



British Association for
Counselling & Psychotherapy

Psychological therapies for ante and post natal depression

A summary of the evidence

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November 2012

Due to maternal preferences and potential concerns about infant and fetal health outcomes, psychological therapies offer a potential way forward in terms of treating depression for women who are pregnant or who have recently given birth. This overview of the evidence is based on a systematic search of a number of databases in relation to counselling and psychological therapies for depression in and around pregnancy.

A number of systematic reviews have been published which summarise the best available evidence on the topic area. These are supplemented with evidence from more recent studies not covered by the reviews. Overall these studies show that there are positive effects for psychological therapies for treating post natal depression (PND). There is less evidence available for the prevention of PND and even more limited evidence for the treatment of antenatal depression by IPT. A range of therapies have been found to be efficacious in treating PND, and no particular therapy appears to be more effective than others. However in general individual therapies appear to be more useful than group treatments. There are also a number of studies around subfertility and miscarriage which show potential for the effectiveness of psychological therapies. Only one study was found which provides evidence on patients' preferences for counselling. In terms of cost effectiveness, the evidence is mixed, with one cost effectiveness study suggesting that counselling is cost effective for post natal depression. An economic modelling study, however, suggested that there was no evidence of the cost effectiveness of group CBT in the treatment of PND.

The evidence is limited by a number of factors. In a number of the systematic reviews, counselling is considered alongside other non-pharmacological interventions, and in some cases it is not possible to determine (from the abstracts available) which particular psychological interventions. Furthermore, some of the systematic reviews highlight limitations in the evidence, in particular the sample sizes of some of the trials contained in the reviews and the heterogeneity of the studies, making comparisons between studies difficult.

The evidence from studies included in this overview has been summarised in the form of evidence tables, which give a brief overview of each study (based on the abstracts) and are arranged in a hierarchy of evidence (systematic reviews and randomised controlled trials then other empirical studies). More information can be found by locating and reading the full journal articles, those marked with * are available free and open access via the internet. The articles selected for inclusion in the overview are primarily those which are higher up the evidence hierarchy, have been published since 2005 and are applicable to the UK.

Notes

This bulletin is based on searches of PubMed, Psycinfo and NHS Evidence from 2000 onwards. Searches were conducted in April 2012 and updated in December 2012. Items have been selectively included with a main focus on systematic reviews of psychological therapies. Where abstracts have been amended from the Psycinfo database, they are marked AA. The overview has been written using the abstracts of the articles and no attempt has been made to critically appraise the full text.

This bulletin has been created by Brettell Innovations Ltd on behalf of the British Association of Counselling and Psychotherapy (BACP).

Systematic reviews

Details	Therapy	Overview	Findings/Conclusions
Antenatal Depression			
Dennis, C. L., L. E. Ross, et al. (2007). "Psychosocial and psychological interventions for treating antenatal depression." Cochrane Database Syst Rev(3): CD006309.*	Preventive psychosocial or psychological interventions in which the primary or secondary aim is to treat antenatal depression	Cochrane review to assess the effects, on mothers and their families, of psychosocial and psychological interventions compared with usual antepartum care in the treatment of antenatal depression.	One US trial incorporating 38 outpatient antenatal women with major depression was found. It compared Interpersonal psychotherapy to a parenting education program and was associated with a reduction in the risk of depressive symptomatology immediately post-treatment . It was concluded that one trial was too small, with a non-generalisable sample, to make any recommendations.
Postnatal Depression (Prevention)			
Austin, M.-P. (2003). "Targeted group antenatal prevention of postnatal depression: A review." Acta Psychiatrica Scandinavica 107(4): 244-250.	Antenatal group interventions	Reviews 5 randomized control trials (RCTs) published during the period 1960-2001 concerning the efficacy of antenatal group interventions aimed at reducing postnatal depression (PND) in at risk women.	Three studies used unvalidated educational or supportive interventions. The largest study using a structured intervention reported no effect and a small study using interpersonal therapy was promising All the studies suffered from methodological limitations. The authors concluded that further studies addressing the significant methodological limitations are recommended before concluding that antenatal targeted interventions have no place in maternity care. (PsycINFO Database Record Amended)
Dennis, C. L. (2004). "Preventing postpartum depression part II: A critical review of nonbiological interventions." Can J Psychiatry	Psychosocial and psychological interventions	Two reviews with slightly different inclusion criteria but with same overall aim - to assess the effects of psychosocial and	There was no overall statistically significant effect on the prevention of postnatal depression in the meta-analysis of all types of interventions (15 trials, n = 7697; relative risk 0.81, 95% confidence interval 0.65 to 1.02), these results suggest a potential reduction in postnatal depression. The only

<p>49(8): 526-38.</p> <p>Dennis, C. L. (2005). "Psychosocial and psychological interventions for prevention of postnatal depression: systematic review." <i>Bmj</i> 331(7507): 15.</p>		<p>psychological interventions compared with usual antepartum, intrapartum, or postpartum care on the risk of postnatal depression</p>	<p>intervention to have a clear preventive effect was intensive postpartum support provided by a health professional (0.68, 0.55 to 0.84). Identifying women "at risk" assisted in the prevention of postnatal depression (0.67, 0.51 to 0.89). Interventions with only a postnatal component were more beneficial (0.76, 0.58 to 0.98) than interventions that incorporated an antenatal component. In addition, individually based interventions were more effective (0.76, 0.59 to 1.00) than group based interventions (1.03, 0.65 to 1.63).</p>
<p>Postnatal depression (treatment)</p>			
<p>Cuijpers, P., J. G. Brannmark, et al. (2008) Psychological treatment of postpartum depression: a meta-analysis (Structured abstract). <i>Journal of Clinical Psychology</i> 103-118</p>	<p>Psychological treatments of postpartum depression</p>	<p>Meta-analysis of 17 controlled and comparative studies of psychological treatments of postpartum depression</p>	<p>The mean standardized effect size of all psychological treatments compared to control conditions was 0.61 (95% CI: 0.37 approximately 0.85).. Studies with waiting list control groups had a larger mean effect size (0.96; 95% CI: 0.63 approximately 1.29) than studies with a care-as-usual control group (0.41; 95% CI: 0.25 approximately 0.58). No definite conclusions can be drawn about the longer term effects. Too few studies were available to draw conclusions about the relative effects of psychological treatments compared to pharmacological and other treatments.</p>
<p>Dennis, C. L. and E. Hodnett (2007). "Psychosocial and psychological interventions for treating postpartum depression." <i>Cochrane Database Syst Rev</i>(4): CD006116.*</p>	<p>Psychosocial and psychological interventions</p>	<p>To assess the effects of all psychosocial and psychological interventions compared with usual postpartum care in the reduction of depressive symptomatology.</p>	<p>Based on the results of ten trials it was determined that any psychosocial or psychological intervention, compared to usual postpartum care, was associated with a reduction in the likelihood of continued depression, however measured, at the final assessment within the first year postpartum. Although the methodological quality of the majority of trials was, not strong, the meta-analysis results suggest that psychosocial and psychological interventions are an effective treatment option for women suffering from postpartum depression.</p>
<p>Goodman, J. H. and G. Santangelo "Group treatment for postpartum depression: A</p>	<p>Group treatment for PPD</p>	<p>To systematically review the literature regarding group treatment for PPD for reducing</p>	<p>Of 11 studies, all but one showed statistically significant improvement in depression scores from pretreatment to posttreatment, suggesting that group treatment is effective in reducing PPD symptoms. However the studies were all</p>

systematic review." Archives of Women's Mental Health 14(4): 277-293. 2011		depressive symptoms in postpartum women.	very different and the quality of the studies was mixed, so caution is advised.
Leis, J. A., T. Mendelson, et al. (2009) A systematic review of home-based interventions to prevent and treat postpartum depression (Structured abstract). Archives of Women's Mental Health 3-13	Home-based psychological interventions for the prevention or treatment of postpartum depression	To assess home-based psychological interventions for the prevention or treatment of postpartum depression.	Six RCTs were included (two for Non-directive counselling three for CBT, and one comparison of multiple interventions). It was concluded that all the home-based psychological interventions showed promise in the reduction of postpartum depression.
Lumley, J., M. P. Austin, et al. (2004) Intervening to reduce depression after birth: a systematic review of the randomized trials (Structured abstract). International Journal of Technology Assessment in Health Care 128-144	Nonpharmaceutical and nonhormonal interventions to reduce postnatal depression	A systematic review and meta-analysis of randomized trials of nonpharmaceutical and nonhormonal interventions to reduce postnatal depression	Postnatal counselling interventions significantly reduced postnatal depression (5 studies; random-effects RR 0.46, 95% CI: 0.32, 0.67). Statistically significant heterogeneity was detected (P=0.068). The NNT with postnatal counselling in women diagnosed as depressed was 3 (95% CI: 2, 4).
Sockol, L. E., C. N. Epperson, et al. "A meta-analysis of treatments for perinatal depression." Clin Psychol Rev 31(5): 839-49. 2009	Pharmacologic and psychological interventions for treatment of perinatal depression	Meta-analysis assessed efficacy of pharmacologic and psychological interventions for treatment of perinatal depression	27 studies were reviewed. Individual psychotherapy was superior to group psychotherapy with regard to changes in symptoms from pretreatment to posttreatment. Interventions including an interpersonal therapy component were found to have greater effect sizes, compared to control conditions, than interventions including a cognitive-behavioral component.
Stevenson, M. D., A. Scope, et al. "Group cognitive behavioural therapy for postnatal depression: a systematic review	Group CBT	To evaluate the clinical effectiveness and cost-effectiveness of group CBT compared with currently used	Six studies met the inclusion criteria for the quantitative review. There was little quantitative or qualitative RCT evidence to assess the effectiveness of group CBT for PND. Evidence from the clinical effectiveness review provided inconsistent and low quality information on which to base any interpretations

<p>of clinical effectiveness, cost-effectiveness and value of information analyses." Health Technol Assess 14(44): 1-107, iii-iv.*</p>		<p>packages of care for women with PND.</p>	<p>for service provision. Although three of the included studies provided some indication that group psycho-education incorporating CBT is effective compared with RPC, there is enough doubt in the quality of the study, the level of CBT implemented in the group programmes, and the applicability to a PND population to limit any interpretations significantly. It is also considered that the place of group CBT in a stepped care programme needs to be identified, as well as there being a need for a clearer referral process for group CBT.</p>
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Individual studies (published since above reviews)

Post natal depression

<p>Austin, M. P., M. Frilingos, et al. (2008). "Brief antenatal cognitive behaviour therapy group intervention for the prevention of postnatal depression and anxiety: a randomised controlled trial." <i>J Affect Disord</i> 105(1-3): 35-44.</p>	<p>Group CBT</p>	<p>To evaluate the effectiveness of an antenatal cognitive behavioural group intervention in a primary care setting for pregnant women identified with mild to moderate symptoms in pregnancy and/or at risk of developing depression or anxiety in the perinatal period.</p>	<p>A total of 89 women "completed" the CBT groups and 43 in the control group. While a modest reduction in depression scores was noted in study "completers", both the CBT group intervention control condition were equally beneficial. The reasons for this finding include the low symptom level at baseline; the potential effectiveness of the control condition; and the brevity of the intervention.</p>
<p>Milgrom, J., C. J. Holt, et al. "Treating postnatal depressive symptoms in primary care: A randomised controlled trial of GP management, with and without adjunctive counselling." <i>BMC Psychiatry</i> 11. 2011*</p>	<p>CBT</p>	<p>An RCT To compare PND management by general practitioners (GPs) alone compared to adjunctive counselling, based on cognitive behavioural therapy (CBT), delivered by postnatal nurses or psychologists.</p>	<p>All three treatment conditions were accompanied by significant reductions in depressive symptoms and mean post-study BDI-II scores were similar between groups. Compliance was high in all three groups. Women rated the treatments as highly effective. Rates referral to the study, and subsequent treatment uptake were low. The small study suggests that GP management of PND when augmented by a CBT-counselling package may be successful in reducing depressive symptoms in more patients compared to GP management alone.</p>
<p>Mulcahy, R., R. E. Reay, et al. "A randomised control trial for the effectiveness of group interpersonal psychotherapy for postnatal depression." <i>Archives</i></p>	<p>Group IPT</p>	<p>Randomised controlled trial comparing outcomes from an 8-week Interpersonal Psychotherapy group (IPT-G) for postnatal depression with</p>	<p>Comparisons showed that by end of treatment both the TAU and IPT-G groups significantly improved in terms of mean depression scores, however, the IPT-G women improved significantly more and had continued improvements at 3 months post therapy. Women who received IPT-G also displayed significant improvement in terms of</p>

<p>of Women's Mental Health 13(2): 125-139. 2010</p>		<p>~"treatment as usual" (TAU), conducted in a routine community setting</p>	<p>marital functioning and perceptions of the mother-infant relationship compared to TAU participants</p>
<p>Puckering, C., E. McIntosh, et al. "Mellow Babies: A group intervention for infants and mothers experiencing postnatal depression." Counselling Psychology Review 25(1): 28-38. 2010*</p>	<p>Mellow Babies group intervention</p>	<p>Waiting list controlled trial of a 14-week intervention was carried out with 17 mothers and infants under one year</p>	<p>The study showed benefits from Mellow Babies for mothers and infants who had exposure to postnatal depression.</p>
<p>Wiklund, I., P. Mohlkert, et al. "Evaluation of a brief cognitive intervention in patients with signs of postnatal depression: a randomized controlled trial." Acta Obstet Gynecol Scand 89(8): 1100-4.</p>	<p>CBT</p>	<p>To evaluate the effectiveness of a brief intervention based on individual cognitive behavioral counseling in mothers with signs of postnatal depression was evaluated.</p>	<p>There was a significant interaction effect (Group*Time) between the intervention and the control group showing a more rapid decline of EPDS scores for the intervention group ($p < 0.001$). The results suggest that brief cognitive behavioral counseling is an effective treatment in women at risk for developing postnatal depression.</p>

Antenatal

<p>Field, T., O. Deeds, et al. (2009). "Benefits of combining massage therapy with group interpersonal psychotherapy in prenatally depressed women." <i>J Bodyw Mov Ther</i> 13(4): 297-303.</p>	<p>Group IPT</p>	<p>RCT of Group IPT compared with massage therapy and group IPT for 6 weekly sessions for pregnant women diagnosed with depression</p>	<p>The group who received both therapies showed a greater decrease in depression, depressed affect and somatic-vegetative symptom scores, a greater decrease in anxiety and a greater decrease in cortisol levels. The group therapy process appeared to be effective for both groups as suggested by the increased expression of both positive and negative affect and relatedness during the group therapy sessions. Suggests the effectiveness of group Interpersonal Psychotherapy and particularly when combined with massage therapy for reducing prenatal depression.</p>
<p>Spinelli, M. G. and J. Endicott (2003). "Controlled clinical trial of interpersonal psychotherapy versus parenting education program for depressed pregnant women." <i>Am J Psychiatry</i> 160(3): 555-62.</p>	<p>Group IPT</p>	<p>A 16-week bilingual controlled clinical trial compared a group receiving interpersonal psychotherapy for antepartum depression to a parenting education control program.</p>	<p>The interpersonal psychotherapy treatment group showed significant improvement compared to the parenting education control program on all three measures of mood at termination. Recovery criteria were met in 60% of the women treated with interpersonal psychotherapy, and there was a significant correlation between maternal mood and mother-infant interaction.</p>

Patient preferences and views

<p>Verkerk, G. J. M., J. Denollet, et al. (2004). "Patient preference for counselling predicts postpartum depression: A prospective 1-year follow up study in high-risk women." <i>Journal of Affective Disorders</i> 83(1): 43-48.</p>	<p>Counselling</p>	<p>To examine the role of patient preference for counselling in the occurrence of postpartum depression in high-risk women.</p>	<p>Participants were 90 pregnant women at high risk for postpartum depression: 45 high-risk women who preferred no counselling, 45 high-risk women who preferred counselling. Both groups received care as usual. Point-prevalence rates of clinical depression were significantly higher in high-risk women who preferred counselling compared with high-risk women who did not prefer counselling (24% versus 9%, $P=0.048$; 19% versus 5%, $P=0.048$, at 3 and 6 months postpartum, respectively). No significant difference was found at 12 months postpartum. Across the first-year postpartum, high-risk women who preferred counselling were at seven-fold increased risk for clinical depression ($OR=7.7$, 95% CI 1.7-33.8, $P=0.007$). The authors concluded that patient preference for counselling is an important predictor of postpartum depression in pregnant women at high risk for postpartum depression. This finding emphasises the need to take patient preference for counselling into account as an important variable to identify a high-risk population. (PsycINFO Database Abstract Amended)</p>
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Subfertility

<p>Faramarzi, M., A. Alipor, et al. (2008). "Treatment of depression and anxiety in infertile women: cognitive behavioral therapy versus fluoxetine." <i>J Affect Disord</i> 108(1-2): 159-64.</p>	<p>CBT</p>	<p>RCT to compare the effectiveness of cognitive behavioral therapy with fluoxetine in the resolution or decreasing of depression and anxiety in infertile women.</p>	<p>Although both fluoxetine and CBT decreased significantly the mean of BDI scores more than that of the control group, the decrease in the CBT group was significantly more than fluoxetine group. The CBT method decreased significantly the mean of the Cattell scores more than the fluoxetine and control groups, but the decrease in the anxiety mean scores of that fluoxetine group was no more than that of control group. It was concluded that CBT was not only a reliable alternative to pharmacotherapy but also was superior to fluoxetine in the resolution or reducing of depression and anxiety of infertile women. Fluoxetine was superior to no therapy in the treatment of depression but not anxiety.</p>
<p>Hughes, E. G. and A. M. da Silva "A pilot study assessing art therapy as a mental health intervention for subfertile women." <i>Hum Reprod</i> 26(3): 611-5.</p>	<p>Art therapy</p>	<p>Weekly 2-h art therapy group courses were held for a total of 21 subfertile women.</p>	<p>Art therapy is an inexpensive, non-pharmacological intervention, which was associated with decreased levels of hopelessness and depressed mood in subfertile women. It also provides insight into the meaning and emotional implications of subfertility for patients and caregivers. This pilot study highlights the need for further research in this field.</p>
<p>Neugebauer, R., J. Kline, et al. (2006). "Pilot randomized controlled trial of interpersonal counseling for subsyndromal depression following miscarriage." <i>J Clin Psychiatry</i> 67(8): 1299-304.</p>	<p>Telephone administered counselling (IPT based)</p>	<p>To investigate whether depressive symptoms decline substantially among miscarrying women receiving one to six weekly sessions of manualized, telephone-administered interpersonal counseling (IPC),</p>	<p>Findings from this small open trial suggest that IPC decreases depressive symptoms after miscarriage. A randomized, controlled trial of IPC's safety and efficacy with depressed miscarrying women is warranted.</p>

<p>Neugebauer, R., J. Kline, et al. (2007). "Preliminary open trial of interpersonal counseling for subsyndromal depression following miscarriage." <i>Depress Anxiety</i> 24(3): 219-22.</p>			
<p>Swanson, K. M., H. T. Chen, et al. (2009). "Resolution of depression and grief during the first year after miscarriage: a randomized controlled clinical trial of couples-focused interventions." <i>J Womens Health (Larchmt)</i> 18(8): 1245-57.</p>	<p>Couple focussed interventions</p>	<p>The purpose of this randomized controlled clinical trial was to examine the effects of three couples-focused interventions and a control condition on women and men's resolution of depression and grief during the first year after miscarriage.</p>	<p>Nurse caring (3 counselling sessions) had the overall broadest positive impact on couples' resolution of grief and depression. In addition, grief resolution (PG and GRE) was accelerated by Self Care for women and Combined Caring for men.</p>

Cost effectiveness

<p>Petrou, S., P. Cooper, et al. (2006). "Cost-effectiveness of a preventive counseling and support package for postnatal depression." <i>Int J Technol Assess Health Care</i> 22(4): 443-53.</p>	<p>Counselling</p>	<p>A prospective economic evaluation was conducted alongside a pragmatic randomized controlled trial in which women considered at high risk of developing postnatal depression were allocated randomly to the preventive intervention (n = 74) or to routine primary care (n = 77).</p>	<p>The mean health and social care costs were estimated at pounds sterling 2,396.9 per mother-infant dyad in the preventive intervention group and pounds sterling 2,277.5 per mother-infant dyad in the routine primary care group, providing a mean cost difference of pounds sterling 119.5 (bootstrap 95 percent confidence interval [CI], -535.4, 784.9). At a willingness to pay threshold of pounds sterling 1,000 per month of postnatal depression avoided, the probability that the preventive intervention is cost-effective is .71 and the mean net benefit is pounds sterling 383.4 (bootstrap 95 percent CI, - pounds sterling 863.3- pounds sterling 1,581.5). It was concluded that the preventive intervention is likely to be cost-effective even at relatively low willingness to pay thresholds for preventing 1 month of postnatal depression during the first 18 months postpartum. Given the negative impact of postnatal depression on later child development, further research is required that investigates the longer-term cost-effectiveness of the preventive intervention in high risk women.</p>
<p>Stevenson, M. D., A. Scope, et al. "The cost-effectiveness of group cognitive behavioral therapy compared with routine primary care for women with postnatal depression in the UK." <i>Value in Health</i> 13(5): 580-584.</p>	<p>Group CBT</p>	<p>To assess the cost-effectiveness of group cognitive behavior therapy (gCBT) in comparison with routine primary care for women with postnatal depression in the UK.</p>	<p>Following a systematic review an economic model was constructed that suggests on the basis of current information, the use of gCBT does not appear to be cost-effective; however, this decision is uncertain. The value of information analyses conducted indicates that further research to provide robust information on key parameters is needed and appears justified in cost-effective terms.</p>