Global Economics in Maternal Mental Health (GEMMH)*

Dr Annette Bauer, Associate Professorial Research Fellow, LSE & GEMMH Lead

* Linked to the Global Perinatal Mental Health Group @ LSE Global Observatory for Long-term Care (GOLTC)

GEMMH Webinar series 2026

Part 1: 5 May 13:00 -14:30 UK (BST) time

Making the Case for Investment in Perinatal Mental Health: A Practical Cost Calculator Demonstration

Part 2: 29 June 12:00-13:30 UK (BST) time

Developing and using economic evidence to inform policy making in perinatal mental health: Country studies

Part 3: 28 September (Time to be confirmed)

Vision: Creating a community of practice and work programme for developing and using economic evidence in perinatal mental health

1st GEMMH Webinar: Agenda

1. GEMMH: Overview & survey results
2. Role of economic evidence in decision making
3. Making the case for investment: Overview of research and policy work
4. Role of decision–making tools: Introduction to the Cost Calculator tool and how to use it
5. Next webinar

LSE CPEC CARE POLICY & EVALUATION CENTRE

Global Economics in Maternal Mental Health project: From evidence to country-level action

Initial work (UK; 2014 onwards)

Cost consequences & impact analyses, subsequent cost-effectiveness / benefit analyses, funders: UK government & NGO

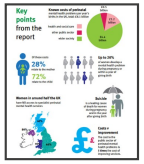
Core development (Global South; 2019 onwards)

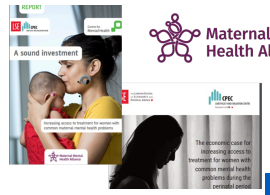
Cost impact & benefit analyses in four countries (Brazil, South Africa, Pakistan and Malawi) with Global Alliance for Maternal Mental Health, funders: US-based NGO: Open Society Foundations

Current/ future phase (2024 onwards)

Scaling tools & country application (Thailand), website development; funders: LSE Knowledge Exchange & Impact & UKRI

Network with partners/ community of practice





Maternal Mental Health Alliance

ROYAL FOUNDATION
EARLY CHILDHOOD

NHS England

GLOBAL ALLIANCE FOR MATERNAL MENTAL HEALTH

AAMMH
African Alliance for Maternal Mental Health
Educate. Advocate. Act.

Perinatal Mental Health Project
Caring for Mothers, Caring for the Future

PAM Foundation

Parent-Infant Research Institute
STePPS

chime

RISEUP-PPD
Research Network in PeriPartum Depression Disorder

GOLTC
GLOBAL OBSERVATORY OF LONG-TERM CARE

GEMMH – Who's who?

Annette Bauer (Lead of GEMMH)

Care Policy and Evaluation Centre, London School of Economics and Political Science, International

Dr Annette Bauer is Associate Professorial Research Fellow in the Care Policy and Evaluation Centre at the London School of Economics and Political Science.

Her research is driven by a desire to develop and apply methodologies that can produce evidence and knowledge useful to those making or informing decisions about how resources are spent to improve population wellbeing. Her research on the Cost of Perinatal Mental Health Problems informed national policy in the UK and internationally. She has since led the development of research and practical tools to help inform decision-making in perinatal mental health.

Contact Annette

Martin Knapp

LSE, United Kingdom

Martin Knapp is Professor of Health and Social Care Policy at the London School of Economics and Political Science (LSE), based in the Health Policy Department. He is also a Professorial Research Fellow in the Care Policy and Evaluation Centre (CPEC; formerly PSSRU) at the LSE. Since 2023, Martin has been Programme Director for the Research Programme for Social Care, part of the National Institute for Health Research (NIHR) in England

Contact Martin

Alain Gregoire

Global Maternal Mental Health Alliance , United Kingdom

Dr Alain Gregoire is a Perinatal Psychiatrist, Director and Chair of the Global Alliance for Maternal Mental Health Alliance, former Chair and Honorary President of the UK Maternal Mental Health Alliance, and Visiting Professor at LSE.

Alain has contributed to the development of policy, guidance, and clinical services in the UK and abroad. He is determined to ensure that all women have access to care for their mental health, which is at least as good as the care available for their physical health during pregnancy and postnatally.

Contact Alain

Simone Honikman

University of Cape Town, South Africa

Dr Simone Honikman is Director of the Perinatal Mental Health Project, and Associate Professor at the University of Cape Town.

Simone is a medical doctor and has been designing perinatal mental health services and leading perinatal mental health research projects in South Africa for more than 20 years. She has co-developed the WHO guidelines on perinatal mental health. She builds the capacity of practitioners and is a co-founder of the African Maternal Mental Health Alliance.

Contact Simone

Jane Fisher

Monash University, International

Professor Jane Fisher is Director of Global and Women's Health and Head, Co-Director Planetary Health Division, School of Public Health and Preventive Medicine at Monash University.

Jane's research focuses on the social determinants of health, with particular attention to gender-based risks to mental health, fertility, pregnancy, the perinatal period, and chronic diseases, as well as parenting and early childhood development in diverse settings. She has led major epidemiological studies and intervention trials in Australia, Vietnam and Nepal, and has supervised over 50 postgraduate candidates. She also serves as a technical advisor to international agencies, including WHO, UNICEF and UNFPA.

Contact Jane

Hamish Magoffin

Pranaiya and Arthur Magoffin Foundation, Thailand

Hamish Magoffin is the Founder of the Pranaiya & Arthur Magoffin Foundation ("PAM Foundation"), which he created in memory of his late wife and son to assist families that are affected by perinatal mental health conditions.

Contact Hamish

Shanon McNab

International Public Health Consultant, Thailand

Shanon McNab is a global sexual and reproductive health and rights (SRHR) technical advisor and researcher with nearly 20 years of experience leading and advising programs across development and humanitarian settings. She has worked for international NGOs, governments and academic institutions to design, implement, and evaluate rights-based, evidence-informed SRHR initiatives. Shanon is a thought leader in identifying country-level needs, co-creating scalable solutions with local and national level partners, and enhancing outcomes across a range of SRHR technical areas. She is Committed to advancing gender equality and the right to good physical and mental health for all women and girls.

Contact Shanon

Sam Stevens

Programme developer, United Kingdom

Sam Stevens is a data scientist with a focus on applying quantitative analysis to inform policy and operational decision-making. He is currently














HOME ABOUT COST CALCULATOR RESOURCES WHO'S WHO

LSE CPEC CARE POLICY & EVALUATION CENTRE

GLOBAL ECONOMICS IN MATERNAL MENTAL HEALTH [GEMMH]

GLOBAL PERINATAL MENTAL HEALTH INTEREST GROUP

Hosted by the Global Observatory of Long Term Care [GOLTC]

This group brings together researchers and people working in or interested in perinatal mental health research – such as practitioners, individuals with lived experience, and policy advisors. Members exchange evidence, research insights, and ideas on how to invest in and scale up treatment and support globally, despite resource constraints and system challenges.

Full details about this group can be found on the GOLTC site →
Add your profile to GOLTC to join the group →

Search:

First Name	Last Name	Organisation	Link to GOLTC Profile
Marilyn	Ahun	McGill University	View full profile →
Annette	Bauer	Care Policy and Evaluation Centre, London School of Economics and Political Science	View full profile →
Nicole	Blackburn	Ulster University	View full profile →
Caterina	Ceccarelli	Vrije Universiteit Amsterdam	View full profile →
Genesis	Chorwe-Sungani	Kamuzu University of Health Sciences	View full profile →
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Adelina	Comas-Herrera	Care Policy and Evaluation Centre, London School of Economics and Political Science	View full profile →
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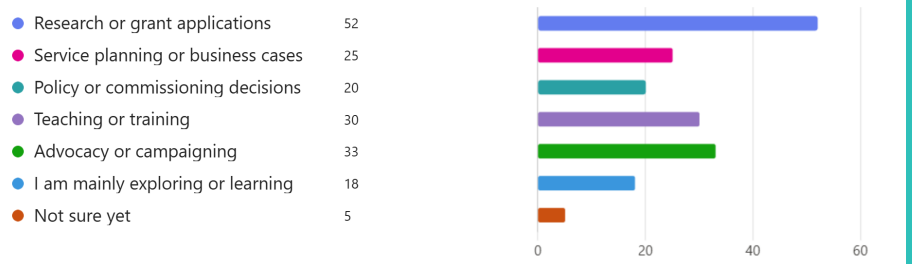
Angeles	Diaz Caneja	Servicio Murciano de Salud	View full profile →
Marine	Dubreucq	Department of Women's and Children's Health, Uppsala University	View full profile →
Jane	Fisher	Monash University	View full profile →
Leena	Forma	University of Eastern Finland	View full profile →
Vivette	Glover	Imperial College London	View full profile →
SOUMILI	HAZRA	Independent researcher	View full profile →
Yafit	Hirshler	Parent-Infant Research Institute	View full profile →
Simone	Honikman	Perinatal Mental Health Project, University of Cape Town	View full profile →
Hannah	Hopson	University College London	View full profile →
Nusrat	Husain	University of Manchester	View full profile →
Tarela	Ike	Teesside University	View full profile →
Shariful	Islam	Parent Infant Research Institute	View full profile →
Jingjing	Jiao	Central South University	View full profile →
ABHIJITH	Jose	World Health Organization India	View full profile →
Eeva-Leena	Kataja	University of Turku, Finland	View full profile →
Phatta	Kirdruang	Thammasat University	View full profile →
CHARLENE	LERAITRE	University of Caen (France)	View full profile →
huiling	li	Ssungkyunkwan university	View full profile →
Emily	Lovett	Edge Hill University	View full profile →
Hamish	Magoffin	Pranaiya & Arthur Magoffin Foundation	View full profile →
Moroesi	Makhetha	Institute for Life Course Health Research (ILCHR), Stellenbosch University	View full profile →
Michel Rutendo	Mandiopera	Soul Canvas Creations	View full profile →
Debbie	Mitchell	European Doula Network	View full profile →
Sandra	Nakić Radoš	Catholic University of Croatia	View full profile →
Jonny	Oglesby	ADASS Y&H	View full profile →
Rocio del Pilar	Ramirez	Universidad Nacional Mayor de San marcos / Instituto Nacional de Salud Mental	View full profile →
Amrita	Roy	O. P. Jindal Global University	View full profile →
Nazak	Salehi	Care Policy and Evaluation Centre, London School of Economics and Political Science	View full profile →
Tatiana	Salisbury	King's College London	View full profile →
Cheng	Shi	Lingnan University	View full profile →
Robert	Stewart	University of Edinburgh	View full profile →
Lauren	Stewart	School of Psychology, Roehampton University	View full profile →
Natalie	van Winckel	Ternity Group	View full profile →
Anke	Witteveen	Vrije Universiteit, department of Clinical, Neuro-, and Developmental Psychology	View full profile →

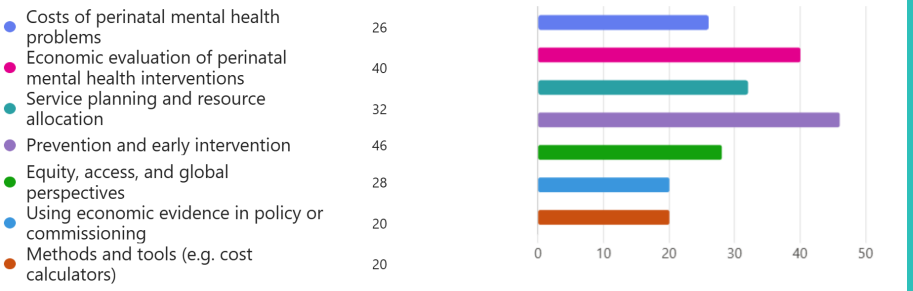
Showing 1 to 42 of 42 entries

GEMMH: Survey responses

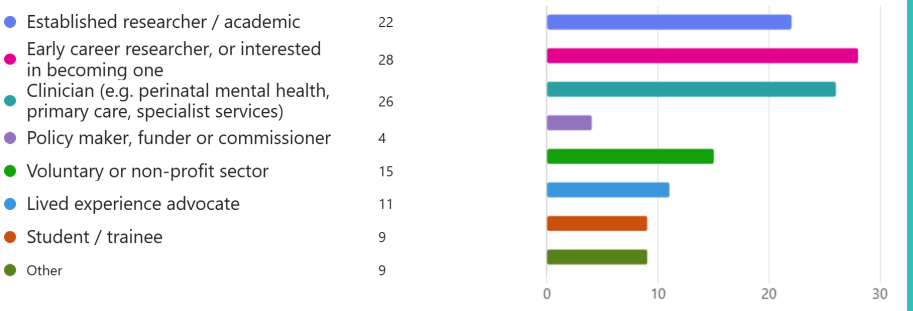
How might you use this resource?



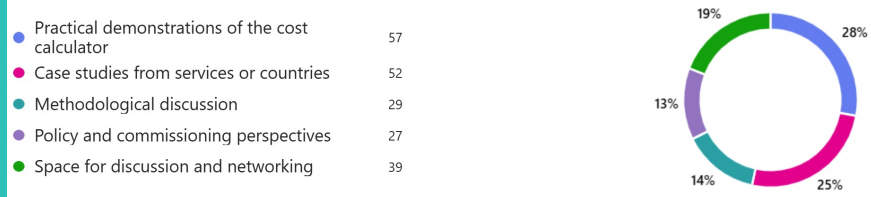
What aspects of the economics of perinatal mental health are you most interested in?



Which of the following best describes you?



What would make a webinar series most useful for you?



Would you be interested in giving a future seminar on perinatal mental health from an economic perspective?

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1. GEMMH: Overview & survey results
2. Role of economic evidence in decision making
3. Making the case for investment: Overview of research and policy work
4. Role of decision–making tools: Introduction to the Cost Calculator tool and how to use it
5. Next webinar

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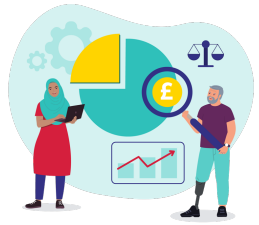
Different types of economic evidence can inform different decisions



‘Cost-of-illness’ or **cost impact** studies – examine disease burden to raise awareness of the overall impact *

Cost-effectiveness, cost-utility, cost-benefit, cost-minimisation – examine value for money: Is it worth it?

Cost-offset, budget impact, return-on-investment studies – examine current or future affordability and/or efficiency of an investment – to inform scaling decisions

Each type requires design choices that influence results:

Cost perspective: Government, individual, societal (=individual + government)

Time horizon: short (trial); long (model)

Outcomes: value in natural or monetary units

Others: Discount rate

* Focus of today’s webinar

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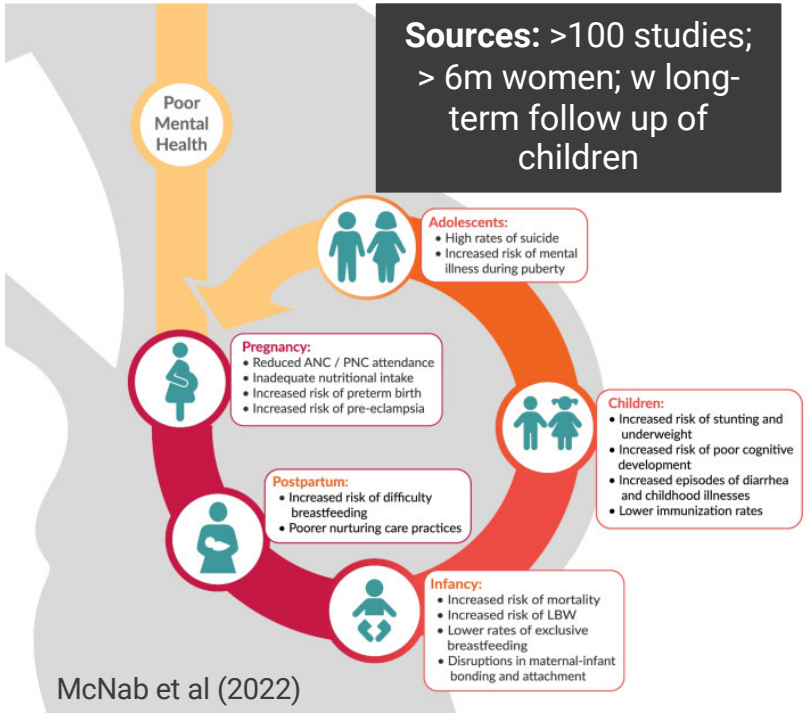
Costs of untreated perinatal mental health problems: An intergenerational lifetime perspective

Mothers' mental health problems:
1 in 5



McNab et al (2022)

£

UK example: £8.1 billion per birth cohort

Government: 20%

Health- and social care, Education, Criminal justice

Wider Society: 80%

Life years lost, Losses in quality of life

Productivity / income losses

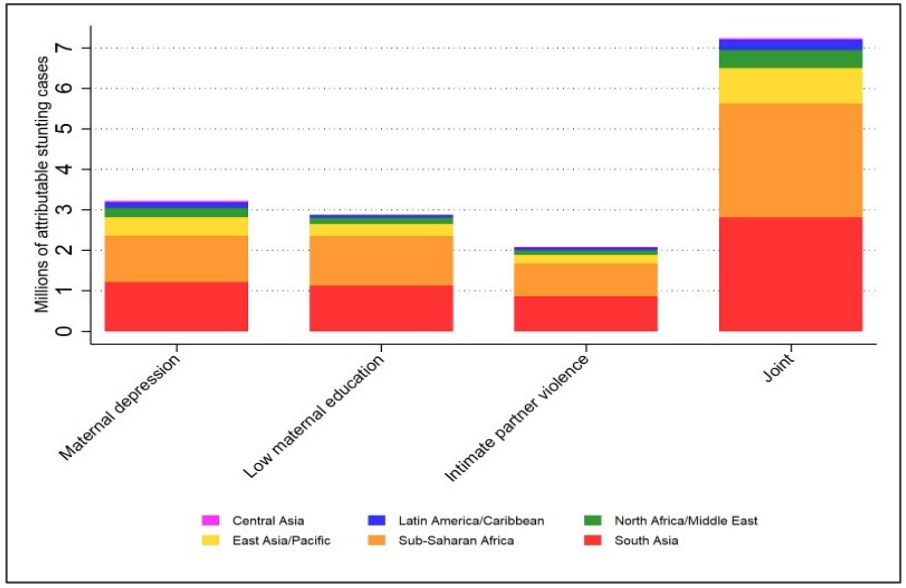
Out of pocket expenditure

Prevalence and child impacts similar across country contexts for severe mental illness but different for common mental health problems

Perinatal mental health problems in resource poor settings: Prevalence up to 1 in 2 & stunting can be a main child impact

Social determinants of maternal mental health

- Poverty
- Gender discrimination
- Substance abuse
- Lack of social support
- Violence
- Natural disasters
- Conflict



Maternal depression is responsible for **3.2 million** cases of stunting

Smith Fawzi et al. (2019) Lifetime economic impact of the burden of childhood stunting attributable to maternal psychosocial risk factors in 137 low/middle-income countries. *BMJ Glob Health*.

Our approach: Working with experts and alliances to increase relevance, acceptability & feasibility

Most economic evidence goes unused.

Often misses the relevant problem.

Not timely for decision-making needs.

Not understood by or acceptable to decision-makers.

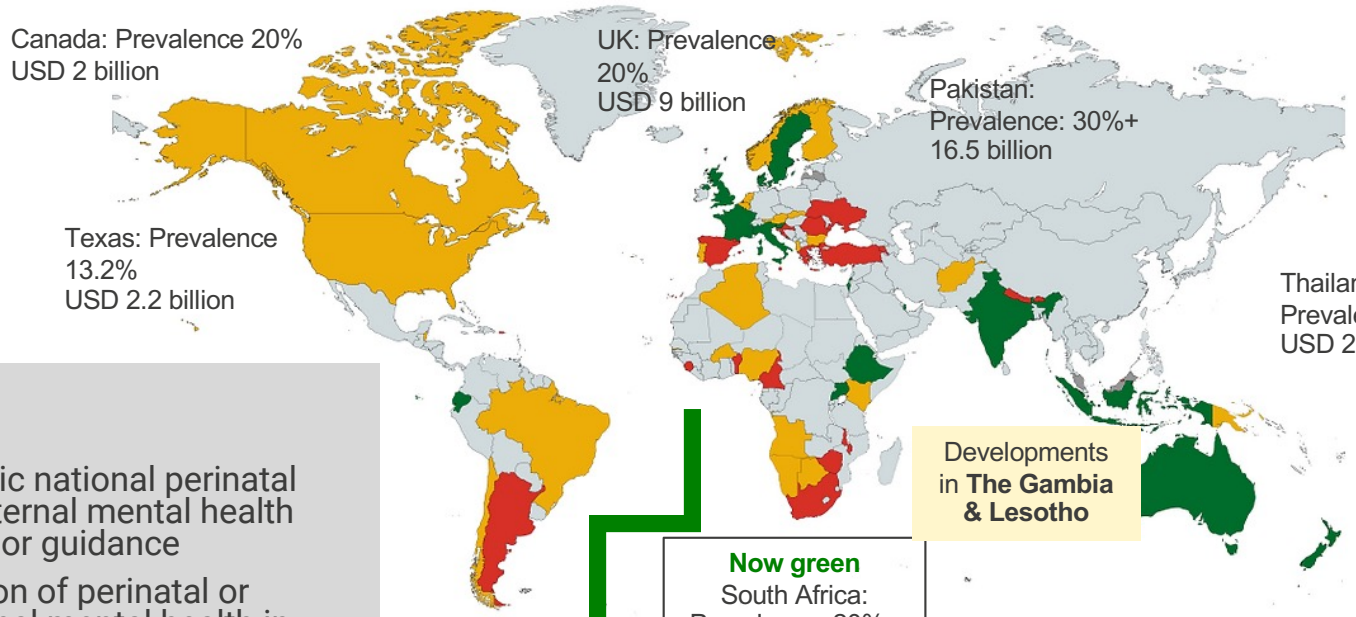
Experts inform or lead:

- Scope of the analysis
- Parameter choices
- Data sources
- Additional data
- Stakeholder engagement
- Contextualisation of findings

Kumar et al. Participatory economic approaches in global health evaluations The Lancet Global Health, 11, e1001-e1002
Gibbs et al. Stakeholder Engagement in the Development of Public Health Economic Models: An Application to Modelling of Minimum Unit Pricing of Alcohol in South Africa. Appl Health Econ Health Policy 21, 395–403 (2023).

Cost impact data can directly inform maternal mental health policies

Global Alliance for Maternal Mental Health; https://www.gammh.org/global-policy-map



Thailand: Launch of cost report in Bangkok on 4th June

Specific national perinatal or maternal mental health policy or guidance

Mention of perinatal or maternal mental health in national policy or guidelines

No national perinatal maternal mental health policy

No data

Developments in **The Gambia & Lesotho**

Now green
South Africa:
Prevalence: 20%+
USD 2.9 billion

Now green
Ghana
Costing using the Cost Calculator tool is work in progress

Making the investment case globally: Cost findings in comparison

Country	Cost, in USD billion	Prop costs linked to children, in %	Cost per woman giving birth, in USD	Cost as prop. GDP per capita
Brazil	4.9	36	1,700	20%
Pakistan	16.5	11	2,280	150%
South Africa	2.9	54	2,800	40%
Thailand	2.1	45	3,253	40%
UK	9	60	9,800	30%

Bauer et al (2016). Lifetime costs of perinatal anxiety and depression. JAD.; Bauer et al The lifetime cost of perinatal mental heath problems in Brazil. JAD 2022; Costs of common mental health problems in South Africa; 2022 Global Mental Health; Economic cost of perinatal depression and anxiety in a lower middle-income country: Pakistan, JAD 2024;

1st GEMMH Webinar: Agenda

1. GEMMH: Overview & survey results
2. Role of economic evidence in decision making
3. Making the case for investment: Overview of research and policy work
4. Role of decision–making tools:
   - The use of cost benefit analyses and tools
   - Guide to the Cost calculator tool:
     - Modelling approach
     - Key resources
     - Process
5. Next webinar

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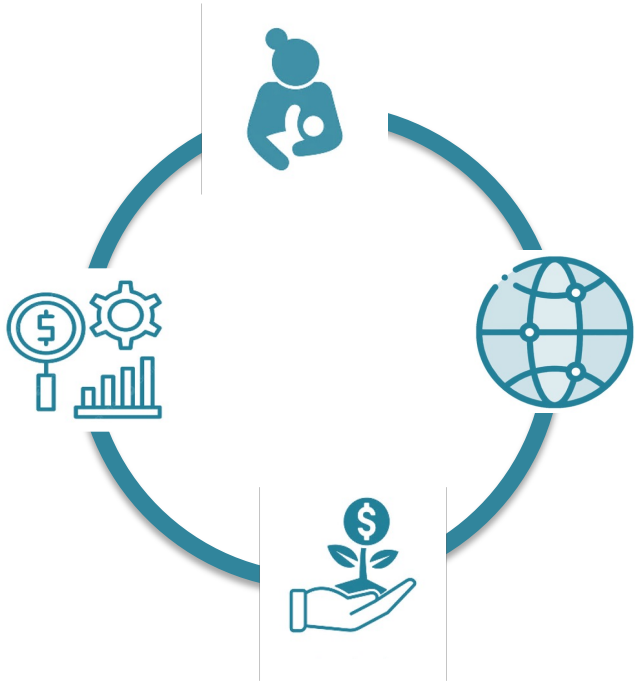
Developing Cost and Cost Benefit Calculator Tools: WHY?

Can enable relatively quick/ easy-to-do country-specific economic analysis

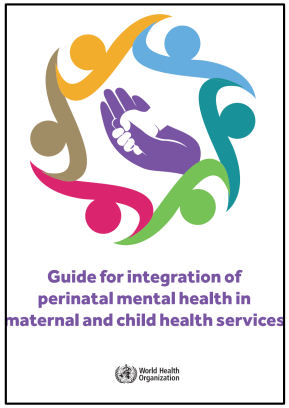
Helps moving towards an agreed approach of what kind of costs and benefits to consider in this field (i.e., long-term, societal, intergenerational)

Might help strengthen communication for policy influence when sharing learnings how to use the findings

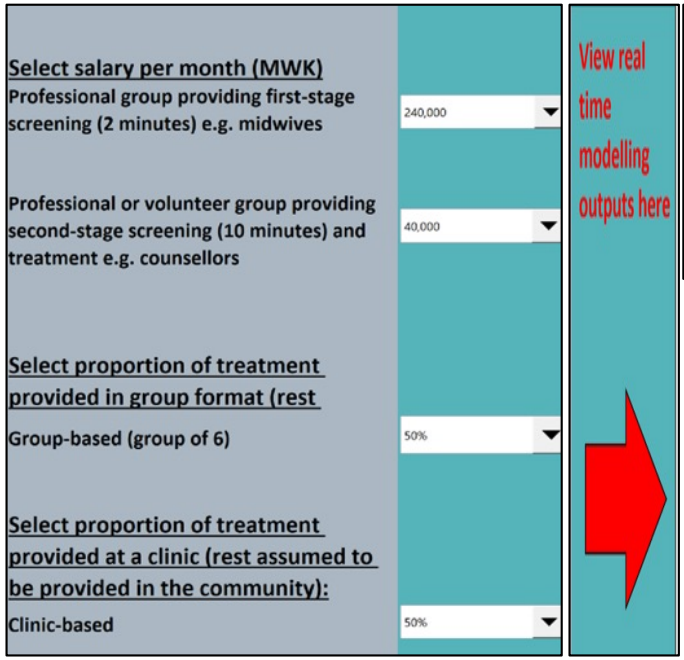
Builds momentum for further research, including follow-on economic evaluations



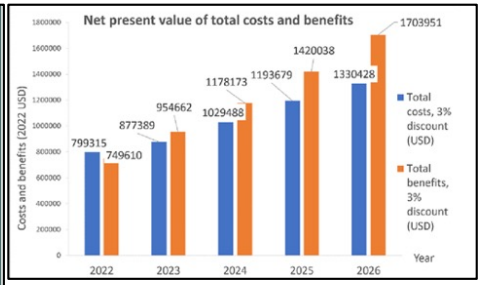
Proof-of-concept cost benefit tool developed for scaled-up integrated care model (Malawi)

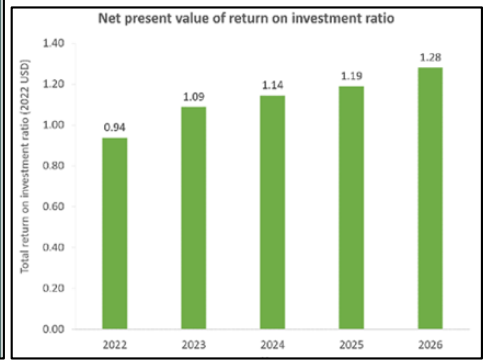


Excel tool available online via PLOS One publication

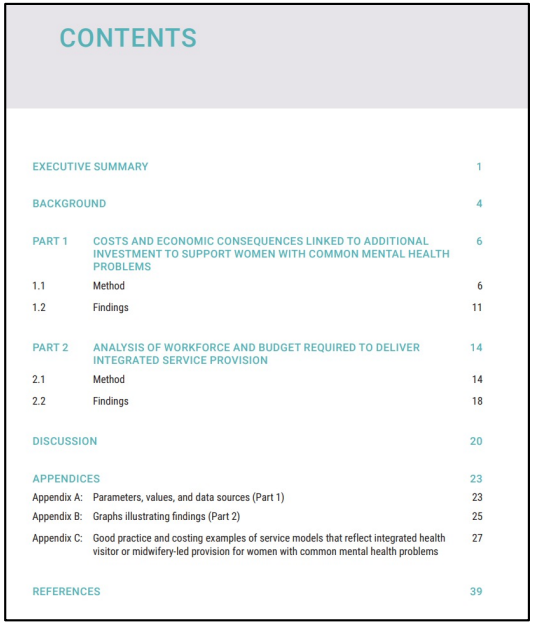


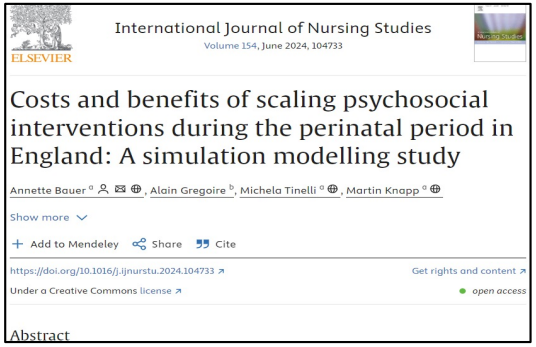
View real time modelling outputs here





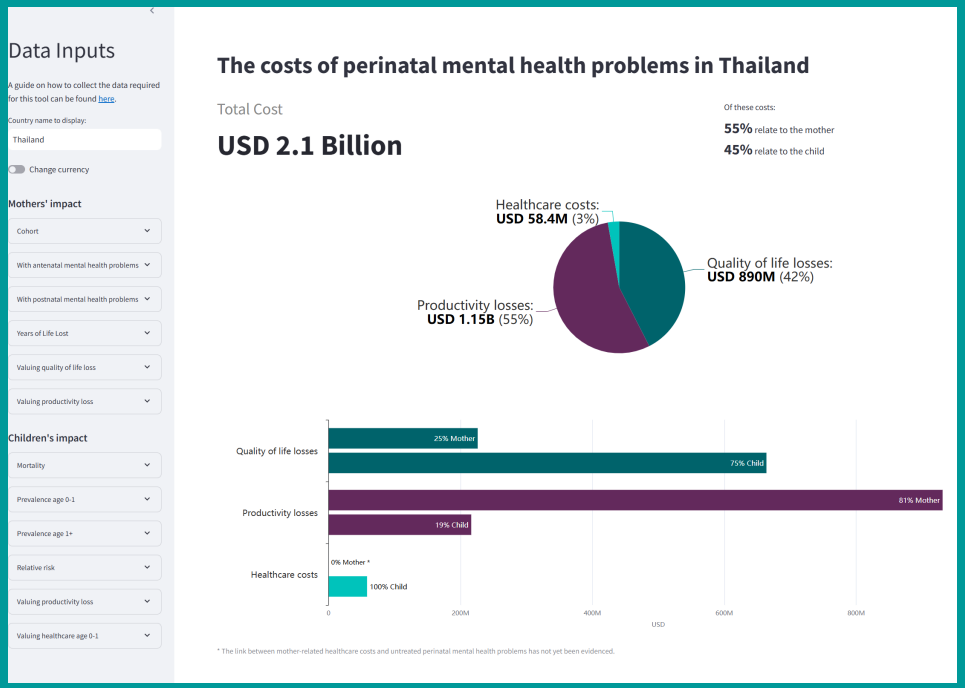
ROI example in the UK: Scaling integrated care leads to a total net benefit of £490 million and 1,420 years in full health (resources available but no tool)





Guide to Cost Calculator Tool; accessible via gemmh.org

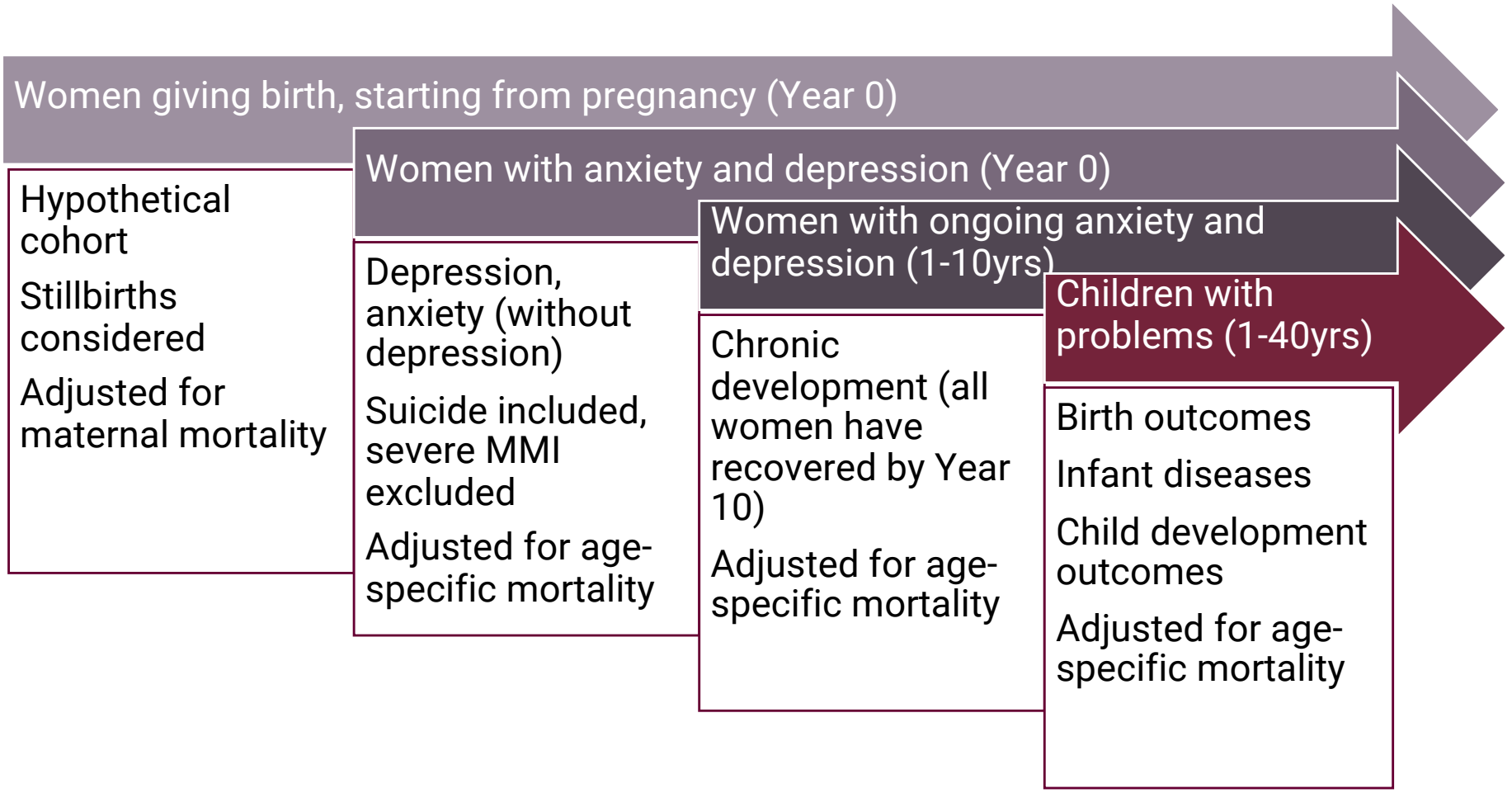
Work in progress – will be adapted over time in response to feedback from people using the tool



Abbreviations

DALY	Disability Adjusted Life Years
GDP	Gross Domestic Product
MMI	Maternal Mental Illness
PMI	Perinatal Mental Illness
RR	Relative Risk
YLD	Years of Life Lived with Disability
YLL	Years of Life Lost

Overview of the modelling approach (1): Cohort, time periods and outcomes



Overview of the modelling approach (2): Cost types and valuing method

DALYs: Disability weights for health outcomes taken from the Global Burden of Disease study and multiplied with period over which they occur; not all health outcomes have a disability weight (e.g., stunting); DALYs valued at 0.5 x GDP per capita

YLL: Suicide has an established lifetime value in Global Burden of Disease study

Income losses: Income decrement for those with mental disorders versus those without; Stunting has an established net present value

Healthcare expenditure: Unit cost of infant hospital treatment

Approach informed by:

WHO (2024b) WHO methods and data sources for global burden of disease estimates 2000-2021. In: *Global Health Estimates Technical Paper WHO/ DDI/DNA/GHE/2024.3*

Stenberg et al (2017) Financing transformative health systems towards achievement of the health Sustainable Development Goals: a model for projected resource needs in 67 low-income and middle-income countries. *The Lancet Global Health.*

Chisholm et al (2016) Scaling-up treatment of depression and anxiety: a global return on investment analysis. Lancet Psychiatry.

Haacker et al (2020) On discount rates for economic evaluations in global health. *Health Policy Plan.*

Key resources for end users to do the modelling

Cost Data Input Template (MS Word)

- Should be used to compile the data required for the model and can directly inform the tables for publication

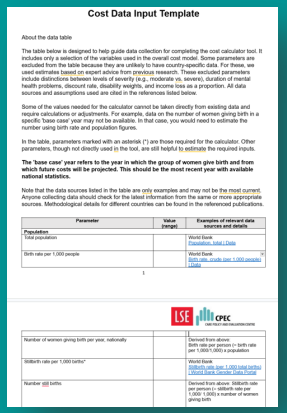
Cost Model (MS Excel)

- Presents the underlying structure and data that the interactive tool draws from; can only be changed by the LSE team

Cost Calculator Tool (Phyton/ Streamlit)

- Interface that is populated by the user once all data are compiled; not all data can be changed by the user

Key resource (1): Cost Data Input Template



Cost Data Input Template

About the data table

The table below is designed to help guide data collection for completing the cost calculator tool. It includes only a selection of the variables used in the overall cost model. Some parameters are excluded from the table because they are unlikely to have country-specific data. For these, we used estimates based on expert advice from previous research. These excluded parameters include distinctions between levels of severity (e.g., moderate vs. severe), duration of mental health problems, discount rate, disability weights, and income loss as a proportion. All data sources and assumptions used are cited in the references listed below.

Some of the values needed for the calculator cannot be taken directly from existing data and require calculations or adjustments. For example, data on the number of women giving birth in a specific 'base case' year may not be available. In that case, you would need to estimate the number using birth rate and population figures.

In the table, parameters marked with an asterisk (*) are those required for the calculator. Other parameters, though not directly used in the tool, are still helpful to estimate the required inputs.

The 'base case' year refers to the year in which the group of women give birth and from which future costs will be projected. This should be the most recent year with available national statistics.

Note that the data sources listed in the table are only examples and may not be the most current. Anyone collecting data should check for the latest information from the same or more appropriate sources. Methodological details for different countries can be found in the referenced publications.

Parameter	Value (range)	Examples of relevant data sources and details
Population		
Total population		World Bank Population, total | Data
Birth rate per 1,000 people		World Bank Birth rate, crude (per 1,000 people) | Data

1

LSE CPEC

Number of women giving birth per year, nationally		Derived from above: Birth rate per person (= birth rate per 1,000/1,000) x population
Stillbirth rate per 1,000 births*		World Bank Stillbirth rate (per 1,000 total births) | World Bank Gender Data Portal
Number still births		Derived from above: Stillbirth rate per person (= stillbirth rate per 1,000/ 1,000) x number of women giving birth

To compile the key data required for the model.

- Includes directly observed data (e.g., prevalence) & derived estimates (e.g. births, income loss)
- Provides example data sources (e.g. World Bank, WHO, peer-reviewed studies) & guidance for constructing inputs where data are not directly available

What the template includes

1. Population and cohort estimates

- Total population, birth rate, number of births
- Stillbirths and live birth cohort

2. Maternal cohort parameters

- Maternal mortality
- Prevalence of antenatal and postnatal mental health problems

3. Child cohort parameters

- Age-specific mortality (birth to 40 years)
- Prevalence of adverse health and developmental outcomes
- Additional risk associated with perinatal mental health problems

4. Cost and economic parameters

- Productivity impacts (e.g. days lost, employment, wages)
- Healthcare costs (e.g. hospital treatment)
- Macroeconomic indicators (e.g. GDP per capita)

Key resource (2): Cost Model Structure

Sheet 1: Inputs (parameter values from Cost Data Input table)	**Sheet 2: Calculations** (linking inputs to generate annual values & apply discounting)	**Sheet 3: Total aggregated costs at net present value**
<u>Mothers:</u> Prevalence, duration and chronic development of PMI Age-specific mortality rates Disability weights, YLL Income decrement linked to PMI/MMI <u>Children:</u> Prevalence adverse child outcomes (duration assumed on year or lifelong) Relative risks of adverse child problems linked to PMI Age-specific mortalities Hospital unit costs <u>General</u> Births & still birth Disability weights GDP Discount rate	<u>Mothers</u> Number of women with depression (Y0 to 10) Number of women with anxiety (Y0 to 10) DALYs per year - depression (Y0 to 10) DALYs in GDP per year – depression (Y0-10); discounted DALYs per year - anxiety (Y0-10) DALYs in GDP per year (Y-10); discounted Income losses per year – depression (Y1-10); discounted Income loses per year – anxiety (Y1-10); discounted DALYs (lifetime) - suicide <u>Children</u> For each adverse outcome (i=1,…11) Number of children with adverse outcome i.. (Y1-40) DALYs per year - adverse outcome (Y1-40) DALYs in GDP per year, discounted Income losses (Y16-40) Healthcare expenditure (Y1)	<u>Mothers</u> DALYs depression + anxiety, suicide DALYs (in GDP) depression + anxiety, suicide Income loss, depression + anxiety <u>Children</u> Healthcare expenditure, across child outcomes DALYs, across child outcomes DALYs (in GDP), across child outcomes Income loss, across child outcomes <u>Mothers & Children</u> Healthcare expenditure DALYs DALYs (in GDP) Income loss

Full list of costs that can be included in the model

Mother's outcomes (Pregnancy to 10 years):	Depression / Anxiety without co-occurring depression (ante/ postnatal; ongoing 1-10yrs) **DALYs; income losses**
	Suicide: **YLL**
Children's outcomes 1 to 11 (1st year; up to 40 years)	1 Pre-term birth: **DALYs** (lifetime)**; healthcare expenditure** (1st year)
	2 Low birth weight (1st year): **Healthcare expenditure**
	3 Hospitalisation (1st yr): **Healthcare expenditure**
	4 Diarrhoea (1st yr): **Healthcare expenditure**
	5 Asthma/ wheezing (1st yr): **DALYs, healthcare expenditure**
	6 Infections (1st yr): **DALYs**
	7 Stunting (0-40yrs): **Income losses**
	8 Wasting (0-40yrs): **DALYs**
	9 Conduct disorder (0-40yrs): **DALYs, Income losses**
	10 Attention disorder (0-40yrs): **DALYs, Income losses**
	11 Emotional disorder (0-40yrs): **DALYs, Income losses**

Full list of children's impact included in the model

	DALYs	Time period	Healthcare expenditure	Time period	Income/ productivity losses	Time period
Pre-term birth	✗	/	✓	Yr 1	✗	/
Low birth weight	✓	Lifetime	✓	Yr 1	✗	/
Diarrhoea	✗	Yr 1	✓	Yr 1	✗	/
Asthma/ wheezing	✓	Yr 1	✓	Yr 1	✗	/
Infections	✓	Yr 1	✗	Yr 1	✗	/
Stunting	✗	/	✗	/	✓	Yr 16-40
Wasting	✓	Yr 1-40	✗	/	✗	/
Conduct disorder	✓	Yr 1-40	✗	/	✓	Yr 1-40
Attention disorder	✓	Yr 1-40	✗	/	✓	Yr 1-40
Emotional disorder	✓	Yr 1-40	✗	/	✓	Yr 1-40

Key Resource (3): Cost Calculator Tool

The interface:

- reproduces the underlying model logic in “simplified” form
- presents disaggregated and aggregated cost outputs
- enables scenario analysis through a limited set of adjustable parameters

User-modifiable inputs:
Key drivers of uncertainty and contextual variation (e.g. prevalence, GDP, exchange rates).

Non-modifiable variables:
Structural and methodological parameters are fixed to maintain consistency with established economic evaluation assumptions.

In summary:

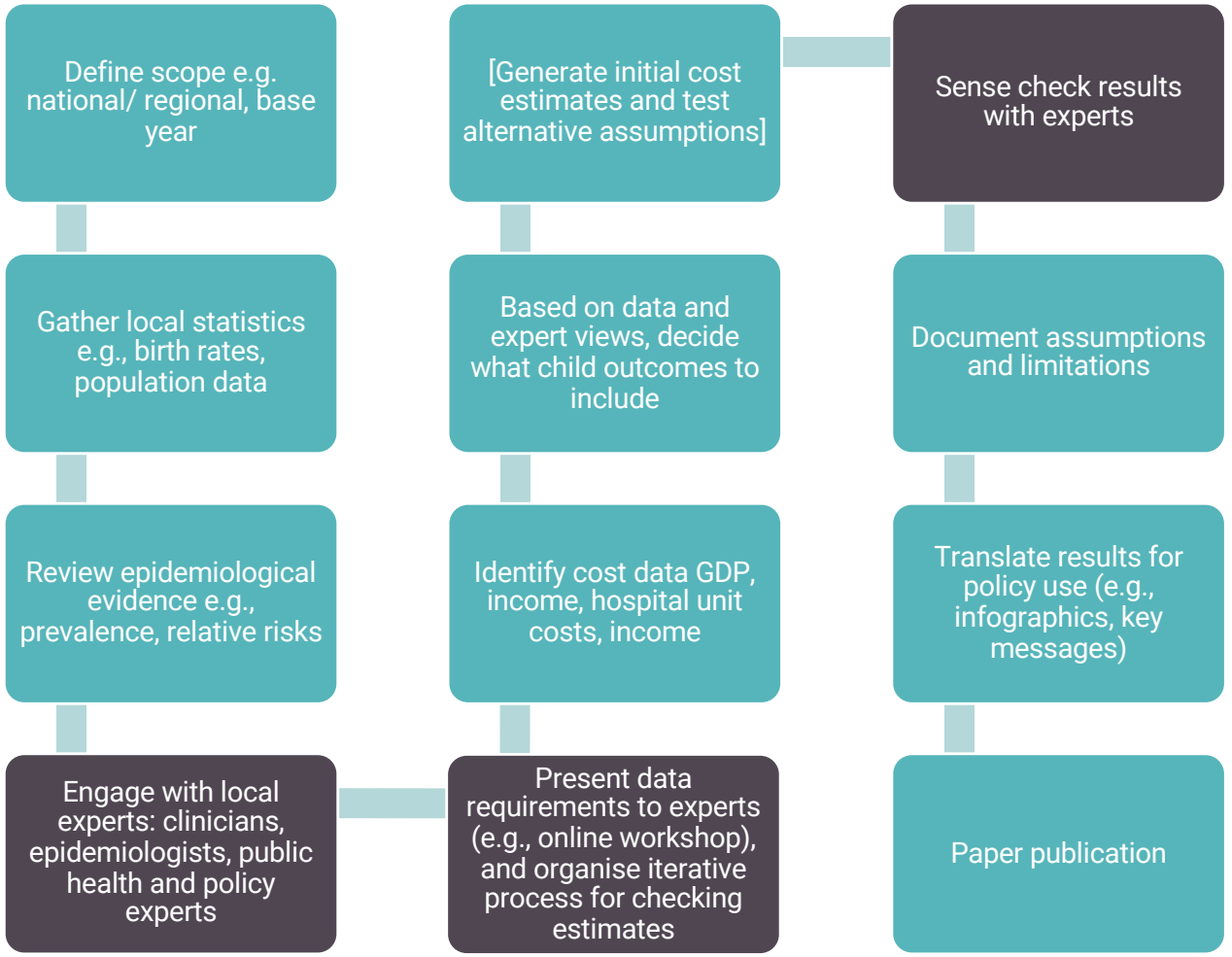
Not all template variables appear in the tool

Some tool inputs look “simplified”

Some values are not user-editable

Tool allows scenario analysis

Steps for generating country-specific estimates using the Cost Calculator tool



Key principles & main assumptions

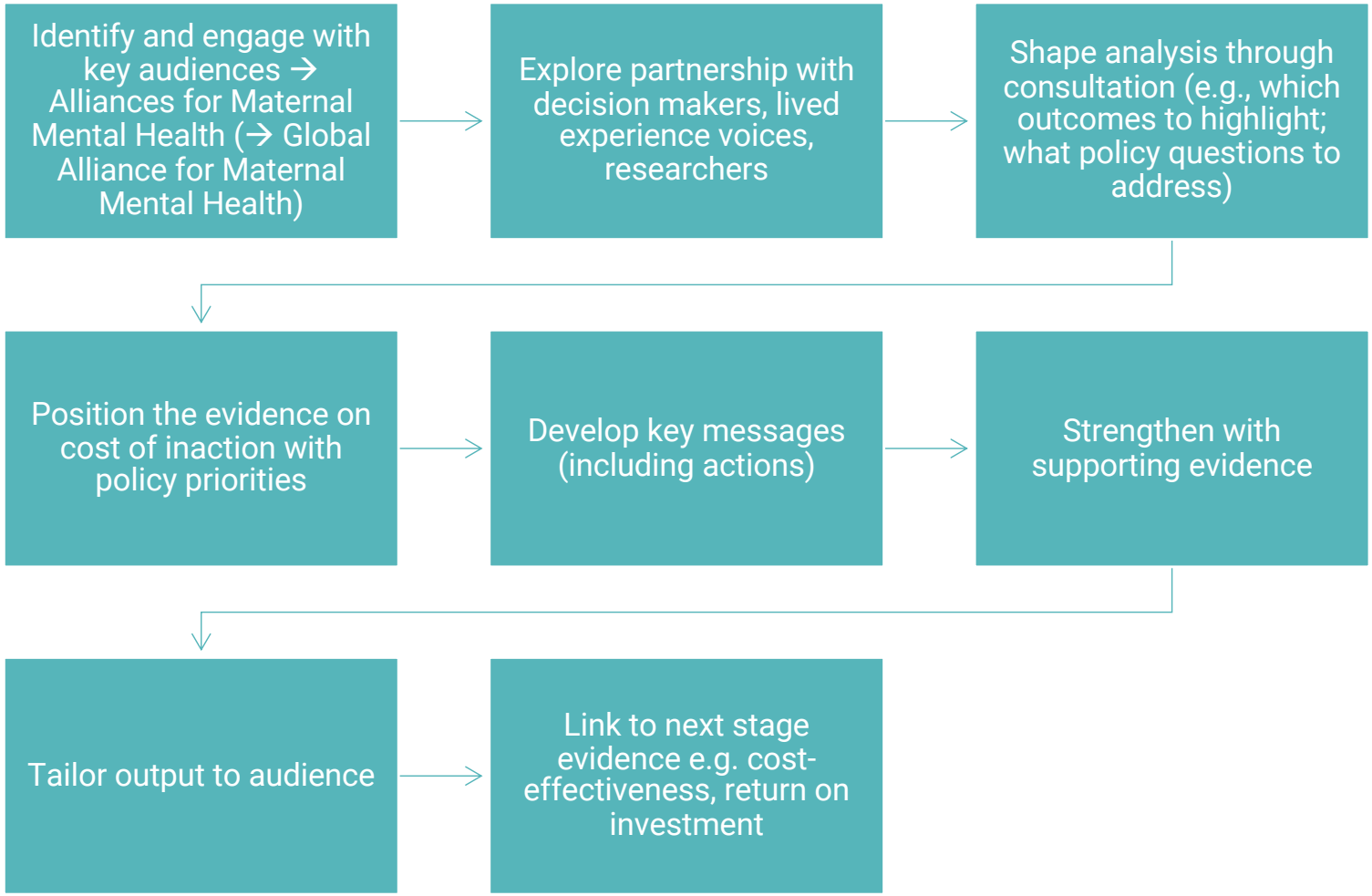
Country-specific vs. country relevant data: If there are no country-specific data choose data that are relevant to the country context

Choose values that are conservative but realistic –orient yourself on meta-analysis/ values taken for other countries

If there is not enough evidence that PMH conditions affect a particular outcome, and/ the child outcome does not have a high prevalence / is not a major issue, then best to leave it out

Avoid double counting of both PMH/ MMH conditions and of child outcomes

Steps for disseminating findings



Steps for disseminating findings: Example Thailand

Economic cost of perinatal mental health conditions in Thailand: Impacts and recommended actions

Report launch

Thursday 4th June 2026

Lunch: 12h00 Start: 13h00 End: 16h00

Bangkok; hybrid

AGENDA & SPEAKERS

12:00-13:00 **Lunch**

13:00-13:10 **Welcome & Opening Remarks**
Chair: Dr Olarik Musigavong, Chaophya Abhaibhubejhr Hospital & Royal Thai College of Obstetricians and Gynecologists

13:10-13:15 **Introductions & Overview of the Event**
Mr Hamish Magoffin, Founder Perinatal Alliance for Mental Health Thailand

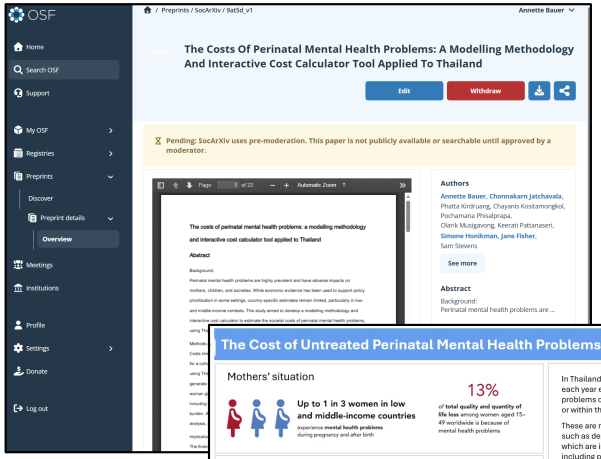
13:15-14:15 **Introducing *the Report* 'Economic cost of perinatal mental health conditions in Thailand: Impacts and recommended actions'**
"Mama How Are You?" Stories from new mothers in Thailand (An opening video)
Beyond physical health: The mental health dimension of motherhood, Dr Alain Gregoire, Perinatal Psychiatrist, Founder of Global Alliance for Maternal Mental Health
One in how many? The reality of mothers' mental health, Prof Jane Fisher, Monash University & Dr Napat Sittanomai, Siriraj Hospital/ Mahidol University
Counting the cost: The economic case for investing in mothers' mental health, Dr Annette Bauer, Associate Professor, London School of Economics & Political Science
From awareness to action: What evidence tells us about what works and how to implement it, Dr Simone Honikmann, University of Cape Town
WHO perspective of integrating PMH care into maternal health care, Dr Neerja Chowdhary, World Health Organization

14:15-15:15 **Implementing findings from *the Report*: Economic cost of perinatal mental health conditions in Thailand: Impacts and recommended actions?**
Invited comments from key leaders & panel discussion.
Panel moderator: Dr Olarik Musigavong
Dr Chanika (Namwhan) Liangcheep, Child & Adolescent Psychiatry, Siriraj Hospital
Dr Phatta Kirdruang, Faculty of Economics Thammasat University
Hamish Magoffin, PAM Foundation
Shanon McNab, United Nations Population Fund

15:15-15:30 **Break**

15:30-16:00 **Strengthening the Role of Alliances: A Powerful Movement to Change & Call for Action**
Introduction to alliances and experience of addressing perinatal mental health in an international context, Dr Alain Gregoire
Importance of a collective approach to addressing Perinatal Mental Health in Thailand, [XXX]
Progress and Next steps from the Perinatal Alliance for Mental Health Thailand & PAM Foundation, Hamish Magoffin

16:00 **Celebration & closure**



OSF

The Costs Of Perinatal Mental Health Problems: A Modelling Methodology And Interactive Cost Calculator Tool Applied To Thailand

Edit | Withdraw

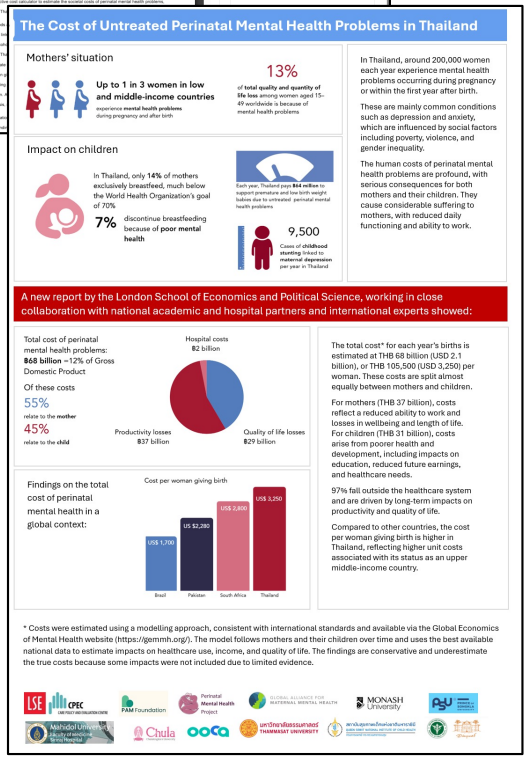
Pending: SocArXiv uses pre-moderation. This paper is not publicly available or searchable until approved by a moderator.

Authors

Annette Bauer, Chonnakarn Jatchavala, Phatta Kirdruang, Chayanis Kositamongkol, Pochamana Phisalprapa, Olarik Musigavong, Keerati Pattanaseri, Simone Honikman, Jane Fisher, Sam Stevens

See more

Abstract



The Cost of Untreated Perinatal Mental Health Problems in Thailand

Mothers' situation

Up to 1 in 3 women in low and middle-income countries experience **mental health problems** during pregnancy and after birth

13% of **total quality and quantity of life loss** among women aged 15–49 worldwide is because of mental health problems

In Thailand, around 200,000 women each year experience mental health problems occurring during pregnancy or within the first year after birth.

These are mainly common conditions such as depression and anxiety, which are influenced by social factors including poverty, violence, and gender inequality.

The human costs of perinatal mental health problems are profound, with serious consequences for both mothers and their children. They cause considerable suffering to mothers, with reduced daily functioning and ability to work.

Impact on children

In Thailand, only **14%** of mothers exclusively breastfeed, much below the World Health Organization's goal of 70%

7% discontinue breastfeeding because of **poor mental health**

Each year, Thailand pays **$84 million** to support premature and low-birth weight babies due to untreated perinatal mental health problems

9,500 Cases of **childhood stunting** linked to **maternal depression** per year in Thailand

A new report by the London School of Economics and Political Science, working in close collaboration with national academic and hospital partners and international experts showed:

Total cost of perinatal mental health problems: **$68 billion** ~12% of Gross Domestic Product

Of these costs
55% relate to the **mother**
45% relate to the **child**

Hospital costs $2 billion
Productivity losses $37 billion
Quality of life losses $29 billion

The total cost* for each year's births is estimated at THB 68 billion (USD 2.1 billion), or THB 105,500 (USD 3,250) per woman. These costs are split almost equally between mothers and children.

For mothers (THB 37 billion), costs reflect a reduced ability to work and losses in wellbeing and length of life. For children (THB 31 billion), costs arise from poorer health and development, including impacts on education, reduced future earnings, and healthcare needs.

97% fall outside the healthcare system and are driven by long-term impacts on productivity and quality of life.

Compared to other countries, the cost per woman giving birth is higher in Thailand, reflecting higher unit costs associated with its status as an upper middle-income country.

Findings on the total cost of perinatal mental health in a global context:

Cost per woman giving birth

US$ 1,700 (Brazil) | US $2,280 (Pakistan) | US$ 2,600 (South Africa) | US$ 3,250 (Thailand)

* Costs were estimated using a modelling approach, consistent with international standards and available via the Global Economics of Mental Health website (https://gemmh.org/). The model follows mothers and their children over time and uses the best available national data to estimate impacts on healthcare use, income, and quality of life. The findings are conservative and underestimate the true costs because some impacts were not included due to limited evidence.

1st GEMMH Webinar: Agenda

1. GEMMH: Overview & survey results
2. Role of economic evidence in decision making
3. Making the case for investment: Overview of research and policy work
4. Role of decision–making tools: Introduction to the Cost Calculator tool and how to use it
5. Next webinar

LSE CPEC CARE POLICY & EVALUATION CENTRE

Next Webinar: 29th June 12:00 – 13:30 UK (BST)

“Developing and using economic evidence to inform policy making in perinatal mental health: Country examples”

Speakers:

- Linos Muvhu, Zimbabwe
- Mohsin Alvin, Pakistan
- Marilyn Ahun, Ghana & Canada
- Gulcan Tecirli, Turkiye
- Jarra Marega, The Gambia

Perspectives (10 minutes) :

- Why economic evidence is important
- How did you use / plan to use economic evidence
- What have been the main challenges
- What would be helpful going forward