

DOES POOR MENTAL HEALTH EXPLAIN EXCESS MORTALITY AFTER MARITAL AND NON-MARITAL SEPARATION?

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Background Symptoms of poor mental health are consistent findings after separation, and both separation and poor mental health are important determinants of elevated mortality. However, the extent to which poor mental health explains post-separation excess mortality is unclear.

Objectives We assess how poor mental health before separation, changes in mental health during the separation process, and poor mental health after separation predict post-separation excess mortality.

Data and methods Using longitudinal register-data, we followed 312,343 working-age Finns living in unions for psychiatric morbidity (psychotropic drug purchases and psychiatric hospital care), separation and mortality from 1998 to 2012. Cox proportional hazards regression models were used to estimate hazard ratios (HR) of post-separation cause-specific mortality.

Results Compared to continuously married men, among separated men the age-adjusted HR for all-cause mortality was 2.30 (95% CI 2.19-2.42). Adjustment for psychiatric morbidity measured three to two years before separation attenuated the HR to 2.12 (2.01-2.23). After further adjustment for psychiatric morbidity during the two years before the exact date of separation, the HR was 2.02 (1.92-2.12), and after adjustment for post-separation psychiatric morbidity it was 1.81 (1.72-1.91). The corresponding HRs for women were 1.62 (1.50-1.76), 1.48 (1.37-1.60), 1.44 (1.33-1.55) and 1.28 (1.19-1.39), respectively. Age-adjusted HRs for external and alcohol-related mortality were much larger, but the attenuating effect of psychiatric morbidity was similar as for all-cause mortality. In non-marital unions the associations between psychiatric morbidity, separation and mortality were weaker than in marital unions. All results are preliminary.

Main conclusions Psychiatric morbidity attenuates 30 to 50% of post-separation excess all-cause mortality and mortality due to external and alcohol-related causes. A last part of this reduction is due to psychiatric morbidity evident before the date of separation. Mental healthcare should thus focus not only on the individual but also on relationship dynamics.