Trends in Mental Health Service Utilization According to Perinatal Status: Results from a Nationally Representative Sample

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Background

The perinatal period spans pregnancy to 12 months following childbirth. This period is associated with elevated levels of depression and anxiety¹ which are in turn associated with negative outcomes for fetal development, infant at birth and in early childhood.² Despite these consequences, women in the perinatal period access services at lower rates than women in the general population.³

Aim:

Report prevalence of service utilization for women with a lifetime mental disorder and compare past year mental-health service utilization (MHSU) in the perinatal period to the non-perinatal period.

Methods

We analyzed data from the 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions (N = 36,309; response rate = 60.1%). We created four perinatal status categories:

1. Women 18-55 not perinatal (Mean age: 38)
2. Women 56+ (M age: 65)
3. Pregnant (M age: 28)
4. Postpartum (M age: 29)

We dichotomized this variable into “Yes” for everyone who said yes to accessing at least one service and “No” for those who did not use any services in the past-year.

Lifetime Mental Disorders: The Alcohol Use Disorder and Associated Disabilities Interview Schedule-5 is based on the DSM-5 and assessed lifetime depressive/bipolar, anxiety disorders, posttraumatic stress disorder (PTSD), and substance use disorders.

Table 1. Associations between perinatal/non-perinatal groups and past-year mental health service utilization, according to lifetime mental health disorder

<table>
<thead>
<tr>
<th></th>
<th>Lifetime depressive/bipolar disorder</th>
<th>Lifetime anxiety disorder</th>
<th>Lifetime posttraumatic stress disorder</th>
<th>Lifetime substance use disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women 18-55</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Pregnant</td>
<td>.83 (.60-1.18)</td>
<td>.77 (.47-1.25)</td>
<td>.47 (.25-0.88)</td>
<td>.95 (.69-1.31)</td>
</tr>
<tr>
<td>Postpartum</td>
<td>.52 (.28-0.89)</td>
<td>.45 (.22-0.93)</td>
<td>.55 (.21-1.40)</td>
<td>.51 (.29-0.88)</td>
</tr>
<tr>
<td>Women 56+</td>
<td>.68 (.54-0.85)</td>
<td>.69 (.51-1.95)</td>
<td>.60 (.42-0.85)</td>
<td>.62 (.50-0.78)</td>
</tr>
</tbody>
</table>

Note: Reference = women 18-55; Analyses were run filtered according to lifetime mental disorder; AOR = adjusted odds ratio, controlling for age, race/ethnicity, marital status, education, income, and lifetime mental disorder; CI = confidence interval. "p < .05, "p < .01, **p < .001

Figure 1. Prevalence of Past-Year Service Use by Mental Disorder

Result

After adjusting for sociodemographics, including race/ethnicity, marital status, education, and income, the range of past-year MHSU among all 4 categories was 21%-56%. Non-perinatal women 18-55 were most likely to seek help for every disorder except substance use (35.6% vs women 56+, 35.7%). Past-year MHSU was least likely among postpartum women for each disorder except PTSD (44.5% vs pregnant women, 37.3%).

Associations between perinatal/non-perinatal groups and past-year MHSU (table 1)

In our most stringent multivariate models, we adjusted for sociodemographics including race, marital status, education, income, and lifetime mental disorder. Past-year MHSU was significantly less likely among pregnant women across all disorders, compared to non-perinatal women 18-55. Postpartum women were significantly less likely across all disorders except PTSD.

Conclusions

- Postpartum women were less likely to seek mental health services, regardless of disorder, except those with PTSD.
- Future research should explore the barriers to service use among the identified vulnerable postpartum group.

References:

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