



TRiP-LaB

TRANSLATING RESEARCH into PRACTICE - LEEDS and BRADFORD

NHS

Bradford and Airedale

Supporting women with postnatal depression through psychological therapies

NHS Bradford and Airedale

- Postnatal depression (PND) is a common condition affecting around 1 in 9 new mothers.
- Given the high local birth rate and above average prevalence of risk factors, rates of PND in Bradford and Airedale are likely to be above the national average.
- NICE recommends the use of psychological therapies as first-line treatments for mild to moderate PND in a 'stepped care' approach.
- Psychological therapies can improve outcomes for women with PND compared with treatment as usual.
- Long waiting times for some psychological therapies may be a concern, but some can be started almost immediately.
- NHS Bradford and Airedale is introducing a modified *SystemOne* (electronic patient record and management system) template for depression. This leaflet is to support its introduction and to highlight the range of psychological therapies available locally.

Disclaimer: This evidence briefing has been produced in March 2011 by the Centre for Reviews and Dissemination with NHS Bradford and Airedale as part of TRiP-LaB. Full details of methods are available on request (trip-lab@bradford.nhs.uk).

TRiP-LaB is a research partnership between NHS Bradford and Airedale, Leeds Partnerships NHS Foundation Trust and the University of York. TRiP-LaB is one of the five research themes of the NIHR Collaboration in Leadership and Applied Health Research and Care for Leeds, York and Bradford. For further information, visit: www.trip-lab.com/

The contents of this evidence briefing are believed to be valid at the time of publication. Significant new research evidence may become available at any time. The views expressed in this leaflet are those of the authors and not necessarily those of NHS Bradford and Airedale or NIHR.

Background

Post-natal depression (PND) is a common condition; around 1 in 9 women experience major or minor depression 6 weeks after birth.¹ Given the high local birth rate and above average prevalence of risk factors for PND (e.g. teenage motherhood, previous history of depression) in Bradford and Airedale, the impact of the condition on the local population is likely to be higher than the national average.

PND is a national healthcare priority. Improvements in maternal mental health can improve longer term outcomes for children, an issue highlighted in the recent White Paper on public health.² Locally, increasing the number of women with PND referred for psychological therapies has been identified by health professionals as a priority.

The information in this leaflet is intended to help health professionals make best use of the psychological therapies available in NHS Bradford and Airedale.

Identifying women with PND

All health professionals dealing with new mothers have a role in the identification and monitoring of PND. NICE guidance on antenatal and post-natal mental health recommends the use of the following two simple case finding questions:³

- During the past month, have you often been bothered by feeling down, depressed or hopeless?
- During the past month, have you often been bothered by having little interest or pleasure in doing things?

If a woman answers 'yes' to either of these two questions, then consider asking her:

- Is this something you feel you need or want help with?

Standard measures such as the EPDS, HADS and PHQ-9 can be used for subsequent assessment and monitoring of outcomes.

The *SystmOne* (patient record and management system) template for depression is being modified to cover assessment and treatment options for PND.

This will make referral of women with PND for psychological therapy easier.

What are psychological therapies?

NICE guidance recommends the use of psychological therapies as first-line treatments in a 'stepped care' approach.³ Examples of psychological therapies include:

- Guided self-help (provision of informational material with some guidance on its use)
- Computerised cognitive behavioural therapy (C-CBT)
- Organised/supervised exercise
- Brief psychological interventions (based on the principles of CBT or interpersonal psychotherapy (IPT))
- 'Listening visits' by health visitors
- Longer periods of CBT or IPT.

The NICE guidance stresses that care should take into account the needs and preferences of women. Research shows that women with PND are sometimes reluctant to take antidepressants,⁴ so referral to psychological

therapies, where appropriate, is in line with the objective of patient-centred care.

NICE recommends that treatment with psychological therapies should begin normally within one month of assessment and no longer than three months afterwards.³

Long waiting times for some psychological therapies may be a concern, but some can be started almost immediately.

Simple self-help strategies may be particularly appropriate for women with mild PND. Listening visits by health visitors have been shown to improve outcomes in randomised trials.³ Where more specific psychological therapy is required, NICE recommends short courses of CBT or IPT (4–6 sessions) for mild PND.³

Effects of psychological therapies

A systematic review undertaken to inform the NICE guidance found that psychological therapies can reduce the severity and length of an episode of PND.

Simple self-help strategies for mild depression, such as guided self-help (provision of self-help materials with limited support from a health professional to help patients work through them), computerised CBT or exercise, have been less thoroughly researched but are supported by a reasonable evidence base from studies of people with general depression.⁵

For computerised CBT, currently only *Beating the Blues* has sufficient supporting evidence to be recommended for use in the NHS. A randomised trial comparing *Beating the Blues*, MoodGYM and usual GP care alone is ongoing (www.hta.ac.uk/1668). The study,

involving general practices in York, Sheffield, Bristol and Manchester, is due to report in 2013.

There is no reason to think that psychological therapies will be less effective in women with PND than in the general population of people with depression.

See the back page for ratings of the quality and strength of supporting evidence for each available therapy.

Availability in Bradford and Airedale

Given the wide range of psychological therapies available for women with PND in Bradford and Airedale (see the back page), it should be possible to ensure that women who want psychological therapy – and for whom it is clinically appropriate – can access a suitable service.

Role of antidepressants

The risks and benefits for antidepressants may be different for pregnant and breastfeeding women compared with the general population.³ However, medication remains an important treatment option, especially for moderate or severe depression.

The recent RESPOND trial found that antidepressants were initially superior to general supportive care (at 4 weeks).⁴ However, at 18 weeks there were no significant differences between those on antidepressants and those receiving listening visits.

Table 1: Psychological treatment options in NHS Bradford and Airedale

Type of therapy	Effectiveness	GRADE*	Availability
Guided self-help	Beneficial	Moderate	Referral to Primary Care Mental Health Team
Supervised exercise	Beneficial	Moderate	Direct referral to Health Trainers for supervised exercise programme
Computerised CBT for depression	Likely to be beneficial	High	Referral to Primary Care Mental Health Team. <i>Beating the Blues</i> available until November 2011
Health visitor listening visits	Likely to be beneficial	Moderate ⁺	By arrangement with patient's Health Visitor
Brief psychological interventions (6 to 12 sessions with a therapist)	Likely to be beneficial	Moderate	Referral to Primary Care Mental Health Team
Longer periods of psychological treatment (12 to 20 sessions)	Likely to be beneficial	Moderate	Referral to Primary Care Mental Health Team (Interpersonal Psychotherapy requires referral to consultant psychiatrist)
Free online resources	Unknown effectiveness	None	Services such as <i>MoodGYM</i> and <i>Living Life to the Full</i> are freely available on the Internet without referral
Counselling	Unknown effectiveness	Low	Referral to Primary Care Mental Health Team, also through charities and voluntary organisations without referral

*The GRADE system rates the quality of evidence essentially indicating how confident we can be about the extent to which the estimates of effectiveness are correct.

⁺ CRD assessment using GRADE: NICE rates quality of evidence as 'high'.

References

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4. Sharp DJ, Chew-Graham C, Tylee A, Lewis G, Howard L, Anderson I, et al. A pragmatic randomised controlled trial to compare antidepressants with a community-based psychosocial intervention for the treatment of women with postnatal depression: the RESPOND trial. *Health Technol Assess* 2010;14 (43):iii-iv, ix-xi, 1-153.
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