APPENDIX 20: ECONOMIC EVIDENCE – COMPLETED METHODOLOGY CHECKLIST

1.1 CASE IDENTIFICATION AND ASSESSMENT OF MENTAL HEALTH PROBLEMS IN PREGNANCY OR THE POSTNATAL PERIOD

Study identification: Campbell S, Norris S, Standfield L, Suebwongpat A. Screening for postnatal depression within the Well Child Tamariki Ora Framework. Report No.: 1(2). Christchurch: Health Services Assessment Collaboration; 2008.			
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	Cohort of postnatal women
1.2	Are the interventions and services appropriate for the guideline?	Yes	Formal case identification using PHQ-3
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Partly	New Zealand
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	No	
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)?	Yes	
1.8	Are changes in health-related quality of life (HRQoL) reported directly from patients and/or carers?	Partly	General population with depression treated with antidepressant medication
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
1.10	**Overall judgement:** Partially applicable		
Other comments:			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	Partly	False positive rate assumed

			to be 0%
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?	Partly	Observational study
2.5	Are the estimates of relative treatment effects from the best available source?	Partly	Observational study
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:			

1

Study identification: Hewitt C, Gilbody S, Brealey S, Paulden M, Palmer S, Mann R, et al. Methods to identify postnatal depression in primary care: an integrated evidence synthesis and value of information analysis. Health technology assessment. 2009;13:1-145. Paulden M, Palmer S, Hewitt C, Gilbody S. Screening for postnatal depression in primary care: Cost effectiveness analysis. BMJ. 2009;339:b5203.			
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
1.10	**Overall judgement:** Directly applicable		
Other comments:			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	Partly	False positive rate assumed to be 0%
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?	Partly	Observational study
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	Meta-analysis of diagnostic studies
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; other published literature
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: 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%; postive response to Whooley questions resulted in the provision of intensive psychological therapy and didn't consider the possibility of further assessment.			

1

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)		**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	
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:			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	Yes	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	1 year
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	Guideline MA
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	Guideline MA
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Partly	Studies included in guideline MA; GDG expert opinion
2.8	Are the unit costs of resources from the best available source?	Yes	
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?	Partly	Deterministic SA, and threshold

			analysis
2.11	Is there no potential conflict of interest?	Yes	
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

Study identification: Aracena M, Krause M, Perez C, Mendez MJ, Salvatierra L, Soto M, et al. A cost-effectiveness evaluation of a home visit program for adolescent mothers. Journal of Health Psychology. 2009;14:878-887.			
Guideline topic: Psychological and psychosocial interventions for the prevention of developing mental health problems in pregnancy or 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	Young women from poor neighbourhoods
1.2	Are the interventions and services appropriate for the guideline?	Yes	Home visiting
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Partly	Chile, publicly financed healthcare system
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	No	
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 15 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	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	**Overall judgement:** Partially applicable		
Other comments:			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
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	15 months
2.3	Are all important and relevant health outcomes included?	Partly	Goldberg's depression scale
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?	Unclear	
2.7	Are the estimates of resource use from the best available source?	No	Registries of health centres
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?	Partly	Statistical analysis for outcomes, but not costs
2.11	Is there no potential conflict of interest?	Yes	
2.12	**Overall assessment**: Potentially serious limitations		
Other comments:			

1

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. McIntosh E, Barlow J, Davis H, Stewart-Brown S. Economic evaluation of an intensive home visiting programme for vulnerable families: a cost-effectiveness analysis of a public health intervention. Journal of Public Health: Oxford Journal. 2009;31:423-433.			
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)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	Vulnerable pregnant women
1.2	Are the interventions and services appropriate for the guideline?	Yes	Home visiting
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?	No	Public sector 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 18 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	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	**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)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
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:			

1

Study identification: Hiscock H, Bayer J, Gold L, Hampton A, Ukoumunne OC, Wake M. Improving infant sleep and maternal mental health: a cluster randomised trial. Archives of Disease Childhood. 2007;92:952-958.			
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)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
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	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	**Overall judgement:** Partially applicable		
Other comments: The analysis did not use QALYs however there was no problem with the interpretation of the findings, since intervention was dominant.			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
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	
2.3	Are all important and relevant health outcomes included?	Partly	Women reporting EPDS, SF-12
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
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	Statistical analysis of costs and outcomes
2.11	Is there no potential conflict of interest?	Yes	
2.12	**Overall assessment**: Minor limitations		
Other comments:			

1
2

Study identification: Petrou S, Cooper P, Murray L, Davidson LL. Cost-effectiveness of a preventive counseling and support package for postnatal depression. International Journal of Technology Assessment in Health Care. 2006;22:443-453.		
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)	**Yes/ Partly/ No/Unclear /NA**	**Comments**

1.1	Is the study population appropriate for the guideline?	Yes	Women at high risk of PND
1.2	Are the interventions and services appropriate for the guideline?	Yes	Listening visits
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?	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%?	No	Costs 6%; health effects 1.5%
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	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	**Overall judgement:** Partially applicable		
Other comments:			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
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
2.3	Are all important and relevant health outcomes included?	Partly	HRQoL not considered
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
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	PSA; limited deterministic SA
2.11	Is there no potential conflict of interest?	Yes	
2.12	**Overall assessment**: Minor limitations		
Other comments:			

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

Study identification: Dukhovny D, Dennis CL, Hodnett E, Weston J, Stewart DE, Mao W, et al. Prospective economic evaluation of a peer support intervention for prevention of postpartum depression among high risk women. American Journal of Perinatology. 2013;30:631-642.			
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)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	Postnatal women
1.2	Are the interventions and services appropriate for the guideline?	Yes	Social (peer) support
1.3	Is the healthcare system in which the study was conducted sufficiently similar to the current UK NHS context?	Partly	Canada, publicly financed healthcare system
1.4	Are costs measured from the NHS and personal social services (PSS) perspective?	No	
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	
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	
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	NA	
1.10	**Overall judgement:** Partially applicable		
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)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
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?	No	12 weeks
2.3	Are all important and relevant health outcomes included?	Partly	Women reporting EPDS
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
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:			

1

Study identification: Hewitt C, Gilbody S, Brealey S, Paulden M, Palmer S, Mann R, et al. Methods to identify postnatal depression in primary care: an integrated evidence synthesis and value of information analysis. Health technology assessment (Winchester, England). 2009;13(36):1-145, 7-14523 Paulden M, Palmer S, Hewitt C, Gilbody S. Screening for postnatal depression in primary care: Cost effectiveness analysis. BMJ. 2009;339:b5203.			
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)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	Women with PND
1.2	Are the interventions and services appropriate for the guideline?	Yes	Structured psychological therapy and listening visits
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	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
1.10	**Overall judgement:** Directly applicable		
Other comments:			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**

2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	Yes	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	
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	Meta-analysis of RCTs
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	Meta-analysis of RCTs
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	Published studies; expert opinion
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	PSA
2.11	Is there no potential conflict of interest?	Yes	
2.12	**Overall assessment**: Minor limitations		
Other comments:			

Study identification: Morrell CJ, Warner R, Slade P, Dixon S, Walters S, Paley G, et al. Psychological interventions for postnatal depression: Cluster randomised trial and economic evaluation. The PoNDER trial. Health Technology Assessment. 2009;13:i-153.			
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)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	Women with PND
1.2	Are the interventions and services appropriate for the guideline?	Yes	Listening visits
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 up to 12 months
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?	Yes	RCT
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	Yes	SF-6D, UK tariff
1.10	**Overall judgement:** Directly applicable		
Other comments:			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
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:			

1

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) Stevenson MD, Scope A, Sutcliffe PA, Booth A, Slade P, Parry G, et al. Group cognitive behavioural therapy for postnatal depression: A systematic review of clinical effectiveness, cost-effectiveness and value of information analyses. Health Technology Assessment. 2010;14:1-152. (b)			
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)		**Yes/ Partly/ No/Unclear /NA**	**Comments**
1.1	Is the study population appropriate for the guideline?	Yes	Women with PND
1.2	Are the interventions and services appropriate for the guideline?	Yes	CBT-informed psychoeducation
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?	Yes	RCT (mapping technique)
1.9	Is the valuation of changes in HRQoL (utilities) obtained from a representative sample of the general public?	Yes	UK tariff
D1.10	**Overall judgement:** Directly applicable		
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)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
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:			

1
2

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		
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 women with depression in the postnatal period
1.2	Are the interventions and services appropriate for the guideline?	Yes	
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:			
Section 2: Study limitations (the level of methodological quality)		**Yes/ Partly/ No/Unclear/ NA**	**Comments**
2.1	Does the model structure adequately reflect the nature of the health condition under evaluation?	Yes	
2.2	Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?	Yes	1 year
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	Guideline MA
2.5	Are the estimates of relative treatment effects from the best available source?	Yes	Guideline MA
2.6	Are all important and relevant costs included?	Yes	
2.7	Are the estimates of resource use from the best available source?	Partly	Studies included in guideline MA and GDG expert opinion
2.8	Are the unit costs of resources from the best available source?	Yes	
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	Deterministic and threshold analysis; PSA
2.11	Is there no potential conflict of interest?	Yes	
2.12	**Overall assessment**: Minor limitations		

Other comments:

1