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THE ROLE OF SOCIAL SUPPORT IN SEEKING MENTAL HEALTH CONSULTATIONS IN PEOPLE WITH MOOD DISORDERS

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Abstract

The purpose of this study was to examine the role of social support in seeking mental health consultations in people with mood disorders. Several researchers have suggested that social support increases help-seeking behaviours and mental health service use among individuals with depression and other related mood disorders. Other researchers suggest that social support increases one's use of general medical services but not for those with psychiatric illnesses requiring mental health consultations. Research in this area has examined the influence of social support in general; however, many of these studies have failed to examine the specific role of family support and friend support in seeking out mental health services in individuals with mood disorders. Moreover, researchers have mostly examined the influence of social support in seeking mental health services among young adults (i.e., college students) with mood disorders. Due to the discrepancies and gaps in the literature, the current study explored the relation between mood disorder and mental health consultation and whether this relation was moderated by friend and family support. Using data from the 2017/2018 Canadian Community Health Survey, we examined family satisfaction (i.e., family support), friend satisfaction (i.e., friend support), presence of a mood disorder (i.e., depression, bipolar disorder, mania, dysthymia), and mental healthcare access within the past 12 months (i.e., mental health consultations) in a large sample (N = 26,448) of individuals aged 12 to 80+ years. Data analysis was performed with Stata 15 and we used binary logistic regression. Having a mood disorder was found to significantly increase the likelihood of mental health consultations. In turn, family and friend satisfaction were found to be significant negative predictors of mental health consultation. Interaction terms between mood disorder and family satisfaction and mood disorder and friend satisfaction were examined. The linear effect of family satisfaction and friend satisfaction on mental health consultations for individuals with a mood disorder was positive, albeit non-significant. In contrast, the linear effect of family satisfaction and friend satisfaction on mental health consultations for individuals without a mood disorder was negative. These findings support that mood disorder works in conjunction with family and friend satisfaction to predict mental health consultations; in the absence of a mood disorder, higher satisfaction with family and with friends is associated with lower mental health consultations. Overall, further research should continue to investigate the influence of friend and family support on seeking mental health consultation in people with mood disorders.

Keywords: *Mood disorders, friend, family, support, mental health consultations.*

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1. Introduction and background

Mental health and wellness are worldwide concerns. Mental health conditions exist in all countries, and it is estimated that nearly 1 billion people worldwide experience some form of mental health disorder (World Health Organization [WHO], 2022). In Canada, mental illness is one of the leading public health problems (Canadian Mental Health Association [CMHA], 2022). The Mental Health Commission of Canada (MHCC, 2013) reported that 1 in 5 Canadians will personally experience a mental health problem or illness in any given year.

Throughout the world and in Canada, mood and anxiety disorders are the most common types of mental illnesses (Government of Canada, 2016). Mood disorders include disorders that elevate or lower a person's mood while anxiety disorders are characterized by having excessive and persistent feelings of worry, apprehension, and fear. In 2013, an estimated 3 million Canadian adults (aged 18 years or older) reported having a mood and/or anxiety disorder (Government of Canada, 2014). Despite the prevalence of mental illness, some Canadians report that their mental health needs are not being met (Government of

Canada, 2019). Due to the prevalence of mental illness and mood and anxiety disorders, it is of upmost importance to identify predictors of mental illness and mental health service use in Canada.

1.1. Stress and mental illness

Researchers have found that stress levels are related to the prevalence of mood disorders, including both anxiety and depression (Nguyen et al., 2005). Nguyen and colleagues found a higher prevalence of anxiety and depressive disorders in Canadian youth under extreme stress compared to youth who experienced average stress. Population-based longitudinal studies show that work stress is associated with an increased risk of psychiatric symptoms (Griffin et al., 2002; Paterniti et al., 2002), major depressive episodes (Wang, 2005; Wang, 2006), and anxiety (Wang, 2006). Overall, stress appears to be an important predictor of mental illness and should be further investigated in relation to mood disorders.

1.2. Social support and mental health service use

Social support has been identified to be an important predictor of seeking mental health services among individuals with mental illness (Marko et al., 2015). Marko and colleagues found that individuals with serious psychological distress had a reduced likelihood of using mental health services if they reported lacking emotional support. However, other researchers have suggested that social support increases seeking general medical services but not for those with psychiatric conditions (Maulik et al., 2009). Overall, the literature regarding social support has been mixed, limited to younger adults, and lacks investigation into the specific roles of friend support and family support. Researchers should continue to investigate the influence of friend and family support on mental illness and seeking mental health consultations.

2. Objective

The objective of the current study was to investigate mental health service use (i.e., consultation) in individuals with and without a mood disorder, and to examine whether this relation was moderated by family and friend support.

3. Method

3.1. Data source and participants

The current study used data from the 2017/2018 Canadian Community Health Survey (CCHS) conducted by Statistics Canada (the national statistical and census office) that was accessed through our university. The CCHS is a cross-sectional survey that utilizes core content (questions asked of all participants) and optional content (select questions that provinces or territories can choose to include) to collect data on the health of Canadians, their determinants of health, and their healthcare utilization.

The current study used several questions from optional modules and as such, only the provinces of Nova Scotia and Quebec were represented in all findings. To be included in the current study, participants had to respond to all covariates and predictors of interest, and at least one outcome variable.

Based on these parameters, the total sample size was 26,448; 14,138 were women (53.5%) and 12,310 were men (46.5%). Ages ranged from 12 – 80+ years.

3.2. Measures

3.2.1. Covariates. We controlled for sex (female = base; male), age (12-14 years = base; in blocks of 5-years), education (< high school = base; high school graduate, post-secondary graduate), marital status (married = base; common-law, widowed/separated/divorced, single), province (Nova Scotia = base, Quebec), subjective physical health (1 = *Poor*, 2 = *Fair*, 3 = *Good*, 4 = *Very good*, 5 = *Excellent*), and subjective mental health (1 = *Poor*, 2 = *Fair*, 3 = *Good*, 4 = *Very good*, 5 = *Excellent*).

3.2.2. Predictors. Stress was measured using the question, “Thinking about the amount of stress in your life, would you say that most of your days are...” with responses ranging from 1 (*Not at all stressful*) to 5 (*Extremely stressful*). The question, “How satisfied are you with your relationships with family members?” was used to measure family satisfaction with responses ranging from 1 (*Very dissatisfied*) to 5 (*Very satisfied*). Friend satisfaction was assessed using the question, “How satisfied are you with your relationships with friends?” with available responses ranging from 1 (*Very dissatisfied*) to 5 (*Very satisfied*).

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3.2.3. Outcomes. The CCHS asked respondents using a single item to indicate whether they had a mood disorder (i.e., depression, bipolar disorder, mania, or dysthymia), to which respondents could answer either "*No*" (0 = *No*) or "*Yes*" (1 = *Yes*). We also used mood disorder as a predictor for mental health consultations. We were interested in the comparison between people with and without mood disorders.

Finally, we assessed mental health service use with the question, "In the past 12 months, have you seen or talked to a health professional about your emotional or mental health?" Respondents could either respond in the negative (0 = *No*) or in the affirmative (1 = *Yes*).

3.3. Procedure

Telephone interviews and personal interviews were conducted by trained interviewers who obtained consent. The CCHS questionnaire can be completed in approximately 45 minutes.

4. Results

4.1. Data Analysis

All data analysis was performed with Stata 15. Because of correlated error terms in all models (Statistics Canada used complex random sampling and not simple random sampling), we used HC1 error corrections to estimate standard error.

4.1.1. Stress and Mood Disorder. We examined the relation between stress and mood disorder and whether this relation was moderated by either Family Satisfaction or Friend Satisfaction. We regressed Mood Disorder onto covariates in Block 1, $F(27, 38432) = 69.51$, $p < .001$, which improved the overall model. Stress was added in Block 2, $F(1, 38432) = 11.99$, $p < .001$, and it positively predicted the presence of a Mood Disorder, OR = 1.14, 95% CI [1.06, 1.23]. Family Satisfaction and Friend Satisfaction were added in Block 3, $F(2, 38432) = 4.00$, $p = .018$, which significantly improved the prediction of Mood Disorder. However, neither Family Satisfaction, OR = 0.92, 95% CI [0.84, 1.02], nor Friend Satisfaction, OR = 0.93, 95% CI [0.84, 1.04], significantly predicted Mood Disorder in themselves.

We explored the interaction term between Stress * Family Satisfaction in Block 4, $F(1, 38432) = 1.33$, $p = .249$, but the overall model was not significant. We removed the interaction term from Block 4, and replaced it with the interaction term between Stress * Friend Satisfaction, $F(1, 38432) = 0.02$, $p = .886$, which was also not significant. These two non-significant interaction terms suggest that neither Family Satisfaction nor Friend Satisfaction buffered the relation between Stress and Mood Disorder.

4.1.2. The Role of Family and Friend Satisfaction in Mood Disorder. We explored the *relative* importance of Family Satisfaction and Friend Satisfaction in the prediction of Mood Disorder across the lifespan. We were specifically interested in whether all age categories (12-17, 18-34, 35-49, 50-64, and 65-80+) would report equivalent estimates for Family Satisfaction and Friend Satisfaction. Family Satisfaction and Friend Satisfaction did *not* predict Mood Disorder across the lifespan.

4.1.3. Mood Disorder, Family and Friend Satisfaction, and Mental Health Consultations. We examined the relation between Mood Disorder and Mental Health Consultation, and whether this relation was moderated by either Family Satisfaction or Friend Satisfaction. We regressed Mental Health Consultations onto the covariates in Block 1, $F(25, 26447) = 35.39$, $p < .001$, which significantly improved the overall model. Mood Disorder was added in Block 2, $F(1, 26447) = 857.89$, $p < .001$, and we found that having a Mood Disorder significantly increased the likelihood of Mental Health Consultation, OR = 15.18, 95% CI [12.66, 18.22]. Both Family Satisfaction, OR = 0.76, 95% CI [0.70, 0.83], and Friend Satisfaction, OR = 0.90, 95% CI [0.81, 1.00], were added in Block 3, $F(2, 26444) = 33.03$, $p < .001$, and both were significant negative predictors of Mental Health Consultation.

We then explored the interaction term between Mood Disorder and Family Satisfaction in Block 4, $F(1, 26447) = 29.48$, $p < .001$, which further reduced the deviance of the model. The linear effect of Family Satisfaction on Mental Health Consultation for the 'Mood Disorder' group was positive, albeit non-significant, OR = 1.12, 95% CI [0.96, 1.31]. In contrast, the linear effect of Family Satisfaction on Mental Health Consultation for the 'No Mood Disorder' group was negative and significant, OR = 0.70, 95% CI [0.64, 0.76]. In other words, Mood Disorder worked in conjunction with Family Satisfaction to predict Mental Health Consultation.

We removed variables from Block 4 and added the interaction term between Mood Disorder and Friend Satisfaction, $F(1, 26447) = 8.87$, $p = .003$, which improved the overall model. Friend Satisfaction was associated with a significant *decreasing* likelihood of Mental Health Consultation in the 'No Mood Disorder' group, OR = 0.85, 95% CI [0.76, 0.95], and was associated with a positive, albeit non-significant trend in seeking Mental Health Consultation in the 'Mood Disorder' group, OR = 1.13, 95% CI [0.96, 1.34].

5. Discussion

The current study investigated predictors of mood disorders and mental health service use (i.e., mental health consultations). The influence of stress and social support (i.e., friend and family support) were examined in relation to the presence of a mood disorder. We also explored interaction effects to determine whether the relation between mood disorder and mental health consultations was moderated by family support and friend support.

A significant positive correlation was found between stress and the presence of a mood disorder, which is consistent with previous studies. For example, Nguyen and colleagues (2005) found a higher prevalence of anxiety and depressive disorders in youth under extreme stress compared to youth who experienced average stress. These results suggest that interventions targeting stress management may be beneficial to minimize the risk of developing a mood disorder.

Having a mood disorder was significantly positively correlated with mental health consultations. Wang and colleagues (2005) found that clinical factors are more strongly associated with conventional mental health service use than demographic and socioeconomic factors. Researchers have also found that the likelihood of seeking help for mental health related concerns increases with problem severity (Chen et al., 2013). Therefore, it seems that individuals with mood disorders would be more likely to seek mental health consultation compared to those who do not have mood disorders.

Researchers have found that social support is a positive predictor of seeking mental health services in individuals with mood disorders (Marko et al., 2015). However, the current study found that friend and family satisfaction (i.e., support) were significant negative predictors of mental health consultation. Similar to other contrasting findings in the literature (LeCloux et al., 2016; Maulik et al., 2009), this negative relation may be explained by social networks acting as another means of support and care for the individual with a mood disorder. Due to the contradiction in the literature, future research should continue to investigate the role of family and friend support in seeking mental health consultations.

The current study also investigated interaction effects between friend and family satisfaction on mental health consultations in people with and without a mood disorder. Results showed a positive, albeit non-significant relation between friend and family satisfaction on mental health consultations for individuals with a mood disorder. On the contrary, a significant negative relation was found between family and friend satisfaction and mental health consultations for individuals without a mood disorder. Thus, in this group, family and friend satisfaction was associated with a decreasing likelihood of mental health consultation. These findings support that mood disorder works in conjunction with friend and family satisfaction to predict mental health consultations; in the absence of a mood disorder, higher satisfaction with family and friends predicted lower mental health consultations.

6. Limitations and future research directions

The current study was limited by using cross-sectional population data; our ability to design the study was limited to the data and variables already collected. Although Statistics Canada notes that 98% of the desired population is contained within the sampling frame, individuals living on Indigenous lands and Crown Lands, those who are institutionalized, those living on Canadian Forces bases, those living in foster homes, and those living in certain remote areas are excluded from the sample. Moreover, the current study explored items from the optional modules in the CCHS and further limited the data to respondents residing in Nova Scotia and Quebec. Future studies could use a longitudinal design to explore the potential risk factors of mood disorders and the predictors of mental health service use.

7. Conclusion

In conclusion, mental health conditions remain a worldwide concern (WHO, 2022). The present study examined predictors of mood disorder and mental health consultations using a Canadian sample. Results of the current study found that stress positively predicted the presence of a mood disorder, which

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is in conjunction with the literature (Griffin et al., 2002; Nguyen et al., 2005; Paterniti et al., 2002). Moreover, individuals with a mood disorder were more likely to seek mental health consultations than individuals without a mood disorder corroborating previous research findings (Chen et al., 2013; Wang, 2005; Wang et al., 2005). The present study also examined the influence of friend support and family support in relation to seeking mental health consultations. Independently, friend support and family support were found to be significant negative predictors of mental health consultations. However, when examined using interaction effects, non-significant positive correlations were found between friend support and family support on mental health consultations for individuals with a mood disorder. In turn, a negative relation was found between friend and family support on mental health consultations for individuals without a mood disorder. Overall, future research should continue to investigate the importance of friend and family support in individuals with mood disorders.

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