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# Mental Health Literacy and Postpartum Depression: A Qualitative Description of Views of Lower Income Women

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A B S T R A C T

The purpose of this study is to understand mental health literacy (MHL) (Jorm, 2000) in lower income women postpartum and share participant experiences of recognizing and seeking help for depressive symptoms. Focus group textual data were received from 25 participants who completed a weight and psychosocial health longitudinal study. Iterative content data analysis using Jorm's framework provided thematic understandings descriptive of MHL. Women recognized behavioral changes indicating mental distress, but fears prevented them from seeking help, and some resorted to risky behaviors. This framework could guide providers to identify women who may benefit from early intervention for postpartum depressive symptoms.



Health literacy, defined by the Institute of Medicine (IOM) as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (Ratzan & Parker 2000, p. 6), is linked to improved health outcomes and decreased health care costs (IOM, 2004). Efforts to enhance health literacy have concentrated in part on conveying knowledge to the public that enables individuals to identify, prevent, and treat common physical ailments.

Less emphasis, however, has been placed on increasing public knowledge of how to prevent or recognize mental disorders and cope with their symptoms (Jorm 2012). In an effort to focus attention on this neglected aspect of health, Jorm et al. (1997) articulated the concept of mental health literacy described as "knowledge and beliefs about mental disorders which aid their recognition, management or prevention" (p. 182). Mental health literacy empowers those experiencing mental disorders to proactively seek assistance and participate in symptom management (Jorm 2012).

This empowerment may be beneficial for women suffering from postpartum depression. Only about 40% of women with depression are diagnosed by health care providers, and a significant portion of women do not receive treatment for their depressive symptoms (Ko, Farr, Dietz, & Robbins 2012). Providing the knowledge and skills necessary for women to recognize postpartum depression and obtain effective treatment may minimize the significant adverse effects of this disorder on women, infants, and family members (Letourneau et al. 2012). This is critical with the overall prevalence of postpartum depression in the United States reported to be between 7 and 20% (Gavin et al. 2005). Lower socioeconomic status increases the risk for postpartum depression (Centers for Disease Control, Prevention [CDC] 2009), and high levels of stress stemming from financial concerns and a lack of resources may exacerbate symptoms of depression.

Relatively little research has addressed postpartum depression within a mental health literacy framework despite the potential benefits such research could supply for women and their health care providers. Given the paucity of literature on mental health literacy about postpartum depression, further study of this topic is important to women's health care. For this study, we used Jorm's (2000) framework of mental health literacy to explore the knowledge, beliefs, and attitudes of lower income women in regard to recognizing and managing postpartum depressive symptoms. This conceptual framework encompasses the following components of mental health literacy:

> "(a) the ability to recognise specific disorders or different types of psychological distress; (b) knowledge and beliefs about risk factors and causes; (c) knowledge and beliefs about self-help interventions; (d) knowledge and beliefs about professional help available; (e) attitudes which facilitate recognition and appropriate help-seeking; and (f) knowledge of how to seek mental health information" (Jorm 2000, p.177).

## BACKGROUND

### *Recognition of Disorders or Types of Distress*

According to Jorm (2000, 2012), people who are aware that they are experiencing mental distress or exhibiting abnormal behavior should be able to label these signs and symptoms as mental disorders. Labeling the distress or behavior as a mental disorder "activates a schema" regarding the steps an individual should take in order to

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obtain assistance (Jorm 2012, p. 233). In addition, use of such labels among patients has been associated with a greater probability of health care providers correctly diagnosing disorders (Haller, Sanci, Sawyer, & Patton 2009).

Our examination of existing literature revealed that women were often unable to recognize that they were suffering from postpartum depression (Abrams, Dornig, & Curran 2009). Women also reported an inability to make sense of their emotions and confusion regarding which symptoms of mental distress should be considered abnormal during the postpartum period (Abrams et al. 2009). Some women reported being unaware that they were suffering from postpartum depression until another person brought to their attention that they were not behaving like their usual selves (Letourneau et al. 2007).

*Knowledge and Beliefs About Risks and Causes of Disorders*

Individuals' beliefs about risk factors for and causes of mental disorders are those fundamental associations that people use to describe how they came to have a mental disorder (Jorm 2000). Women in previous studies often ascribed their depressive symptoms to the overwhelming demands of infant care in conjunction with the loneliness and isolation of being confined at home with children (McIntosh 1993). Other self-reported causes included difficult or unsuccessful breastfeeding, inability to have a vaginal delivery, and sleep deprivation (Ugarriza 2002). Women identified hormonal changes during the postpartum period as a possible cause of depression (McIntosh; Ugarriza), or attributed their depression to adverse social circumstances, such as being unemployed or having no place to live (McIntosh). No research was identified that sought to understand women's knowledge and beliefs about risk factors for postpartum depression.

*Knowledge and Beliefs of Self-Help Interventions*

Self-help measures are generally understood to be those adaptive strategies that people choose for themselves to overcome or lessen perceived symptoms. Jorm (2000, 2012) acknowledged that individuals frequently use self-help measures to cope with the symptoms of mental disorders. However, Jorm (2012) cautioned that individuals may choose self-help measures that are either ineffective or potentially harmful because they lack critical information about the efficacy of self-help interventions.

Abrams et al. (2009) described women's use of various measures to cope with postpartum depressive symptoms and relieve distress. Such measures included religious practices, prayer, positive self-talk, physical exercise, and finding activities that provided distraction. Women also sought help with tasks like infant care and household chores from non-professional individuals including intimate partners, trusted family members, and friends (Letourneau et al. 2007; Ugarriza 2002).

*Knowledge and Beliefs of Professional Help*

Jorm (2012) proposed that individuals must have knowledge of the various types of available providers of mental health services to obtain professional help. Knowledge of professional help should also include understanding of the differences between the kinds of services each professional is qualified to provide (Jorm). Some women in prior research articulated a desire to seek professional help until they became frustrated upon realizing that indeed they had limited knowledge of the different types of mental health services (Abrams et al. 2009; Holopainen 2002). Women also struggled to obtain professional help because they reported having no knowledge of how to access available resources (Abrams et al.).

For individuals to seek professional help and comply with treatment regimens they must believe that the services professionals have to offer will benefit them (Jorm 2000). In past research, women described several reasons for not believing that professional help would be practical or beneficial. Women's negative beliefs about health care providers frequently evolved from past experiences with the health care system (Abrams et al. 2009). A common theme was that health care providers were rushed or distracted during encounters, thereby making them unable to understand women's concerns (Abrams et al. 2009; Holopainen 2002; Leis, Mendelson, Perry, & Tandon 2011). Women in prior research reported viewing psychotherapy with greater esteem than medications (Chabrol, Teissedre, Armitage, Daniel, & Walburg 2004). Some women complained that once they began taking medications they were unable to care for children, and there was no follow-up care to assess their response to this intervention (Boath, Bradley, & Henshaw 2004; Leis et al. 2011). Others, however, reported believing that medications were beneficial because they provided a level of emotional stabilization that enabled them to cope more effectively with their distress (Boath et al.; Leis et al.).

*Attitudes That Affect Mental Health Literacy*

Jorm (2000, 2012) acknowledged that people's attitudes, or general thinking and emotional stance toward mental disorders, influence all aspects of mental health literacy. A negative attitude impairs a person's ability to seek needed professional assistance. In past research, attitudes related to perceived stigmatization of postpartum depression kept women from recognizing they had the disorder and seeking assistance. They reported feeling embarrassed and ashamed of their depressive symptoms, which they considered signs of personal weakness and an inability to be a good mother (Abrams et al. 2009; Letourneau et al. 2007; McIntosh 1993). As a result, women refused to acknowledge that they could be suffering from depression and hid their distress from friends and family (Abrams et al.). Some women reported feeling worried that being diagnosed with a mental disorder could give authorities license to assume custody of their children (Letourneau et al.; McIntosh).

*Seeking Information About Mental Disorders*

The last component of mental health literacy that Jorm (2000) proposed was how individuals acquire information about mental disorders, i.e., which sources of information are used and whether or not the information provided by such sources is accurate. It is common for individuals to obtain information through exposure to friends and family members who have experienced mental disorders in the past. From Jorm's (2000) perspective, the media also are an important source of information. No studies were located during our review regarding how women obtain information about postpartum depressive symptoms, which types of information they prefer, and the impact of such information on mental health literacy.

## PURPOSE

The purpose of this study is to use Jorm's (2000) framework to understand mental health literacy in one sample of lower income women to share participants' knowledge and beliefs about recognizing postpartum depressive symptoms and seeking help for these symptoms. Despite the heightened vulnerability to depression for lower income women throughout the postpartum period, research on mental health literacy within this population has been limited. Existing studies have shown women struggle with discrete components of mental health literacy, however, no identified studies surveyed all components from Jorm's (2000) mental health literacy framework. The goal is to provide a descriptive account of mental health literacy regarding postpartum depression that health care providers can