

BSc (Hons) Health and Social Care

**Module: Introduction to Independent Research
Skills (BMHP5019)**

Component 2 Written Assignment (Research report)

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The Effectiveness of Digital Mental Health Interventions in Supporting Mothers with Postpartum Depression in the UK

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Abstract

Purpose: This study explores the effectiveness of digital mental health interventions (DMHIs) in supporting mothers experiencing postpartum depression (PPD) in the UK. Given that one in ten mothers face PPD and a considerable proportion of mother's encounter barriers such as stigma, limited-service availability, and competing caregiving demands, accessible and flexible digital solutions are increasingly vital for maternal and infant wellbeing.

Methodology: This study employed a scoping review to comprehensively synthesise the available evidence on DMHIs for postpartum depression. Specifically, peer-reviewed studies published between 2015 and 2025 sourced from databases including PubMed, ProQuest, and Google Scholar. Subsequently, thematic analysis was employed to systematically name patterns in intervention effectiveness, acceptability, and user experience. In terms of selection, the review included studies that focused on UK-based mothers and digital interventions targeting PPD, while the researchers did not consider non-peer-reviewed, non-English, or non-UK studies. Overall, this approach enabled a thorough understanding of existing interventions, highlighting both their therapeutic potential and the practical considerations for implementing digital support within maternal mental health care.

Findings: Evidence shows that DMHIs, particularly online cognitive behavioural therapy, app-based programs, and peer-supported group interventions, significantly reduce depressive symptoms, improve maternal wellbeing, and enhance social connectedness. Research proves that interventions with structured content, professional guidance, and extended duration produce the most significant benefits. Moreover, high adherence and positive user feedback highlight the feasibility and acceptability of these digital approaches.

Conclusion: DMHIs represent a promising, practical, and effective approach to supporting mothers with PPD in the UK. Integrating professionally guided digital programs into maternal mental health services can help bridge care gaps and promote positive outcomes for mothers and infants alike.

1. Introduction

1. Definition of main concepts

This research aims to the Effectiveness of Digital Mental Health Interventions in Supporting Mothers with Postpartum Depression in the UK.

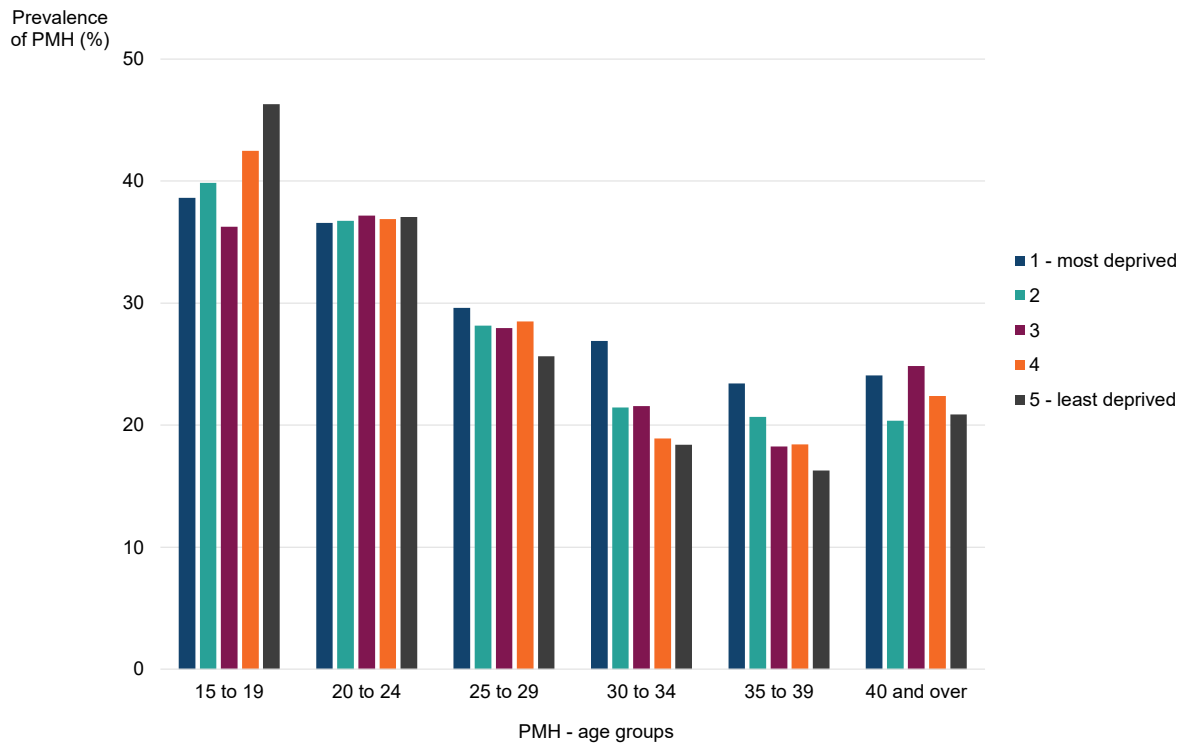


Imagen 1. showing perinatal mental health condition prevalence in England (2016 and 2019)

2. Rationale of the research

Postpartum depression (PPD) and perinatal mental health disorders are still a significant public health concern. According to official sources, perinatal mental illness affects up to 27% of new and expectant mothers in the UK, around one in ten women, thereby affecting both maternal and infant wellbeing (NHS, 2023). Over 63,800 women accessed specialist perinatal mental health services in 2025, barriers such as stigma and limited access persist (Royal College of Psychiatrists, 2025).

Therefore, there is an urgent need to investigate the use of digital interventions for supporting maternal mental health, offering flexible and easily accessible alternatives to traditional face-to-face care, with the potential to address existing gaps in treatment and reach women who might otherwise struggle to access support, showing their effectiveness: a meta-analysis reported a standardised mean difference (SMD) of -0.72 ; 95% CI: -1.02 to -0.42 , $p < .01$, indicating significant reductions in depressive symptoms (Pettman et al., 2023; Anyanwu & Jenkins, 2024).

Furthermore, digital psychotherapeutic interventions have proved significant benefits for perinatal women. Li et al. (2023) found that internet-based psychological interventions for

perinatal depression produced meaningful improvements in maternal mental health, while Lau et al. (2021) reported moderate reductions in depression, anxiety, and stress (Hedges's $g \approx 0.49$) compared with control conditions. Therapist-guided, website-based interventions were more effective than self-guided programmes, highlighting the importance of professional support in optimising outcomes.

Overall, these findings show that DMHIs offer a flexible, accessible, and evidence-based approach to supporting maternal mental health and overcoming barriers to care.

3. Review question:

How effective are digital mental health interventions in managing and supporting mothers with postpartum depression within UK healthcare settings?

4. Objectives

- Identify the range of digital interventions currently available for postpartum depression in the UK.
- Evaluate the effectiveness of Digital Mental Health Interventions in reducing depressive symptoms and improving maternal wellbeing.
- Identify challenges, limitations, and opportunities for integrating digital tools into routine maternal mental health care.
- Provide recommendations for improving the design, accessibility, and implementation of digital mental health interventions for postpartum depression.

2. Background

Contextual information

Postpartum depression (PPD) is a common mood disorder occurring within the first year after childbirth and recognised as a significant public health concern in the UK, affecting approximately one in ten mothers (NHS, 2023). PPD not only affects maternal wellbeing but can also negatively affect infant development, mother–child bonding, and family functioning (Anyanwu & Jenkins, 2024). Despite its prevalence, many women fail to access timely support due to multiple barriers, reduced availability of perinatal mental health services, financial constraints, childcare demands and workforce shortages; and even they fail to recognise their symptoms, leading to delayed help-seeking (O'Brien, Gregg & Wittkowski, 2023).

Digital Mental Health Interventions (DMHIs) offer a promising solution to overcome these barriers. These interventions, such as app-based programmes, online cognitive behavioural therapy (CBT), guided behavioural activation or peer-delivered online group CBT (Merza et al., 2024), offer privacy, flexibility, and accessibility, enabling mothers to seek support at times that suit their daily routines. Evidence shows that DMHIs can produce modest but statistically

significant reductions in depressive symptoms among women with perinatal mental health difficulties, with reported effect sizes around 0.29 (Anyanwu & Jenkins, 2024). Programmes delivered with professional guidance and over an adequate duration tend to show the strongest outcomes (Merza et al., 2024; Miura et al., 2023; Ansaari, Rajan & Kuruveettiserry, 2025).

Safeguarding legislation provides a crucial backdrop for understanding perinatal mental health, designed to protect mothers and infants as potentially vulnerable individuals. The Safeguarding Vulnerable Groups Act 2006 sets up the framework for ensuring that individuals who may pose a risk, prevented from working with children or vulnerable adults, supporting safe and regulated perinatal care (HM Government, 2006). The Children Act 1989 and Children Act 2004 place duties on professionals and agencies to safeguard and promote the welfare of children, including infants whose wellbeing affected by maternal mental health difficulties (HM Government, 1989; 2004). For mothers experiencing severe PPD, the Care Act 2014 emphasises the protection of adults who may be at risk due to illness or impaired ability to care for themselves (HM Government, 2014). Policy frameworks such as Working Together to Safeguard Children reinforce the importance of multi-agency collaboration, early intervention and information sharing in naming and supporting families affected by perinatal mental health issues (HM Government, 2018).

Furthermore, safeguarding also applies to the digital delivery of mental health support. DMHIs must follow the Data Protection Act 2018 and UK GDPR, ensuring managing the sensitive personal information securely and ethically (ICO, 2018). These legal responsibilities are essential for ensuring trust, safety, and accessibility in digital care.

In Addition, UK-based studies further prove the feasibility and effectiveness of digital approaches. Anyanwu & Jenkins (2023) reviewed multiple DMHIs for perinatal depression, while Bind et al. (2023) found that an online singing programme improved mood and social connectedness. Merza et al. (2024) showed that a 9-week peer-delivered online group CBT intervention significantly reduced depressive symptoms and improved social support and wellbeing, highlighting a current and effective digital approach. Collectively, these studies underscore both the potential and the challenges of embedding DMHIs into routine perinatal care.

3. Methods

This research will employ a scoping review approach, which is a systematic approach designed to map and synthesise the breadth of existing literature on a particular topic. Scoping reviews aim to clarify key concepts, name gaps in knowledge, and understand the nature and extent of research, rather than critically appraising the quality of individual studies (Iannizzi et

al., 2023). Scoping reviews are particularly well-suited to appearing topics like DMHIs for postpartum depression, as the evidence is heterogeneous and spread across multiple types of studies.

5. Data collection / Search strategy

The review will focus on secondary data from peer-reviewed journal articles retrieved from databases such as PubMed, ProQuest, and Google Scholar reviewed to synthesise the most current evidence on this topic. By employing a scoping review, this study aims to provide a comprehensive overview of available digital interventions, their effectiveness, and the challenges and opportunities for integrating them into maternal mental health care.

Keywords

(digital mental health interventions postpartum depression UK) OR (postpartum depression support mothers UK) OR (digital therapy for postpartum depression) OR (postpartum depression) AND (digital interventions) AND (UK)

Inclusion Criteria

- Peer-reviewed primary and secondary research studies.
- Published in English between 2015 and 2025.
- Focused on mothers living in the UK.
- Investigating the role of digital mental health interventions in managing and supporting postpartum depression within UK healthcare settings.

Exclusion Criteria

- Non-peer-reviewed sources, including reports, websites, and books.
- Studies concentrating on children or male population.
- Research conducted outside the UK.
- Publications not in English or published prior to 2015.

6. Data analysis

Thematic analysis was employed to identify, analyse, and interpret recurring patterns across the selected studies. Following the six-phase framework outlined by Braun and Clarke (2022) and supported by Nowak (2025), the process included data familiarisation, coding, theme development and review, defining themes, and reporting findings. This widely used approach enables the integration of complex qualitative data and the generation of conceptual insights

(Naeem et al., 2023). It also helped the synthesis of findings from digital and online interventions for postnatal depression, highlighting consistent patterns in effectiveness, accessibility, and user experiences.

7. Ethical considerations

This research uses secondary data from publicly available peer-reviewed articles, so no primary data collection or direct participant involvement occurs. Ethical considerations focus on academic integrity, including correct citation, avoiding plagiarism, and responsible reporting of findings (Harvard referencing). Confidentiality and privacy concerns are minimal; however, sensitivity about postpartum depression will guide interpretation and presentation of results. The study follows ethical guidelines for scoping and systematic reviews, ensuring proper attribution, transparency, and respectful representation of participants' experiences (Iannizzi et al., 2023).

4. Results

The following table presents an overview of the study characteristics from the scoping review.

Author/s and publication year	Aim	Methodology and methods	Findings
1. Anyanwu & Jenkins (2024)	To evaluate the overall effectiveness of digital health interventions for perinatal depression through a systematic review and meta-analysis.	Systematic review and meta-analysis of randomized controlled trials and observational studies examining digital mental health interventions during the perinatal period. Sample size: Included multiple studies ($n \approx 20$; total participants > 2,000).	Found that digital mental health interventions significantly reduced perinatal depressive symptoms compared to control groups; online CBT and app-based programs were most effective, but heterogeneity exists in outcomes and engagement levels.
2. Bind et al. (2023)	To assess the feasibility, clinical efficacy, and well-being outcomes of an	Single-arm clinical trial; participants engaged in weekly	Participants showed significant reductions in depressive symptoms and

	online singing intervention for postnatal depression in the UK.	online group singing sessions for 6 weeks. Sample size: eighty-seven participants.	improved well-being and social connectedness post-intervention.
3. Merza et al. (2024)	To evaluate the effectiveness of an online peer-delivered group CBT intervention for postpartum depression.	RCT with 183 postpartum women evaluating a 9-week online peer-delivered group CBT; outcomes included depressive symptoms, anxiety, wellbeing, social support, and satisfaction. Sample size: 183 postpartum women	Intervention significantly reduced depressive symptoms and anxiety, improved social support, and was well-accepted by participants.

The findings indicate that digital mental health interventions lead to significant reductions in perinatal depressive symptoms and promoting enhanced wellbeing and social connectedness compared to treatment-as-usual and control conditions. Among the modalities examined, online cognitive behavioural therapy and app-based programmes, including peer-delivered group CBT, proved the highest efficacy, characterised by strong adherence, favourable user satisfaction, and overall acceptability as evidence-based treatments for postnatal depression. Furthermore, each article highlights that participants maintained good adherence and expressed high satisfaction, highlighting that digital interventions are both practical and workable options for supporting maternal mental health in the postnatal period.

8. Themes

The analysis of the findings led to the emergence of two principal themes:

Themes	
Theme1	Effectiveness of Digital mental health interventions in reducing postpartum depression
Theme2	Acceptable as a treatment for postnatal depression.

Theme 1: Effectiveness of Digital Mental Health Interventions in Reducing Postpartum Depression

Across the included studies, Digital Mental Health Interventions, particularly online cognitive behavioural therapy (CBT) and app-based programmes, were consistently associated with significant reductions in perinatal and postnatal depressive symptoms when compared with treatment-as-usual or control conditions (Anyanwu & Jenkins, 2024; Merza et al., 2024). The interventions appeared to improve in maternal wellbeing and social connectedness, highlighting the potential of these interventions to positively influence both psychological health and social outcomes (Bind et al., 2023; Merza et al., 2024). Collectively, these results highlight the therapeutic potential of carefully designed digital interventions in supporting mothers with postnatal depression, while also proving high acceptability, adherence, and feasibility.

Theme 2: Acceptable as a treatment for Postnatal Depression.

The selected studies also revealed prominent levels of adherence, user satisfaction, and overall acceptability of digital interventions among mothers experiencing postnatal depression (Anyanwu & Jenkins, 2024; Merza et al., 2024). These findings show that digital mental health interventions (DMHIs) are not only effective but also possible and user-friendly treatment options. Furthermore, the evidence suggests that digital platforms can overcome common barriers to care, such as stigma, time constraints, and restricted access to in-person mental health services, making them an accessible and a practical solution for supporting maternal mental health (Merza et al., 2024; Bind et al., 2023).

5. Discussion

5.1 Discussion of the findings in relation to the review question

This scoping review aimed to evaluate the effectiveness, acceptability, and feasibility of digital mental health interventions (DMHIs) for perinatal and postnatal depression. Recent evidence (2020–2025) supports that DMHIs, especially online cognitive behavioural therapy (CBT) and other internet-based psychological interventions, can significantly reduce depressive symptoms among perinatal women and new mothers. For instance, Pettman et al. (2023) reported a standardised mean difference (SMD) of -0.72 (95% CI: -1.02 to -0.42) proving a significant effect of CBT-based digital interventions with control conditions (Pettman et al., 2023). Similarly, a meta-regression focusing specifically on online CBT for postpartum depression showed significant post-intervention reductions in depression, anxiety, and stress

symptoms, especially for interventions lasting nine weeks or more with professional guidance (Merza et al., 2024; Pan et al., 2025).

In addition, evidence from larger systematic reviews proves that digital mental health interventions result in modest but significant improvements in depressive symptoms. A recent meta-analysis of 31 randomized controlled trials (over 5,000 participants) highlighted reductions in both postpartum depression and anxiety, indicating the potential for digital interventions to complement or substitute conventional in-person care, particularly where access is limited (Pettman et al., 2023; Mancinelli et al., 2023). Secondary benefits, such as improved social connectedness and maternal wellbeing, commonly reported (Merza et al., 2024; Anyanwu & Jenkins, 2024; Bind et al., 2023).

The evidence further shows that the design of the intervention significantly affects its effectiveness. Guided, structured, longer-duration programs produce stronger outcomes than self-guided, shorter interventions, emphasising the importance of professional support, structured content, and engagement strategies (MDPI, 2023; Merza et al., 2024). Therefore, DMHIs show flexible tools requiring careful planning and supervision to maximise outcomes.

Structured, guided, and longer-duration programs produce stronger outcomes than self-guided, shorter interventions, highlighting the importance of professional support, carefully planned content, and engagement strategies (MDPI, 2023; Merza et al., 2024). Consequently, effective use of DMHIs calls for recognizing them as flexible tools that require deliberate planning and oversight to achieve maximum therapeutic benefit.

5.2 Importance of the findings for health and social care

The findings of this review have important implications for health and social care, particularly given rising demand for perinatal mental health support and persistent inequalities in access. Digital mental health interventions (DMHIs) offer a flexible and scalable choice for women who face barriers to traditional services, including stigma, limited time, and childcare pressures. Evidence shows that DMHIs can meaningfully reduce depressive and anxiety symptoms during the perinatal period (Li et al., 2023; Anyanwu & Jenkins, 2024).

Recent app-based and internet-delivered programmes also prove promise for both treatment and prevention, suggesting that DMHIs could effectively complement NHS perinatal services (Miura et al., 2023). Guided and structured interventions appear particularly effective, emphasising the need for clinical oversight when integrating digital tools into care pathways (Merza et al., 2024).

Additionally, UK evidence highlights ongoing gaps in identifying and managing perinatal mental health needs, especially anxiety disorders Harris et al. (2024), given persistent help-

seeking barriers (Jones, 2019), DMHIs offer a discreet and accessible route to support. Overall, the findings indicate that DMHIs can help relieve pressure on health services while providing person-centred, evidence-based support from pregnancy into early parenthood.

5.3 Limitations of your research.

Several limitations in this scoping review shape the interpretation of the findings. First, although I aimed to capture rigorous and up-to-date evidence, I focused primarily on studies published between 2020 and 2025. This period may have excluded earlier foundational research on digital mental health interventions (DMHIs) for postpartum depression and anxiety, potentially limiting the historical and methodological breadth of the review (Lau et al., 2021; Pettman et al., 2023). Second, I restricted the review to English-language publications. This choice introduces language bias and underrepresents research from low- and middle-income countries, where digital health innovation has expanded rapidly in recent years (Li et al., 2023).

Third, the review draws on studies that often relied on self-reported mental health measures, which may introduce reporting bias and reduce reliability compared with clinician-administered assessments. Fourth, variations across included studies, such as differences in intervention design, duration, and professional guidance, made it difficult to compare findings directly or assess consistency in outcomes (Merza et al., 2024; Pettman et al., 2023). These methodological inconsistencies limit the ability to generalise the effectiveness of DMHIs across diverse perinatal populations.

Finally, this review did not include a formal quality appraisal of all study designs, in line with scoping method. While this approach allowed for broad mapping of evidence, it also means that some findings may come from studies with weaker methodological quality (Lau et al., 2021; Miura et al., 2023; Anyanwu & Jenkins, 2024). Collectively, these limitations highlight the need for more standardised, globally representative, and methodologically robust research to strengthen evidence on the role of DMHIs in perinatal mental health care.

6. Conclusion and Recommendations

6.1 Summary of the main points of the research

This scoping review proves that digital mental health interventions (DMHIs) are a promising and effective approach for supporting mothers experiencing postpartum depression (PPD) in the UK. Moreover, evidence consistently shows that online cognitive behavioural therapy, app-based programmes, and peer-supported group interventions significantly reduce depressive symptoms, enhance maternal wellbeing, and improve social connectedness (Anyanwu & Jenkins, 2024; Merza et al., 2024; Li et al., 2023; Lau et al., 2021). Structured interventions,

guided by professionals and delivered over extended periods, produce the strongest outcomes, highlighting the importance of clinical oversight and active user engagement in maximising therapeutic benefits (Miura et al., 2023; Pettman et al., 2023).

Furthermore, DMHIs offer flexible, accessible, and evidence-based solutions that can address common barriers to care, including stigma, time constraints, and limited-service availability, thereby complementing existing NHS perinatal services (Merza et al., 2024; Miura et al., 2023). Consequently, the elevated levels of adherence, positive user feedback, and demonstrated feasibility indicate that these interventions are well-accepted by mothers and are suitable for incorporation into routine maternal mental health care pathways.

However, methodological limitations, such as reliance on self-reported measures, heterogeneity in intervention designs, and exclusion of non-English and low- and middle-income country studies, highlight the need for further research. Therefore, future studies should prioritise standardised, longitudinal, and globally representative designs to strengthen the evidence base and inform policy and practice (Lau et al., 2021; Li et al., 2023; Anyanwu & Jenkins, 2024).

Collectively, DMHIs represent a practical, scalable, and person-centred approach to supporting maternal mental health, offering an important complement to traditional care for mothers with postpartum depression in the UK.

6.2 Recommendations for future policy and health and social care practice.

Based on the findings of this scoping review, several recommendations inform policy and improve maternal mental health care in the UK:

- Raise awareness and promote early help-seeking: Encourage early help-seeking through campaigns that normalise perinatal mental health support and highlight the availability of accessible digital resources (Jones, 2019; Harris et al., 2024).
- Promote fair access: Create digital interventions that are available in multiple languages, function effectively on slow internet connections, and are culturally tailored to reach underserved populations, helping to reduce inequalities in maternal mental health care (Lau et al., 2021; Li et al., 2023).
- Integrate DMHIs into routine perinatal care: Incorporating evidence-based digital interventions alongside traditional services can help bridge gaps in care and reach mothers who face barriers such as stigma, time constraints, or limited service availability (Anyanwu & Jenkins, 2024; Li et al., 2023).

- Provide professional supervision and structured guidance: Trained professionals achieve the most significant outcomes through programs, guided and digital interventions, improving engagement, adherence, and safety (Merza et al., 2024; Miura et al., 2023).
- Strengthen evidence through monitoring and evaluation: Continuously monitor and evaluate digital interventions using consistent methods to understand their long-term impact, how mothers engage with them, and the outcomes achieved, ensuring that findings can guide policy and improve maternal mental health services.(Anyanwu & Jenkins, 2024; Merza et al., 2024).

In conclusion, implementing these strategies enables health and social care systems to use the flexibility, scalability, and person-centred advantages of DMHIs, enhancing traditional care pathways and supporting better outcomes for mothers and their infants.

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