Module 1, Lesson 2:

Severe Mental Illness

Lesson Transcript

Introduction

Welcome back to Module 1 and this second lesson we are focusing on providing an overview of the less common, severe mental illnesses. This includes bipolar disorder and the psychotic disorders – namely schizophrenia and postpartum psychosis.

Once again we will have further reading and supporting material including factsheets in the resources section, so you can sit back, listen and take it all in.

So let's get started with understanding more about the management of conditions that a woman may have, and how these may be understood and best managed by primary health professionals in the perinatal period. And to get started we focus on Bipolar disorder.

Bipolar Disorder

Bipolar disorder, which used be referred to, as manic depression, is a serious mental illness that affects between 1 and 3 percent of women[1,2]. As is the case with other mental illnesses, the chance of relapse is high at this time of life[3] – both during pregnancy and in the early postnatal period particularly – in fact research indicates that up to 71% of women will relapse[4]. Unfortunately, some women will experience their very first episode of bipolar disorder after having their baby – particularly if they have a family history of the condition.

It can be most helpful for health professionals to be aware of the signs and symptoms of bipolar disorder, and know more about how people with this disorder may present so that help can be sought sooner rather than later. So let's take a quick look at the symptoms of bipolar disorder that you may be able to identify.

Symptoms of Bipolar Disorder

As the name suggests, bipolar disorder involves periods where there is low mood are depression – as described in Lesson 1. Women may feel sad, down and feel they have lost interest or pleasure in aspects of their life that they once enjoyed. Depression may lead to a woman having negative thoughts about her pregnancy or baby, and they may lose confidence and doubt their abilities as a new mother.

This is contrasted by episodes of high, elevated mood – known as mania. Mania leads to the woman having very high levels of energy and over-activity – which may be displayed in some of these behaviors such as, racing thoughts, rapid speech. She may be more reckless in spending, have grandiose ideas and increased sex drive.

A woman with bipolar disorder may also have symptoms of psychosis in either of the depressive or manic phases.

Psychosis can lead to the woman having hallucinations – where she may hear sounds/or voices that are not really there. She may be paranoid and feel that the world is against them or trying to harm them. She may also suffer from delusions leading them to hold beliefs that are not based in reality.

Attached to this lesson you will find specific factsheets on bipolar disorder consumers and health professionals.

We will come back to discuss treatment and management of bipolar disorder later, but I'd now like to move onto the second severe mental illness we will be covering, and that's postpartum psychosis.

Postpartum Psychosis

Postpartum psychosis is technically known as Puerperal psychosis is unique to the early postnatal period, but we need to be aware of both during pregnancy and in the early weeks following birth.

Postpartum psychosis is a very rare mental health conditions that affects 1 or 2 in every 1000 mothers[5]. Symptoms typically start in the days or first three weeks after birth, and can occur as late as up to 12 weeks following birth. This condition is more likely to occur in women with bipolar disorder, as described earlier, or, if they have had the condition with a previous birth, previously – which is why assessment of risk factors such a having a personal history is so important (as we will see in Module 2). But it can occur out of the blue for the first time so being aware of symptoms and what to look for is important.

Like bipolar disorder, postpartum psychosis may present with both manic and depression-type symptoms and the condition has a marked impact on thoughts and experiences. But I thought a great way to familiarize ourselves with some of the symptoms of postpartum psychosis is to listen to the words of a brave woman Alexandra Jones who I did interview with on Radio National. Here Alex articulately describes the early signs of this illness, as they virtually appeared out of nowhere after the birth of her child Holly.

Lets take a listen…

Audio presentation

> "A few days after I gave birth to my daughter I started feeling quite happy and joyful, all the things we want to feel, and then euphoric. I remember telling my husband that I had never felt so happy in my life. What that actually lead to was a period of mania, two weeks of mania, not sleeping, not eating, not sleeping, highly productive, really feeling like I was turbo charged and a super-mum. It was fantastic. It didn't feel normal, so I went to my GP and I said I'm feeling as high as a kite."

> So after about two weeks of the mania and the high, and feeling very chatty and excited, I started to feel paranoid and suspicious, and I didn't't realise it but I started to have delusions….it's very blurry time as well when I became suicidal in the psychiatric hospital that I was admitted to, Jesus was on the cross in each of the rooms, and that was telling me that Jesus wanted me to commit suicide. So you are drawing on the stimulus around you but interpreting it incorrectly. And you are paranoid about co-incidences and feeling like you're being set up.

So you would have heard there the range of depressive, manic symptoms as well as the signs of psychosis, the delusions, and the paranoia. Going back to our depressive and manic symptoms from before, in the first few days after birth Alex described symptoms of mania – starting with feeling happy, joyful and euphoric followed by the symptoms of mania not eating, turbo charged. After 2 weeks of mania and being a supermum – Alex described her paranoia and delusions – and that was later followed by depression and thoughts of suicide. Alex described her paranoia and delusions – and that was later followed by depression and thoughts of suicide.

The severity of these symptoms and their impact on the individual, means that a mental health assessment is urgent. As the disorder is also complex, a specialist psychiatrist needs to be consulted, and hospital admission almost always required. At the end of this section I will provide you with a high level overview around the management of these conditions from a primary care perspective, but all details about postpartum psychosis are detailed in the fact sheet, which is also attached to this module.

But lets take a look at the final of the severed metal illnesses that we are going to discussing in this module – and that is schizophrenia. This is a new area of the National Guideline, which wasn't covered in the Australian National Guidelines previously so let's look at this illness now and how this may present in the perinatal period.

Schizophrenia

Schizophrenia is one of the most chronic (long-lasting) and disabling of mental health disorders. Like bipolar disorder, schizophrenia affects around 1 in 100 people in the general population2, and the rates of relapse are high in the perinatal period.

Depression and anxiety commonly co-occur with this condition2. As with the other severe mental illnesses, Schizophrenia affects how a person thinks, feels, and behaves. People with schizophrenia may seem like they have lost touch with reality, and the symptoms can be very disabling.

Symptoms of schizophrenia usually start between ages 16 and 30 – which aligns with the perinatal period. When looking at the clusters of symptoms, these are often categorized into positive, negative, and cognitive.

- "Positive" symptoms are psychotic behaviors as we referred to previously. People with positive symptoms may "lose touch" with some aspects of reality. Symptoms include: Hallucinations, Delusions- as highlighted before, Thought disorders (unusual or dysfunctional ways of thinking) but also - Movement disorders (like agitated body movements).

- "Negative" symptoms are associated with disruptions to normal emotions and behaviors. Symptoms include: "Flat affect" (reduced expression of emotions via facial expression or voice tone), Reduced feelings of pleasure in everyday life, Difficulty beginning and sustaining activities, Reduced speaking.

- Then there are Cognitive symptoms. For some patients, the cognitive symptoms of schizophrenia are subtle, but for others, they are more severe and patients may notice changes in their memory or other aspects of thinking. Symptoms include: Poor "executive

functioning" (the ability to understand information and use it to make decisions), Trouble focusing or paying attention, Problems with "working memory" (the ability to use information immediately after learning it)

Women in particular with schizophrenia may have more depressive symptoms, paranoia, and auditory hallucinations (hearing voices or things that don't exist).

Here are some descriptions of some of these symptoms. Luana from the Health talk series, speaks about the impact of high stress on her cognitive ability, and how this lead to a complete breakdown.

Video presentation

I couldn't really keep my thoughts coherent, all I could do is keep thinking about was failing the subject, and unfortunately that obsession lead to extreme stress leading up to exams and I ended up failing 4 units of study due to stress from my mental health, but didn't realize how bad it was at the time. I ended up an absence of leave and taking six months off and having a rest and a break.

….I had the same thing happen, I was told I wasn't performing well enough in the job – just a short term project, and unfortunately because it came from someone quite senior I became obsessed with what I was told and I couldn't think coherently, and I became really stressed there and was drinking and not looking after my health, and I thought when I went back that things would have become better but unfortunately they didn't. I was still quite sick and I couldn't relax and I was stressed out because I was worried that what I had been told would follow me to my job. Unfortunately eventually just the stress of everything got too much for me and I had a complete breakdown.

Luana, 33 years

Luana alluded to the impact of schizophrenia on her cognitive functioning, which caused extreme stress and affected her ability to function. And she also alludes to paranoia and difficulty undertaking activities.

Stress can impact greatly on relapse, and similarly, the additional stressors that come with pregnancy and having a baby can certainly add to stress making the women more vulnerable to relapse in the perinatal period. On top of this, women with schizophrenia are uniquely vulnerable in pregnancy and the postnatal period for a couple of reasons.

1. First the are often at greater social and economic resource disadvantage
2. They are also more likely to experience biological and psychosocial shifts throughout the perinatal period – which may have a negative impact on her illness and trigger relapse.

These women will have a higher likelihood of obstetric complications – such as diabetes and preeclampsia as well as psychiatric relapse6 – so they need to be monitored closely both in pregnancy and in the postnatal period.

The mental instability in a pregnant woman or new mother can also lead to a range of negative outcomes including impaired mother-infant interactions, which in turn can lead to poor child and health development and there is risk of future child psychiatric illnesses. There is also potential harm to the mother and child. And this can result in custody loss – which some studies is reported to be in as high as 50% of mothers with schizophrenia. Once again a concise factsheet is attached to this module, detailing identification of schizophrenia in the perinatal period.

So hopefully this the information presented so far, has given you some idea of the three different types of severe mental illness you may see in a woman in the perinatal period. You will notice some similarities and differences. For example, depression symptoms and psychotic symptoms may present in all three disorders, whilst symptoms of mania are more confined to postpartum psychosis and bipolar disorder.

All three disorders are serious and careful care and management is essential for both mother and fetus/infant. So lets take a look at some key management strategies for managing these severe mental illnesses in primary healthcare settings.

When it comes to the treatment and management, it's important to note that none of these conditions will go away without medical treatment – so if you observe these symptoms, seek urgent assistance from a general practitioner, mental health service or an emergency department.

In most instances a woman experiencing debilitating symptoms will need to go into a psychiatric hospital – especially if she is at risk of harming herself or her baby. This will enable her to be in a safe place whilst her medication is monitored and she will have access to specialist support.

Medication is an essential part of treatment – to stabilized the symptoms and help reduce the likelihood of relapse. Different types of medications include mood stabalisers, antidepressants and antipsychotics. The type of medication prescribed will depend on the condition, presenting symptoms, and a specialist psychiatrist will also need to consider whether the woman is trying to conceive, is pregnant or breast-feeding.

Here are some important points to note in relation to the treatment of these conditions:

- Advice should be sought from a psychiatrist before medications are prescribed, ceased or changed.
- Medications should not be ceased suddenly.
- Minimizing stress and maximizing sleep are both vital for the mother, partner and key supports.
- Where possible it is beneficial to draw on support from family, friends and community and or health services – such as in-home support or respite services.
- As the woman recovers it is helpful to develop a routine that allows both parents to have quality time both as a couple and individually.
- As the medication begins to assist the woman in her recovery, talking therapies such as cognitive behaviour therapies can help her to develop coping strategies.
- She may also benefit from mother-infant therapy to support bonding and attachment with her baby.
- This process can also be highly distressing for partners and family members, so encouraging them to seek supportive counseling may also be beneficial.
- The woman is also going to require ongoing monitoring – including regular visits to her health professional who is managing her care. This care should include assessment and monitoring of the mother-infant interaction.

Details of these management practices and more are included on the factsheets mentioned earlier. If you have women in your care, they can access consumer factsheets and information on each of these disorders also from the COPE website at cope.org.au.

Now I know you might be thinking, I don't really need to know about these conditions as I am not providing treatment – but it is important to have a basic understanding of these illnesses so you can be more aware, informed and potentially identify the signs of relapse or illness should they arise.

So before we go let's briefly recap on the key learnings from this lesson.

Lesson Recap

Women with a history of severe mental illnesses must be carefully monitored in the perinatal period.

We observed the range of depression and manic symptoms of bipolar disorder, which affect around 1 in 100 women – and may be accompanied by symptoms of psychosis. We also discussed postpartum psychosis – which is rarer, but very serious condition, which can also present with depression, manic and psychotic symptoms – particularly in those with a history of bipolar disorder (but not always).

Finally we looked at schizophrenia – a very chronic mental health condition, which like bipolar disorder, affects around 1 in 100 women. Here we discussed the range of positive, negative and cognitive symptoms that may be observed.

All of these conditions require medication, and advice should be sought from a psychiatrist before medications are prescribed, ceased or changed. Medications should not be ceased suddenly. The woman is also going to require ongoing monitoring – including regular visits to her health professional who is managing her care. This care should include assessment and monitoring of the mother-infant interaction and the safety of the infant.

Minimizing stress and maximizing sleep are both vital for the mother, partner and key support people. These conditions can be highly distressing for partners and family members, so encouraging them to seek supportive counseling may also be beneficial.

Phew there was a lot in that lesson – covering three severe mental illnesses. Once you have competed the quiz whilst it is all fresh in your mind, we can move to the final module specific to types of mental health conditions – and that is Borderline Personality Disorder and its management.

That's coming up next - I'll see you soon.

References

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[3] Munk-Olsen T, Laursen TM, Pedersen CB et al (2006) New parents and mental disorders: a population-based register study. JAMA 296(21): 2582–9.

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