

# Internet therapy may help postnatal depression

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Researchers at the University of Exeter have teamed up with online forum Netmums in a pilot study which has shown that postnatal depression can be treated effectively using online therapy. Rates of postnatal depression (PND) are high—between 10 to 30 percent of mums are affected—but many cases go unreported and few women seek help.

The team from the University of Exeter, supported by the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care in the South West Peninsula (NIHR PenCLAHRC) and with significant input from Netmums, have for the first time investigated the feasibility of an internet-based Behavioural Action (BA) treatment modified to address PND in two studies.

Those who received the internet based treatment reported better results for depression, work and social impairment, and anxiety scores immediately after they had received the treatment. They also reported better results for depression six months after treatment.

The results, published in the journal *Psychological Medicine*, indicate that such an internet-based facility for treatment could have a positive effect on PND as a whole, providing new mums with support at times which are convenient to them and allowing them to complete a course of therapy.

Dr. Heather O'Mahen from the University of Exeter who led the study

said: "The high number of cases of PND, and the comparatively poor take up of help from those affected by it, are worrying. This study, and another recently published study by our team, which looked at a self-help version of the treatment delivered online and had 910 women sign up, 364 of whom completed, are the first to investigate the effectiveness of using an internet-based therapy to provide mums with PND with the support they would have traditionally received in a clinic-based environment. The results are enough to convince us that such an approach is indeed a feasible one."

She added: "Our hope is that this will allow more women to access and benefit from support, with all the knock-on positives that come from that: happier families, improved quality of life for mums; and a reduction in the demands such cases can bring to stretched health services around the world. This treatment is an accessible and potentially cost-effective option, and one that could easily be incorporated into mental healthcare provision."

The team designed and assessed a 12-session, modular, internet BA treatment that was supported by telephone calls with a [mental health](#) worker. A total of 249 mums were recruited via UK parenting site, Netmums.com. The mothers received information about the program through Netmums newsletter adverts, emails, and online adverts. They completed online forms and were asked questions about their mood in a telephone interview with a research assistant. Of those, 83 met the necessary criteria for 'major depressive disorder' and they were randomly split into two groups: one received 'treatment as usual'; the other the internet based treatment. Women in the treatment group could sign onto the online program and chose modules relevant to their needs. For example, there were modules on 'being a good enough mum', 'changing roles and relationships', 'sleep' and 'communication'. The participants had weekly telephone sessions with a support worker who helped support the [women](#) through the program.

Mothers report favouring therapy over drug-based solutions, especially if they are breastfeeding, but for many new mums accessing traditional clinic-based therapy is difficult: transportation, childcare, variable feeding and nap times, all conspire to make it hard to keep appointments. It is critical to provide new mothers with treatments that work for them; however a recent NSPCC report noted that there is no specialist perinatal provision or training in Increasing Access to Psychological Therapies (IAPT), the main providers of mental health care in primary care.

Provided by University of Exeter

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