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Talking therapies for mild perinatal anxiety and depression

As highlighted in the previous article (The impact of stress in pregnancy), perinatal mental illness is not uncommon and can have adverse effects on both mother and baby. The evidence reviewed clearly highlights the importance of intervening during the perinatal period. In this article Abigail Easter, Hedie Howells and Susan Pawlby review the evidence for interventions aimed at preventing or reducing mild perinatal anxiety or depression.

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What interventions are available?

There is increasing recognition of the significance of perinatal mental illness and increasing focus on the importance of early intervention, which is reflected in recent government and National Institute for Health and Care Excellence (NICE) guidelines.[1,2]

A wide range of interventions for the treatment of perinatal mental illness exist, with varying degrees of empirical evidence to support their use. These range from 'light touch' interventions, including alternative and complementary approaches (e.g. acupuncture and yoga), community support programmes and educational interventions (e.g. peer support), psychological interventions and talking therapies (e.g. cognitive behavioural therapies), through to pharmaceutical treatments and more intensive interventions such as those delivered in mother-and-baby units.

Here we take a closer look at what talking therapies are available and whether they are effective in reducing perinatal anxiety and depression. Interventions to treat and alleviate anxiety have been researched to a lesser degree than those used in the treatment of depression; therefore, the research is combined throughout this review.

This review summarises the findings from a recent report from researchers at the Institute of Psychiatry, Psychology and Neuroscience at King's College London, commissioned by the NSPCC.[3] It included

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interventions that have, to some degree, been empirically demonstrated as effective. The focus of the review is on talking therapies for mild perinatal anxiety and depression, which can be delivered by non-mental health professionals.

What are talking therapies?

Talking therapies is an umbrella term for psychological interventions or treatments in which individuals are provided with a safe and supportive environment to explore problems that they may be experiencing. Talking therapies provide the opportunity to explore thoughts and feelings and the effect they have on behaviour and mood. The key principle of most talking therapies is that the process of describing thoughts, feelings and behaviours can help individuals to develop positive coping strategies or notice any patterns which it may be helpful to change.

In the following sections the evidence for the efficacy of cognitive behavioural therapy interventions, interpersonal therapy and mindfulness interventions for the treatment of mild perinatal anxiety and depression will be discussed.

Cognitive-based therapy interventions

What is cognitive-behavioural therapy?

Cognitive-based therapy (CBT) is a well-established intervention for individuals experiencing anxiety or depression. It is based on a combination of cognitive and behavioural theories of human behaviour. The key premise is that emotional distress is maintained by maladaptive ways of thinking and processing information (cognitions and schemas), which are driven by individuals' experiences and beliefs. CBT guides and supports people to evaluate and alter maladaptive ways of thinking, leading to changes in emotional state and behaviour, in this way reducing symptoms of anxiety and depression.[4] Since the introduction of CBT in the 1960s it has been adapted to meet the needs of a wide variety of populations and health conditions and a range of CBT interventions now exist.[5]

How is cognitive-behavioural therapy delivered?

CBT can be delivered not only on a one-to-one basis but also to groups and in self-help format (e.g. self-help books and computerised CBT). Group administration is particularly useful in areas with little access to facilitators and resources.[6] However, the evidence-base supporting individual CBT is currently more extensive than the research regarding group CBT.

Group administration of interventions for mild perinatal anxiety and depression has, in general, been shown to be more cost-effective than CBT delivered on an individual basis, due to the reduced demand for trained facilitators.[7]

Cognitive behavioural therapy for perinatal anxiety and depression

There is a growing evidence-base to support the use of CBT as a treatment for mental illness,[5] including during the perinatal period.[4,8]

Adaptations to CBT interventions for perinatal mental illness are well demonstrated by the 'Mothers and Babies' course, which was originally developed by researchers and clinicians at the University of California for low-income Latino families. The course utilises a cognitive behavioural framework, and incorporates social learning concepts, attachment theory, and is tailored to address socio-cultural issues. It was designed to be delivered as an antenatal course, with the aim of preventing postnatal depression. The 'Mothers and Babies' course is facilitated by trained professionals and teaches various principles such as, how to modify maladaptive thoughts and benefit from social contact.

'Mothers and babies' has demonstrated efficacy in preventing perinatal depression in Black and Hispanic women and one study investigated its effect when adapted for use with perinatal African-American women in Baltimore City, USA.[9] This study reported that mood regulation, which is hypothesised to prevent depression, increased by 16% after completion of the course.[9]

A small Korean study (27 women) of CBT interventions delivered in late pregnancy also found significantly lower depression scores following treatment,[10] and a French study with a group of 241 pregnant women found beneficial effects post-intervention.[11] However, in the latter study only one intensive CBT Intervention session was provided.

As outlined above the majority of studies suggest a beneficial effect of CBT interventions on mild perinatal anxiety and depression. Furthermore, CBT is currently endorsed by NICE guidelines as a treatment for perinatal depression. However, contradictory findings do exist, and some studies have found no difference in anxiety or depression symptoms following a CBT intervention.[12,13] It is possible that the lack of differences in these studies may be explained by a natural remission of mild-range mental illnesses, or alternatively by a 'therapeutic' effect of the control group (e.g. in one study CBT was compared to an information booklet containing information about perinatal anxiety and depression).[12]

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Computerised CBT

Despite the strong evidence-base for CBT, issues of availability exist and access across the UK is often limited, meaning that many individuals with mild perinatal anxiety or depression do not receive it.

Computerised and online formats of CBT can improve access as they reduce therapist resources. One study noted a 73% reduction in clinician time when treatment was computer-based as opposed to entirely clinician-led.[14] Furthermore, these approaches allow individuals to be virtual and anonymous, and provide the potential to improve access among those who are concerned about accessing mental health services due to concerns about stigma.

A meta-review of 12 systematic reviews of computerized CBT (cCBT) for depression (with and without anxiety), concluded that the treatment demonstrated clinical efficacy and had positive effects on depressive symptoms.[15] Nevertheless, the review did not identify any specific studies that included cCBT for antenatal or postnatal mental illness, therefore its efficacy for individuals with mild perinatal anxiety or depression remains largely unknown.

Computerised therapies, however, have high non-completion rates, which much be considered when assessing their efficacy.[16,17] One study reported that only around half (56%) of people completed a full online CBT course,[17] and completion rates were just 39% in another study.16 However, it is thought that this may in part be due to curiosity accounting for the uptake and subsequent withdrawal, as opposed to low acceptance of the therapy.[16]

Mindfulness-based cognitive therapy

What is mindfulness-based cognitive therapy?

Mindfulness-based therapies are becoming increasingly popular interventions, particularly for the prevention and alleviation of mental illness. Mindfulness-based cognitive therapy (MBCT) was originally developed as an eight week course, which combines mindful meditation with cognitive therapy, for individuals with relapsing depression.[18] It aims to reduce symptoms of anxiety and depression by supporting individuals to reflect on and modify maladaptive evaluation styles, encouraging themes such as 'living in the moment', 'adopting an accepting attitude',[19] and 'promoting cognitive flexibility', which reduces anxious and depressive symptoms.[20]

As with CBT the intervention can be implemented in a group setting, delivered one-to-one or self-taught with no requirement for a professional to be present.[21]

Is mindfulness-based cognitive therapy effective?

Findings from a meta-analysis of the effectiveness of MBCT in general clinical populations indicate that it is a promising intervention for reducing anxiety and depression.[4] However, few studies have investigated its application during the perinatal period.

A recent pilot study of MBCT delivered to women during pregnancy reported a reduction in depression, stress and anxiety compared to a control group who had not completed the therapy.[20] Moreover, its benefits to general cognitive styles appear to be long-lasting and applicable to various challenging situations throughout the perinatal period and long after childbirth.[20]

Further evidence for the effects of the intervention on anxiety during pregnancy comes from feedback from the 'Coping with Anxiety through Living Mindfully' project (CALM Pregnancy), which used an adaptation of MBCT specifically designed for women in pregnancy.[22] This study found a reduction in the number of women meeting diagnostic criteria for generalised anxiety disorder (GAD) before and after treatment (from [17] women to one) and statistically significant reductions in anxiety as well as depressive symptoms. However, the findings among antenatal populations are currently derived from small, non-representative pilot studies and the reliability of these findings requires further confirmation.

Reports from women participating in MBCT intervention during pregnancy have been largely positive. Qualitative analysis of the above studies reported:

"*Every participant spoke of the benefits they experienced from learning these skills.*" [20]

"*Participants regarded their experience in the intervention to be overwhelmingly positive.*" [22]

However, there is some concern about the practical accessibility of out-of-home interventions since various factors such as feeding and nap times, transport and childcare costs and the mother's own mobility can present barriers to the uptake of these interventions. [7,16,23] Offering out-of-home groups at different times of the day, and reimbursing travel costs might help to improve engagement in such interventions.[23]

Interpersonal therapy

What is interpersonal therapy and how does it work?

Interpersonal therapy (IPT) is a brief structured therapy originally designed to

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treat major depressive disorders in adults, but is typically delivered to individuals with mild to moderate depression. A central premise of IPT is that symptoms of mental illness, such as depressed mood, can be understood as a response to current difficulties in everyday interactions with others. Depressed mood can, in turn, affect the quality of these interactions, creating a vicious cycle. Therefore, the principal focus of IPT is remedying maladaptive interpersonal relationships that are considered fundamental to mood and therefore, depression and anxiety.8 IPT typically focuses on the following relationship areas: relationship conflict, life changes affecting how you feel about yourself and others, grief and loss, and difficulty in starting or keeping relationships going.

Is IPT effective for treating perinatal anxiety and depression?

Theoretically the use of IPT as an intervention for perinatal mental illness is appealing since partner conflict and lack of support are two key risk factors.24 Furthermore, empirical studies of the effectiveness of IPT have, in general, been supportive of its use in preventing and reducing mild perinatal anxiety and depression. [8,25,26]

Antenatally, the preventative and reductive effects of IPT on mild perinatal depression and anxiety are empirically supported by some studies,[27,28,29] whist others were found to be methodologically weak.[30] Two randomised studies by Zlotnick and colleagues in America found that IPT delivered during the antenatal period in a group setting was effective in preventing depressive disorder three months post-birth, compared to standard antenatal care.[27,28]

Postnatally, IPT has been found to be effective as both a preventative therapy, as established in a review of five separate trials,[25] as well as a reductive intervention for mild perinatal anxiety and depression.[31]

In terms of acceptability, IPT does not require a significant amount of 'home-work', as for example, CBT interventions do, and this may be particularly acceptable for new parents during the perinatal period.[7] IPT can also be implemented in a group setting, or individually and in this way is flexible and may be particularly good for the mother-father dyad. There is preliminary evidence to suggest beneficial effects, albeit mixed, when implemented with both groups and individuals.[8]

Socio-cultural considerations

When discussing the appropriateness and effectiveness of talking therapies during the perinatal period there are several socio-cultural factors that need to be taken into consideration.

Ideas of maternal and paternal roles, as well as perceptions of mental illness, differ considerably cross-culturally,[32] and it is important to be aware of and sensitive to differences when discussing and referring individuals to an intervention. Moreover, it is crucial that interventions for perinatal mental illness are designed to be flexible enough to account for cross-cultural differences. Language can also be a barrier to treatment for some communities,[33] and lack of ethnic diversity among healthcare professions may exacerbate this problem.[34]

Conclusions and practice points

In conclusion, talking therapies, overall, benefit from different implementation methods and are each well suited to different needs. Interpersonal therapy improves partner support and works on the mother-father dyad, whereas MBCT and CBT interventions are flexible and can be self-administered, offering convenience and cost-efficacy. Although there is good evidence for the efficacy of talking or psychological therapies for anxiety and depression, evidence regarding their effectiveness in pregnancy and how these interventions might be adapted for use in pregnant women is more limited, with CBT interventions providing the strongest evidence-base to date. All can be delivered during the antenatal or postnatal period; however talking therapies are most effective when delivered early in pregnancy.

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Key points

- A wide range of interventions for the treatment of perinatal mental illness exist, with varying degrees of empirical evidence to support their use.
- Talking therapies is an umbrella term for psychological interventions or treatments where individuals are provided with a safe and supportive environment to explore their feelings.
- Three main forms of talking therapies have been used in the treatment of mild perinatal anxiety and depression: cognitive-behavioural therapy interventions, interpersonal therapy and mindfulness interventions.
- Although there is good evidence for the efficacy of talking therapies, evidence regarding their effectiveness in pregnancy and during the postnatal period is more limited.
- Talking therapies are most effective when delivered early in pregnancy.
- Currently, cognitive-behavioural interventions have the strongest evidence-base for the prevention and treatment of mild perinatal anxiety and depression.

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