



The economic case for investing in perinatal mental health

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Background: health economics evidence

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- Quantifying the scale and cost of a problem
- Economic analysis of interventions

Intervention: the commissioner's questions

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- Does it work?
- Is it good value for money?
- Can I afford it?

Value for money

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- Treatment of health gains
- Perspective (society, public sector, NHS)
- Time period

Perinatal mental health

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- Scale and cost of perinatal mental health problems
- Current service provision
- Cost of a good service

Scale and cost (1)

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- ❑ Mental health problems affect up to 20% of women in the perinatal period
- ❑ These problems have adverse effects on the mother and the child
- ❑ The adverse effects on the child can have lifetime consequences and costs

Scale and cost (2)

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- The total long-term cost to society of perinatal depression, anxiety and psychosis is c.£8.1 billion for each one-year cohort of births in the UK
- This is equivalent to a cost of c.£10,000 for every single birth in the country, including £1,500 falling on the NHS
- 72% of the cost relates to adverse impacts on the child rather than the mother

Current service provision (1)

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- A very favourable opportunity to intervene:
 - epidemiology is well established
 - those at risk are routinely in contact with the NHS
 - the benefits of intervention are particularly high
 - interventions of at least moderate effectiveness are available for nearly all perinatal mental health problems
 - long-standing guidance is available on what services are needed and how they should be organised

Current service provision (2)

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□ Universal services:

- of all cases of perinatal depression, only 40% are detected and diagnosed
- of those recognised, only 60% receive any form of treatment
- of those treated, only 40% are adequately treated
- in combination, for every 100 cases of perinatal depression, only 10 are adequately treated

Current service provision (3)

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□ Specialist services:

- less than 15% of localities provide specialist perinatal mental health services at the full level recommended in national guidance

- more than 40% provide no specialist services at all

Current service provision (4)

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□ Commissioning:

- just 3% of CCGs have a strategy for commissioning perinatal mental health services

- 60% have no plans to develop one

Cost of a good service (1)

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- Estimated cost of bringing services up to the level and standard recommended in national guidance = c.£400 per birth
- Extra spending of £280 per birth required in universal services and £120 per birth in specialist services
- 3,250 births a year in an average CCG, so cost of service improvement = c.£1.3m a year (less than 0.3% of the overall budget)

Cost of a good service (2)

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- Costs of extra provision = £400 per birth
- Total potential benefits = £10,000 per birth, including £1,500 savings in NHS expenditure
- Even relatively modest improvements in outcomes would be sufficient to justify the extra spending on value for money grounds