ORIGINAL RESEARCH PAPER

Psychiatry

PERCEPTION OF PSYCHIATRIC INTERVENTION IN OBSTETRIC IN-PATIENT CROSS-REFERRALS AND EFFECT ON TREATMENT ACCEPTANCE.

KEY WORDS: Perinatal Mental Illness, Stigma, Treatment acceptance.

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ABSTRACT

The prevalence of mental illnesses in the peripartum period in developing countries is almost 15.6% in the antenatal period and 19.8% after childbirth. Early detection of symptoms and interventions is indeed beneficial for not only the mother and infant, but also aids to reduce mortality and morbidity. However, even currently, there is a considerable amount of stigma associated with mental illnesses especially in the perinatal period. There is a dearth of research regarding factors that are barriers for effective treatment of mental illnesses in the perinatal period as well as acceptable intervention methods to tackle them. This study included 32 cross-referrals from the obstetrics department, determined presence of a psychiatric diagnosis, evaluated the patient's perception towards psychiatric intervention offered and determined its effect on treatment acceptance. It highlights that stigma is a significant barrier in treatment acceptance in patients suffering from perinatal mental illnesses.

INTRODUCTION:

The perinatal period, broadly defined, encompasses the time frame from one year before to 18 to 24 months after the birth of the child. This is invariably a vulnerable period for the expectant mother, the family at large and subsequently the infant.[5] Perinatal Mental illnesses include any psychiatric disorders that develop during pregnancy or up to 1-year post-partum. This term encompasses all conditions including mood disorders, anxiety disorders as well as florid psychosis. The post-partum period can be used to describe any period ranging from 4 weeks up to 3 months post-delivery[4]

About 10% of pregnant women and 13% of women who have just given birth experience a mental disorder worldwide. In developing countries, this is even higher: 15.6% during pregnancy and 19.8% after childbirth. According to the WHO, one in five women suffer from this in developing countries which is a significantly high number for a population that already is dealing with the physiological and psychological changes of pregnancy and the post-partum period.[1]

Stigma can be defined as the strong negative appraisal of a person or group of people because they have a characteristic that is considered undesirable [2]. Over the course of the last few years there has been considerable research that has been carried out to classify stigma and study the varied types and aspects of stigma. The stigma that is held by the masses at large is termed as perceived external stigma. The stigma that one holds towards oneself owing to some negative differentiator is known as Internal stigma and the fear of being differentiated owing to other people finding out a particular negative characteristic of oneself is termed as disclosure stigma.[3] Any type of stigma be it external or internal can affect the individual's self-esteem, self-image, relationships, and work performance while also serving as a barrier in effective resolution of problems faced[4]

The impact of stigma associated with mental illness at large has been extensively studied.[6] but there is dearth of research regarding the specific stigma associated with the perinatal mental illnesses especially in developing countries like India. There is a need for this specific group of the population to be studied as a separate group due to the sensitive nature of the underlying condition and the issues that are specific to this group.[7] Intervention at this stage has been shown to not only save the lives of the mother and the newborn but also help in improving the quality of life of the family. Some factors that contribute to the formulation of this stigma include familial factors, socio-cultural factors, and level of education.

A consultant liaison psychiatrist with the adequate support of a psychologist and a psychological social worker, working alongside the obstetrician is the need of the hour to help eradicate the stigma and lead to better treatment outcomes for the mother as well as the child[7]

This cross-sectional study aims to highlight the patients' perception towards psychiatric intervention in the perinatal age group and the effect of the said perception on treatment acceptance.

MATERIALS AND METHOD:

Study Design: Cross sectional study.
Study Duration: 3 months.
Sample Size: 32 obstetric patients admitted in a tertiary care hospital cross referred to the psychiatry department for evaluation

Inclusion Criteria:

- All in- patient cross- referrals from the Obstetrics department received by the psychiatry department for evaluation over a 3-month period.
- Signed consent form from the patient or the caregiver in a language best understood by them

Exclusion Criteria:

- Patients who did not consent to being a part of the study

Tools Used:

1. Perceived Stress Scale:

- The Perceived Stress Scale (PSS) is a classic stress assessment instrument. It consists of 10 questions that are related but must be considered separately. The answers are graded based on a Likert scale ranging from 0-4, (0= never, 1=almost never, 2=sometimes, 3=fairly often and 4=always.) The scores for questions 4,5,7 and 8 must be reversed before calculating the total score.
- Individual scores on the PSS can range from 0 to 40 with higher scores indicating higher perceived stress.
- Scores ranging from 0-13 would be considered low stress.
- Scores ranging from 14-26 would be considered moderate stress.

- Scores ranging from 27-40 would be considered high perceived stress

2. City Mental Illness Stigma Scale:

- The scale consists of 15 questions whose answers are graded based on a Likert scale ranging from 1-4(1-strongly disagree,2-disagree,3-agree and 4-strongly agree)
- The scale measures 3 components of stigma namely internal stigma, perceived external stigma and disclosure stigma.
- Higher the rating score on the scale, more the amount of stigma.

Study Procedure: Ethics clearance from the institutional ethics committee was obtained post submission of a research proposal. A cross-sectional review of all the in-patient cross referrals from the obstetrics department was conducted post obtaining an informed consent from the patients and/or the caregivers. Sociodemographic data was assessed.

Presence of a psychiatric diagnosis was determined based on the Diagnostic and statistical manual of mental disorders (DSM 5)[11] criteria. The patient perceived stress was assessed using the perceived stress scale and stratified into mild, moderate, severe. The nature of stigma was assessed by using the CITY mental illness stigma scale and categorized. Acceptance or denial for necessary psychiatric intervention was assessed. Association between presence of stigma and treatment acceptance was determined.

RESULTS:

During a 6-month assessment a total of 32 patients in the perinatal period were referred from the Obstetrics Department in the mean age range of 27.97±4.70 years for psychiatric evaluation. 11(34.38%) patients were antepartum and 21(65.62%) patients were post-partum.

17(53.1%) of the 32 referred patients had a graduate degree or a diploma.

Detailed history was recorded detailed mental status examination and a psychiatric diagnosis was established based on DSM-5 criteria. The most common psychiatric comorbidity was observed to be Anxiety (21.8%) followed by Major Depressive Disorder (15.6%) and Functional Neurological Symptom Disorder (15.6%). 2 referred patients post evaluation were found to be nil psychiatry. (Figure 1)

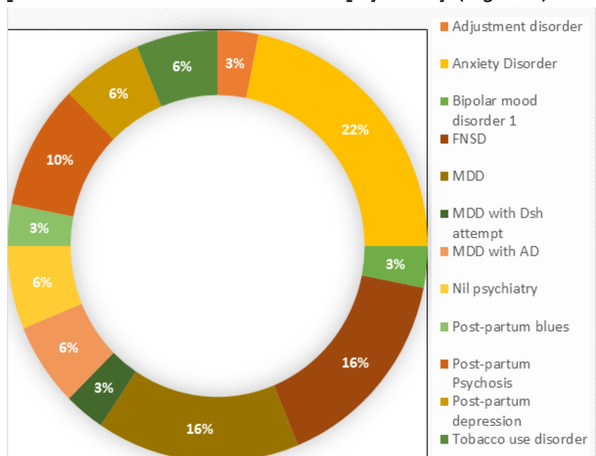

Figure 1. Distribution of patients based on psychiatric diagnoses

The Perceived Stress Score was applied and the degree of stress in the study group was as follows- Low (6.3%), Moderate (46.9%) and High (46.9%) (Figure 2)

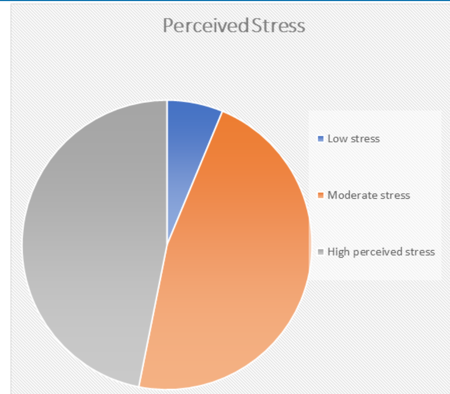

Figure 2. Distribution of study subjects as per the Perceived Stress Scale.

The City Mental Illness Stigma Scale was applied and the amount of negative perception towards psychiatric intervention was found to be high in all patients who refused intervention and the most reported type of stigma being External Stigma. (Table 1)

Table 1. Distribution of stigma in the study subjects based on the CITY MISS scale.

	Internal Stigma	External Stigma	Disclosure Stigma	Total
Mean±SD	13.81±1.46	22.47±3.86	6.72±1.02	43±5.18
Median	14.00	24.00	6.00	45.50
IQR	13-15	19-26	6-7	38.5-47
Minimum	10	14	6	32
Maximum	17	28	9	50

There was a negative correlation found between the amount of negative perception (Stigma) and willingness for psychiatric intervention.

Despite the level of perceived stress being moderate to high in the study group, there was unwillingness to accept the necessary psychiatric intervention due to the significant amount of negative perception present specifically towards the perinatal mental illnesses (Table 2)

Table 2. Association of stigma with treatment acceptance.

	Treatment accepted/denied (y/n/Np)	Mean	SD	p value
Internal stigma	Refused treatment	14.56	1.294	**<0.01**
	Accepted treatment	13.17	.718	
external stigma	Refused treatment	25.44	1.381	**0.001**
	Accepted treatment	18.17	1.801	
Disclosure stigma	Refused treatment	7.06	1.056	**<0.01**
	Accepted treatment	6.08	.289	

DISCUSSION

In a 2020 study conducted by M. Rigatelli et al[8] and a 1996 study conducted by Smith et al[7] it was well documented that there are barely any referrals for psychiatric intervention from the Obstetrics department as compared to referrals from other specialities. The inherent factors in obstetric practice as well as the significant amount of negative perception present towards perinatal mental illnesses seem to be a contributing factor for these low numbers.

A lack of awareness regarding perinatal mental illnesses and prevalence of misconceptions was seen in as the main barrier to seeking or accepting psychiatric intervention in the perinatal age group.[9]

Education was found to be the strongest predictors of attitudes towards perinatal mental illnesses [7] however in the

current study group the observed pattern was not conclusive. There are a host of other factors that contribute towards emergence of stigma and the specific factors in the perinatal age group include social, familial and cultural factors and practices especially in the Indian population. The amount of external stigma in the form of the society's perception of a mother suffering from perinatal mental illnesses is significant and leads to underreporting of symptoms or refusal of treatment.

Reducing stigma of perinatal mental illnesses requires a multibranch approach involving medical professionals, community education, legal support, and destigmatizing media portrayals.[10]

A community outreach programme from obstetrics specifically working towards increasing education regarding perinatal mental illnesses in tandem with a consultation liaison psychiatrist in the Obstetrics department is the need of the hour to effectively tackle the growing and unreported number of cases of perinatal mental illnesses.

CONCLUSION

Negative perception (Stigma) of perinatal mental illnesses is a significant barrier and leads to refusal of necessary treatment by the affected population.

As almost 20 percent of the women in the perinatal period in developing countries have some or the other perinatal mental illness a specific targeted intervention for this vulnerable age group needs to be formulated.

Further, there is an urgent need to develop evidence based or culturally adapted interventions to reduce the stigma of perinatal mental disorders.

Consultation liaison psychiatry services as well as a coordinated multi-speciality approach is necessary to help uproot and eradicate stigma as a barrier in successful treatment and management of patients suffering from perinatal mental illnesses.

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