

Counselling Through Covid-19 and Beyond

The lockdowns during the Covid-19 pandemic sparked an increase in the number of new mothers suffering symptoms of postnatal depression (PND) but left them unable to access face-to-face support. Mental health services like ours, supporting women in the postnatal period, had to swiftly move to offering an online service – but did this new method of delivering counselling therapy work?

For her MSc in Integrative Counselling and Coaching dissertation, MumsAid counsellor Kerry Carter studied the outcomes of using the MumsAid Model of therapeutic counselling online versus face-to-face. Here is a summary of the results.

The study reviewed the outcomes of a group of 48 mums - 25 had attended face-to-face talking therapy based on the MumsAid Model in the 12 months pre pandemic and 23 had attended online talking therapy based on the MumsAid Model in the 12 months after the initial lockdown in 2020. Each client was aged 22-45, had given birth in the last 2 years and scored 12 or higher in the Edinburgh Postnatal Depression Scale (EPDS) questionnaire on entry to the service, indicating a risk of clinical depression.

Clients were offered 12 sessions with therapists trained to deliver the MumsAid Model of therapeutic counselling. Most completed the sessions or ended earlier if they felt they had improved sufficiently. All eligible clients completed a pre and post self-reported EPDS questionnaire, rated their overall satisfaction with the service and reported their ethnicity.

Analysis of the results revealed the average EPDS score changed positively and significantly at the end of therapy for both groups of mums.

96% of the face-to-face group and 87% from the online group reported improvement in their scores, 72% of the face-to-face group and 52.2% of the online group moved from a clinical to sub clinical score. All groups post-test mean scores were below the threshold of 12. No statistically significant difference was found between face-to-face and online outcomes, although the face-to-face groups improvement was higher.

Satisfaction with the service was rated high on average in both groups, face-to-face 4.8 out of 5 and online 4.7 out of 5.

Pre and post service EPDS scores broken down for ethnicity and age range demonstrated that women across all ethnicities and ages benefited from a reduced average EPDS score for both face-to-face and online counselling.

These findings support the notion that MumsAid's online therapy was very effective, and only marginally less so than the therapy delivered face to face.

It was observed that the slightly lower mean improvement in EPDS for the online group could be attributed to that fact that throughout the pandemic, new mothers were unable to access additional support services offered by MumsAid as part of the therapeutic MumsAid Model.

In April 2021 following the third UK lockdown, restrictions were eased and MumsAid started to offer face-to-face sessions again. However, many therapists decided to remain working remotely, and the majority of clients now receive online therapy.

Despite the high levels of need, there is a lack of specialist support available for women suffering symptoms of PND, and logistical and emotional obstacles can hinder women's ability to attend traditional face-to-face talking therapy for treatment. Furthermore, new mums fall into an age range where most have access to and use communication technology in everyday life, meaning many are highly compatible with receiving their treatment online.

Online therapy offers a viable alternative to mothers who are seeking support for their mental health. The MumsAid Model, developed by MumsAid's founder and CEO, Miriam Donaghy, an experienced perinatal psychotherapist, has been delivered by MumsAid's therapists and successfully treated women with symptoms of PND for a decade, with almost all clients showing improvements in their EPDS scores post service, and around two thirds of clients no longer meeting the threshold for a diagnosis of PND. By mitigating the need to attend in person, barriers to therapy are reduced, and women can proactively take steps to address their mental health difficulties in their own safe space, unhindered by obstacles and potential stigmatisation.

However, for those who don't have a safe space or internet connections at home, our face-to-face counselling services remain invaluable.