Digital interventions in mental healthcare: are they cost-effective?

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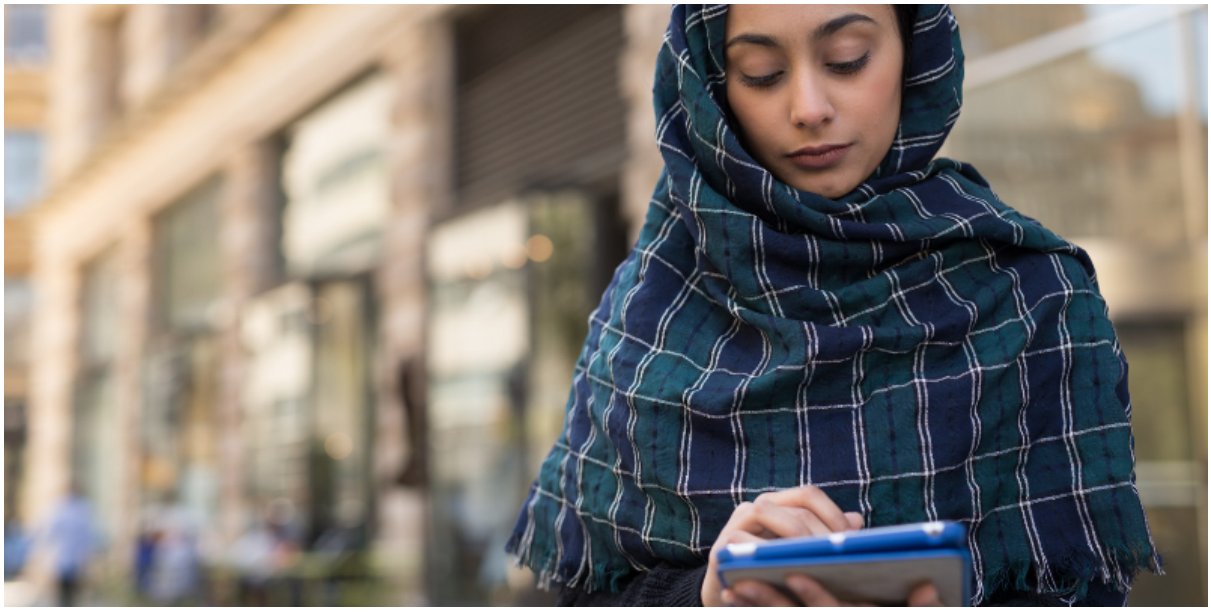

Digital healthcare interventions can offer a cost-effective way to support people with mental health problems. However, evidence often comes from high-income countries. Our research focused on the evaluation of a technology-assisted intervention for perinatal depression in Pakistan, where both healthcare budgets and trained healthcare staff are constrained.

Perinatal depression is very common with around one in four pregnant women in low- and middle-income countries (LMICs) affected. The Thinking Healthy Programme developed by the World Health Organisation (WHO-THP) is effective in supporting women with perinatal depression in low-income settings. It consists of a cognitive behaviour therapy intervention delivered by trained healthcare workers. However, when healthcare resources are limited, it is not affordable to deliver this intervention to everyone who needs it.

In response to this challenge the Technology-Assisted Peer-delivered Thinking Health Programme (THP-TAP) was developed. Instead of trained healthcare workers, this intervention is delivered by peers who are laywomen from the community with no formal healthcare training but with experience of motherhood. The peers focus on providing empathy and support for pregnant women combined with the use of tablets loaded with an application that delivered the cognitive behavioural elements of the treatment.

We used the results of a trial in Pakistan that found that women receiving the technology-assisted peer support experienced the same improvement in mental health as those who received the intervention from trained healthcare workers. We considered the costs and health outcomes that would arise if the two alternative interventions were scaled up and provided to all those who needed it.

Despite the initial cost of the tablets our analysis showed that THP-TAP could represent a scalable, health-improving and cost-saving intervention to support those with perinatal depression, when compared to WHO-THP. This demonstrates the potential to combine technology and non-healthcare workers to tackle severe resource constraints and to ensure that those most in need still receive care.

Read the full paper, funding sources and disclaimers in BMJ Global Health.

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