas 2020, the number of mental health workers per 100,000 population in the Southeast Asian region is 2.8 (Organization, 2021). From 2014–2020, instead of an increase in the workforce, there has been a reduction from 4.8 workers to 2.8 for the 100,000 population (Organization, 2021), and this clearly shows that relying on specialists for maternal mental health care provision will not be possible in the short and longer-term.

While preserving the specialists to provide mental health care for women with greater mental health needs, the other level of mental health care can be provided by non-specialists (i.e., task-shifting). There is ample evidence on the effectiveness, feasibility, and acceptability of the provision of mental health care services by non-specialists in LMICs (Organization, 2021). The evidence base for the positive effects of psychosocial interventions delivered in the community via non-specialist health workers is increasing. Non-specialist healthcare workers can be effectively trained to deliver such interventions, under the supervision of specialists (Organization, 2013). The Thinking Healthy Programme is such an evidence-based, task-shared, WHO endorsed, brief psychosocial intervention that can be delivered via non-specialist healthcare workers including lay peers across diverse settings (Organization, 2015; Rahman et al., 2021; Sikander et al., 2019; Vanobberghen et al., 2020).

Utilization of the non-specialist health workforce comes in parallel with the use of task-shifting approaches in making mental health services accessible to a larger population. The word "task shifting" was popularized with the WHO task shifting guidelines published in the year 2008 (Organization, 2008a). As a solution for the global health workforce crisis especially in managing the HIV cases in Africa, WHO proposed to redistribute the health task rationally among the health staff, so that some of the specific tasks are shifted from highly trained health staff to less trained health staff. This way the few numbers of specialist health workforce available can be spared for most essential duties and efficient use of health staff was possible to make services more accessible to all (Organization, 2008a).

The use of primary health care staff to provide mental health services, due to the high disease burden in LMICs was a task-shifting approach suggested by the WHO in its World Health Report 2008 (Organization, 2008b). The tasks of community education, surveillance, engaging communities to access mental health services, stigma reduction, and better adherence to treatment were some of the tasks which were shifted to the primary healthcare workforce with proven results (Philip and Chaturvedi, 2018). Training non-specialist health workers is an effective strategy to facilitate task-shifting for mental health and thereby to improve mental health care provision and capacity worldwide (Caulfield, et al., 2019). Global literature provides a wealth of evidence for the improved mental health outcomes by means of task-shifted culturally adapted mental health interventions delivered by non-specialists (Galvin and Byansi, 2020; Javadi et al., 2017). A wide variety of personnel are employed in task shifting for mental health including health workforces to peer volunteers in the communities. For example, the Thinking Healthy Programme for perinatal depression is successfully delivered via peer volunteers in Pakistan and India (Sikander et al., 2015), while it is via nurses in Turkey (Boran et al., 2023) and China (Nisar et al., 2020). In trials, such non-specialists were found to be an acceptable and feasible delivery agent to the communities (Singla et al., 2021).

4. The potential of task shifting for maternal mental health in Sri Lanka

Sri Lanka experienced one of the worst disasters in 2004, the Tsunami, which mandated the country to BBB. However, the opportunity was missed due to "poor coordination, political restraints, poor beneficiary identification and participation, inadequate public policies, poor expertize and knowledge, poor information and knowledge dissemination, and lack of guidance and financial control"(Fernandez and Ahmed, 2019). Hence, the country has firsthand experience of not

building back better and how things could go wrong.

Today, Sri Lanka is facing the worst economic crisis while confronted with a burning need to escalate mental health services following the COVID-19 pandemic. This has left the country with no choice but to explore different approaches for service delivery, moving away from 'business as usual'. The specialized health staff is migrating at an alarming rate and sustaining services is becoming a problem.

On a positive note, the Sri Lankan population has a high literacy rate. The literacy rate of adult females (% of females ages 15 and above) has been estimated at 92 % in 2020 (Group, 2023). In addition, Sri Lankan people are resilient (Jayawardana et al., 2019).

Further, Sri Lanka has a very strong public health system which runs back to the year 1933. The people believe in the public health system which has contributed to the massive maternal and child health achievements the country has received so far. Public health midwives, the grass root level health workers of the Sri Lankan primary health care system deliver maternal & child health care at the doorsteps of every household. There is high community acceptance for them, and people consider them trustworthy. Public health midwives have been introduced tools to screening of women for postpartum depression. In a knowledge sharing forum conducted by the authors of this paper, public health midwives expressed their interest in being trained in mental health care. Given that, Sri Lankan existing health care system already has non-specialist health workers who can be mobilized to deliver maternal mental health care through task-shifting.

Task shifting is also not a new approach used within the Sri Lankan health system. For example, The National STD/HIV aids program of the country had been successfully utilizing the peer leader method for tracing and treating HIV-infected people. Within this context, we propose task shifting as the way forward for Sri Lanka to address maternal mental health ever increasing burden, amidst the economic crisis.The country has an effective primary health care task force, and Sri Lankan women and mothers are literate, further, we have learned lessons, and we know where things can go wrong.

When building back better with the task-shifting approach, it is imperative to recognize task-shifting within a system-wide intervention. Rather than just focusing on it as a local solution, exploring the potentially far-reaching implication when this approach is introduced is necessary for sustainability as well as for a national-wide scale-up.

5. Challenges for task shifting to address maternal mental health issues in Sri Lanka

Despite task shifting has been an effective approach for mental healthcare provision especially in settings where there is a huge shortage of mental health care specialists, it is also not coming without implementation challenges like issues in achieving universal like coverage, quality, etc. Task shifted mental health interventions are evident to be feasible and effective, however, successful scaling up of the interventions are less evident (Spedding et al., 2014). Maintaining the fidelity of the interventions is another challenge identified in literature.

However, it is important to understand that such implementation challenges are universal – not specific to task shifting. On the other hand, Sri Lanka is in highly advantageous position in overcoming such challenges with its well-established primary care system which can easily adopt a stepped care approach for task-shifting in maternal mental health care delivery. Sri Lankan primary care system has universal coverage throughout the country and public health midwives are well positioned to deliver task shifted mental health interventions in community settings.

6. Conclusion

In conclusion, while proposing task shifting is the way forward for Sri Lanka to address maternal mental health in the economic crisis, we urge the policymakers to create a discourse to build back better for maternal mental health specifically and mental health broadly within Sri Lanka.

Author Contributions

OSJ conceived the paper. OSJ and AH prepared the drafts. All authors reviewed drafts of the paper and approved the final version.

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CRediT authorship contribution statement

Atif Rahman: Writing – review & editing, Supervision. **athula Sumathipala:** Writing – review & editing, Supervision. **Asiri Hewamalage:** Writing – review & editing, Writing – original draft. **Siham Sikander:** Writing – review & editing, Supervision. **Oshini Sri Jayasinghe (also known as 'V P K K Jayasinghe'):** Writing – review & editing, Writing – original draft.

Declaration of Competing Interest

The authors declared that there is no conflict of interest.

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