

[Post-print version]

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

Ana Fonseca & Maria Cristina Canavarro

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.

Keywords: Couple; Formal Help; Help-seeking Intentions; Informal Help; Perinatal Period; Perinatal distress.

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 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 than 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), help-seeking intentions seem to elucidate us about the women's help-seeking 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 Figure 1).

[Insert_Figure_1_about_here]

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.

Method

Procedure

This study was part of a cross-sectional internet survey conducted in Portugal that aimed to describe women's help-seeking intentions for mental health problems during the perinatal period. Ethical standards and procedures for research with human beings (e.g., Helsinki Declaration, World Medical Association, 2001; American Psychological Association, 2010) were followed, and this study was approved by the Ethics Committee of the Faculty of Psychology and Educational Sciences – University of Blind for review.

Eligibility criteria to participate in the study were as follows: 1) being a woman; 2) being 18 years or older; 3) being currently pregnant or having given birth during the previous 12 months (which is the defined time frame for some postpartum depressive disorders, such as postpartum depression, Gaynes et al. 2005); and 4) being in a romantic relationship (i.e., women who reported being in a romantic relationship with a male partner in the moment of the survey, whether living together or not). Data collection occurred between November 2014 and March 2015. The participants were a self-selected online sample who replied to advertisements posted on social media websites (e.g., Facebook) and on websites and forums focusing on pregnancy and childbirth, which contained a web link to the Internet survey (hosted by <http://www.limesurvey.com/>).

After accessing the web link (open survey), participants were given information about the study goals, and about the participants' and the researchers' roles. Consent to participate in the study was provided by

answering the question, “*Do you agree to participate in this study?*”. The participants were then given access to the self-report questionnaires. The survey software prevented the same user from completing the survey more than once and ensured the anonymity of the participants. No remuneration was given to participants.

Measures

Sociodemographic and clinical data.

Information concerning sociodemographic (e.g., age, educational level, family household income, place of residence) and clinical data (perinatal period [pregnancy vs. postpartum period], parity, and history of psychological/psychiatric problems) was collected through a self-report instrument developed by the authors.

Perinatal distress.

The levels of perinatal distress were assessed using the Portuguese version of two questionnaires: the Edinburgh Postnatal Depression Scale (EPDS; Areias et al. 1996; Augusto et al. 1996) and the Anxiety subscale of the Hospital Anxiety and Depression Scale (HADS; Pais-Ribeiro et al. 2007). The EPDS is a 10-item screening scale for antepartum and postpartum depression. Women were asked to rate their emotions (e.g., sadness, tearfulness) over the previous seven days, using a 4-point Likert scale. Higher scores indicate higher levels of depressive symptoms.

The Anxiety HADS subscale is a self-report scale, including 7 items (e.g., “I get a sort of frightened feeling, like something awful is about to happen”), answered on 4-point response scale. Scores can range from 0 to 21 points, and higher scores indicate higher levels of Anxiety.

In the Portuguese validation studies, a score higher than 9 in the EPDS indicates a possible depressive disorder (Areias et al. 1996; Augusto et al. 1996) and a score higher than 8 in the Anxiety HADS subscale is considered worthy of clinical attention (Pais-Ribeiro et al. 2007). Based on their scores on the EPDS and HADS, women were classified as presenting higher levels of perinatal distress (women who scored on EPDS > 9 and/or Anxiety HADS > 8) and women who did not present higher levels of perinatal distress. In our sample, the Cronbach’s alphas values were .91 (EPDS) and .87 (Anxiety HADS subscale). Because we are interested in informing universal awareness campaigns to promote help-seeking, we aimed to identify women that may present some significant perinatal distress symptoms that may prone help-seeking, rather than only women with an established clinical diagnosis of anxiety and/or depression. Therefore, we opted to select the low threshold for both EPDS and HADS.

Intentions to seek informal help and professional help.

Women's intentions to seek informal help (ISIH) from the partner and intentions to seek professional help (ISPH) were measured with the General Help-Seeking Questionnaire (GHSQ; Rickwood et al. 2005). The GHSQ assesses individuals' intentions to seek help from different sources (e.g., partner, parents, friends, mental health professional) to cope with their emotional problems. The participants were asked to answer regarding their intentions to seek help from different sources to address emotional problems (*"How likely would be that, during pregnancy or in the first year after childbirth, you ask for help to each of these people due to a personal or emotional problem?"*) on a 7-point Likert scale ranging from 1 (*Extremely Unlikely*) to 7 (*Extremely Likely*). Higher scores indicate higher intentions to seek help from these sources. In the present study, two dimensions were used: Intentions to Seek Help from the Partner and Intentions to Seek Professional Help (mental health professionals and/or family doctors/general practitioners).

Perception of encouragement of the partner to seek professional help.

In the absence of validated self-report measures for the Portuguese population to assess the women's perceived encouragement of the partner to seek professional help in the presence of mental health problems, a set of four questions was specifically developed for the present study. Based on prior research (Fisher, 2005; Henshaw et al. 2013; McGarry et al. 2009) the role of the partner in the women's help-seeking process may be understood in terms of: being the primary source of support in discussing women's emotional experience, which may help them to recognize the presence of an emotional problem; in encouraging professional help-seeking; and in participating in the decision of seeking professional help. Therefore, the four questions were developed to assess these different dimensions of the perceived encouragement of the partner in the women's help-seeking process: *"I would be comfortable talking about my emotional difficulties with my partner if I had an emotional problem"*, *"My partner would support me if I had an emotional problem"*, *"My partner would encourage me to seek professional help if I had an emotional problem"*, and *"I would share the decision to seek professional help with my partner if I had an emotional problem"*. Participants were asked to respond to these questions according to their level of agreement, on a 4-point Likert scale ranging from 1 (*Strongly Disagree*) to 4 (*Strongly Agree*). Confirmatory Factor Analysis supported the construct validity of this measure to assess the construct perceived encouragement from the partner to seek professional help [$\chi^2 = 50.46, p < .001, GFI = .91, SRMR = .065$; item loadings $> .70$]. Therefore, a mean score of the four questions was computed, with higher scores representing higher perceived encouragement from the partner to seek professional help. In this sample, the Cronbach's alpha was .82.

Data Analysis

Statistical analyses were performed using the Statistical Package for the Social Sciences (IBM SPSS, version 22.0; IBM SPSS, Armonk, NY). Descriptive statistics were computed for sample characterization and to characterize the study variables. A Paired-samples *t* test was computed to examine differences between women's ISIH and women's ISPH. *Pearson* bivariate correlations were used to examine the associations between socio-demographic characteristics and the study variables. Moreover, independent-samples *t* tests were used to examine differences in the study variables between women with high levels of perinatal distress and women without high levels of perinatal distress. *Pearson* bivariate correlations between the study variables were also computed and reported. Effect-size measures were presented for the comparison analyses (small: $d \geq .20$; medium: $d \geq .50$; large: $d \geq .80$).

To explore the direct and indirect effects of women's ISIH on women's ISPH and the moderator effect of the presence of higher levels of perinatal distress, a moderated mediation analyses was estimated using the SPSS version of the PROCESS macro (model 59; Hayes, 2013). The sociodemographic variables which correlated with the study variables were introduced as covariates in the models. Women's ISIH from the partner was used as an independent variable, the male partner's perceived encouragement to seek professional help was entered as mediator variable, and the women's ISPH was used as dependent variable. The presence of higher levels of perinatal distress was tested as a moderator variable. The moderator was hypothesized to affect the three paths (path a: relationship between the independent variable and the mediator; path b: relationship between the mediator and the dependent variable; and path c': the direct effect of the independent variable on the dependent variable). In the absence of a significant interaction in one or more paths, the model was re-estimated after the removal of nonsignificant interactions (mediation model: model 4; Hayes, 2013). The models were estimated using a procedure that relies on nonparametric bootstrapping (5,000 resamples), which does not require the assumption of normality of the sampling distribution. Bias-corrected and accelerated confidence intervals (BCCI) were created. An indirect effect was significant if zero was not included within the lower and upper CIs. The empirical power tables proposed by Fritz and MacKinnon (2007) for mediation models suggest that the sample size of this study ($n = 231$) is sufficient to find a mediated effect that included small-to-medium a and b paths with a .80 power.

Results

Participants

The sample comprised 231 women in a romantic relationship ($n = 192$, 83.1% of them were married/living together) during the perinatal period; of these, 69.3% women had given birth during the last 12 months ($n = 160$, $M = 5.73$ months, $SD = 3.74$) and 30.7% of women were currently pregnant ($n = 71$, $M = 24.45$ weeks, $SD = 11.06$). The sociodemographic and clinical characteristics of the sample are presented in Table 1.

[Insert_Table_1_about_here]

Preliminary analyses

The participants in this study reported a significantly higher ISIH from their male partner ($M = 6.48$, $DP = 1.20$) than ISPH ($M = 4.48$, $DP = 1.60$; $t_{230} = 17.00$, $p < .001$, $d = 1.14$). Moreover, attending to the scale range (1-4), women perceived a high encouragement from their male partner to seek professional help to address emotional difficulties ($M = 3.49$, $SD = 0.56$).

Concerning the sociodemographic background, employed women and women with a higher income reported a higher ISIH from the partner to address their emotional problems (professional status: $r = .205$, $p = .002$; income: $r = .195$, $p = .003$) and perceived more encouragement from the partner to seek professional help (professional status: $r = .155$, $p = .02$; income: $r = .199$, $p = .002$). The women's educational level or residence were not associated with the study variables.

In our sample, 38.5% ($n = 89$) of the women presented high levels of perinatal distress, with 55.06% ($n = 49$) of these women presenting both clinically significant symptoms of depression and anxiety. Women with higher levels of perinatal distress presented a lower ISIH from the partner ($M = 6.10$, $SD = 1.57$, $t_{229} = 3.39$, $p = .001$, $d = 0.49$) and perceived less encouragement to seek professional help from the partner ($M = 3.21$, $SD = 0.66$, $t_{229} = 6.47$, $p < .001$, $d = 0.82$), when compared to women without high levels of perinatal distress (ISIH: $M = 6.71$, $SD = 0.82$; perceived encouragement: $M = 3.66$, $SD = 0.40$). However, no significant differences were found in women's ISPH ($t_{229} = 1.74$, $p = .083$, $d = 0.24$), as a function of the presence of higher levels of perinatal distress.

Considering the relationship between the study variables, the ISIH from the partner was significantly and positively associated with the ISPH ($r = .23$, $p < .001$). Moreover, the perceived encouragement from the partner to seek professional help was significantly and positively associated with the women's ISIH from the partner ($r = .54$, $p < .001$) and the women's ISPH ($r = .29$, $p < .001$).

From informal help-seeking to professional help-seeking: The indirect effects of perceived encouragement from the partner

We examined a moderated mediation model to test whether the indirect effect of women's ISIH from the partner on women's ISPH through the partner's perceived encouragement to seek professional help was moderated by the presence of higher levels of perinatal distress. The covariates (professional status and income) were not significantly associated with the outcome variables in the model. Moreover, no significant interaction effects were found (path a interaction – ISIH x higher levels of perinatal distress: $b = -.01, p = .811$; path b interaction - partner's encouragement to seek professional help x higher levels of perinatal distress: $b = -.41, p = .398$; path c' interaction - ISIH x higher levels of perinatal distress: $b = .02, p = .928$).

Therefore, a simplified version of the initial model was tested, representing a simple mediation model.

Figure 2 presents an indirect effect model exploring the relationship between women's ISIH from the partner and women's ISPH through their partner's perceived encouragement to seek professional help.

[Insert Figure 2 about here]

As shown in Figure 2, women's ISIH from the partner was significantly associated with their perception of partner's encouragement to seek professional help ($F_{3,222} = 30.27, p < .001$). Moreover, the model predicting women's ISPH was also significant ($F_{4,221} = 6.35, p < .001$). The covariates (professional status and income) were not significantly associated with the outcome variables in the model.

Although the total effect of women's ISIH on women's ISPH was significant ($b = .31, p = .005$), when the indirect effect was introduced in the model, the direct effect of women's ISIH on women's ISPH became non-significant ($b = .14, p = .181$). Moreover, the bootstrap confidence intervals of the indirect effects indicated a significant indirect effect on the relationship between women's ISIH and women's ISPH (95% BCCI .062, .316). This effect occurred through the women's perceived encouragement from the partner to seek professional help.

Discussion

The results of this study allow us to elucidate some potential mechanisms involved in the women's help-seeking process for mental health problems during the perinatal period. The main finding of the present study is the recognition of the important role of the male partner's encouragement in women's professional help-seeking to address mental health problems.

First, our results suggest that women report a greater intention to resort to their male partner as an informal source of help if they felt they were in distress, than to resort to formal sources of help (professional help). On the one hand, our results are congruent with prior studies conducted with women presenting a positive screen for depressive symptoms (Henshaw et al. 2013; O'Mahen and Flynn, 2008), and suggest that women discuss their emotional experience mostly with their social network (e.g., the male partner or other family members; Fonseca et al. 2015; Henshaw et al. 2013; McCarthy and McMahon, 2008). Moreover, one study showed evidence about the male partner's expression of concerns about the women's emotional symptoms (Henshaw et al. 2013), which appears to promote intra-couple communication about this topic and increase women's recognition of mental health problems (McCarthy and McMahon, 2008; Whitton et al. 1996) and their involvement in further help-seeking behaviors during the perinatal period (Fonseca et al. 2015; Sealy et al. 2009). On the other hand, it seems easier for women to resort to informal sources of help, such as the male partner, because these sources are perceived as more accessible and reliable than professional sources of help (Barrera and Nichols, 2015). Moreover, in addition to the fact that in some cases the informal help may be effective in helping women to deal with their emotional difficulties, women may also perceive difficulties in sharing their emotional problems with health professionals because they fear being misunderstood (Woolhouse et al. 2009) and may present negative attitudes towards health professionals (Abrams et al. 2009, Guy et al. 2014).

However, our results are particularly innovative because they highlight the existence of differences in women's perceptions as a function of the presence of higher levels of perinatal distress. Specifically, although no differences were found in women's intentions to seek professional help, women presenting higher levels of perinatal distress reported lower intentions to seek informal help from their male partner and perceived less encouragement from their partner to seek professional help than women without higher levels of distress. As the quality of the couple relationship was found to be a risk factor for the development of mental health problems in the perinatal period (Pilkington et al. 2015), one possible explanation for these results is that women presenting higher levels of perinatal distress may present prior intra-couple communication difficulties, which may also hinder the help-seeking process. In fact, women with higher levels of perinatal distress may have a perception of their partners as less accessible and feel less prone to resort on them for support, and to communicate about their emotional difficulties in case of need. Consequently, when prior communication difficulties occur, women may also feel that their partners would not have an active role in encouraging them to seek professional help, suggesting that the quality of the couple relationship may not only put women at risk for development of mental health problems, but also to compromise the help-seeking process. On the other hand, the women's

psychopathological symptoms may also contribute to the development of a more negative view about the future, which may result in more negative perceptions about their partners as sources of support and of the benefits of resort on them for support. These hypotheses should be further explored.

Second, our results are also innovative because they provide us with some insights about the mechanisms that underlie the relationship between women's intentions to seek informal and professional help during the perinatal period. Our results underscore the existence of significant but small association between women's intention to seek informal help from their partner and women's intention to seek professional help, and the occurrence of an indirect effect on this relationship through the women's perceived encouragement from their male partner to seek professional help. Specifically, the more the women intended to use their male partner as a source of informal help if they felt they were in distress, the more likely women were to perceive their partner as supportive and encouraging of professional help-seeking which, in turns, resulted in a greater intention to seek professional help during the perinatal period. Moreover, despite the differences found in women's perceptions as a function of perinatal distress levels, our results suggest that the mechanisms by which women's intentions to seek informal help were associated with women's intentions to seek formal help were similar in both groups of women, which supports the idea that our results may inform universal preventive campaigns aiming to increase women's help-seeking behaviors for mental health problems during the perinatal period.

Globally, these results highlight the prominent role of the male partner in women's help-seeking process. The male partner has a growing involvement in the family context during the transition to parenthood, and can not only influence maternal mental health and well-being (Pilkington et al. 2015), but also be more aware of changes in women's maternal mood than other members of their social network may be (Coleman and Garfield, 2004; Garfield and Isacco, 2009), being more likely to express concern about those changes (Henshaw et al. 2013). It is possible that the male partners' openness and availability to discuss about mental health topics within the couple may help to reduce women's stigma about mental illness (e.g., fear of being labeled as a bad mother), which is also a well-known barrier to women's help-seeking behavior during the perinatal period (Dennis and Chung-Lee, 2006). In contrast, divergences in couples' understanding of perinatal distress may compromise communication and understanding within the couple (Everingham et al. 2006), which may hinder women's feeling of encouragement from their partner to seek professional help.

Moreover, the role of the male partner's encouragement on women's professional help-seeking seems to support the importance of subjective norms as determinants of the individual's intentions to perform a behavior, as advocated by the Theory of Planned Behavior (Ajzen, 1985, 1991). It is possible that when the male partners

perceive psychiatric or psychological treatment positively (that is, the male partner presents more positive attitudes towards professional sources of help), they may be more encouraging of women's help-seeking, which may translate in making treatment more acceptable for those women and, consequently, into a higher intention to seek professional help in the case of an effective need. Additionally, there is also evidence that anxiety and depression symptoms may compromise women's ability to make decisions and to plan the professional help-seeking process. When women perceive their male partner as being supportive and encouraging of professional help-seeking, they can more easily rely on the partner to help them execute an action plan (e.g., seek information on treatment options or set an appointment; Henshaw et al. 2013; McGarry et al. 2009) if needed, which may also make women more likely to display higher intentions to seek professional help. Finally, partners can contribute to minimize some of the practical barriers that prevent women from seeking professional help during the perinatal period (e.g., helping with childcare responsibilities; Henshaw et al. 2013; McGarry et al. 2009). If women perceive that their partner encourages professional help-seeking, it is possible that they will also perceive the partner as available to minimize possible practical barriers, thereby increasing women's intention to seek professional help, if necessary.

Limitations

Despite these important findings, the present study has some limitations that should be acknowledged. First, the cross-sectional nature of the study may reduce the establishment of a clear directionality in the relationship between the study variables, although the proposed directions were grounded on theoretical (Rickwood et al. 2005) and empirical evidence. Second, due to the recruitment method, our sample was a self-selected sample. Women who showed interest in participating in the study may have a greater propensity to seek professional help in case of need, so this sample may not be entirely representative of the perinatal population. Although our sample is similar to other Portuguese female samples in the perinatal period when considering the major sociodemographic characteristics, future studies should include more socio-demographically diverse samples and other collection methods (e.g., sample collection in health units), in order to better guarantee sample representativeness. Moreover, the influence of women's ethnic background should also be acknowledged. Third, the present study only comprised the women's perspective in relation to their partner's encouragement and support during the help-seeking process for mental health problems in case of need. Future studies should include a dyadic approach, to capture the congruence between both partners' perceived encouragement and support during the help-seeking process and to better examine how the male partner's prior experiences and

attitudes towards professional help-seeking may influence women's help-seeking intentions and subsequent behaviors. Qualitative research including both the women, their partners and health professionals may also contribute to a deeper understanding about the women's help-seeking process.

Finally, our results provide us with important insights about the help-seeking process of women in a romantic relationship, which represent the majority of women in the perinatal period, but further studies should also acknowledge the help-seeking process of single/divorced women during the perinatal period. In fact, although being single may constitute a risk factor for perinatal distress, the magnitude of this relationship is weak (Pope 2000; O'Hara and McCabe, 2013). Moreover, there is some evidence that the pattern of help-seeking may be different among single/divorced women, as one prior study (Silva 2015) found that these women were more likely to seek professional help than women in a marital relationship, and this may be due to the absence of a supportive partner in which they can rely for informal support. Future studies should focus on examining the informal sources of help of single/divorced women and the mechanisms that may influence these women's formal help-seeking.

Implications for practice

Finally, the results of the present study allow us to reflect on important clinical implications. The results of the present study highlight the important role of women's partners in the help-seeking process. Awareness campaigns about the signs and symptoms of depression, the adverse effects of perinatal distress on the family members, and the importance of seeking professional help for mental health problems during the perinatal period, should target not only women, but also other significant persons such as their male partners (Henshaw et al. 2013, O'Mahony et al. 2012), as they were not only sources of informal support, but also play an important role in encouraging women to seek professional help.

Moreover, it is important for the women's partners to be aware of the importance of their encouragement in the women's help-seeking process. The male partners should be encouraged to participate in the women's recovery process (Bilszta et al. 2010; Henshaw et al. 2013). The occurrence of perinatal distress within the family may require relational readjustments related to the male partner's role as caregiver (e.g., being responsible for childcare, seeking appointments or more information, or providing emotional support and validation to the women; Henshaw et al. 2013; Montgomery et al. 2009). Health professionals should also support the male partners during this process. In this context, it is essential that women and their partners have the opportunity to openly share questions and concerns about mental health topics with health professionals, who

should integrate these discussions into women's perinatal care, including the perspectives of both members of the couple.

References

- Abrams LS, Dornig K, Curran L (2009) Barriers to service use for postpartum depression symptoms among low-income ethnic minority mothers in the United States. *Qual Health Res* 19(4):535-551. doi:10.1177/1049732309332794
- Ajzen I (1985) From intentions to actions: A theory of planned behavior. In: Kuhl J, Beckman J, eds. *Action-control: From cognition to behavior*. Germany: Springer (11-39).
- Ajzen I (1991) The theory of planned behavior. *Organizational Behavior and Human Decision Processes* 50:179-211.
- American Psychological Association (2010) *Publication Manual of the American Psychological Association*, sixth ed. American Psychological Association, London.
- Angermeyer M, Matschinger H, Riedel-Heller S (2001) What to do about mental health disorder: Help seeking recommendations of the lay public. *Acta Psychiat Scand* 103:220-225.
- Areias M, Kumar R, Barros H, Figueiredo E (1996) Comparative incidence of depression in women and men, during pregnancy and after childbirth: Validation of the Edinburgh Postnatal Depression Scale in Portuguese Mothers. *Brit J Psychiat* 169:30-35. doi:10.1192/bjp.169.1.30
- Augusto A, Kumar R, Calheiros J, Matos E, Figueiredo E (1996) Post-natal depression in an urban area of Portugal: Comparison of childbearing women and matched controls. *Psychol Med* 26:135-141. doi:10.1017/S0033291700033778
- Barney LJ, Griffiths KM, Jorm AF, Chistensen H (2006) Stigma about depression and its impact on help-seeking intentions. *Aust NZ J Psychiat* 40(1):51-54. doi:10.1080/j.1440-1614.2006.01741.x
- Barrera A, Nichols A (2015) Depression help-seeking attitudes and behaviors among an Internet-based sample of Spanish-speaking perinatal women. *Rev Panam Salud Publica* 37(3):148-153.
- Bilszta J, Ericksen J, Buist A, Milgrom J (2010) Women's experience of postnatal depression: Beliefs and attitudes as barriers to care. *Aust J Adv Nurs* 27:44-54.
- Broadhurst K (2003) Engaging parents and carers with family support services: What can be learned from research on help-seeking? *Child Fam Soc Work* 8:341-350. doi:10.1046/j.1365-2206.2003.00289.x

- Coleman W, Garfield C (2004) Fathers and Pediatricians: Enhancing men's roles in the care and development of their children. *Pediatrics* 113:1406-1411.
- Cornally N, McCarthy G (2011) Help-seeking behavior: A concept analysis. *Int J Nurs Pract* 17:280-288. doi:10.1111/j.1440-172X.2011.01936.x.
- Dennis CL, Chung-Lee L (2006) Postpartum Depression help-seeking barriers and maternal treatment preferences: A qualitative systematic review. *Birth* 33:323-331.
- Dennis CL, Ross L (2006) Women's perceptions of partner support and conflict in the development of postpartum depressive symptoms. *J Adv Nurs*. 56:588-599.
- Everingham CR, Heading G, Connor L (2006) Couples' experiences of postnatal depression: A framing analysis of cultural identity, gender and communication. *Soc Sci Med* 62(7):1745-1756. doi:10.1016/j.socscimed.2005.08.039
- Feeley N, Bell L, Hayton B, Zelkowitz P, Carrier M-E (2016) Care for postpartum depression: What do women and their partners prefer?. *Perspect Psychiatr Care* 52(2):120-130. doi:10.1111/ppc.12107
- Field T, Diego M, Hernandez-Reif M (2006) Prenatal depression effects on the fetus and newborn: a review. *Infant Behav Develop* 29(3):445-455. doi:10.1016/j.infbeh.2006.03.003
- Fisher V (2005) *Help-seeking for depression in rural women: A community portrait*. Virginia: Virginia Commonwealth University.
- Fonseca A, Gorayeb R, Canavarro MC (2015) Women's help-seeking behaviours for depressive symptoms during the perinatal period: Socio-demographic and clinical correlates and perceived barriers to seeking professional help. *Midwifery* 31:1177-1185. doi:10.1016/j.midw.2015.09.002
- Fritz M S, MacKinnon D P (2007) Required sample size to detect the mediated effect. *Psychological Science* 18:233-239. doi:10.1111/j.1467-9280.2007.01882.x
- Garfield C, Isacco A (2009) Urban fathers' role in maternal postpartum mental health. *Fathering* 7(3):286-302.
- Gaynes B, Gavin N, Meltzer-Brody S, Lohr K, Swinson T, Gartlehner G, Brody S, Miller W (2005) Perinatal depression: Prevalence, screening accuracy and screening outcomes. Evidence Report/Technology Assessment. Agency for Healthcare Research and Quality, Rockville.
- Gulliver A, Griffiths KM, Christensen H (2012) Barriers and facilitators to mental health help-seeking for young elite athletes: A qualitative study. *BMC Psychiatry* 12:157. doi:10.1186/1471-244X-12-157

Guy S, Sterling BS, Walker L, Harrison T (2014) Mental health literacy and postpartum depression: A qualitative description of views of lower income women. *Arch Psychiatr Nurs* 28(4):256-262.

doi:10.1016/j.apnu.2014.04.001

Hayes A (2013) *Introduction to mediation, moderation, and conditional process analysis*. New York: The Guilford Press.

Henderson J, Redshaw M (2013) Anxiety in the perinatal period: Antenatal and postnatal influences and women's experience of care. *J Reprod Infant Psychol* 31(5):465-478. doi:10.1080/02646838.2013.835037

Henshaw E, Sabourin B, Warning M (2013) Treatment-seeking behaviors and attitudes survey among women at risk for perinatal depression or anxiety. *JOGNN- J Obst Gyn Neo.* 42:168-177. doi:10.1111/1552-6909.12014

Henshaw EJ, Durkin KM, Snell RJ (2016) First-time parents' shared representation of postpartum depressive symptoms: A qualitative analysis. *Soc Sci Med* 160:102-110. doi:10.1016/j.socscimed.2016.05.025

Kingston D, Tough S, Whitfield H (2012) Prenatal and postpartum maternal psychological distress and infant development: a systematic review. *Child Psychiat Hum D* 43:683-714. doi:10.1007/s10578-012-0291-4

Leach L, Poyser C, Fairweather-Schmidt K (2015) Maternal perinatal anxiety: A review of prevalence and correlates. *Clin Psychol.* doi: 10.1111/cp.12058

McCarthy M, McMahon C (2008) Acceptance and experience of treatment for postnatal depression in a community mental health setting. *Health Care Women Int* 29(6):618-637. doi:10.1080/07399330802089172

McGarry J, Kim H, Sheng X, Egger M, Baksh L (2009) Postpartum depression and help-seeking behavior. *J Midwifery Wom Health.* 54:50-56. doi:10.1016(j.jmwh.2008.07.003

Montgomery P, Bailey P, Purdon S, Snelling S, Kauppi C (2009) Women with postpartum depression: "my husband" stories. *BMC Nursing* 8:8. doi:10.1186/1472-6955-8-8

O'Hara MW, McCabe JE (2013) Postpartum depression: Current status and future directions. *Annu Rev Clin Psychol* 9:397-407. doi:10.1146/annurev-clinpsy-050212-185612

Oliver MI, Pearson N, Coe N, Gunnell D (2005) Help-seeking behaviour in men and women with common mental health problems: Cross-sectional study. *Br J Psychiatry* 186(4):297-301.

doi:10.1192/bjp.186.4.297

O'Mahen HA, Flynn HA (2008) Preferences and perceived barriers to treatment for depression during the perinatal period. *J Womens Health.* 17:1301-1309. doi:10.1089/jwh.2007.0631

O'Mahony J, Donnelly T, Bouchal S, Este D (2012) Barriers and facilitators of social supports for immigrant and refugee women coping with postpartum depression. *Adv Nurs Sci* 35(3):42-56. doi:10.1097/ANS.0b013e3182626137.

Pais-Ribeiro J, Silva I, Ferreira T, Martins A, Meneses R, Baltar M (2007) Validation study of a portuguese version of the Hospital Anxiety and Depression Scale. *Psychol Health Med* 12(2): 225-237. doi: 10.1080/13548500500524088

Pilkington P, Milne L, Cairns K, Lewis J, Whelan T (2015) Modifiable partner factors associated with perinatal depression and anxiety: A systematic review and meta-analysis. *J Affect Disord* 178:165-80. doi:10.1016/j.jad.2015.02.023.

Pope S (2000). *Postnatal Depression: A systematic review of published scientific literature to 1999*. Australia: National Health and Medical Research Council.

Rance S, McCourt C, Rayment J, Mackintosh N, Carter W, Watson K, Sandall J (2013) Women's safety alerts in maternity care: Is speaking up enough? *BMJ Qual Saf* 22:348-355. doi:10.1136/bmjqs-2012-001295

Rickwood D, Deane F, Wilson CJ, Ciarrochi J (2005) Young people's help-seeking for mental health problems. *Austr e-Journal Advanc Ment Health* 4(3):1-34.

Scholle SH, Kelleher K (2003) Preferences for depression advice among low-income women. *Matern Child Health J* 7:95-102.

Schomerus G, Angermeyer MC (2008) Stigma and its impact on help-seeking for mental disorders: What do we know? *Epidemiol Psichiatr Soc* 17(1):31-37.

Sealy PA, Fraser J, Simpson JP, Evans M, Hartford A (2009) Community awareness of postpartum depression. *JOGNN- J Obst Gyn Neo* 38(2):121-133. doi:10.1111/j.1552-6909.2009.01001.x.

Silva S (2015) *Intenções e comportamentos efetivos de procura de ajuda das mulheres para lidar com dificuldades emocionais: Barreiras e facilitadores no período perinatal [Women's help-seeking behaviors and intentions to address mental health problems: Barriers and facilitators during the perinatal period*. Unpublished master dissertation. Coimbra: University of Coimbra.

Thompson A, Hunt C, Issakidis C (2004) Why wait? Reasons for delay and prompts to seek help for mental health problems in an Australian clinical sample. *Soc Psychiatry Psychiatr Epidemiol* 39:810-817.

Tronick E, Reck C (2009) Infants of depressed mothers. *Harv Rev Psychiat* 17:147-156. doi:10.1080/10673220902899714

Vogel DL, Wade NG, Wester SR, Larson L, Hackler AH (2007) Seeking help from a mental health professional: The influence of one's social network. *J Clin Psychol* 63(3):233-245.

Whitton A, Warner R, Appleby L (1996) The pathway to care in post-natal depression: Women's attitudes to post-natal depression and its treatment. *Brit J Gen Pract*. 46:427-428.

Woolhouse H, Brown S, Krastev A, Perlen S, Gunn J (2009) Seeking help for anxiety and depression after childbirth: Results of the Maternal Health Study. *Arch. Women Ment. Health*. 12:75-83. doi:10.1007/s00737-009-0049-6

World Medical Association (2000) Declaration of Helsinki: Ethical principles for medical research involving human subjects. *Bull World Health Org* 79:373-374.

Table 1. Sociodemographic and clinical characteristics of the sample

		Women (N = 231)
Sociodemographic characteristics		
<i>Age (in years), M (SD)</i>		29.99 (5.07)
<i>Educational level, n (%)</i>		
	Middle school	13 (5.6)
	High school	74 (32.0)
	Higher education	144 (62.3)
<i>Professional status, n (%)</i>		
	Employed	166 (73.5)
	Unemployed	60 (26.5)
<i>Monthly Household income, n (%)</i>		
	< 500€	15 (6.5)
	500-1,000€	62 (26.8)
	1,000-2,000€	105 (45.5)
	2,000-3,500€	39 (16.9)
	> 3,500€	10 (4.3)
<i>Residence, n (%)</i>		
	Urban	182 (78.8)
	Rural	49 (21.2)
Clinical characteristics		
<i>Parity, n (%)</i>		
	Primiparity	159 (68.8)
	Multiparity	72 (31.2)
<i>Psychiatric history, n (%)</i>		
	History of psychiatric/psychological problems (Yes)	84 (36.4)
<i>Current psychiatric problems, n (%)</i>		19 (8.2)

Anxiety disorders	5 (26.3)
Depressive disorders	11 (57.9)
Comorbid depressive and anxiety disorders	3 (15.8)

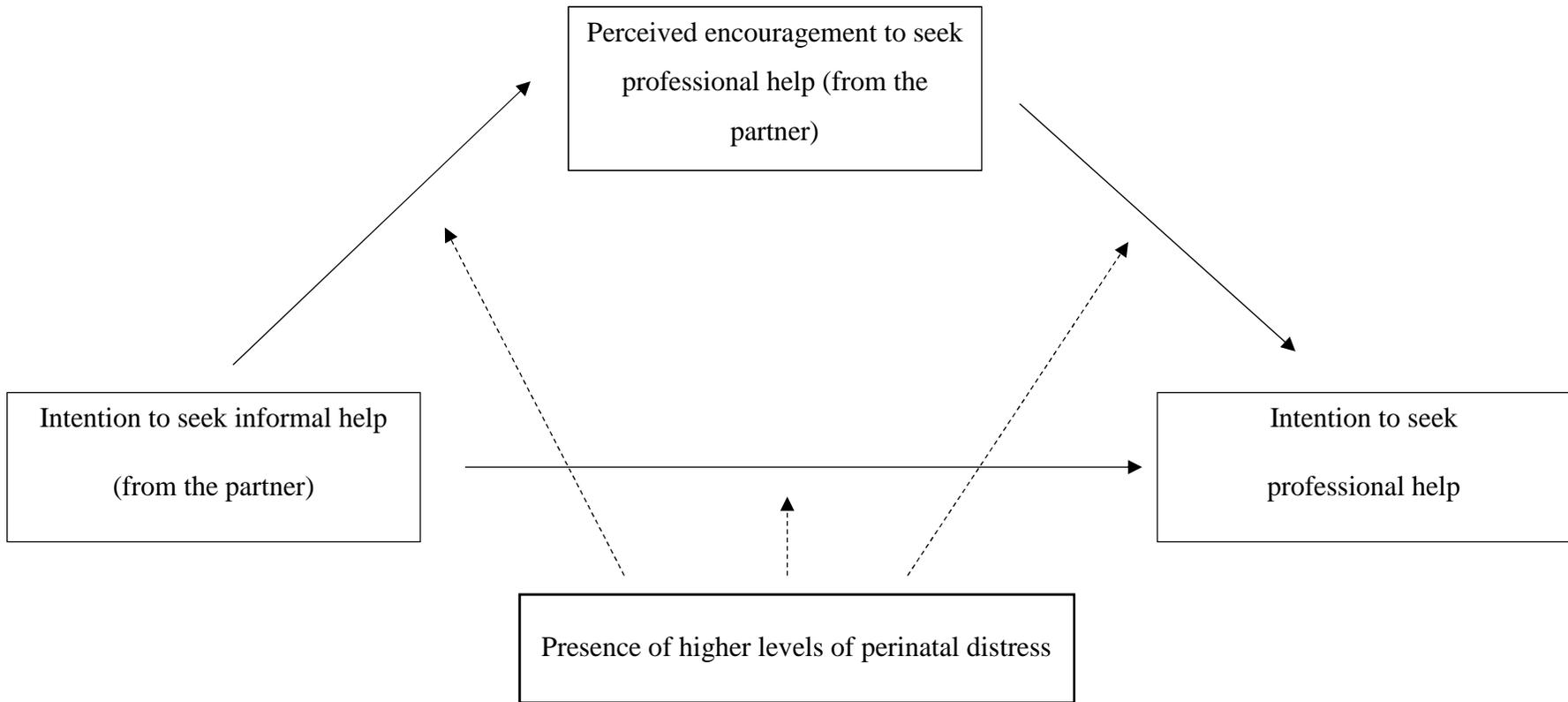


Figure 1. Relationship between women's intention seek informal help and women's intention to seek professional help: the role of the partner's encouragement to seek professional help and the moderating effect of levels of perinatal distress.

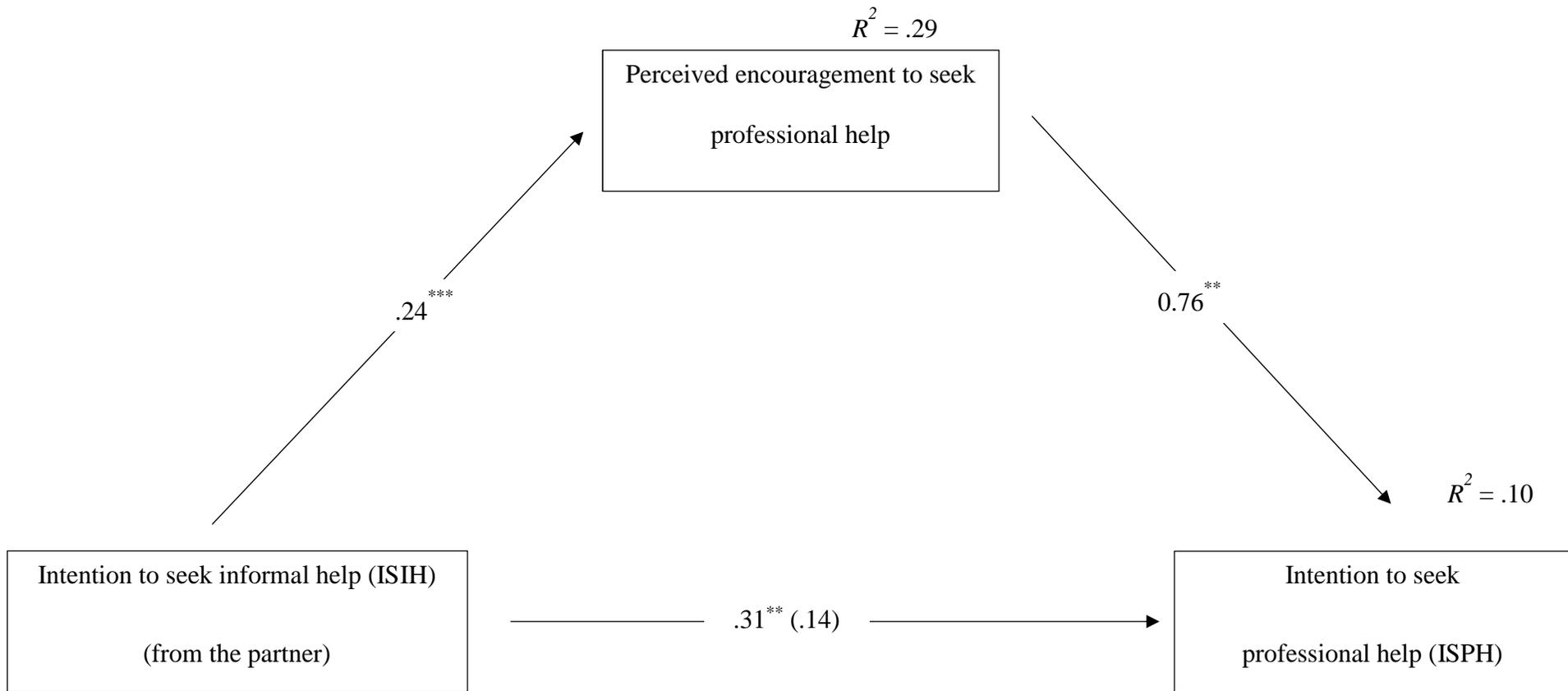


Figure 2. Direct and indirect effects of women’s intention to seek informal help on women’s intention to seek professional help.

Note. Path values represent unstandardized regression coefficients. The value in parentheses represents the direct effect, from the bootstrapping analyses, of women’s intention to seek informal help on women’s intention to seek professional help.

* $p < .05$. ** $p < .01$. *** $p < .001$.