



An Action Research Study on the Cost-Effectiveness of Integrating Mental Health Screening into PMTCT Services for Postpartum Women in Blantyre, Malawi

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Tiyamike Mwale

Department of Clinical Research, University of Malawi

Mrs Melanie Shaw

Department of Public Health, University of Malawi

Lilongwe University of Agriculture and Natural Resources (LUANAR)

Correspondence: tmwale@aol.com

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Abstract

The postpartum period presents a high risk for mental health disorders, particularly for women living with HIV. In Malawi, the integration of mental health support into Prevention of Mother-to-Child Transmission (PMTCT) services remains limited. This gap may affect maternal and child health outcomes, highlighting a need to assess the feasibility and economic implications of integration within resource-constrained settings. This action research study aimed to determine the cost-effectiveness of integrating a validated mental health screening tool into routine PMTCT services for postpartum women in Blantyre, Malawi. The primary objective was to evaluate the incremental cost per case of common mental disorders identified through integrated screening compared to standard care. A participatory action research approach was employed across multiple cycles in two urban health centres. A mixed-methods design incorporated activity-based costing to analyse the resources required for integration. Focus group discussions were held with healthcare providers and postpartum women. Screening used a locally validated tool, and cost-effectiveness was analysed from a health system perspective. The integrated screening identified a high prevalence of probable common mental disorders, with approximately 28% of screened women requiring further assessment. The incremental cost per case detected was modest. Qualitative data revealed that screening within the familiar PMTCT context was associated with reduced stigma and increased help-seeking behaviour. Integrating mental health screening into existing PMTCT services is a cost-effective strategy for identifying postpartum women in need of mental health support in this setting. The approach was feasible and acceptable to both service users and providers. National and district health managers should consider piloting and scaling up the integration of validated mental health screening within PMTCT programmes. Further research is needed to develop and cost appropriate referral pathways and intervention packages for identified cases. Action research, cost-effectiveness, mental health, postpartum, PMTCT, Malawi, screening. This study provides evidence on the economic and operational feasibility of integrating mental health screening into routine PMTCT services, offering a practical model for improving maternal mental healthcare in similar resource-limited settings.

Keywords: *Prevention of Mother-to-Child Transmission, Postpartum Depression, Cost-Effectiveness Analysis, Sub-Saharan Africa, Health Services Integration, Action Research, Maternal Health*

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