Perinatal Mental Health: Key Themes and Future Trends

Dr. Heather O’Mahen, Ph.D.
Research Clinical Psychologist
Mood Disorders Centre
University of Exeter
Overview

• Background of the problem
• Women’s experiences and what they want
• Results from a recent clinical trial of a perinatal intervention
• Where do we go from here?
“I’m pretty much sad every day thinking about what I’m going to have to go through.

So I was stressing out about having stress because I was stressed out the last pregnancy and I lost the baby…”

“It’s just all of a sudden I just got depressed like after I got pregnant because I didn’t have any support from anybody, not my boyfriend at the time, nothing… my grandma told me to have an abortion.

Because it’s the guilt of feeling what you are feeling and realizing that you are the luckiest person in the world to have such a naturally beautiful, perfect, ten toes, ten fingers. And you feel guilty because she is crying and you are getting upset.”

“He was up every two hours but then when he would fall asleep, I was still awake, thinking about things.

I wasn’t like an extreme case of anything but I felt very unhappy, unhappy, overwhelmed.”
Minding the Gap

Women with diagnosable “Mild/Moderate” and Moderate/Severe” Mental Illness

The “worried well”

Women suffering severe perinatal mental illness
What do Women Experience?

That’s all he did was give me advice . . . I’m supposed to be opening up to you and talking to you, and you’re doing lots of talking. And that’s another reason why I didn’t feel like I was getting the help that I needed.

I was struggling after E was born and um the antidepressants didn't seem to be helping anymore

I felt I’ve already gone to the GP and asked and to, pretty much said I wasn't getting on, didn't feel happy, and I just, I felt like I wasn't listened to, I it had been knocked back. I didn’t want to talk to anyone about it after that.

It just seems like they’re just trying to, okay, I’m gonna ask you this, get this done, get through this, it’s over.

Insufficient listening

Lack of treatment provision

Judgements

I want you to listen to me and get all of my problems out of me rather than jump in too soon and saying, “Okay, this is what’s wrong with you, and this is what you need to do to make your life better.”

My health visitor sent me to a... Sure Start Centre which was once a week doing crafts which... did help... I was still having days when I was very down and I was very aware of it...I thought I needed some extra help and I don’t trust my doctor...they just give you a pill

there wasn't any chance of me getting any face-to-face treatment on the NHS for a long time

I guess they consider that it’s [pregnancy] an overly happy thing, I guess, but I don’t really feel all that happy about it

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<thead>
<tr>
<th>Title / Thread Starter</th>
<th>Replies / Views</th>
<th>Last Post By</th>
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<td>Replies: 0</td>
<td>Virginia O(18)</td>
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<td>Jeanette C(5)</td>
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<td>Scared to go to the gp</td>
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<td>not sure if i have pnd - doc gave me anti ds</td>
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<td>Hanna L(12)</td>
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<td>Any help and understand me?</td>
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<td>going to the GP</td>
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<td>Linda H</td>
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<td>Not what I expected, nearly two years on !!!!</td>
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What do Women Want?

Skills

The ability to do it in a time that’s convenient for me

MumiBA: an online Behavioural Activation (BA) treatment for Postnatal depression
Background

• Minimal support, 11-session, BA online study delivered via Netmums.com. Inclusion: EPDS > 11, baby within last year
  – Skills and tools, trust Netmums.com, hard to talk face-to-face
  – N = 910, completers = 343, 37%.
  – Completers: OR = 2.16, 95% CI 1.38, 3.37; \( p < .001 \)
  Intent-to-Treat: OR = 1.78, 95% CI 1.28, 2.49. \( p = .01 \)

RCT of supported online BA treatment for postnatal depression

PHASE II FEASIBILITY TRIAL
Aims

(1) to establish recruitment and trial adherence rates

(2) to determine treatment adherence and predictors of modules and telephone sessions

(3) to assess the preliminary effectiveness of NetmumsHWD on depressive and anxious symptoms, work and social impairment, perceived support, and maternal self reported bonding with her infant in order to help inform future sample size calculations

(4) to gather data on health care utilization at baseline and at post-treatment in preparation for a health economic assessment.
Adapting and updating the MUMiBA programme

- 12 sessions of Behavioural Activation, supported by PWP via telephone (20-30 minute sessions).
  - Feedback: Relevance
    - Solution: A modular approach
    - Development and choice of modules – Service User Involvement.
  - Modules
    - BA – 5 core sessions
    - 2 individualized modules:
      » Rumination “Sticky Thinking”
      » Sleep
      » Communication
      » “Being a Good Enough Mum”
      » Changing roles and relationships
      » Anxiety

Welcome to the Netmums Helping with Depression Programme

Thank you for your interest in the Netmums Helping with Depression Programme.

The Mood Disorders Centre at the University of Exeter and Netmums are offering a Cognitive Behavioural Therapy programme designed specifically for postnatal depression. The programme is offered for 12 weeks and is also supported over the telephone by trained phone supporters. These support sessions are fully confidential and can be held at a time convenient to you, which includes evenings and weekends.

Cognitive Behavioural Therapy (CBT) has been shown to help people suffering from depressed or anxious moods and is recommended by NICE (National Institute for Health and Clinical Excellence) for postnatal mood difficulties.
Getting Started

After completing the initial “Getting Started” Modules you will be able to choose two tailored modules to work on.

We have developed six modules, focusing on different common areas of difficulty, for you to choose from which are listed below. If you would like to find out more about each module you can click on the pictures below to read a little bit about each area.

When you are ready please drag and drop the problem areas into the pyramid, with the area which is troubling you the most at the top.

You will need to add at least the top two areas of the pyramid to move onto the next step.

- Support / Communication
- Being a Good Enough Mum
- Sleep
- Changes in roles and relationships
Support & Communication

Module 1

Don't go it alone. Getting the support you need.
When you're low, it can be easy to get stuck in patterns that keep you feeling low. No one does this on purpose!

In fact, most people respond to feeling low by doing things that will help them avoid that emotion.

**Sometimes this works well – we all have days when certain tasks are beyond us. But other times it doesn’t work as well.**

One of the mums introduced earlier, Tamala, noticed this herself:

> “I found it really difficult to ask for help. I found myself not talking to my husband about how I felt, especially as he seemed to take to fatherhood so easily. Before I used to always talk to my husband if something was troubling me but I really did not think he would understand how difficult I was finding motherhood. I know in the long term not talking to him just made things worse and made me more likely not to ask for help from him.”

Although it’s normal to avoid things associated with negative emotions, sometimes this pattern can have a knock on effect and lead to even more difficulties in the long run.
What happened?: Baby cried for 3 hours solid tonight

What was the effect?: Tested my patience and wore me down. Couldn't get anything done

Feelings: Overwhelmed, frustrated, hopeless

Behaviour: Snapped at baby and partner. Cried. Didn't

Impact: I got on with it and just managed. Isolated
Breaking Down Communication

This is Marie’s description of her conversation with her ex-husband:

I phoned him up and said that I needed him to take Daniel one night this week. He said that he couldn’t as he’s busy all week and taking him this weekend. I couldn’t believe how selfish he was being and told him so!

Next we will look at how the conversation actually went when Marie broke it down a bit more.
Below is a more detailed version of the conversation between Marie and her ex-husband. See if you can tell where it is going wrong. Hover over the names if you are stuck.

- Marie: Hi. I need you to take Daniel this Wednesday evening.
- Ex-husband: I can’t this week as I have a late work meeting and won’t be home until gone 8.
- Marie: Look, I really need some support and a break here!
- Ex-husband: I really can’t this Wednesday. I am having him at the weekend so you can get a break then.
- Marie: I do really need some time here - you are being really unhelpful.
- Ex-husband: Marie, I really can’t. Also, this is a really bad time. I am just about to go into a meeting. Plus I am taking him at the weekend!
- Marie: You really are selfish. Every time I talk to you I am reminded about just how selfish you are.

- SLAMS down the phone. -
Below is a more detailed version of the conversation between Marie and her ex-husband. See if you can tell where it is going wrong. Hover over the names if you are stuck.

1. Marie: Hi. I need you to take Daniel this Wednesday evening.
2. Ex-husband: I really can’t this Wednesday. I am having him at the weekend so you can get a break then.
3. Marie: I do really need some time here – you are being really unhelpful.
4. Ex-husband: Marie, I really can’t. Also, this is a really bad time. I am just about to go into a meeting. Plus I am taking him at the weekend.
5. Marie: You really are selfish. Every time I talk to you I am reminded about just how selfish you are.

- SLAMS down the phone.

Marie starts off the conversation with a directive. She doesn’t check out whether it is a good time to talk.
Thinking about these points, some people find it useful to plan the following. You can use this chart in My Exercises to help plan conversations if you feel this would be helpful. If you get stuck, hover over the 'i' info points for some tips.

<table>
<thead>
<tr>
<th>My aims from the conversation</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>The person's likely response</th>
<th></th>
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</table>

<table>
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<tr>
<th>The best time to have the conversation</th>
<th></th>
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<table>
<thead>
<tr>
<th>Barriers / obstacles to having the conversation</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Strategies to help me get the response I want</th>
<th></th>
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</table>

(if you get stuck here you may find the forum useful - click here to visit it)

<table>
<thead>
<tr>
<th>How would I respond?</th>
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## Conversation planner

<table>
<thead>
<tr>
<th>Situation:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Me:</td>
<td></td>
</tr>
<tr>
<td>Other Person:</td>
<td></td>
</tr>
<tr>
<td>Me:</td>
<td></td>
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<td>Other Person:</td>
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<tr>
<td>Me:</td>
<td></td>
</tr>
<tr>
<td>Other Person:</td>
<td></td>
</tr>
</tbody>
</table>
Reaction:
What was the effect?
Stress increased

How did you feel?
Angry, Irritated, Alone

Avoidance Pattern:
I shouted at my ex and slammed down the phone

Impact:
Short Term Impact: What happened next?
initially I felt good that I had told him what I thought about him!

Alternative Coping:
In the past I know my ex is normally free on a Thursday evening and that's been a good time before to speak with him. I am going to pop him a call to ask him if when he picks up Daniel this weekend we could sit down have a chat as I am really struggling and need some extra help.

I am going to have a chat with my best friend first about exactly how I am going to word the conversation first and have a practice. I think the conversation about extra support needs to be face to face but first of all I need to have a conversation with him about setting some time to do that.
Study 2 Pilot

RESULTS
Design

- 83 women who met ICD-10 criteria (CIS-R) for MDD, randomly assigned to treatment versus TAU.
- Recruited via Netmums website
  - Recruitment methods: newsletter, online banner (front page and depression chat room), “direct marketing” – direct emails to women on the depression chat room, Netmums’ facebook, Netmums’ twitter, our facebook page
Aim 1: to establish recruitment and trial adherence rates
Who participates in an online treatment for postnatal depression?

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Received psychological therapy In past 12 months</td>
<td>25/83</td>
<td>30.0</td>
</tr>
<tr>
<td>Taking antidepressants</td>
<td>50/83</td>
<td>60.0</td>
</tr>
<tr>
<td>Academic – range from less than GCSE to PhD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>median</td>
<td>£30-40,000 ($48,000-$64,000)</td>
<td></td>
</tr>
<tr>
<td>range</td>
<td>£0-10,000 - £150-160,000</td>
<td></td>
</tr>
<tr>
<td>White -British</td>
<td>120/139</td>
<td>86.3</td>
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Aim 2: to determine treatment adherence and predictors of modules and telephone sessions
Sessions Completed
Treatment Usage Patterns

• Choice of optional modules was relatively evenly distributed across the different modules. Most frequently chosen module: ‘Being a good enough mother’ (22%, n=18/82; denominator 82=possible module choices= 41 women in treatment x two module choices).

• Telephone session duration
  – Telephone session 1: mean duration = 50 min (S.D. =4.31)
  – Sessions 2–12: mean duration = 29 min (S.D. =4.76).
  – Average total time of sessions per participant = 253 min.

• Missed/cancelled appointments
  – Missed appointments (mean=0.35, S.D. =0.63)
  – Cancellations and rescheduling (mean n=1.65, S.D. = 0.78) - typically communicated via text or email

• Dropouts: of four women who discontinued treatment and provided reasons for doing so, two reported they did not have enough time, one stated she was overwhelmed, and one reported feeling better.
Predictors of Treatment

Predictors Examined:
- Depressive Mood
- Anxiety
- Functioning
- Social Support
- Postnatal Bonding
- Income level
- Academic Qualification
- Relationship Status
- Number of Children
- Work Status

- Telephone sessions completed:
  - No predictors
- Modules completed:
  - Lower perceived support
  - Working or studying for a degree.
- Opened modules:
  - Poorer WASAS
  - Lower SES
Aim 3: to assess the preliminary effectiveness of MUMiBA on depressive and anxious symptoms, work and social impairment, and maternal self reported bonding with her infant in order to help inform future sample size calculations
F (1,80) = 9.46, p = .003, Cohen’s d = -.88, 95% CI: -.42 to -1.32
6 month follow-up; Cohen’s d = -0.78, 95% CI: -1.82 to 0.10
Reliable and clinically significant improvement: OR 62.2% (n = 23/37) NetmumsHWD, 29.4% (10/34) TAU, 0.26 (95% CI 0.10 to 0.71).
Group Differences in Anxiety Scores at 17-weeks post-treatment

F (1, 58) = 5.07, p = .028; -0.59 (95% CI -1.11 to -0.07)
Group Differences in WASAS at 17-weeks post-randomization

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<tr>
<th>Functional Impairment</th>
<th>Baseline</th>
<th>Post-treatment</th>
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<tbody>
<tr>
<td>Treatment</td>
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<td>13.27</td>
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<tr>
<td>TAU</td>
<td>19.64</td>
<td>17.02</td>
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F(1,58) = 4.58, P = 0.04; -0.57 (95% CI -0.07 to 1.11)
F (1,58) = .01, p = .92; 0.29 (95% CI -0.80 to -0.22)

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Post-treatment</th>
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<tbody>
<tr>
<td>Postnatal-iBA</td>
<td>52.27</td>
<td>43.77</td>
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<tr>
<td>TAU</td>
<td>46.64</td>
<td>44</td>
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Group Differences in postnatal bonding at 17-weeks post-randomisation
Conclusions

• Acceptable: Trial and treatment adherence rates good.
• Feasible – average sessions time 29 minutes – may be cost-effective and accessible alternative for PND
• Effect sizes similar to other online supported CBT programs, and similar to face-to-face treatments for PND
Summary

• BA offers promise as an efficacious and effective treatment for perinatal women
• Outreach is critical!
• Flexibility is key.
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Heather O’Mahen, Ph.D
ho215@ex.ac.uk