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Towards a model of professional help-seeking for women's perinatal mood and anxiety disorders: The application of the information-processing model of help-seeking decisions



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Perinatal mood and anxiety disorders (PMAD) affect 15% to 21% of pregnant and postpartum women, having a pervasive effect on women, their children and the wide family system (Byrnes, 2018). Despite effective treatments are available for PMAD, few women proactively seek professional assistance (Button et al., 2017). Existing research on the topic has been mainly focused on the barriers to the help-seeking process (Rouhi et al., 2019), with a scarcity of studies exploring the steps of the women's decision-making.

In the mental health context, help-seeking may be defined as an “an adaptive coping process that is the attempt to obtain external assistance to deal with a mental health concern” (p. 180, Rickwood and Thomas, 2012). The help-seeking process is an active process in which the individual moves from the personal (recognition/awareness of their emotional problems) to the interpersonal domain (willingness to and disclosing of their needs to others) (Cornally and McCarthy, 2011). The **information-processing model of help-seeking decisions** (Vogel et al., 2006) was aimed to provide a clearer understanding of people's decision to seek professional help for their mental health problems and may serve as a theoretical background to frame the women's help-seeking process for PMAD. Grounded on our prior research on the topic, we aim to apply this theoretical model to describe the help-seeking process of perinatal women with PMAD (see Fig. 1).

1. Encoding and interpreting: being aware of emotional problems

The first stage of the help-seeking process is encoding (recognizing) and interpreting the symptoms (Vogel et al., 2006). In the context of PMAD, it means the women's recognition of the presence of psychological/emotional problems, i.e., *perceiving that they might need help*. Recently, we found that less than half of the women presenting clinically relevant perinatal depressive symptoms reported being aware of the possibility of having an emotional/psychological problem (Fonseca et al., 2015). Women seem to differ in their ability to recognize their distress: while some women are able to recognize that they are

experiencing emotional difficulties, others did not understand what they are experiencing or attribute their problems/difficulties (e.g. fatigue, sadness, anxiety) as a normal part of childbirth (Button et al., 2017; Rouhi et al., 2019).

When it comes to recognizing their own symptoms, women's mental health literacy seems to play a pivotal role. Perinatal women presented moderate levels of depression literacy; specifically, we found that although most of them were able to identify depression symptoms, they showed higher difficulties in correctly identifying symptoms that are not associated with depression (e.g., speaking in a disjointed way), as well as effective treatment options (Fonseca et al., 2017). Mental health literacy gaps may not only compromise the women's recognition of their symptoms as problematic, but also refrain the next help-seeking steps, as they may adopt more negative attitudes about mental illness (stigma, leading to symptoms normalization and external attributions) and the effectiveness of its treatments (e.g., “*nothing could help me*”).

2. Generating options: the role of significant others and stigma

During the second step of the help-seeking process, the individual must decide if there is a problem to be addressed (e.g., whether the symptoms are severe and negatively impact their daily life), and to generate behavioral options to address it based on his/her goals (Vogel et al., 2006) – the options may vary between *do nothing* and seek professional assistance. While some women value their wellbeing and want to quell their emotional difficulties, other may fear the negative consequences and stigma of being labeled as “*mentally ill*”, preferring to minimize their psychological needs and avoid help-seeking (Button et al., 2017). Within this context, the role of significant others reveals as crucial. Women tend to rely on a trusted person (e.g., partner, family member, friend) to deal with their perinatal mental health difficulties (Rouhi et al., 2019), as they were seen as more accessible than professional sources of help. If the women's network expresses concern about their emotional wellbeing, women may feel more prone to share their emotional difficulties. Conversely, a support network that lacks proper

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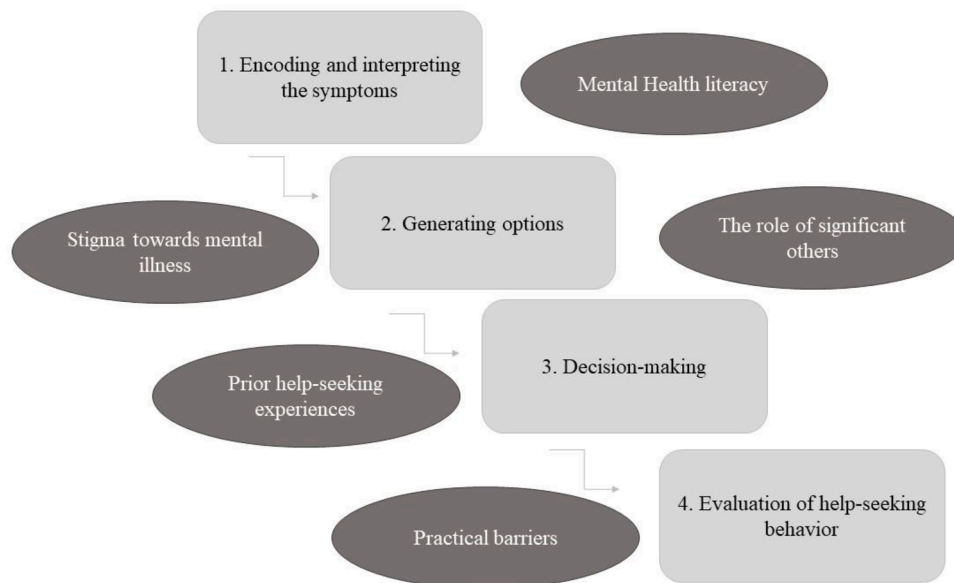


Fig. 1. The information-processing model of help-seeking decisions (Vogel et al., 2006) applied to perinatal women with PMAD.

knowledge about PMAD may contribute to its normalization and disbelief and to women's isolation, stigmatization and reluctance in sharing their emotional experience (Rouhi et al., 2019).

3. Decision-making: the role of past experiences and encouragement from others

During the third step of the help-seeking process, individuals decide on a behavioral response – of the ones selected in the prior stage – and implement it, defining an action plan (Vogel et al., 2006). Women need to evaluate the advantages and disadvantages of each option, including seeking professional help. Women's expectations about treatment effectiveness and prior treatment experiences may impact their willingness to seek assistance (Button et al., 2017). Moreover, the social network's perceptions about professional help also play an important role. The women's decision to seek professional assistance is rarely an individual decision, frequently involving women's relatives, such as their partners. In our research, the perceived encouragement from the partner was found to be an enabler of the women's decision to seek professional assistance (Fonseca and Canavarro, 2017).

4. Evaluation of help-seeking behavior: dealing with practical barriers

In the last step of the help-seeking process, individuals evaluate the outcomes of the implemented option, which may lead to new decisions about what to do next (Vogel et al., 2006). When implementing the option of seeking professional assistance, women may face several practical barriers, from the unavailability/limited accessibility of specialized mental health services, to the childcare, professional and financial constraints (Fonseca et al., 2015). These practical barriers may limit the women's professional help-seeking process and may compromise the treatment's effectiveness (e.g., greater spacing between appointments) and negatively impact their evaluation of the results of the help-seeking behavior ("it's difficult to have professional assistance", "the burden does not compensate the benefits").

In conclusion, the women's professional help-seeking to address PMAD may be better understood if framed within a theoretical background. Further research on this topic should, therefore, consider this theoretical rationale, which will set the ground for the identification of targeted strategies at each step of the help-seeking process that increase

women's rates of seeking professional assistance for PMAD.

5. Author statement

All authors had a significant contribution for the manuscript. Ana Fonseca proposed the general structure of the paper and wrote the first draft of the paper. Maria Cristina Canavarro performed a throughout review of the first draft of the paper, contributing to the final version of the manuscript.

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