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

University of Manitoba

Lily Pankratz[1], Dr. Kristin Reynolds[1], Jordana Sommer[1], Dr. Natalie Mota[2], Dr. Renée El-Gabalawy[2,3]

(1) Department of Psychology; (2) Department of Clinical Health Psychology; University of Manitoba; (3) Department of Anesthesiology, Perioperative and Pain Medicine;

Background

The perinatal period spans pregnancy to 12 months following childbirth. This period is associated with elevated levels of depression and anxiety[1] 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:

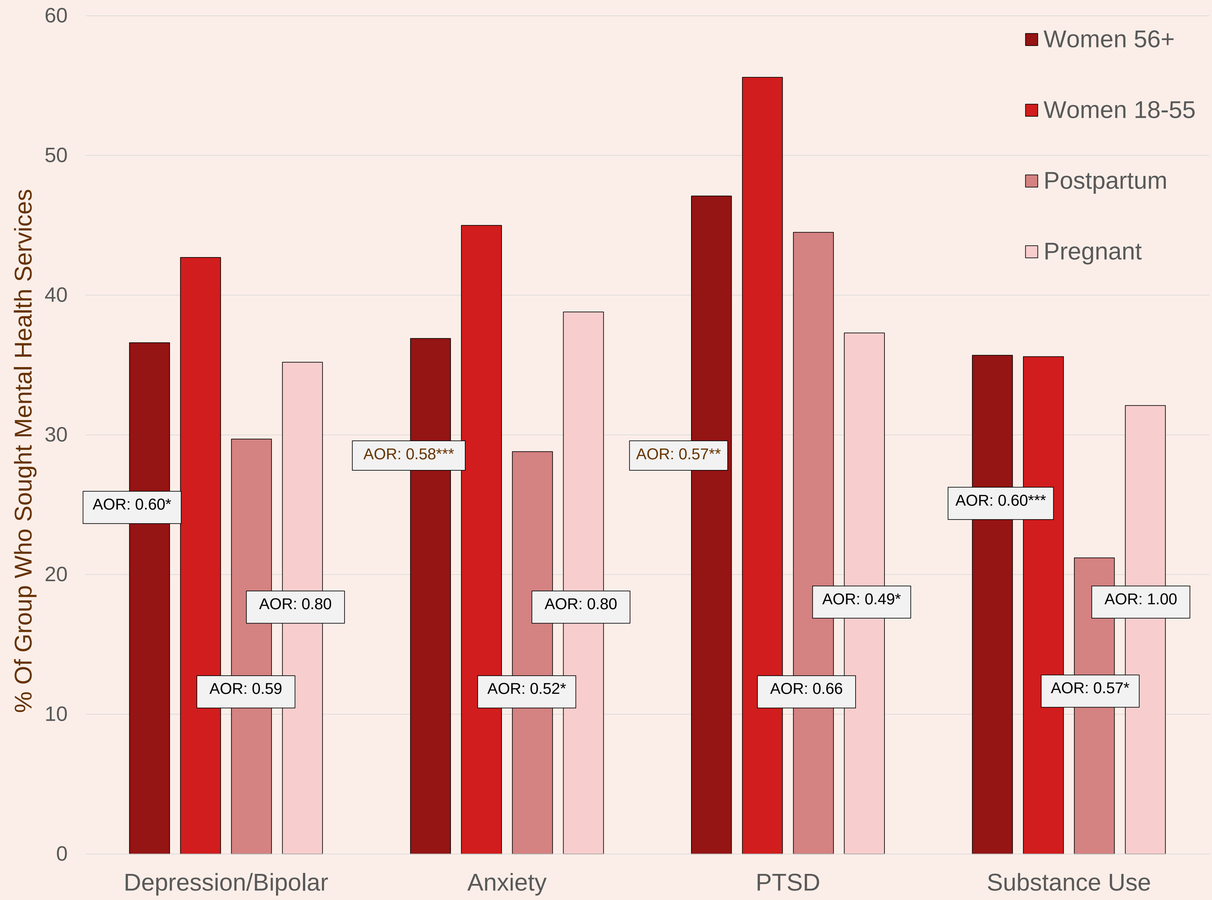
1) Women 18-55 not perinatal (Mean age: 38)
2) Women 56+ (M age: 65)
3) Pregnant (M age: 28)
4) Postpartum (M age: 29)

Measures

Past-Year Mental Health Service Use: Participants were asked to report if they had sought mental health services for each of the assessed mental disorders in the past-year. 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.

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



Note: Adjusted for sociodemographics (race/ethnicity, marital status, education, income); Comparison group is women 18-55 not perinatal; * p < .05, ** p< .01, ***p < .001

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

	Lifetime depressive/ bipolar disorder	Lifetime anxiety disorder	Lifetime posttraumatic stress disorder	Lifetime substance use disorder
	Past-year MHSU			
	AOR (95% CI)			
Women 18-55	1.00	1.00	1.00	1.00
Pregnant	.83 (1.00-1.18)	.77 (.47-1.25)	**.47 (.25-.88)****	.95 (.69-1.31)
Postpartum	**.52 (.28-.98)***	**.45 (.22-.93)***	.55 (.21-1.40)	**.51 (.29-.88)***
Women 56+	**.68 (.54-.85)****	**.69 (.51-.95)***	**.60 (.42-.85)****	**.62 (.50-.78)*****

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

Analytic Strategy

Weighted crosstabs assessed prevalence of MHSU according to perinatal and non-perinatal groups.

Multivariable logistic regressions examined associations between perinatal and non-perinatal groups and past-year MHSU filtered according to lifetime disorder and controlling for sociodemographic and any mental disorder.

Results

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

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, martial status, education, income, and lifetime mental disorder. Past-year MHSU was significantly less likely among women 56+ 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 least 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.

Acknowledgements: This research was supported by a PURE Award (Pankratz)

References: 1) Loughnan, S. A., Wallace, M., Joubert, A. E., Haskelberg, H., Andrews, G., & Newby, J. M. (2018). A systematic review of psychological treatments for clinical anxiety during the perinatal period. *Archives of Women's Mental Health*, *21*(5), 481–490. 2) Raymond, N. C., Pratt, R. J., Godecker, A., Harrison, P. A., Kim, H., Kuendig, J., & O'Brien, J. M. (2014). Addressing perinatal depression in a group of underserved urban women: A focus group study. *BMC Pregnancy and Childbirth*, *14*(1). 3) Bina, R. (2020). Predictors of postpartum depression service use: A theory-informed, integrative systematic review. *Women and Birth*, *33*(1), e24–e32.