

Costing Perinatal mental health and understanding cost-effectiveness

*A research project Oct.2013-
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Centre for
Mental Health



Context

- Perinatal: Pregnancy - 12 months after birth
- A range of conditions in their own right: Perinatal depression, anxiety, stress, psychosis
- For example, 13% in general population; far above 20% in lower socio-economic groups (Gavin et al 2005)
- (Short-term) impact on quality-of-life for mothers (Morrel *et al.* 2010, Bauer *et al.* 2011)
- Long-term impact on children (Hay *et al.* 2001, Murray *et al.* 2010a;b)
- Substantial costs associated with child development problems leading into adulthood (Scott *et al.* 2010, McCrone *et al.* 2004, Romeo *et al.* 2006, Knapp *et al.* 2011)

Background to the project

- Maternal Mental Health Alliance (MMHA), > 40 organisations
- Comic Relief funding (£250k) for 3 years national campaign: Maternal Mental Health –Everyone's Business
- For increased access to expert mental health care during pregnancy and post-natally in line with NICE guidance
- Economic work by PSSRU and CMH: study (1 year; 30k) to estimate the costs that occur because the conditions are to a large extent not detected or treated, and outlining cost-effectiveness of interventions

Research outline

Part1a Reviewing evidence

- Studies which report: costs, resource use, associations
- Search strategies: PRAGMATIC (!), snowballing, call for evidence to members of MMHA
- Brief quality appraisal and information extraction

Part 1b Cost-of-illness analysis

- Decision about scope
- Cost calculations (valuing existing cost estimates at 2012/13 prices, assigning unit costs to resource use and linking resource use to outcomes)
- Modelling longer-term consequences
- Reference group
- NICE reference case (for public health)

Research outline (continued)

Part 2 Analysing cost-effectiveness

- Data sources: Reviews of evidence, single (cost-) effectiveness studies, routine data from ongoing studies
- Developing ranges for effectiveness and costs of interventions
- Combining findings Part 1&2

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References

Bauer A, Knapp M, McDaid D (2011), Health visiting and reducing post-natal depression, In: *Mental health promotion and mental illness prevention: The economic case* (ed. Knapp M, McDaid D, Parsonage M), pp. 4-5. Department of Health, London.

Gavin NI, Gaynes BN, Lohr KN, Meltzer-Brody S, Gartlehner G, Swinson T (2005). Perinatal depression: a systematic review of prevalence and incidence. *Obstetrics & Gynecology* 106:1071-83.

Knapp M, King D, Healey A, Thomas C (2011), Economic outcomes in adulthood and their associations with antisocial conduct, attention deficit and anxiety problems in childhood; *Journal of Mental Health Policy Economics*; 14:137-47

Morrell CJ, Warner R, Slade P, Dixon S, Walters S, Paley G, Brugha T (2009), Psychological interventions for postnatal depression: cluster randomised trial and economic evaluation: the PoNDER trial. *Health Technology Assessment*; 13:1-153.

Murray J, Irving B, Farrington DP, Colman I, Bloxsom CAJ (2010a), Very early predictors of conduct problems and crime: results from a national cohort study. *Journal of Child Psychology and Psychiatry*; 51:1198-207.

Murray L, Arteche A, Fearon P, Halligan S, Croucade T, Cooper PJ (2010b), The effects of maternal postnatal depression and child sex on academic performance at age 16years: a developmental approach. *Journal of Child Psychology and Psychiatry* 51:10,1150-1159

Kiernan KE, Huerta MC (2008), Economic deprivation, maternal depression, parenting and children's cognitive and emotional development in early childhood. *British Journal of Sociology*; 59: 783-806.

Romeo R, Knapp M, Scott S (2006), Economic cost of severe antisocial behaviour in children - and who pays it. *British Journal of Psychiatry*; 188: 547.

Scott S, Knapp M, Henderson J, Maughan B (2001), Financial cost of social exclusion: follow up study of antisocial children into adulthood. *British Medical Journal*; 323: 1-5.