Learning Objectives

By the end of this chapter you will know:

- The difference between mental illness and mental distress
- Some reasons why mental illness is commonly overlooked
- Signs and symptoms of mental illness
- The types of mental illness that can occur during the perinatal period
- Who is likely to be at risk for developing mental illness
- Cultural expressions of mental illness and distress
- Why early diagnosis of maternal mental illness is important
3.1 Why is mental illness often overlooked?

Many people do not understand what mental illness is, or that it can be treated. When people feel very down for long periods of time, they often believe that this is ‘normal’ for them, that nothing can be done to feel better or that it is their own fault. Mental illnesses may not be recognised because of stigma, lack of knowledge about mental health and because of isolation.

Definition: stigma

Stigma is a severe social disapproval of personal characteristics or beliefs.

People with mental illness experience a great deal of stigma, which adds to the negative outcomes of the disorders. Some women may not want to report that they are feeling psychologically unwell because they feel ashamed and they fear that their baby will be taken away from them.

Health workers can also disapprove of people with mental illness, and as a result, do not feel comfortable giving care to them.

Lack of knowledge about mental health

Most health workers have been trained in a way that separates physical well-being from emotional well-being. This leads to the diagnosis and management of physical symptoms without understanding the influence of psychological factors.

Sometimes, physical problems result from mental illness. For example:

- Abdominal pains and gastrointestinal problems could be symptoms of anxiety
- Headaches, chest pain and nausea could also be signs of anxiety, particularly post-traumatic stress disorder (See below, Section 3.2)
- Obstructed labour could indicate the presence of Tocophobia, which is an extreme fear of labour (See below, Section 3.2)
- Chronic aches and pains can be symptoms of depression (See below, Section 3.2)
Women are more isolated during pregnancy

Pregnant women’s social networks could be weakened because they are no longer at work or at school. Some women may no longer have the support of close relatives, such as refugees who have fled from other countries or women who have been abandoned by their partners. It is also common for rural women to leave their families and move to urban areas during pregnancy to access maternity care.

This means that there may not be anyone around to notice a mother’s change in mood and emotional well-being, to provide support or to assist her in getting help.

**Definition: isolation**

*Isolation* refers to a lack of social interactions, contacts and relationships. This can be so, even if someone is physically surrounded by people.

### 3.2 Types of mental illness

Pregnancy and giving birth can be a stressful time, and it is common for women to feel down or anxious. In fact, many women feel emotional just after childbirth, and this is known as the ‘baby blues’.

**The ‘baby blues’**

The ‘baby blues’ is a temporary psychological state, which involves sudden mood swings (feeling very happy, then very sad), crying for no apparent reason, feeling impatient, unusually irritable, restless, anxious, lonely and sad. These symptoms last only a few hours or as long as 1 to 2 weeks after delivery, and do not always require treatment.

However, if these emotions and feelings become so bad that they interfere with a woman’s daily life, and she has difficulty with carrying out her usual daily tasks, then it is possible that she is suffering from a mental disorder.
In general, mental disorders during and after pregnancy can be classified in two different groups: non-psychotic disorders and psychotic disorders.

Non-psychotic disorders are more common and typically refer to ‘mood disorders’ or ‘emotional disorders’, such as Depression or Anxiety. Psychotic disorders are less common but tend to be more severe, where the sufferer becomes out of touch with reality.

**Definition: symptom**

A *symptom* is a sign or feature indicating a condition of disease or illness.

**Non-psychotic disorders**

**Depression (Major Depressive Disorder)**

Depression is characterised by low mood, loss of interest and enjoyment, as well as reduced energy for at least two to four weeks. Other common symptoms of depression include:

- Extreme sadness, tearfulness
- Difficulty in concentrating, forgetfulness
- Disturbed appetite or sleep (too much or too little)
- Thoughts that one is not as good as others (low self-esteem)
- Feelings of guilt
- Helplessness and worthlessness
- Hopelessness about the future
- Irritability
- Extreme tiredness
- Loss of sex drive
- Many physical symptoms
- Ideas or attempts of self-harm or suicide

In severe cases, depressed people may have symptoms of psychosis.

*Note*

It is possible for a woman to suffer from both depression and another disorder at the same time, such as anxiety or alcohol and substance use disorder. In this case, symptoms from different disorders will be present. All of them must be addressed and treated to improve the woman’s mental health.
Bipolar Affective Disorder (‘Manic Depression’)
A woman who suffers from Bipolar Disorder experiences extreme mood swings, from depression to mania, with a usual recovery stage between the two states.

The onset of manic symptoms can be very slow, and can take several weeks or months before it can be recognised.

Definition: mania
Mania refers to an extreme increase in energy and activity in a person suffering from Bipolar Affective Disorder. The period during which a person experiences mania is called a manic episode. Common symptoms of mania include:

- A very happy mood or irritability
- Rapid talking
- Not sleeping
- Boosted self-esteem
- Unrealistic plans or ideas
- Spending a lot of money
- Increased sexual energy or inappropriate sexual behaviour
- Little understanding that one is behaving in an unusual way

Anxiety Disorders
Anxiety is a common disorder in pregnant or postnatal women. It is characterised by an abnormal and great sense of uneasiness, worry or fear. Symptoms of anxiety include:

Emotional symptoms such as:
- Nervousness
- Worry
- Panic
- Irritability
- Feeling of dread
- Tiredness
- Fear of being alone

Physical symptoms such as:
- Sleep disturbance
- Physical tension
- Sweating
- Increased pulse
- Muscle tightness
- Body aches or stomach problems (e.g. feeling sick, diarrhoea)
- Difficulty concentrating
These symptoms are normal if there is a real threat present. However, when someone suffers from these symptoms in response to ordinary events, and the symptoms interfere with daily tasks, then it is known as Generalised Anxiety Disorder (GAD).

There are other types of anxiety disorders: Obsessive-Compulsive Disorder, Tocophobia and Post-Traumatic-Stress Disorder are discussed below.

**Obsessive-Compulsive Disorder (OCD)**
Obsessive-Compulsive Disorder, or OCD, is one of the more common mental illnesses occurring during the perinatal period. Women already suffering from OCD are likely to experience a worsening of symptoms during pregnancy.

**Definition: OCD**

*OCD* is characterised by obsessive thoughts and compulsive behaviour to relieve the stress associated with the obsessive thoughts. Symptoms can range from mild to severe.

Persons with OCD experience ‘obsessive’ or unwanted thoughts that occur repeatedly in their mind. For example, a woman with OCD may have:

- Constant fears that harm can come to herself or a loved one
- An unreasonable concern with becoming sick or infected with a disease
- An overwhelming need to do things correctly or perfectly

The woman experiences the disturbing thoughts again and again. They are unpleasant and they produce high levels of anxiety. These obsessions cause the woman to act out repetitive or ‘compulsive’ behaviours, such as:

- Washing hands often because of fear of contamination
- Checking and re-checking things
- Storing things unnecessarily or excessively
- Counting
- Making lists
- Repeating phrases to herself
- Following certain patterns of behaviour like a ritual

The woman performs these behaviours in the belief that these actions will prevent harm to herself or others, such as her child. These patterns provide relief from anxiety for a little while, but this relief is only temporary. These behaviours then become involuntary and difficult to control.
If severe and left untreated, OCD can severely affect a person’s ability to function at work, school or at home. Sometimes, women with OCD can feel ashamed and are then less likely to look for help. It is therefore important to recognise these symptoms. OCD can be accompanied by depression, eating disorders, substance abuse, attention deficit disorder, or another anxiety disorder.

**Tocophobia**
Tocophobia is an abnormal and persistent fear of childbirth. It occurs in all cultures and social groups and affects one in seven women. It can be related to previous traumatic birth experiences, sexual abuse or rape. Sometimes, it can lead to a frightening or traumatic delivery. In such cases:

- The mother may be ‘unco-operative’ – panicking or displaying aggression
- She may experience an obstructed or prolonged labour
- She may be at increased risk of needing a Caesarean section

**Post-Traumatic Stress Disorder (PTSD)**
Post-Traumatic Stress Disorder (PTSD) develops as a result of a traumatic event such as a sexual or physical attack, the unexpected death of a loved one, an accident, war, torture or a natural disaster. The traumatic event is usually associated with serious physical, emotional or psychological harm, or the threat of harm.

Women who have experienced rape, sexual or emotional abuse, crime, torture or war, or previous traumatic birth experiences (such as previous emergency Caesarean or stillbirth) are particularly at risk of developing PTSD during or after pregnancy: pregnancy can act as a trigger for negative memories of, and emotional reactions to past traumas.

**Definition: PTSD**

*PTSD* is a common anxiety disorder, where a traumatic event or extreme hardship from the past is repeatedly re-experienced emotionally.
Symptoms of PTSD include:

- **Repeatedly re-living the traumatic event through realistic nightmares or flash-backs:** a mother with PTSD may have very strong mental and physical reactions if reminded of the event, such as sweating, increased heart-rate, screaming and uncontrollable crying.

- **Avoidance:** a mother with PTSD may avoid thoughts, feelings or conversations that remind her of the event. This can lead to her becoming numb to her surroundings, losing interest in important activities and feeling that there is nothing to look forward to in the future.

- **Increased agitation:** she can show excessive emotions, feel that she can never relax and must be on guard all the time; she may have trouble sleeping, be easily startled or ‘jumpy’ and have angry outbursts.

There are also other physical symptoms, such as:

- Headaches
- Increased blood pressure and heart rate
- Rapid breathing
- Muscle tension
- Nausea
- Diarrhoea or other gastro-intestinal distress
- Immune system problems
- Dizziness
- Chest pain
- Discomfort in other parts of the body

PTSD can lead to pre-term delivery. It can also occur co-morbidly with depression, other anxiety disorders, alcohol or other substance use disorders.

**Definition: co-morbidity**

*Co-morbidity* refers to the presence of one or more mental or physical disorders at the same time. Often co-morbid disorders affect each other negatively.
Psychotic disorders

Postnatal psychosis is the most common psychotic disorder in the perinatal period. However, other mental disorders, such as Bipolar Affective Disorder, or Alcohol or Substance Use Disorders, can lead to psychotic symptoms, especially when the symptoms are severe and not treated.

Postnatal Psychosis
The onset of postnatal psychosis is often sudden, within a week of birth, and can become severe quickly. Psychotic symptoms include:

- Delusions (false beliefs), such as thinking that others are trying to harm her
- Hallucinations (false perceptions not shared by others), such as seeing, hearing, smelling or tasting things that are not there
- Loss of sense of reality

Psychotic symptoms can also lead to difficulties with social interactions. A woman with severe symptoms can also have problems with carrying out daily activities. Other symptoms of postnatal psychosis can include:

- Strange behaviour e.g. talking to herself
- Inappropriate emotions e.g. laughing at something sad
- Violent behaviour
- Agitation and restlessness
- Poor concentration
- Lack of motivation
- Social withdrawal
- Ignoring responsibilities at work or at home

False beliefs are very real to a woman, and cannot be overcome through reasoning. Also, hallucinations, such as hearing voices, can feel very real to the woman, and frighten her. For example, it is not uncommon for these voices to ‘instruct’ to self-harm or harm others. Remember that a woman who hears voices might look like she is talking to herself, but in fact she is answering the voices.
Other disorders can lead a woman to experience psychotic symptoms, such as alcohol or drug abuse, or withdrawal from alcohol or drug abuse. In severe cases of bipolar disorder, women can also have hallucinations or delusions during the period of depression or mania. It is important to understand the differences between postnatal psychosis and psychotic symptoms related to other disorders, head injury or medication, as these do not require the same treatment.

**Alcohol and Substance Use Disorders**

Some women may try to cope with stress, anxiety or depression with alcohol or other types of substances. For this reason, it is common for women who suffer from a mental disorder to also present with alcohol and substance use disorders. On the other hand, alcohol and substance misuse can also lead to the development of a mental disorder or symptoms of mental illness (e.g. depression, hallucinations, memory loss).

**Definition: dependence**

Dependence refers to when a person starts using alcohol or substances and develops a need to continue, both physically and psychologically. When a person is dependent and stops drinking alcohol or taking substances, the person shows withdrawal symptoms such as:

- Trembling hands
- Sweating
- Vomiting
- Increased blood pressure
- Agitation

It is commonly accepted by health workers that any use of alcohol or substances during pregnancy is not recommended, in particular for the development and outcomes of the foetus. However, the use of alcohol or other substances becomes particularly harmful to a woman when:

- It is a problem at work, at home, with friends or in the community - violent and aggressive behaviour (e.g. getting into fights); not being able to care for children
- It has negative effects on her physical health - confusion, blackouts, liver or heart failure, sleep problems
• The woman is physically and mentally dependent on the substance
• Financial problems and poverty are made worse due to the cost of alcohol/substances and the inability to work

During pregnancy, it has been shown that women can be particularly motivated to quit or reduce the use of alcohol and substances. This provides health workers a valuable opportunity to intervene at this time.

In general, maternal mental illnesses can be better understood when listing symptoms on a scale of severity. The table on the next page compares the ‘baby blues’, depression and anxiety, and postnatal psychosis, showing them on a scale from ‘mild’ to ‘severe’ conditions.

### 3.3 Signs and symptoms of maternal mental illness and distress

#### Identifying signs of mental distress and mental illness

Health workers need to be able to identify symptoms of the different types of mental illness.

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**Definition: mental distress**

*Mental distress* includes a range of possible symptoms such as: confused emotions, rage, anxiety and depression. However, a person with mental distress is not considered ‘ill’ in a medical sense because the distress does not last long enough, and functioning is not affected.

It is important to note that many of the usual physical symptoms of pregnancy can be confused with the symptoms of mental health problems. For example, changes in sleep or appetite, aches, pains and tiredness are common symptoms in pregnant women, but they can also indicate possible mental distress or illness.
# Mild to severe mental disorders

<table>
<thead>
<tr>
<th>Severity</th>
<th>Mild</th>
<th>Mild to Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conditions</td>
<td>Baby Blues</td>
<td>Non-psychotic disorders (e.g. Depression &amp; Anxiety)</td>
<td>Psychotic disorders (e.g. Postnatal Psychosis)</td>
</tr>
<tr>
<td>About</td>
<td>Affects 60-80% of women</td>
<td>Affects 10 – 50% of women</td>
<td>Affects 0.1 – 0.2% of women</td>
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<tr>
<td></td>
<td>Considered ‘normal’ emotional response, which usually resolves with general support</td>
<td>Depression and anxiety can occur separately or together</td>
<td>The mother can be very agitated or withdrawn</td>
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<tr>
<td></td>
<td>Usually lasts about 2-3 days, but can last up to 6 weeks</td>
<td>Many women suffer with depression and/or anxiety for much of their lives and these symptoms sometimes get worse around pregnancy</td>
<td>Staff may not identify the disorder and think the mother is just ‘being difficult’</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maternal depression and/or anxiety usually start during pregnancy, meaning that there is an opportunity for health workers to pick up problems early and manage them appropriately</td>
<td>Requires urgent psychiatric attention</td>
</tr>
<tr>
<td>Symptoms</td>
<td>Emotional</td>
<td>Physical</td>
<td>Cognitive (thoughts)</td>
</tr>
<tr>
<td></td>
<td>Tearfulness, sadness</td>
<td>Sleep &amp; appetite disturbance (an ↑ or ↓ in either)</td>
<td>Low self-esteem</td>
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<td></td>
<td>Anger, irritability</td>
<td>Physical complaints – pain, heart racing, weakness etc.</td>
<td>Feelings of hopelessness</td>
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<td></td>
<td>Ideas of suicide</td>
<td>Slowing down/blunted</td>
<td>Feelings of guilt and inadequacy</td>
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<tr>
<td></td>
<td>Difficulty coping</td>
<td>Loss of energy, tiredness</td>
<td>Feeling overwhelmed, out of control</td>
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<tr>
<td></td>
<td>Rumination – thinking or worrying about the same thing all the time</td>
<td>Loss of sex drive</td>
<td>Decreased concentration</td>
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<td></td>
<td>Fear of being alone/with others</td>
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<td>Decreased motivation</td>
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<tr>
<td></td>
<td>Panic</td>
<td></td>
<td>Decreased enjoyment in things</td>
</tr>
<tr>
<td>Onset</td>
<td>Day 3 or 4 after birth (linked to hormonal shifts during breastfeeding)</td>
<td>Birth to 12 months (or during pregnancy)</td>
<td>Day 3 to 1 month</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Often very rapid onset</td>
</tr>
</tbody>
</table>

### Symptoms

- Insomnia
- Exhaustion
- Tearfulness
- Agitation
- Confusion
- Feeling overwhelmed
- Anxiety/worry
- Loss of sense of reality
- Hallucinations
- Delusions
- Paranoia
- Distorted thinking
- Violent behaviour
- Obsessive-compulsive behaviour
- Homicidal or suicidal thoughts and behaviour
- Panic
- Agitation or ‘locked-in’
A health worker needs to be able to tell which women are experiencing the ‘usual’ symptoms of pregnancy and which women need help for their emotional well-being. Below are some useful tips for picking up mental distress and mental illness:

- Does the mother return often with a range of different physical symptoms, such as aches and pains?
- Has she visited many different health workers?
- Is she showing signs of false labour? This may be a sign of underlying distress.
- A woman’s body language and behaviour can often show that she is ‘sad’ or ‘worried’. For example:
  - Is she taking care of her appearance?
  - What is her facial expression like? Does she look sad or distressed?
  - What does her voice sound like? Does she sound distressed?
  - Does she avoid eye-contact?
  - What is her posture like? Does she seem low or dejected?

Another sign could be that the mother is talking about many other problems in her life, and not just her health. These can include:

- Work issues
- Problems with relationships
- Problems with her other children

The interaction between the mother and the baby can give you clues about her emotional state. The mother could be experiencing mental distress if:

- Breastfeeding is difficult, especially if the difficulty is related to low self-esteem, hopelessness or excessive worrying
- The mother does not play or communicate with her child
- The mother shows hostility to the child
- The mother’s interaction with her baby is either remote or intrusive
- The mother repeatedly describes the baby as ‘irritable’, ‘fussy’ or ‘colicky’

**Definition: intrusive interaction**

A depressed mother shows an intrusive interaction with her child when she is too rough, for example when she is tickling, poking, tugging or fussing over the baby.
Symptoms in traditional cultures

The way people experience illness is linked to their social and cultural backgrounds and the language they use to describe it.

Doctors, nurses and health workers in general are usually trained in a clinical setting and understand illnesses in a medical sense. However, people from other cultures may have a different way of understanding illnesses. This means that some people might describe mental illness in different ways than you would.

How do you identify symptoms in mothers of a different culture?

Women from different cultures may have a different set of beliefs about mental illness. They may describe their emotional distress in terms of ancestors, spirit possession, contamination, curses, or poisoning. Try to find out a bit about these beliefs from your friends and colleagues.

In some cultures, women do not have a ‘language’ for mental illness, or a way of expressing how they feel. Instead, they ‘speak with their body’. For example, they may speak of pain, tiredness, or general physical symptoms. It is important to be aware of that, as this can tell you a lot about their mental state.

Note

Trust your own ‘feeling’ about the mother. Can you sense that she feels down, agitated or overwhelmed? Does she make you feel down? Take note of how you feel when you are with her.
Expressing mental distress in physical terms

Whether women are from a different culture or not, they may speak of mental illness in physical terms. A reason for this is that it may be easier for some women to discuss physical problems compared to mental ones. In the same way, health workers sometimes prefer, and find it easier to deal with physical problems, compared to mental ones.

A woman may use physical health problems as a ‘call for help’ from health workers. This may be her way of making contact with a health worker whom she believes can help her with her ‘real’ underlying problem. Or, she may not be aware that there is an emotional part to her physical problem.

Look out for these presenting symptoms which could indicate mental distress:

- Fear, ‘butterflies’, worrying about things and aggression could indicate anxiety.
- Tiredness or a lack of energy could indicate depression.
- Stories about problems with relationships, work or with other children could indicate depression or anxiety.
- General words such as ‘stress’ or ‘worry’ or ‘thinking too much’ are also often used to indicate emotional distress.

Beware the ‘door handle’ sign!

Often, the ‘real’ problem is revealed when the woman has her hand on the door handle. She is about to leave and so feels that it is safe to raise her real problems. She then has the option of ‘running away’ or avoiding the problem because she is halfway out the room. This can be the most important part of the consultation. By gently drawing the woman back into the room and consultation, she may be able to open the discussion on the ‘real’ problem.

Note

Mothers could be used to consulting with others for help, such as traditional healers or family members. You can often overcome cultural barriers with mothers in your care by treating them in a gentle and non-judgmental way.
3.4 Why is an early diagnosis so important?

It is extremely important to diagnose mental illness in women as early as possible. There are effective treatment options available, which can lead to long-term benefits for the mother and child. Without treatment, the mother’s mental illness may become worse. This can have several negative outcomes, such as:

- Increasing suicide risk
- Increasing chances of substance or alcohol misuse
- Increasing risk of harming the child (infanticide or child abuse)
- The infant failing to thrive (not grow)
- Poor cognitive development in the infant
- Difficulties forming attachments (developing a close relationship between mother and child)
- Behavioural problems in the child
- Mental illness in the child which could continue into childhood and adolescence

**Definition: cognitive**

The term *cognitive* refers to processes of the mind, including how people think about, learn about, remember, and perceive information.

3.5 How can you help women with mental health problems?

- Women who are distressed or suffer from a mental health problem need someone who can listen, guide them and provide information. They can feel isolated and vulnerable and need to be encouraged to make social connections to form support systems.
They require different types of treatment and care, depending on the severity or level of their distress.

Information can empower women and help them to feel in control of their situation. Listening skills and empathy, however, are also vital tools to help mothers in distress.

Women need someone to help them cope during the difficult perinatal period. Chapter 6 explains how to provide supportive care to pregnant women with mental health problems.

### 3.6 Summary

- Many people do not understand what mental illness is, and that it can be treated.
- The main reasons for not recognising mental illnesses are stigma and a lack of knowledge about mental health.
- Types of mental illness common during the perinatal period are depression and anxiety. Other illnesses that could occur during this time include postnatal psychosis, obsessive-compulsive disorder, tocophobia and post-traumatic stress disorder.
- Health workers need to be able to identify symptoms of the different types of mental illness during and after pregnancy.
- Many of the usual physical symptoms of pregnancy can be confused with the symptoms for mental health problems.
- People of different cultures may describe mental illness in different ways.
- It is important to diagnose mental illness as early as possible as there are effective treatment options available. This can contribute to long-term benefits for the mother and child.
The information in this chapter draws from the following articles:
