

## Box 1 Case study: Five-Pillars (5-PA) Approach to Maternal Psychosocial Well-Being

5-PA is derived from the Thinking Healthy Programme (THP), a cognitive-behaviour therapy-based psychosocial intervention for mothers with depression and their infants. THP was a targeted intervention for women suffering from perinatal depression and their infants and was delivered by community health workers (CHW) in rural Rawalpindi, Pakistan. In a randomized controlled trial to evaluate the approach there were impressive improvements in maternal depression and functioning compared with controls (6), and THP was adopted by the World Health Organization as a first-line low-intensity treatment for perinatal depression (see [http://www.who.int/mental\\_health/maternal-child/thinking\\_healthy/en/](http://www.who.int/mental_health/maternal-child/thinking_healthy/en/))

5-PA is an adaptation of the THP to integrate it into a child nutrition and development programme (5). Thus, it is an example of the delivery of mental health care to mothers and infants through an MCH platform. The adaptation targets not only depressed women but all mothers during pregnancy and in the 2 years after giving birth.

The key feature of the approach is that it is integrated into, and facilitates the delivery of, a CHW-delivered intervention for early child nutrition and development. Thus, whenever the CHW delivers a session for child nutrition or development, she uses the 5P approach to both strengthen the key message as well as provide the psychosocial intervention. In practice, the approach works as follows:

**Pillar 1. Family support.** An initial home visit emphasizes family participation, and the training manual gives specific instructions on how this can be facilitated. Family members are encouraged to be active partners for the whole duration of the programme. Strategies to engage key decision-makers, such as mothers-in-law and husbands, are emphasized.

**Pillar 2. Empathic listening.** Each session begins in an open-ended fashion, with the CHW allowing the woman to talk freely. She uses active listening skills to convey empathy and makes a list of problems the woman faced in performing the desired behaviours that the CHW might have suggested in her previous visit.

**Pillar 3. Guided discovery using pictures.** Each new health message related to play, stimulation or nutrition is conveyed using this approach. Using carefully researched pictures, the CHW discusses both undesired and desired behaviours. She is trained not to impose her views but to allow the mother and family to consider each viewpoint and come to their own conclusions. The idea is that the basis of any behaviour change begins at the cognitive level.

**Pillar 4. Behavioural activation.** Once the message is received and accepted, the activities related to it have to be made manageable so that a sense of mastery is achieved. The training manual has suggestions for how each nutrition or play-related task can be broken down and monitored with the help of family members.

**Pillar 5. Problem-solving.** The CHW spends time discussing the problems the woman faced in carrying out the tasks suggested in the previous session (see Pillar 2). She discusses possible solutions, which she can generate through discussion with the family or through her supervision.