

Mental health interventions in pregnant women and new mothers have multiple benefits

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There are clear economic and societal arguments for investing in mental health interventions for women during pregnancy and immediately after birth, a new report by the Personal Social Services Research Unit

(PSSRU) at the London School of Economics and Political Science suggests.

Preventative measures and initiatives targeted at women already experiencing mild, moderate and severe mental illness can deliver benefits. But, as the report emphasises, the economic and societal benefits also need to be considered in the long term.

The study, funded by NHS England, concludes that investing in a comprehensive range of interventions is likely to offer good value for money.

Net benefits

More than one in 10 women experience depression and associated issues during pregnancy and the year following birth. The study reviewed evidence on recent 'best-practice' interventions in the UK and nations such as Canada, the US and Australia – chiefly randomised clinical trials (RCTs) aimed at reducing [mental health](#) problems during the [perinatal period](#).

It set out to assess the interventions' net benefit, first by weighing their costs and differences in service use between participants and control groups, against improved outcomes for mothers and children and health and social care savings. This health and social care net benefit was then reassessed from a governmental viewpoint, factoring in averted educational and criminal justice costs and, finally, from a wider societal perspective.

Annette Bauer, PSSRU Research Fellow and the lead researcher on the study, said: "Each of the interventions included in our economic analysis led to positive net benefits for pregnant women and also from a societal perspective."

Other key findings include:

- All interventions achieved benefits from a health and social care perspective. The small costs associated with these measures, which included parenting education, peer support and 'healthy lifestyle' advice, meant that even relatively minor effects resulted in economic benefits;
- Interventions targeting women experiencing mild problems – such as facilitated self-help and group-based CBT – achieved positive net benefits from a health and social care perspective when initiated during the antenatal period and provided either during the antenatal or the whole perinatal period;
- Interventions aimed at moderate and severe symptoms often required an initial investment from government or by the independent sector to improve individuals' health and wellbeing (and provide a return on investment from a societal perspective). They included intensive psychological support and multi-disciplinary measures. Some of those more costly interventions provided substantial benefits for mothers and children, in relation to quality of life and earning ability;
- While wider [societal benefits](#) were most pronounced, many of the interventions assessed made strong economic cases both from governmental and health and [social care](#) perspectives. Crucially though, most net benefits would be realised over the medium to long term. The longer-term economic advantages should be borne in mind when considering investment to prevent or address the mental health needs of mothers during the perinatal period.

The study also highlights that interventions were best provided as part of collaborative care approaches that include screening and early identification, and that – in England – midwives and health visitors play an important role in this.

Limitations and evidence gaps

The PSSRU study identified a number of limitations and evidence gaps, which provide context for its findings. These include:

- Challenges in evaluating interventions around severe mental illness, given the ethical problems around setting up 'control' groups who effectively do not receive treatment;
- The study's focus on interventions that used mothers' mental health as their primary outcome, to the exclusion of others that address related risk factors such as substance misuse or intimate partner violence;
- Inconsistencies in the nature and depth of information available relating to each intervention;
- The fact that RCTs were prioritised, meaning that other research types where results are harder to demonstrate were not considered.

Annette Bauer said: "It is important to frame our findings in the context of these limitations, and consider existing gaps in the evidence and the scope of our study. However, the evidence suggests that all interventions focusing on perinatal mental health that we examined had the potential to provide good value for money. The study provides useful evidence to commissioners to support greater investment in services for the prevention of, and support for, perinatal mental health."

Provided by London School of Economics

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