Economic evidence – completed methodology checklists

APPENDIX 20: ECONOMIC EVIDENCE – COMPLETED METHODOLOGY CHECKLISTS

1.1 Case identification and assessment of mental health problems in pregnancy or the postnatal period ................................................................. 2

1.2 Psychological and psychosocial interventions for the prevention of developing mental health problems in pregnancy or the postnatal period .......... 7

1.3 Psychological and psychosocial interventions for the treatment of mental health problems in pregnancy or the postnatal period ........................................ 12
## 1.1 CASE IDENTIFICATION AND ASSESSMENT OF MENTAL HEALTH PROBLEMS IN PREGNANCY OR THE POSTNATAL PERIOD


**Guideline topic:** Case identification and assessment of mental health problems in pregnancy or the postnatal period

### Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/ Partly/ No/Unclear/ NA</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Is the study population appropriate for the guideline?</td>
<td>Yes</td>
<td>Cohort of postnatal women</td>
</tr>
<tr>
<td>1.2 Are the interventions and services appropriate for the guideline?</td>
<td>Yes</td>
<td>Formal case identification using PHQ-3</td>
</tr>
<tr>
<td>1.3 Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?</td>
<td>Partly</td>
<td>New Zealand</td>
</tr>
<tr>
<td>1.4 Are costs measured from the NHS and personal social services (PSS) perspective?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>1.5 Are non-direct health effects on individuals excluded?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>1.6 Are both costs and health effects discounted at an annual rate of 3.5%?</td>
<td>NA</td>
<td>Time horizon 12 months</td>
</tr>
<tr>
<td>1.7 Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>1.8 Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?</td>
<td>Partly</td>
<td>General population with depression treated with antidepressant medication</td>
</tr>
<tr>
<td>1.9 Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?</td>
<td>No</td>
<td>Service users in US and Canada</td>
</tr>
</tbody>
</table>

**Overall judgement:** Partially applicable

### Other comments:

#### Section 2: Study limitations (the level of methodological quality)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/ Partly/ No/Unclear/ NA</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Does the model structure adequately reflect the nature of the health condition under evaluation?</td>
<td>Partly</td>
<td>False positive rate assumed to be 0%</td>
</tr>
<tr>
<td>2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?</td>
<td>Yes</td>
<td>12 months</td>
</tr>
<tr>
<td>2.3 Are all important and relevant health outcomes included?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2.4 Are the estimates of baseline health outcomes from the best available source?</td>
<td>Partly</td>
<td>Observational study</td>
</tr>
<tr>
<td>2.5 Are the estimates of relative treatment effects from the best available source?</td>
<td>Partly</td>
<td>Observational study</td>
</tr>
</tbody>
</table>
2.6 Are all important and relevant costs included?  
Partly  
Cost of care for infants born to mothers with PND not included

2.7 Are the estimates of resource use from the best available source?  
Partly  
Assumptions, published sources

2.8 Are the unit costs of resources from the best available source?  
Yes  
National sources

2.9 Is an appropriate incremental analysis presented or can it be calculated from the data?  
Yes

2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?  
Yes

2.11 Is there no potential conflict of interest?  
Yes

2.12 Overall assessment: Potentially serious limitations

Other comments:


Guideline topic: Case identification and assessment of mental health problems in pregnancy or the postnatal period

Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)  
Yes/Partly/No/Unclear/NA  
Comments

1.1 Is the study population appropriate for the guideline?  
Yes  
Hypothetical cohort of postnatal women

1.2 Are the interventions and services appropriate for the guideline?  
Yes  
EPDS, BDI and Whooley questions

1.3 Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?  
Yes  
UK study

1.4 Are costs measured from the NHS and personal social services (PSS) perspective?  
Yes

1.5 Are non-direct health effects on individuals excluded?  
Yes

1.6 Are both costs and health effects discounted at an annual rate of 3.5%?  
NA  
Time horizon 1 year

1.7 Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?  
Yes

1.8 Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?  
Partly  
General population with depression

1.9 Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?  
No  
Service users in US and Canada
### Section 2: Study limitations (the level of methodological quality)

<table>
<thead>
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<th>Question</th>
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<tbody>
<tr>
<td>2.1</td>
<td>Does the model structure adequately reflect the nature of the health condition under evaluation?</td>
<td>Partly</td>
<td>False positive rate assumed to be 0%</td>
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<tr>
<td>2.2</td>
<td>Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?</td>
<td>Yes</td>
<td>12 months</td>
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<tr>
<td>2.3</td>
<td>Are all important and relevant health outcomes included?</td>
<td>Yes</td>
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<tr>
<td>2.4</td>
<td>Are the estimates of baseline health outcomes from the best available source?</td>
<td>Partly</td>
<td>Observational study</td>
</tr>
<tr>
<td>2.5</td>
<td>Are the estimates of relative treatment effects from the best available source?</td>
<td>Yes</td>
<td>Meta-analysis of diagnostic studies</td>
</tr>
<tr>
<td>2.6</td>
<td>Are all important and relevant costs included?</td>
<td>Partly</td>
<td>Cost of care for infants born to mothers with PND not included</td>
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<tr>
<td>2.7</td>
<td>Are the estimates of resource use from the best available source?</td>
<td>Partly</td>
<td>Assumptions; published sources</td>
</tr>
<tr>
<td>2.8</td>
<td>Are the unit costs of resources from the best available source?</td>
<td>Yes</td>
<td>National sources; other published literature</td>
</tr>
<tr>
<td>2.9</td>
<td>Is an appropriate incremental analysis presented or can it be calculated from the data?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2.10</td>
<td>Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2.11</td>
<td>Is there no potential conflict of interest?</td>
<td>Yes</td>
<td></td>
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</table>

### Overall assessment: Potentially serious limitations

Other comments: The economic model structure did not appropriately capture all the events in the care pathway associated with identification, assessment and treatment of women with depression in the postnatal period. Assumed false positive rate to be 0%; positive response to Whooley questions resulted in the provision of intensive psychological therapy and didn’t consider the possibility of further assessment.

---

**Study identification:** Economic analysis undertaken for this guideline

**Guideline topic:** Case identification and assessment of mental health problems in pregnancy or the postnatal period

### Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)

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<tr>
<td>1.1</td>
<td>Is the study population appropriate for the guideline?</td>
<td>Yes</td>
<td>Hypothetical cohort of postnatal women</td>
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<table>
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<th>Comments</th>
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<tr>
<td>1.2</td>
<td>Are the interventions and services appropriate for the guideline?</td>
<td>Yes</td>
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</table>
1.3 Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context? Yes

1.4 Are costs measured from the NHS and personal social services (PSS) perspective? Yes

1.5 Are non-direct health effects on individuals excluded? Yes

1.6 Are both costs and health effects discounted at an annual rate of 3.5%? NA Time horizon 1 year

1.7 Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)? Yes

1.8 Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers? Partly General population with depression

1.9 Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public? Yes EQ-5D, UK general public

1.10 **Overall judgement:** Directly applicable

Other comments:

<table>
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<th>Section 2: Study limitations (the level of methodological quality)</th>
<th>Yes/ Partly/ No/Unclear/ NA</th>
<th>Comments</th>
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<tbody>
<tr>
<td>2.1 Does the model structure adequately reflect the nature of the health condition under evaluation?</td>
<td>Yes</td>
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</tr>
<tr>
<td>2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?</td>
<td>Yes 1 year</td>
<td></td>
</tr>
<tr>
<td>2.3 Are all important and relevant health outcomes included?</td>
<td>Yes</td>
<td></td>
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<tr>
<td>2.4 Are the estimates of baseline health outcomes from the best available source?</td>
<td>Yes Guideline MA</td>
<td></td>
</tr>
<tr>
<td>2.5 Are the estimates of relative treatment effects from the best available source?</td>
<td>Yes Guideline MA</td>
<td></td>
</tr>
<tr>
<td>2.6 Are all important and relevant costs included?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2.7 Are the estimates of resource use from the best available source?</td>
<td>Partly Studies included in guideline MA; GDG expert opinion</td>
<td></td>
</tr>
<tr>
<td>2.8 Are the unit costs of resources from the best available source?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2.9 Is an appropriate incremental analysis presented or can it be calculated from the data?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?</td>
<td>Partly Deterministic SA, and threshold analysis</td>
<td></td>
</tr>
<tr>
<td>2.11 Is there no potential conflict of interest?</td>
<td>Yes</td>
<td></td>
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</table>

2.12 **Overall assessment:** Potentially serious limitations

Other comments: Sensitivity and specificity for PHQ-9 and Whooley questions derived from single studies. The study reporting diagnostic characteristics for PHQ-9 was antenatal, whereas the model is postnatal.
1.2 PSYCHOLOGICAL AND PSYCHOSOCIAL INTERVENTIONS FOR THE PREVENTION OF DEVELOPING MENTAL HEALTH PROBLEMS IN PREGNANCY OR THE POSTNATAL PERIOD


**Guideline topic:** Psychological and psychosocial interventions for the prevention of developing mental health problems in pregnancy or postnatal period

<table>
<thead>
<tr>
<th>Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)</th>
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<tbody>
<tr>
<td>1.1 Is the study population appropriate for the guideline?</td>
<td>Yes</td>
<td>Young women from poor neighbourhoods</td>
</tr>
<tr>
<td>1.2 Are the interventions and services appropriate for the guideline?</td>
<td>Yes</td>
<td>Home visiting</td>
</tr>
<tr>
<td>1.3 Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?</td>
<td>Partly</td>
<td>Chile, publicly financed healthcare system</td>
</tr>
<tr>
<td>1.4 Are costs measured from the NHS and personal social services (PSS) perspective?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>1.5 Are non-direct health effects on individuals excluded?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>1.6 Are both costs and health effects discounted at an annual rate of 3.5%?</td>
<td>NA</td>
<td>Time horizon 15 months</td>
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<tr>
<td>1.7 Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>1.8 Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>1.9 Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>1.10 Overall judgement:</td>
<td>Partially applicable</td>
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</table>

**Other comments:**

<table>
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<th>Section 2: Study limitations (the level of methodological quality)</th>
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<th>Comments</th>
</tr>
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<tbody>
<tr>
<td>2.1 Does the model structure adequately reflect the nature of the health condition under evaluation?</td>
<td>NA</td>
<td>RCT</td>
</tr>
<tr>
<td>2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?</td>
<td>Yes</td>
<td>15 months</td>
</tr>
<tr>
<td>2.3 Are all important and relevant health outcomes included?</td>
<td>Partly</td>
<td>Goldberg’s depression scale</td>
</tr>
<tr>
<td>2.4 Are the estimates of baseline health outcomes from the best available source?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2.5 Are the estimates of relative treatment effects from the best available source?</td>
<td>Yes</td>
<td>RCT</td>
</tr>
<tr>
<td>2.6 Are all important and relevant costs included?</td>
<td>Unclear</td>
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**Economic evidence – completed methodology checklists**

<table>
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<th>Comments</th>
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<tbody>
<tr>
<td>2.7</td>
<td>Are the estimates of resource use from the best available source?</td>
<td>No</td>
<td>Registries of health centres</td>
</tr>
<tr>
<td>2.8</td>
<td>Are the unit costs of resources from the best available source?</td>
<td>Unclear</td>
<td></td>
</tr>
<tr>
<td>2.9</td>
<td>Is an appropriate incremental analysis presented or can it be calculated from the data?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2.10</td>
<td>Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?</td>
<td>Partly</td>
<td>Statistical analysis for outcomes, but not costs</td>
</tr>
<tr>
<td>2.11</td>
<td>Is there no potential conflict of interest?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2.12</td>
<td><strong>Overall assessment:</strong> Potentially serious limitations</td>
<td></td>
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</table>

**Other comments:**

**Study identification:** Barlow J, Davis H, McIntosh E, Jarrett P, Mockford C, Stewart-Brown S. Role of home visiting in improving parenting and health in families at risk of abuse and neglect: results of a multicentre randomised controlled trial and economic evaluation. Archives of Disease Childhood. 2007;92:229-233.


**Guideline topic:** Psychological and psychosocial interventions for the prevention of developing mental health problems in pregnancy or the postnatal period

**Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)**

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes/Partly/No/Unclear/NA</th>
<th>Comments</th>
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<tbody>
<tr>
<td>1.1</td>
<td>Is the study population appropriate for the guideline?</td>
<td>Yes</td>
<td>Vulnerable pregnant women</td>
</tr>
<tr>
<td>1.2</td>
<td>Are the interventions and services appropriate for the guideline?</td>
<td>Yes</td>
<td>Home visiting</td>
</tr>
<tr>
<td>1.3</td>
<td>Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?</td>
<td>Yes</td>
<td>UK study</td>
</tr>
<tr>
<td>1.4</td>
<td>Are costs measured from the NHS and personal social services (PSS) perspective?</td>
<td>No</td>
<td>Public sector plus informal care</td>
</tr>
<tr>
<td>1.5</td>
<td>Are non-direct health effects on individuals excluded?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>1.6</td>
<td>Are both costs and health effects discounted at an annual rate of 3.5%?</td>
<td>NA</td>
<td>Time horizon 18 months</td>
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<tr>
<td>1.7</td>
<td>Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>1.8</td>
<td>Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>1.9</td>
<td>Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

|   | Overall judgement: Partially applicable |

**Other comments:** When the primary outcome was proportion of infants identified as being ill-treated costs were considered up to 5 years and were discounted at an annual rate of 3.5%.

**Section 2: Study limitations (the level of methodological quality)**

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes/Partly/No/Unclear/NA</th>
<th>Comments</th>
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</thead>
</table>

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2.1 Does the model structure adequately reflect the nature of the health condition under evaluation? NA RCT
2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? Yes 18 months; 5 years
2.3 Are all important and relevant health outcomes included? Partly HRQoL not measured
2.4 Are the estimates of baseline health outcomes from the best available source? Yes RCT
2.5 Are the estimates of relative treatment effects from the best available source? Yes RCT
2.6 Are all important and relevant costs included? Yes
2.7 Are the estimates of resource use from the best available source? Partly RCT; other published sources; assumptions
2.8 Are the unit costs of resources from the best available source? Partly Some unit costs based on local sources
2.9 Is an appropriate incremental analysis presented or can it be calculated from the data? Yes
2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis? Yes PSA and deterministic SA
2.11 Is there no potential conflict of interest? Yes
2.12 Overall assessment: Minor limitations

Other comments:


Guideline topic: Psychological and psychosocial interventions for the prevention of developing mental health problems in pregnancy or the postnatal period

Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)

1.1 Is the study population appropriate for the guideline? Yes
1.2 Are the interventions and services appropriate for the guideline? Yes Infant sleep intervention
1.3 Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context? Partly Australian study
1.4 Are costs measured from the NHS and personal social services (PSS) perspective? No Healthcare plus informal care
1.5 Are non-direct health effects on individuals excluded? Yes
1.6 Are both costs and health effects discounted at an annual rate of 3.5%? NA Time horizon 12 months
1.7 Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)? No
1.8 Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers? NA

Antenatal and postnatal mental health (update) 9
### Economic evidence – completed methodology checklists

<table>
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<tr>
<th>Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)</th>
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<th>Comments</th>
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<tbody>
<tr>
<td>1.1 Is the study population appropriate for the guideline?</td>
<td>Yes</td>
<td>Women at high risk of PND</td>
</tr>
<tr>
<td>1.2 Are the interventions and services appropriate for the guideline?</td>
<td>Yes</td>
<td>Listening visits</td>
</tr>
<tr>
<td>1.3 Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?</td>
<td>Yes</td>
<td>UK study</td>
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**Guideline topic:** Psychological and psychosocial interventions for the prevention of developing mental health problems in pregnancy or the postnatal period

<table>
<thead>
<tr>
<th>Section 2: Study limitations (the level of methodological quality)</th>
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<th>Comments</th>
</tr>
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<tbody>
<tr>
<td>2.1 Does the model structure adequately reflect the nature of the health condition under evaluation?</td>
<td>NA</td>
<td>RCT</td>
</tr>
<tr>
<td>2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2.3 Are all important and relevant health outcomes included?</td>
<td>Partly</td>
<td>Women reporting EPDS, SF-12</td>
</tr>
<tr>
<td>2.4 Are the estimates of baseline health outcomes from the best available source?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2.5 Are the estimates of relative treatment effects from the best available source?</td>
<td>Yes</td>
<td>RCT</td>
</tr>
<tr>
<td>2.6 Are all important and relevant costs included?</td>
<td>Yes</td>
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<tr>
<td>2.7 Are the estimates of resource use from the best available source?</td>
<td>Partly</td>
<td>RCT</td>
</tr>
<tr>
<td>2.8 Are the unit costs of resources from the best available source?</td>
<td>Unclear</td>
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<tr>
<td>2.9 Is an appropriate incremental analysis presented or can it be calculated from the data?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?</td>
<td>Yes</td>
<td>Statistical analysis of costs and outcomes</td>
</tr>
<tr>
<td>2.11 Is there no potential conflict of interest?</td>
<td>Yes</td>
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</tr>
<tr>
<td>2.12 Overall assessment: Minor limitations</td>
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Economic evidence – completed methodology checklists

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<tr>
<td>1.4</td>
<td>Are costs measured from the NHS and personal social services (PSS) perspective?</td>
<td>No</td>
</tr>
<tr>
<td>1.5</td>
<td>Are non-direct health effects on individuals excluded?</td>
<td>Yes</td>
</tr>
<tr>
<td>1.6</td>
<td>Are both costs and health effects discounted at an annual rate of 3.5%?</td>
<td>No</td>
</tr>
<tr>
<td>1.7</td>
<td>Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?</td>
<td>No</td>
</tr>
<tr>
<td>1.8</td>
<td>Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?</td>
<td>NA</td>
</tr>
<tr>
<td>1.9</td>
<td>Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?</td>
<td>NA</td>
</tr>
<tr>
<td>1.10</td>
<td>Overall judgement:</td>
<td>Partially applicable</td>
</tr>
</tbody>
</table>

Other comments:

<table>
<thead>
<tr>
<th>Section 2: Study limitations (the level of methodological quality)</th>
<th>Yes/ Partly/ No/Unclear/ NA</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Does the model structure adequately reflect the nature of the health condition under evaluation?</td>
<td>NA</td>
</tr>
<tr>
<td>2.2</td>
<td>Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?</td>
<td>Yes</td>
</tr>
<tr>
<td>2.3</td>
<td>Are all important and relevant health outcomes included?</td>
<td>Partly</td>
</tr>
<tr>
<td>2.4</td>
<td>Are the estimates of baseline health outcomes from the best available source?</td>
<td>Yes</td>
</tr>
<tr>
<td>2.5</td>
<td>Are the estimates of relative treatment effects from the best available source?</td>
<td>Yes</td>
</tr>
<tr>
<td>2.6</td>
<td>Are all important and relevant costs included?</td>
<td>Yes</td>
</tr>
<tr>
<td>2.7</td>
<td>Are the estimates of resource use from the best available source?</td>
<td>Partly</td>
</tr>
<tr>
<td>2.8</td>
<td>Are the unit costs of resources from the best available source?</td>
<td>Partly</td>
</tr>
<tr>
<td>2.9</td>
<td>Is an appropriate incremental analysis presented or can it be calculated from the data?</td>
<td>Yes</td>
</tr>
<tr>
<td>2.10</td>
<td>Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?</td>
<td>Yes</td>
</tr>
<tr>
<td>2.11</td>
<td>Is there no potential conflict of interest?</td>
<td>Yes</td>
</tr>
<tr>
<td>2.12</td>
<td>Overall assessment:</td>
<td>Minor limitations</td>
</tr>
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</table>

Other comments:
1.3 PSYCHOLOGICAL AND PSYCHOSOCIAL INTERVENTIONS FOR THE TREATMENT OF MENTAL HEALTH PROBLEMS IN PREGNANCY OR THE POSTNATAL PERIOD


**Guideline topic:** Psychological and psychosocial interventions for the treatment of mental health problems in pregnancy or the postnatal period

### Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)

<table>
<thead>
<tr>
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<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Is the study population appropriate for the guideline?</td>
<td>Yes</td>
</tr>
<tr>
<td>1.2</td>
<td>Are the interventions and services appropriate for the guideline?</td>
<td>Yes</td>
</tr>
<tr>
<td>1.3</td>
<td>Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?</td>
<td>Partly</td>
</tr>
<tr>
<td>1.4</td>
<td>Are costs measured from the NHS and personal social services (PSS) perspective?</td>
<td>No</td>
</tr>
<tr>
<td>1.5</td>
<td>Are non-direct health effects on individuals excluded?</td>
<td>Yes</td>
</tr>
<tr>
<td>1.6</td>
<td>Are both costs and health effects discounted at an annual rate of 3.5%?</td>
<td>NA</td>
</tr>
<tr>
<td>1.7</td>
<td>Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?</td>
<td>No</td>
</tr>
<tr>
<td>1.8</td>
<td>Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?</td>
<td>NA</td>
</tr>
<tr>
<td>1.9</td>
<td>Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?</td>
<td>NA</td>
</tr>
<tr>
<td>1.10</td>
<td>Overall judgement: Partially applicable</td>
<td></td>
</tr>
</tbody>
</table>

Other comments: Authors aimed the intervention to be preventative, however since all of the women in RCT scored >9 on the EPDS and 39% scored >12 the study was classified as treatment study for this guideline review.

### Section 2: Study limitations (the level of methodological quality)

<table>
<thead>
<tr>
<th></th>
<th>Yes/Partly/No/Unclear/NA</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Does the model structure adequately reflect the nature of the health condition under evaluation?</td>
<td>NA</td>
</tr>
<tr>
<td>2.2</td>
<td>Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?</td>
<td>No</td>
</tr>
<tr>
<td>2.3</td>
<td>Are all important and relevant health outcomes included?</td>
<td>Partly</td>
</tr>
<tr>
<td>2.4</td>
<td>Are the estimates of baseline health outcomes from the best available source?</td>
<td>Yes</td>
</tr>
<tr>
<td>2.5</td>
<td>Are the estimates of relative treatment effects from the best available source?</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### Economic evidence – completed methodology checklists

**2.6** Are all important and relevant costs included?  
**Yes**

**2.7** Are the estimates of resource use from the best available source?  
**Partly** RCT

**2.8** Are the unit costs of resources from the best available source?  
**Partly** Local and national sources

**2.9** Is an appropriate incremental analysis presented or can it be calculated from the data?  
**Yes**

**2.10** Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?  
**Yes**

**2.11** Is there no potential conflict of interest?  
**Yes**

**2.12** **Overall assessment:** Potentially serious limitations

Other comments:

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**Guideline topic:** Psychological and psychosocial interventions for the treatment of mental health problems in pregnancy or the postnatal period

**Section 1:** Applicability (relevance to specific guideline review question(s) and the NICE reference case)

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Comments</th>
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<tbody>
<tr>
<td>1.1 Is the study population appropriate for the guideline?</td>
<td>Yes</td>
<td>Women with PND</td>
</tr>
<tr>
<td>1.2 Are the interventions and services appropriate for the guideline?</td>
<td>Yes</td>
<td>Structured psychological therapy and listening visits</td>
</tr>
<tr>
<td>1.3 Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?</td>
<td>Yes</td>
<td>UK study</td>
</tr>
<tr>
<td>1.4 Are costs measured from the NHS and personal social services (PSS) perspective?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>1.5 Are non-direct health effects on individuals excluded?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>1.6 Are both costs and health effects discounted at an annual rate of 3.5%?</td>
<td>NA</td>
<td>1 year</td>
</tr>
<tr>
<td>1.7 Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>1.8 Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?</td>
<td>Partly</td>
<td>General population with depression</td>
</tr>
<tr>
<td>1.9 Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?</td>
<td>No</td>
<td>Service users in US and Canada</td>
</tr>
</tbody>
</table>

**1.10 Overall judgement:** Directly applicable

Other comments:
### Section 2: Study limitations (the level of methodological quality)

<table>
<thead>
<tr>
<th></th>
<th>Yes/ Partly/ No/Unclear/ NA</th>
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<tr>
<td>2.1</td>
<td>Does the model structure adequately reflect the nature of the health condition under evaluation?</td>
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<tr>
<td>2.6</td>
<td>Are all important and relevant costs included?</td>
<td>Partly</td>
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<td>2.7</td>
<td>Are the estimates of resource use from the best available source?</td>
<td>Partly</td>
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<tr>
<td>2.8</td>
<td>Are the unit costs of resources from the best available source?</td>
<td>Yes</td>
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<tr>
<td>2.9</td>
<td>Is an appropriate incremental analysis presented or can it be calculated from the data?</td>
<td>Yes</td>
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<tr>
<td>2.10</td>
<td>Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?</td>
<td>Yes</td>
</tr>
<tr>
<td>2.11</td>
<td>Is there no potential conflict of interest?</td>
<td>Yes</td>
</tr>
<tr>
<td>2.12</td>
<td>Overall assessment: Minor limitations</td>
<td></td>
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</tbody>
</table>

Other comments:

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**Guideline topic:** Psychological and psychosocial interventions for the treatment of mental health problems in pregnancy or the postnatal period

### Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)

<table>
<thead>
<tr>
<th></th>
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<th>Comments</th>
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<tbody>
<tr>
<td>1.1</td>
<td>Is the study population appropriate for the guideline?</td>
<td>Yes</td>
</tr>
<tr>
<td>1.2</td>
<td>Are the interventions and services appropriate for the guideline?</td>
<td>Yes</td>
</tr>
<tr>
<td>1.3</td>
<td>Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?</td>
<td>Yes</td>
</tr>
<tr>
<td>1.4</td>
<td>Are costs measured from the NHS and personal social services (PSS) perspective?</td>
<td>Yes</td>
</tr>
<tr>
<td>1.5</td>
<td>Are non-direct health effects on individuals excluded?</td>
<td>Yes</td>
</tr>
<tr>
<td>1.6</td>
<td>Are both costs and health effects discounted at an annual rate of 3.5%?</td>
<td>NA</td>
</tr>
<tr>
<td>1.7</td>
<td>Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?</td>
<td>Yes</td>
</tr>
<tr>
<td>1.8</td>
<td>Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?</td>
<td>Yes</td>
</tr>
<tr>
<td>1.9</td>
<td>Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?</td>
<td>Yes</td>
</tr>
<tr>
<td>1.10</td>
<td><strong>Overall judgement:</strong> Directly applicable</td>
<td></td>
</tr>
</tbody>
</table>

**Other comments:**

### Section 2: Study limitations (the level of methodological quality)

| 2.1 | Does the model structure adequately reflect the nature of the health condition under evaluation? | NA | RCT |
| 2.2 | Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? | Yes | 6 months; 12 months |
| 2.3 | Are all important and relevant health outcomes included? | Yes |
| 2.4 | Are the estimates of baseline health outcomes from the best available source? | Yes |
| 2.5 | Are the estimates of relative treatment effects from the best available source? | Yes | RCT |
| 2.6 | Are all important and relevant costs included? | Yes |
| 2.7 | Are the estimates of resource use from the best available source? | Partly | RCT; expert opinion and authors’ assumptions |
| 2.8 | Are the unit costs of resources from the best available source? | Yes | National sources; RCT |
| 2.9 | Is an appropriate incremental analysis presented or can it be calculated from the data? | Yes |
| 2.10 | Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis? | Yes |
| 2.11 | Is there no potential conflict of interest? | Yes |
| 2.12 | **Overall assessment:** Minor limitations | |

**Other comments:**

**Study identification:** Stevenson MD, Scope A, Sutcliffe PA. The cost-effectiveness of group cognitive behavioral therapy compared with routine primary care for women with postnatal depression in the UK. Value in Health. 2010;13:580-584. (a)


**Guideline topic:** Psychological and psychosocial interventions for the treatment of mental health problems in pregnancy or the postnatal period

### Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)

| 1.1 | Is the study population appropriate for the guideline? | Yes | Women with PND |
### Economic evidence – completed methodology checklists

#### Antenatal and postnatal mental health (update)

<table>
<thead>
<tr>
<th>1.2</th>
<th>Are the interventions and services appropriate for the guideline?</th>
<th>Yes</th>
<th>CBT-informed psychoeducation</th>
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</thead>
<tbody>
<tr>
<td>1.3</td>
<td>Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?</td>
<td>Yes</td>
<td>UK study</td>
</tr>
<tr>
<td>1.4</td>
<td>Are costs measured from the NHS and personal social services (PSS) perspective?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>1.5</td>
<td>Are non-direct health effects on individuals excluded?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>1.6</td>
<td>Are both costs and health effects discounted at an annual rate of 3.5%?</td>
<td>NA</td>
<td>Time horizon 1 year</td>
</tr>
<tr>
<td>1.7</td>
<td>Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>1.8</td>
<td>Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?</td>
<td>Yes</td>
<td>RCT (mapping technique)</td>
</tr>
<tr>
<td>1.9</td>
<td>Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?</td>
<td>Yes</td>
<td>UK tariff</td>
</tr>
<tr>
<td><strong>D1.10</strong> Overall judgement:</td>
<td>Directly applicable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other comments: In order for QALYs to be estimated a mapping technique was utilised. To do this data was obtained from the PoNDER trial (Morrell et al., 2009), which collected data on both EPDS and SF-36; the statistical relationship between EPDS and SF-36 and the SF-6D algorithm that converts SF-36 into utility values were subsequently used to transform the observed gains in EPDS recorded in HONEY2002 RCT into utility values that could be utilised in the economic model.

### Section 2: Study limitations (the level of methodological quality)

| 2.1 | Does the model structure adequately reflect the nature of the health condition under evaluation? | NA | RCT |
| 2.2 | Is the time horizon sufficiently long to reflect all important differences in costs and outcomes? | Yes | 12 months |
| 2.3 | Are all important and relevant health outcomes included? | Yes | |
| 2.4 | Are the estimates of baseline health outcomes from the best available source? | Yes | |
| 2.5 | Are the estimates of relative treatment effects from the best available source? | Partly | RCT; authors’ assumptions |
| 2.6 | Are all important and relevant costs included? | No | Intervention cost only |
| 2.7 | Are the estimates of resource use from the best available source? | Partly | RCT; authors’ assumptions; other published sources |
| 2.8 | Are the unit costs of resources from the best available source? | Unclear | |
| 2.9 | Is an appropriate incremental analysis presented or can it be calculated from the data? | Yes | |
| 2.10 | Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis? | Yes | |
| 2.11 | Is there no potential conflict of interest? | Yes | |
| **2.12** Overall assessment: | Potentially serious limitations |

Other comments:
**Study identification:** Economic analysis undertaken for this guideline

**Guideline topic:** Psychological and psychosocial interventions for the treatment of mental health problems in pregnancy or the postnatal period

<table>
<thead>
<tr>
<th>Section 1: Applicability (relevance to specific guideline review question(s) and the NICE reference case)</th>
<th>Yes/Partly/No/Unclear/NA</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Is the study population appropriate for the guideline?</td>
<td>Yes</td>
<td>Hypothetical cohort of women with depression in the postnatal period</td>
</tr>
<tr>
<td>1.2 Are the interventions and services appropriate for the guideline?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>1.3 Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>1.4 Are costs measured from the NHS and personal social services (PSS) perspective?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>1.5 Are non-direct health effects on individuals excluded?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>1.6 Are both costs and health effects discounted at an annual rate of 3.5%?</td>
<td>NA</td>
<td>Time horizon 1 year</td>
</tr>
<tr>
<td>1.7 Is the value of health effects expressed in terms of quality-adjusted life years (QALYs)?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>1.8 Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?</td>
<td>Partly</td>
<td>General population with depression</td>
</tr>
<tr>
<td>1.9 Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?</td>
<td>Yes</td>
<td>EQ-5D, UK general public</td>
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</table>

**1.10 Overall judgement:** Directly applicable

**Other comments:**

<table>
<thead>
<tr>
<th>Section 2: Study limitations (the level of methodological quality)</th>
<th>Yes/Partly/No/Unclear/NA</th>
<th>Comments</th>
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<tbody>
<tr>
<td>2.1 Does the model structure adequately reflect the nature of the health condition under evaluation?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?</td>
<td>Yes</td>
<td>1 year</td>
</tr>
<tr>
<td>2.3 Are all important and relevant health outcomes included?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2.4 Are the estimates of baseline health outcomes from the best available source?</td>
<td>Yes</td>
<td>Guideline MA</td>
</tr>
<tr>
<td>2.5 Are the estimates of relative treatment effects from the best available source?</td>
<td>Yes</td>
<td>Guideline MA</td>
</tr>
<tr>
<td>2.6 Are all important and relevant costs included?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2.7 Are the estimates of resource use from the best available source?</td>
<td>Partly</td>
<td>Studies included in guideline MA and GDG expert opinion</td>
</tr>
<tr>
<td>2.8 Are the unit costs of resources from the best available source?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2.9</td>
<td>Is an appropriate incremental analysis presented or can it be calculated from the data?</td>
<td>Yes</td>
</tr>
<tr>
<td>------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>2.10</td>
<td>Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?</td>
<td>Yes</td>
</tr>
<tr>
<td>2.11</td>
<td>Is there no potential conflict of interest?</td>
<td>Yes</td>
</tr>
<tr>
<td>2.12</td>
<td><strong>Overall assessment</strong>: Minor limitations</td>
<td></td>
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Other comments: