



Extended Research Article

Effectiveness and cost-effectiveness of community perinatal mental health services on access, experience, recovery/relapse and obstetric and neonate outcomes: the ESMI-II mixed-methods study

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Plain language summary

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Plain language summary

We evaluated how well community perinatal mental health teams were working. The study had four work packages.

Work package 1 created community perinatal mental health team categories in England. In 2020, 84% had basic staffing, and 63% had more multi-professionals involved in mother and baby care.

Work package 2 evaluated two assessments of mother–baby interaction. ‘Parent Infant Interaction Observation Scale’ was better at predicting how babies would be developmentally at age 2, though is best used for babies 2–8 months old. ‘National Institute of Child Health and Human Development-3’ could be better for community perinatal mental health teams, because it can be used for babies 3–24 months old, is simpler to use and takes less staff training time.

Work package 3 used interviews to look at what aspects of community perinatal mental health team care helped women. We interviewed 139 women, 55 family members and 80 health workers in 10 community perinatal mental health teams throughout England. Good community perinatal mental health teams were comprehensive and had staff who were relational, approachable and non-judgemental. They understood what new mothers needed. Mothers and babies were greatly helped by:

1. community perinatal mental health teams working closely with other health providers
2. perinatal-specific medication advice
3. helping mothers connect with other mothers
4. supporting mothers to reduce conflict and get more support
5. helping mother–infant bonding
6. teaching mums how to manage their emotions.

Work package 4 evaluated National Health Service maternity and mental health data. We found women with serious mental health problems had a higher chance of having childbirth and newborn difficulties. The risk was greatest for women with very recent or serious mental health problems.

In areas with community perinatal mental health teams, more perinatal women accessed earlier help with their mental health, with fewer women having highest levels of care. Areas with community perinatal mental health teams cost more money and newborns had greater health risks.

Community perinatal mental health teams are good at helping perinatal women with mental health problems, but further work is needed to understand how to help their newborn baby’s health.

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