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Exploring Relationships Between Stigma, Social Support, and Perinatal Mood and Anxiety Disorders (PMAD)

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Purpose:

Perinatal mood and anxiety disorders (PMAD) can affect as many as one in five childbearing women globally, yet less than 20% of those identified seek treatment. Although data is limited for low and middle-income countries, PMAD is a global public health problem with rates two to three times higher in countries with limited resources. Avoiding the label of mental illness is purported to contribute to the low rate of identification and treatment. Extant research shows an inverse relationship between high levels of social support and PMAD; relationships between stigma, social support, and PMAD have not been studied. The purpose of this study was to examine relationships between stigma of mental illness, social support, select demographics, and PMAD.

Methods:

Descriptive correlational cross-sectional study design. A convenience sample of 105 English and Spanish speaking women were recruited and enrolled from a Southern California woman's specialty hospital postpartum unit, from July to August, 2018. Upon providing informed consent, participants completed surveys comprised of four standardized measures: Edinburgh Postnatal Depression Scale (EPDS), Generalized Anxiety Disorder-7 item scale (GAD-7), City Mental Illness Stigma Scale (City MISS), the Multidimensional Scale of Perceived Social Support (MSPSS), and demographics. City MISS measures three dimensions of stigma: Internal (IS), External (ES), and Disclosure (DS). Participants who answered a key question on the EPDS regarding thoughts of self-harm were immediately referred to Social Workers. Those scoring ≥ 10 on the EPDS or GAD-7 and who provided a phone number were contacted one month after discharge to follow up regarding treatment-seeking. Descriptive and inferential statistical analyses were conducted.

Results:

± 5.02 (range 18-46). Primary language, 70% English, 19.1% Spanish, and 6.4% other. Sixty-one (55.5%) reported no history of depression or anxiety, 3 (2.7%) reported depression, 15 (13.6%) reported anxiety, 11 (10%) reported both depression and anxiety, and 4 (3.6%) reported other mental health history. Significant correlations were found between EPDS and GAD-7 ($r=.674$), MISS ($r=.403$), IS ($r=.55$), ES ($r=.337$), DS ($r=.226$) respectively at $p<.01$. EPDS, GAD, IS, and DS scores were inversely related to MSPSS ($r=-.283$), ($r=-.268$), ($r=-.215$), ($r=-.241$) respectively at $p<.05$. Chi-square indicated significant differences between ES and marital status, $X^2(36, n=101)=58.07$, $p<.01$, unplanned pregnancy, $X^2(18, n=99)=29.99$, $p=.037$, and history of depression, $X^2(72, n=91)=99.11$, $p=.019$. Of the 19 participants scoring ≥ 10 on the EPDS or GAD-7, 10 provided phone numbers. Six participants were reached by telephone: 2 stated they were not feeling depressed or anxious, and the remaining 4 were either in treatment or had appointments scheduled. Four of the 105 participants indicated having thoughts of harm "hardly ever" on the EPDS, considered an indication for further follow up. In this study one did not understand the question since English was not her native language, one denied thoughts of harm but had a high score on the EPDS (21), and two denied any issues and did not have high scores.

Conclusion:

Despite an increased awareness of PMAD, barriers to identification and treatment persist. In this study 44.5% reported a prior history of depression, anxiety, or other mental illness predisposing women to PMAD. Three dimensions of stigma were associated with PMAD. EPDS, GAD, IS, and DS were inversely related to MSPSS score, indicating higher levels of social support may mitigate stigma, depression, and anxiety. Screening in the perinatal period is critical in identifying and treating PMAD; this study supports the need to demystify and destigmatize perinatal mental illness and increase social support efforts to improve global health outcomes for perinatal women.

Title:

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Keywords:

perinatal mood and anxiety disorders, social support and stigma

References:

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Abstract Summary:

Perinatal Mood and Anxiety Disorders (PMAD) affect 1 in 5 women nationally, making these disorders the most frequent complication of childbirth. In this descriptive, correlational cross-sectional research study of 105 postpartum women, the relationships between depressive symptomatology, stigma of PMAD and social support are described.

Content Outline:

- Introduction
 - Study population and stimulus for this research
- PMAD as a global health problem
 - Prevalence, screening, and barriers to identification and treatment
 - Role of stigma: internal, external, and disclosure
 - Relationships between stigma and social support
- Study Methodology
 - Instruments used: EPDS, GAD-7, City MISS, MSPSS
 - Description of the sample
- Results
 - Relationships between stigma and depressive symptomatology, stigma and social support
- Conclusion
 - Importance of reducing stigma and expanding social support to impact perinatal women globally.
 - Areas for further research.

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