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## Depression Literacy and Awareness of Psychopathological Symptoms During the Perinatal Period

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#### Keywords

depression literacy emotional competence help-seeking process perinatal period symptoms recognition

#### **ABSTRACT**

Objective: To characterize women's depression literacy during the perinatal period, including their ability to recognize clinically significant symptoms of depression.

Design: A quantitative, cross-sectional, survey design.

Setting: Internet communities and Web sites focused on the topics of pregnancy and motherhood.

Participants: A total of 194 women during the perinatal period (32.5% pregnant, 67.5% postnatal) completed the survey; 34.0% had clinically significant psychopathological symptoms. Most women were married/cohabiting (82.0%) and employed (71.8%).

Methods: Women answered self-report questionnaires to assess depression literacy, symptoms of depression, emotional competence, and awareness/recognition of psychopathological symptoms.

Results: Women had moderate levels of depression literacy during the perinatal period, with higher literacy levels concerning depression-related characteristics than depression-related treatments. Lower education and lower income were associated with poor depression literacy, whereas prior history of psychiatric problems or treatments was associated with higher levels of depression literacy. An indirect effect through emotional competence in the relationship between depression literacy and awareness/recognition of symptoms was found: women with poor depression literacy tended to have a greater lack of emotional clarity, which negatively affected their symptom awareness and recognition.

Conclusion: Our results support the need to improve women's mental health literacy during the perinatal period. Education on mental health topics in the context of a trusting relationship with health professionals may contribute to the promotion of women's depression literacy and emotional competence.

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omen are nearly twice as likely as men to suffer from depression during their lifetimes (Kessler et al., 2005), and the perinatal period seems to be a time of greater risk for the development of this clinical condition. Incidence estimates show that during pregnancy and the first postpartum year, 14.5% and 49.0% of women, respectively, develop symptoms of depression (Gaynes et al., 2005). Perinatal depression is associated not only with poor maternal well-being (Muzik & Borovska, 2010) but also with impairments in fetal development and neonatal outcomes (Field, Diego, & Hernandez-Reif, 2006), and with disruptions in the infant's development (Kingston, Tough, & Whitfield, 2012) and in mother-child interactions (Righetti-Veltema, Conne-Perréard, Bousquet, & Manzano, 2002; Tronick & Reck, 2009).

However, few women proactively seek professional help for symptoms of depression during the perinatal period, although treatment is available (Dennis & Chung-Lee, 2006; Fonseca, Gorayeb, & Canavarro, 2015; O'Mahen & Flynn, 2008). Knowledge barriers, such as poor knowledge about symptoms of depression and treatment options, have been identified as one of the most important obstacles to seeking professional help during the perinatal period (Dennis & Chung-Lee, 2006; Fonseca et al., 2015), suggesting the important role of women's depression literacy in the help-seeking process. Depression literacy may be conceptualized as a specific type of mental health literacy, defined as the knowledge and beliefs about mental disorders (Jorm et al., 1997); it refers to an individual's ability to recognize depression and make informed

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#### A low level of depression literacy has been considered a major barrier for seeking help for mental health problems during the perinatal period.

decisions about depression treatments (Deen & Bridges, 2011). Several important questions remain unanswered regarding women's depression literacy during the perinatal period, such as a deeper knowledge about depression-related symptoms and depression-related treatment options, the role of sociodemographic and clinical correlates, and the mechanisms by which depression literacy may affect women's helpseeking behaviors.

First, it is important to better characterize women's levels of literacy concerning depression-related issues, particularly symptoms and treatment options. Researchers showed that women reported poor recognition of the signs and symptoms of perinatal depression (Buist et al., 2005; Dennis & Chung-Lee, 2006) and perceived difficulties in distinguishing between the normative distress associated with the transition to parenthood and symptoms of depression (Abrams, Dornig, & Curran, 2009; Bilszta, Ericksen, Buist, & Milgrom, 2010; McCarthy & McMahon, 2008). For example, in a study including women with symptoms of depression during the postpartum period, Whitton, Warner, and Appleby (1996) found that although 97% of women recognized that they felt different from usual, only 25% believed that they may have postpartum depression, and most of them (55%) believed that their symptoms were not severe enough to be considered symptoms of depression. Moreover. women reported having scarce knowledge about available services and professionals that could help them deal with mental health difficulties during the perinatal period and about the various treatment options and their benefits (Abrams et al., 2009; Bilszta et al., 2010; Byatt et al., 2012; Henshaw, Sabourin, & Warning, 2013; O'Mahen & Flynn, 2008). To develop mental health literacy programs that are suited to women's needs during this period, a broad understanding of women's literacy levels concerning different depression-related issues is essential.

Second, research focusing on women's depression literacy during the perinatal period has failed to provide clear information about the role of sociodemographic and clinical variables. Whitton et al. (1996) found that primiparous women and women with higher socioeconomic levels were less able to recognize their symptoms of depression during the postpartum period, suggesting that these women may present lower levels of depression literacy. Moreover, authors of studies targeting the general population suggested that older people (Highet, Gemmill, & Milgrom, 2011; Kingston et al., 2014) and those with lower education (Kingston et al., 2014) had poor mental health literacy about perinatal depression. The identification of a sociodemographic and clinical profile of women who have poor levels of depression literacy during the perinatal period may allow the early identification of target populations that will benefit most from mental health literacy programs.

Third, further research is needed to clarify the mechanisms by which depression literacy may affect help-seeking behavior, namely women's awareness or recognition of their symptoms of depression, which is the first step in the helpseeking process (Rickwood, Deane, Wilson, & Ciarrochi, 2005). There is some evidence that poor levels of depression literacy during the perinatal period may hinder women's recognition of their symptoms, which may compromise their ability to identify the need for help (Goodman & Tyer-Viola, 2010). Congruently, the promotion of depression literacy has been considered a facilitator of women's recognition of their emotional state during the perinatal period (Buist et al., 2007; Dennis & Chung-Lee, 2006). In fact, research findings suggested that women with poor depression literacy may be unable to independently recognize the occurrence of changes in their symptoms and behavior (Guy, Sterling, Walker, & Harrison, 2014; Letourneau et al., 2007). Poor depression literacy may lead women to minimize or normalize their symptoms of depression and to attribute their causes to environmental changes, such as fatigue, problems with other family members (Bilszta et al., 2010; Callister, Beckstrand, & Corbett, 2011), or the changes and stress of the transition to parenthood (Abrams et al., 2009).

Moreover, there is some evidence that women with poor levels of depression literacy may have difficulties in dealing proactively with their symptoms and may engage in emotion regulation strategies, such as alcohol consumption, that may be maladaptive (Guy et al., 2014). In fact, the regulation and understanding of one's emotions play an important role not only in an individual's adaptation but also in how he/she experiences the different emotions, that is, if the individual

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