

Original Research

Assessment of the short-term outcome of mothers in severe mental illnesses

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ABSTRACT:

Background: Postpartum period is considered to be a vulnerable phase for new-onset psychiatric illness or exacerbation of pre-existing psychiatric illness. The present study was conducted to assess the short-term outcome of mothers in severe mental illnesses (SMI). **Materials & Methods:** 55 mother age ranged 18-40 years with their babies were included. Maternal psychopathology was rated using Brief Psychiatric Rating Scale (BPRS), Young's Mania Rating Scale (YMRS), Edinburgh postnatal depression scale (EPDS) and Clinical Global Impression (CGI). **Results:** Age group 18-28 years had 35 and 29-40 years had 20 patients. The difference was significant ($P < 0.05$). The mean Brief Psychiatry Rating Scale (BPRS) at admission was 68.2 and at discharge was 31.5, Young's Mania Rating Scale (YMRS) at admission was 25.6 and at discharge was 10.2, Edinburgh Postnatal Depression Scale (EPDS) at admission was 18.4 and at discharge was 8.1 and Clinical global impression at admission was 5 and at discharge was 2.4. The difference was significant ($P < 0.05$). **Conclusion:** Mothers with severe mental illnesses showed significant clinical and dyadic improvement at discharge.

Key words: Clinical Global Impression, Mothers, Severe mental illnesses

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INTRODUCTION

Postpartum period is considered to be a vulnerable phase for new-onset psychiatric illness or exacerbation of pre-existing psychiatric illness.¹ Severe mental illness (SMI) which includes bipolar affective disorders, schizophrenia, and related psychotic disorders during postpartum is considered as a psychiatric emergency in view of its significant risk to the mother and her infant. Further, an early separation of infant from an unwell mother can have negative consequences such as aggression and negativity during childhood as well as delay the recovery among postpartum mothers with mental illness.²

Severe mental illnesses (SMIs), such as schizophrenia, were generally considered chronic and incapacitating diseases that worsened over the life course, with most patients given a dire prognosis. The mental health system reflected this nihilistic belief, with patients discouraged from engaging in normative activities, such as employment, education, childrearing, intimate relationships, and independent

living.³ Patients frequently developed service-dependent lifestyles, involving lengthy institutionalization, heavy medication, sheltered activities, and supervised housing. Unlike other areas of medicine, psychiatry extended its authority to encompass most aspects of patients' lives, including where they lived, with whom they associated, and what they did with their time.⁴

Specific factors responsible for poor mother infant outcomes included, mothers with schizophrenia and other psychotic disorders with lack of mothering skills, mothers with postnatal depression who had poor bonding with their babies, young mothers with higher psychosocial risk with low parenting confidence, mothers with both psychotic and nonpsychotic depression with feelings of insecurity with their infants compared to mothers with postpartum mania.^{5,6} The present study was conducted to assess the short-term outcome of mothers in severe mental illnesses (SMI).

MATERIALS & METHODS

The present study comprised of 55 mother age ranged 18-40 years with their babies admitted to psychiatry department. All were enrolled after obtaining their written consent.

Data such as sociodemographic and clinical details such as past and family history, duration of postpartum onset, diagnosis, duration of hospital stay,

administration of electro convulsive therapy (ECT), and psychosocial risk factors were recorded. Maternal psychopathology was rated using Brief Psychiatric Rating Scale (BPRS), Young’s Mania Rating Scale (YMRS), Edinburgh postnatal depression scale (EPDS) and Clinical Global Impression (CGI). Results thus obtained were clubbed together and p value less than 0.05 was considered significant.

RESULTS

Table I Age wise distribution

Age group (Years)	Number	P value
18-28	35	0.02
29-40	20	

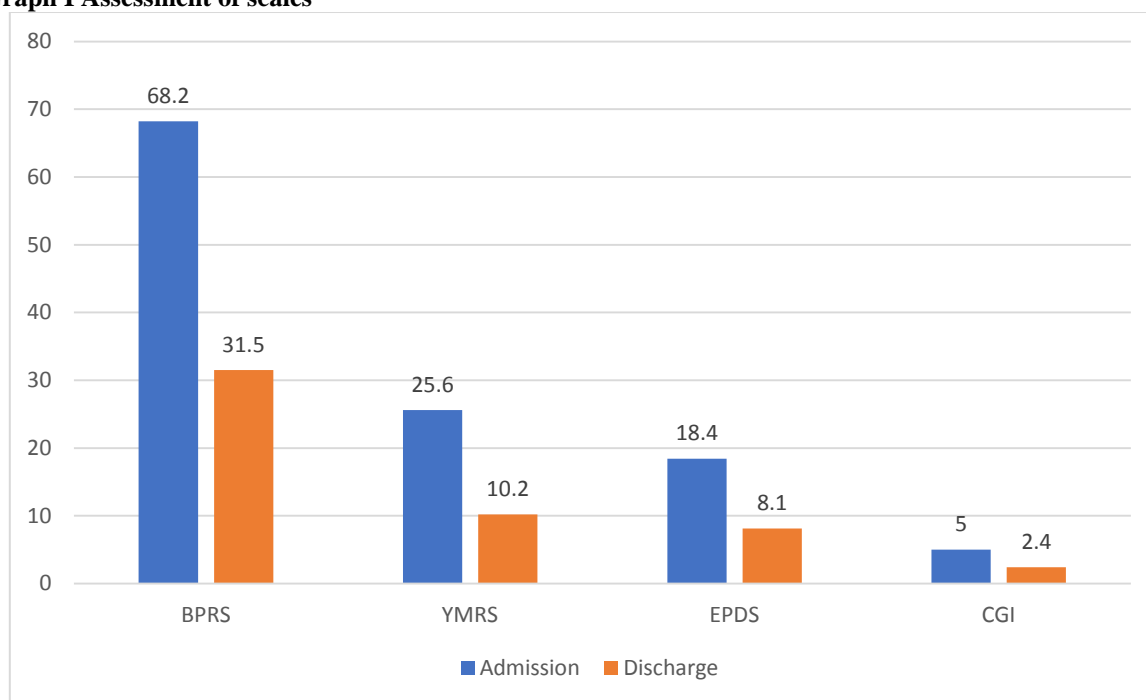
Table I shows that age group 18-28 years had 35 and 29-40 years had 20 patients. The difference was significant (P< 0.05).

Table II Assessment of scales

Scales	Admission	Discharge	P value
BPRS	68.2	31.5	0.01
YMRS	25.6	10.2	0.03
EPDS	18.4	8.1	0.04
CGI	5	2.4	0.05

Table II, graph I shows that mean Brief Psychiatry Rating Scale (BPRS) at admission was 68.2 and at discharge was 31.5, Young’s Mania Rating Scale (YMRS) at admission was 25.6 and at discharge was 10.2, Edinburgh Postnatal Depression Scale (EPDS) at admission was 18.4 and at discharge was 8.1 and Clinical global impression at admission was 5 and at discharge was 2.4. The difference was significant (P< 0.05).

Graph I Assessment of scales



DISCUSSION

People with SMI generally consider recovery a journey of small steps, characterized by a growing sense of agency. Participation in everyday activities, routines, and normative life processes, such as employment and education, are frequently considered

as both facilitators and indicators of recovery.⁷ They also note the need for a humane and empowering mental health system that encourages choice and autonomy. Research from rehabilitation science indicates that there are many evidence-based interventions that can facilitate improvement on the

recovery domains identified above. These include supported employment and supported housing approaches. Shared decision making in the clinical encounter is also an approach consistent with the desire of people with mental illness to have more choice and agency.⁸ The present study was conducted to assess the short-term outcome of mothers in severe mental illnesses (SMI).

In present study, age group 18-28 years had 35 and 29-40 years had 20 patients. Yadawad et al⁹ assessed the short-term outcome of mothers in SMI admitted to an MBU in India. Mother infant dyads admitted over a year in the MBU were assessed in detail at admission, discharge, and at 3 months. Tools used included the Brief Psychiatric Rating Scale (BPRS), Young's Mania Rating Scale, Edinburgh Postnatal Depression Scale, and Clinical Global Impression. Mother infant interaction was assessed using the NIMHANS maternal behavior scale. The mean age of the 43 mothers admitted in this period was 27.3 ± 6.2 years. For 27 (62.8%) mothers, this was a first episode of psychosis. Affective disorders and acute psychotic disorders were the most common diagnoses. The average duration of stay in the MBU was 25 days. While all mothers showed significant improvement at discharge, mothers with a first episode in the postpartum had higher BPRS scores ($W_s = 309.5$, $P = 0.02$) as compared to the others. At 3 months following discharge, all mothers sustained the improvement achieved.

We found that mean Brief Psychiatry Rating Scale (BPRS) at admission was 68.2 and at discharge was 31.5, Young's Mania Rating Scale (YMRS) at admission was 25.6 and at discharge was 10.2, Edinburgh Postnatal Depression Scale (EPDS) at admission was 18.4 and at discharge was 8.1 and Clinical global impression at admission was 5 and at discharge was 2.4. Stephenson et al¹⁰ evaluated 1081 mothers admitted to 8 MBUs over a 6-year period reported that 78% mothers had good outcome with respect to clinical improvement and 80% improvement in parenting outcome. The joint admission of mother infant dyad has been found to improve the outcome of mothers not only in their psychopathology but also in terms of improvement in their parenting skills. Nuernberg et al¹¹ evaluated the response and predictors of remission during inpatient treatment in a psychiatric unit in a general hospital based on symptomatology, functionality, and quality of life (QoL). Patients were assessed by the Brief Psychiatric Rating Scale (BPRS), the Clinical Global Impression (CGI) Severity Scale, GAF, the World Health Organization Quality of Life Instrument – Abbreviated version (WHOQOL-Bref), and specific diagnostic scales. Results: A total of 239 patients were included. BPRS mean scores were 25.54 at admission and 10.96 at discharge. Patients with manic episodes were more likely to achieve remission (CGI p 2 at discharge) than those with depressive episodes. Mean

length of stay was 28.95619.86 days. All QoL domains improved significantly in the whole sample. Psychiatric hospitalization has been offered as a therapeutic strategy for acute cases and remains a key component of mental health care. Acute psychiatric inpatient treatment represents the most intensive level of psychiatric care, whose goal is the stabilization of highly acute and severe psychiatric conditions associated with danger to self or others and/or marked functional impairment. Usually, acute inpatient treatment within an integrated community-based health system consists mainly of crisis stabilization and safety. Consequently, it focuses on rapid discharge and, within a “balanced care model,” patients are usually admitted to acute wards in general hospitals, which helps minimize the associated stigma and allows easier access to exams.¹²

CONCLUSION

Authors found that mothers with severe mental illnesses showed significant clinical and dyadic improvement at discharge.

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