

# Using Online CBT to treat perinatal anxiety and depression

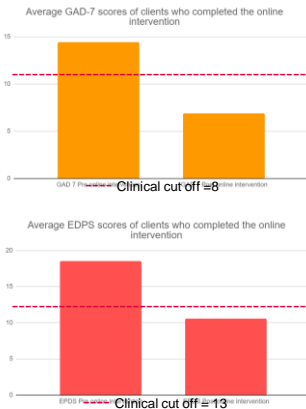
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## Introduction

Perinatal anxiety and depression are common, with approximately 15% of women in the perinatal period meeting diagnostic criteria for an anxiety or depressive disorder (1-3). However, less than half of affected women currently seek treatment, with practical or logistical barriers to attending appointments contributing to this (4;5). While online CBT has demonstrated some effectiveness in the treatment of perinatal depression (6), there is little evidence of the effectiveness of online CBT specifically targeting anxiety or comorbid anxiety and depression in this population. Most research includes community samples, with little study of women with more severe presentations (7; 8). This pilot study aims to evaluate the effectiveness of online CBT for perinatal anxiety and depression in women under the care of a Specialist Perinatal Service.

## Results

There was a significant reduction in anxiety symptoms ( $t(17) = 7.66, p < 0.05$ ) and in depression symptoms ( $t(17) = 8.40, p < 0.05$ ) following the online intervention, with 76% of women who completed treatment scoring below clinical cut off for both generalised anxiety disorder and depressive disorder post treatment.



There was no significant difference in being antenatal or postnatal ( $t(29) = -0.38, p = 0.70$ ), having a partner ( $t(29) = -0.41, p = 0.97$ ), being primiparous ( $t(29) = 0.39, p = 0.72$ ), or medication use ( $t(29) = 0.68, p = 0.50$ ) between clients who completed the online intervention and those who dropped out of treatment early. However, completers were significantly older than non-completers ( $t(29) = 2.16, p = 0.04$ ).

## Conclusion

Results of this pilot study suggest that online CBT is an effective and acceptable treatment for anxiety and depression in perinatal women. Women who completed the intervention showed significantly less symptoms of anxiety and depression. In addition, clients satisfaction was high, with women enjoying access to therapy from the comfort of their own home. Our results need to be further confirmed by RCTs and compared to face-to-face treatment. Nevertheless, online CBT for perinatal anxiety and depression could provide a solution to barriers in accessing perinatal mental health care.

## Method

### Sample

This study is a collaboration between Healios and Sussex Partnership NHS Foundation Trust's Specialist Perinatal Mental Health Service (SPMHS). Suitable clients for the study were identified by the SPMHS, based on agreed inclusion criteria. All suitable clients were provided with information about the Healios online service, and written consent was obtained from all clients prior to their referral to Healios.

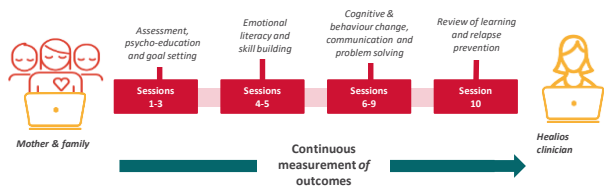
Between January and November 2019, 64 clients were referred to Healios by local NHS practitioners.

- 21 clients completed the online intervention, attending an average of 11 sessions
- 9 clients disengaged from treatment before the first session
- 10 clients dropped out of treatment after attending an average of 3 sessions
- 24 clients currently remain in treatment

### Procedure

Following their referral, clients were contacted by Healios staff and offered a choice of day and time that was most suitable for them to receive the online intervention. Each client was then allocated one trained Healios Perinatal Specialist Therapist, whom they saw for one hour a week over (on average) 10 weeks. Sessions could be extended by a maximum of 10 sessions, provided there was a clinical rationale. All decisions were discussed in supervision, and all Healios Perinatal Specialist Therapists received regular supervision and training from an experienced Specialist Perinatal Clinical Psychologist. The Healios intervention followed an integrated model of care, in which NHS practitioners remaining the clients' care coordinator, while Healios clinicians delivered the online CBT intervention for anxiety and depression.

Clinical sessions were held through the Healios online portal, which enables therapists and clients to see and hear each other via a video link. Therapists and clients are able to work collaboratively, guided by interactive session decks that followed an evidence-based 10 session CBT manual for anxiety and depression. Partners were also able to join sessions.



### Outcome Measures

Client progress was tracked by the GAD-7, the EPDS, as well as individually derived SMART goals at beginning, midpoint and end of treatment. Qualitative feedback was also collected.

Table 1. Sample Demographics

	N	Mean Age	% Primiparous	% Antenatal	% Postnatal	% on Medication	% with a Partner
Completers	21	33 years	52%	48%	52%	95%	90%
Non-Completers	10	28 years	60%	40%	60%	100%	90%

## Women's Feedback

*"I've had a really positive experience of therapy with Healios. . . . I think that receiving the treatment so quickly made it more effective - and also meant that I started to feel better sooner, and was sooner able to bond properly with my baby."*

*"It was nice not to have the stress of getting my baby out of the house, and rather being able to choose a time after dinner and sit down comfortably at home while my baby was in the next room with my husband. I think this meant that I was more relaxed and better able to engage with the therapy. Also it's good to know that I can continue to access the CBT materials online if I need to."*

## References

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