



**Perinatal Mental Health Project**  
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Alan J. Flisher Centre for  
Public Mental Health



CARE POLICY AND EVALUATION CENTRE



GLOBAL ALLIANCE FOR  
MATERNAL MENTAL HEALTH

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## **It's too costly to do nothing about perinatal mental health problems in South Africa**

In South Africa, between 16% and 50% of women during pregnancy and the year after birth will experience symptoms of depression and/or anxiety. Considering the lifetime impacts of depression, anxiety, post-traumatic stress disorder (PTSD) and suicide on mothers and children, the estimated costs of perinatal mental health problems is R49.3 billion (US\$2.9 billion).

These are the findings of a recent paper published in the international peer-review journal, [Global Mental Health](#).

Titled "*Costs of common perinatal mental health problems in South Africa*", the research was conducted by the Care Policy and Evaluation Centre at the London School of Economics and Political Science (LSE) in collaboration with the Perinatal Mental Health Project, the Centre for Public Mental Health at the University of Cape Town (UCT), and the South African Medical Research Council.

The study used economic modelling to examine the lifetime costs of perinatal mental health problems for women and their children in South Africa. Researchers considered the impacts on women over a ten-year period, and the long-term possible consequences for their children over 40 years. The economic effects considered were losses in duration and quality of life, losses in income and public sector costs.

In addition to human suffering, untreated mental health problems reduce women's ability to work or take part in other productive activities. Mental health problems may also have adverse effects on pregnancy outcomes, infant growth and development and educational achievement for children. Evidence from South African studies has also shown that maternal depression impacts on respiratory tract infections, recurrent wheezing, asthma, stunted growth and mental health problems in children.

However, several economic impacts could not be included due to a lack of data, including impacts on fathers, families and communities, as well as impacts of more severe conditions like psychosis. The methodology that the researchers used for this study could be applied to other low-and -middle-income countries where data is available.

Associate Professor Simone Honikman, co-author of the study and Director of the [Perinatal Mental Health Project](#) in the Alan J. Flisher Centre for Public Mental Health at UCT, said: "Whilst important progress has been made in South Africa with regards to mental health policies and interventions that include assessment and management

of perinatal mental health problems, substantial underinvestment prevents progress. Findings from these studies strengthen the economic case for investing in perinatal mental health care.”

Annette Bauer, lead researcher and Assistant Professorial Research Fellow at LSE, commented that: “We have taken a long-term and intergenerational perspective towards assessing the costs of perinatal mental health problems. This has helped us to understand the ‘big picture’ of the costs of depression and anxiety among pregnant women and mothers on themselves, the economy and society more broadly.”

The study is largely based on country-specific data, thus seeking to be relevant to decision-makers nationally. Martin Knapp, co-author and Professor of Health and Social Care Policy at the LSE indicated that: “These costs in South Africa are much higher - relative to the size of the economy - than we found for the UK a few years ago. One reason is that there is a much higher prevalence of perinatal mental illness in low- and middle-income countries than in the high-income countries. But it is also because impacts on mothers and their children can be so large and enduring in low-resource settings”

The researchers also call for action to tackle the impact of mental health problems resulting from the COVID-19 pandemic. They highlight the need for collaboration across service sectors and community-based strategies to promote perinatal mental health by addressing the social causes of mental illness, such as violence against women, and by reducing mental health stigma and increasing demand for and promoting uptake of care. In addition, implementation strategies should include competency-based training and, supervision and support for maternity staff and other frontline providers to provide primary-level mental healthcare. Investment also needs to be made to create salaried staff positions for non-specialist mental health providers in maternal and child services and community-based settings.

The research supplements the work recently conducted through a Mental Health Investment Case for South Africa, a report commissioned by the by the National Department of Health. For this, economic modelling estimated a government saving of R4,70 (about US\$0.29) for every R1 invested in interventions addressing perinatal mental health problems. This is expected through restored productivity, health and healthcare savings. This saving would likely be much higher if it had factored in the impacts on early childhood development.

### **Notes for editors**

- Examples of common maternal mental health problems include depression in pregnancy and postnatally and anxiety disorders like phobias, generalised anxiety disorder
- Disability-adjusted life years (DALYs) is a time-based measure that combines years of life lost due to premature mortality and years of life lost due to time lived in states of less than full health, or years of healthy life lost due to disability.
- This independent research was conducted as part of the Global Economics in Maternal Mental Health (GEMMH) project, which is funded by the Open Society Foundations. Partners included the Care Policy and Evaluation Centre at London School of Economics and [The Global Alliance for Maternal Mental Health \(GAMMH\)](#) in collaboration with Perinatal Mental Health Project, University of Cape Town and SA Medical Research Council.

- 'Quality of life measures' is a standard research tool which looks at the cost of each additional month/year of life gained by a treatment and the quality of that life, including physical/mental ability to do basic daily activities.
- [Information](#) is available for anyone affected by the issues raised
- [Support](#) is available in South Africa through several organisations.
- [The Perinatal Mental Health Project](#), based at the University of Cape Town works to support the integration of quality maternal mental health care into maternal and child platforms to optimise access to health, development and to social justice. This is achieved through service delivery, health systems strengthening, research, capacity building and advocacy work.
- [LSE's Care Policy and Evaluation Centre](#) is an international research centre working mainly in the areas of long-term care (social care), mental health, developmental disabilities and other health issues.

***ENDS***

***Issued by: UCT Communication and Marketing Department***

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