

# Perinatal mental health services in pregnancy and the year after birth: the ESMI research programme including RCT

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## Plain English summary

The ESMI research programme including RCT

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## Plain English summary

**E**arly identification and effective treatment of mothers with mental illness could improve the health of both these women and their babies. We found that two questions about low mood, or a 10-item self-complete questionnaire, were useful in identifying pregnant women likely to have depression or other mental illnesses. Around one in four participants had a mental illness. Women identified as being depressed were invited to participate in a study to examine whether or not a future large trial looking at the usefulness of tailored, guided self-help would be feasible. Recruitment was slow, partly because of changes in the way that services were organised, and so a larger trial would not be possible. However, the new, tailored, guided self-help materials were valued by women and practitioners.

We interviewed women who had experienced mental health problems (mild to severe) during the perinatal period (i.e. during pregnancy and the year after birth) and found that services tailored to the perinatal period were usually preferred to general services. However, stigma and fears about losing custody of children are barriers to disclosure of mental health problems.

We also developed and evaluated a new measure of service satisfaction for women with acute severe mental illnesses after birth who needed psychiatric admission or treatment by crisis resolution teams. We used this and other measures in a large trial comparing readmission rates in the year after discharge among women treated in specialist psychiatric mother and baby units and those treated in acute generic psychiatric inpatient wards or at home under the care of a crisis resolution team (i.e. standard care). Women treated in mother and baby units were slightly less likely than those who received standard care (22% vs. 25%) to be readmitted in the year after discharge. Women were also more satisfied with specialist services. However, specialist services were not good value for money compared with standard care in the short term, although this may not be the case in the longer term.



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