

Contents lists available at ScienceDirect

Midwifery

journal homepage: www.elsevier.com/locate/midw



Women's intentions of informal and formal help-seeking for mental health problems during the perinatal period: The role of perceived encouragement from the partner



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ARTICLE INFO

Keywords:
Couple
Formal help
Help-seeking intentions
Informal help
Perinatal period
Perinatal distress

ABSTRACT

Objectives: this study aimed to examine the relationship between women's intentions to seek informal help and to seek professional help and to explore the indirect effects of women's perceived encouragement to seek professional help from their male partner. Moreover, this study aimed to examine if these relationships vary as function of the presence of higher levels of perinatal distress.

Design: cross-sectional internet survey.

Setting: participants were recruited through advertisements published in pamphlets and posted on social media websites (e.g., Facebook) and websites and forums that focused on pregnancy and childbirth.

Participants: 231 women (pregnant/ had a baby during the last 12 months) completed the survey.

Measurements: participants were questioned about sociodemographic and clinical data and were assessed concerning perinatal distress (Edinburgh Postpartum Depression Scale and Hospital Anxiety and Depression Scale), intentions to seek informal and formal help (General Help-Seeking Questionnaire) and perceived encouragement from the partner to seek professional help.

Findings: the women reported a significantly higher intention to seek help from their partner than to seek professional help (p < .001). Although women with higher perinatal distress levels presented lower intentions to seek informal help from the male partner (p = .001) and perceived less encouragement from the male partner to seek professional help (p < .001), the presence of perinatal distress did not moderate the relationship between those variables. A significant indirect effect on the relationship between women's intention to seek informal and professional help occurred through the women's perceived encouragement from the male partner to seek professional help.

Key conclusions: the results of this study highlight the important role of the male partner's encouragement in women's professional help-seeking for mental health problems.

Implications for practice: awareness campaigns about perinatal distress and about professional treatment benefits may be directed universally to all women in the perinatal period and should include women's significant others, such as their partners. Health professionals should recognize and support the prominent role of the women's partners in the help-seeking process.

Introduction

Anxiety and depression are prevalent clinical conditions during the perinatal period and often occur together: there is evidence of a period prevalence ranging from 2.6 to 39% for anxiety disorders and from 4.9% to 51.7% for depression (Gaynes et al., 2005; Henderson et al., 2013; Leach et al., 2015). The wide variation in prevalence statistics, which is mainly due to methodological constraints (characteristics of the sample population, of the measures used and of the time point in

which screening is undertaken; Gaynes et al., 2005; Leach et al., 2015), underscores the complexity of an accurate determination of the number of women suffering from these conditions in the perinatal period. The pervasive nature of the symptoms that characterize both these clinical conditions (e.g. depressed or anxious mood, anhedonia, fatigue, tension, excessive worry, concentration and sleep difficulties) may impair fetal and neonatal outcomes (Field et al., 2006) as well as the infant's development and the mother-child interactions (Kingston et al., 2012; Tronick and Reck, 2009). There is a gap between the high

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A. Fonseca, M.C. Canavarro Midwifery 50 (2017) 78–85

prevalence and adverse nature of perinatal distress and the low number of women who seek formal help for their mental health problems during the perinatal period, although effective treatment is available (Dennis and Chung-Lee, 2006; Fonseca et al., 2015; McGarry et al., 2009; O'Mahen and Flynn, 2008; Woolhouse et al., 2009). In Portugal, women are routinely followed in obstetric and in family doctors' appointments during the perinatal period and mental health professionals are freely available in the major Public Maternity Hospitals, General Hospitals and in some Primary Care Services. However, no screening procedures are implemented to improve case identification in the perinatal period, so mental healthcare is generally dependent on women's request. Therefore, a better understanding of the women's help-seeking process during the perinatal period (Henshaw et al., 2016), may facilitate the implementation of strategies to improve the early treatment of perinatal distress.

Help-seeking refers to the individual's ability to actively seek help from others (e.g., support, information, advice, treatment) in response to a problem or painful experience (Broadhurst, 2003; Cornally and McCarthy, 2011; Rickwood et al., 2005). Help-seeking models advocate that the help-seeking process consists of a transaction from the personal domain (e.g., awareness of personal needs, thoughts and feelings) to the interpersonal domain (e.g., willingness to share and disclose one's needs to others) (Cornally and McCarthy, 2011; Rickwood et al., 2005). The lay support system may be the first source of effective help for people with emotional difficulties (Angermeyer et al., 2001; Oliver et al., 2005), and its role has also been acknowledged among women during the perinatal period.

Research has consistently found that women prefer to resort to informal sources of help to obtain information and advice about mental health problems during the perinatal period (O'Mahen and Flynn, 2008; Scholle and Kelleher, 2003). Women with perinatal depressive or anxiety symptoms tend to discuss their emotional experience primarily with their social network (Fonseca et al., 2015; Henshaw et al., 2013; McCarthy and McMahon, 2008; Whitton et al., 1996), because these individuals were seen as more accessible, trustworthy or effective than formal sources of help (Barrera and Nichols, 2015). Moreover, the women's social network, particularly the women's partners, may play an important role in helping women to recognize their psychopathological symptoms (Henshaw et al., 2013; Garfield and Isacco, 2009), thereby influencing the subsequent help-seeking process.

Although the majority of women resort to informal sources of help (e.g., the male partner or other family members) to address their mental health problems during the perinatal period, which in some cases may be effective in alleviating women's suffering, only a minority of these women engage in formal mental health treatments when they are still needed (Fonseca et al., 2015; Henshaw et al., 2013; O'Mahen and Flynn, 2008). One possible explanation for this gap between women's informal and formal help-seeking may be the differences in the social networks' perceived encouragement to seek formal help for mental health problems. In fact, research in the general population has highlighted the role of the social networks' perceived encouragement to seek professional help, as a facilitator of the help-seeking process (Gulliver et al., 2012; Thompson et al., 2004; Vogel et al., 2007). As mentioned by Fisher (2005), the influence of women's social network on their help-seeking process may take a variety of forms, including the encouragement to seek professional help, participation in the decision process, and the initiation of help-seeking.

When considering the perinatal period in particular, there is also some evidence about the influence of the women's social network, namely the women's male partner, on their formal help-seeking. On the one hand, research suggests that the male partners frequently expressed concern about women's psychopathological symptoms (Henshaw et al., 2013), which make women more likely to recognize the need to seek professional help to address their mental health problems (Henshaw et al., 2016). Moreover, once women experience early psychopathological symptoms, the male partners may encourage women to seek professional help

(Dennis and Ross, 2006). There is also some evidence that the presence of a partner or relative may be a facilitating factor in women's communication with health professionals about their difficulties during the perinatal period (Rance et al., 2013). On the other hand, there is evidence that women's decision to seek and accept professional help for their mental health problems is rarely an individual decision, and frequently involves women's relatives, such as their partners (Feeley et al., 2016; McCarthy and McMahon, 2008). The women's male partners were found to commonly be the first consultants in treatment decisions concerning women's perinatal distress (Henshaw et al., 2013; Montgomery et al., 2009). Consistently, the majority of women who have been advised to seek formal help to address their mental health problems, particularly by their male partners and other family members, have engaged in effective help-seeking behaviors (Abrams et al., 2009).

The current study

Despite existing knowledge on the role of the women's social network in their help-seeking process for mental health problems during the perinatal period, to our knowledge there are no studies examining the relationship between women's informal and formal help-seeking, nor the role of the women's perceived encouragement to seek professional help as a possible mechanism to explain the gap between those sources of help. Specifically, in the present study, we aimed to examine: 1) the relationship between women's intention to seek informal help and their intention to seek professional help; and 2) to explore the indirect effects of the women's perceived encouragement from their male partner to seek professional help.

Because the failure to receive timely professional assistance for mental health problems during the perinatal period may have potentially harmful consequences for both women and the infant (e.g., Field et al., 2006; Kingston et al., 2012), to increase women's help-seeking in case of need is of unquestionable importance. As awareness campaigns about mental health topics have a universal target, we opted to examine the relationships between women's informal and formal help-seeking in the general population of women during the perinatal period, as this knowledge may be informative of the development of such campaigns. Therefore, rather on focusing on effective help-seeking behaviors, we focused on women's intentions to seek help, as they are the modifiable target of preventive universal interventions. In accordance with the Planned Behavior Theory (Ajzen, 1985, 1991) behavioral intentions are the best predictors of the behavior itself. Although other variables may influence the relationship between help-seeking intentions and behaviors (Barney et al., 2006; Schomerus and Angermeyer, 2008), helpseeking intentions seem to elucidate us about the women's helpseeking behaviors in case of an effective need for help (i.e., presenting high levels of perinatal distress). Moreover, we were also interested in examining if women's help-seeking intentions may be different when an effective need of help is present (i.e., presence of high levels of perinatal distress) (see Fig. 1).

Furthermore, the focus on the role of the perceived encouragement to seek professional help was also grounded on the Planned Behavior Theory (Ajzen, 1985, 1991), namely on the influence of subjective norms (perceived social pressure from significant others to perform or not perform the behavior) in women's intentions to seek professional help. Although there are other sources of informal support during the perinatal period, the present study focuses on the role of the male partner's support and encouragement during the help-seeking process. There is sound evidence of the role of the male partner's support, not only in preventing the occurrence of perinatal distress (Pilkington et al., 2015), but also in providing affirmation and security when women experience emotional difficulties during the perinatal period (Montgomery et al., 2009), suggesting the primacy of the male partner's support over other supportive relationships during the perinatal period. Therefore, it is important to better understand the role of the male partner's encouragement to seek professional help in the help-seeking process.

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