Depression in Mothers of Children with Mental Retardation Reporting at Tertiary Care Hospital

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ABSTRACT

Objective: To determine prevalence of depression in mothers of children with mental retardation using the ICD-10 criteria for depression.

Material & Method: This cross sectional study was conducted at Psychiatry outpatient Department, Civil Hospital Karachi. Three hundred twenty three mothers were included in the study and interviewed between the periods of October 2014 to April 2015. Mothers of children with mental retardation were assessed for depressive disorder using ICD-10 criteria for depression. Data was entered and analyzed using Statistical Package for Social Sciences (SPSS) version 16. P value less than 0.05 was considered significant.

Results: Number of depressed mothers who have mentally retarded child was more as compared to non depressed mothers. The association of depression to their marital status was found to be significant (p-value 0.009) revealing that single parenting mothers were more vulnerable to depression as compared to children living with both parents. Most of the depressed mothers were more educated (p-value 0.00) and were mostly graduates, and had their child in the older age group that is 9 to 12 years (p-value 0.03) and had a female child. (Table 2) effected (p-value 0.00). The association of maternal age and socioeconomic status with depression was found to be insignificant (p-value 0.43 and 0.37 respectively.

Conclusion: This study reveals a high prevalence of depression in mothers of mentally retarded children and highlights the need for help. Strategy should be reinforced in the clinical settings to screen such mothers for Depression.

Key words: Depression, mothers, children, mental retardation.


INTRODUCTION

Mothers of children with mental retardation suffer through more psychiatric disorders, poor health and stress as compared to mothers of normally developing and growing children. High level of stress in mothers of these children is predicted by low economic and income issues, inadequate support. Problems of these mentally retarded or learning disabled children such as social communication deficits, anger outburst, self-harming behavior increase level of stress in mothers of such children. Although positive aspect of raising and caring mentally retarded children is increasingly growing but studies done on such mothers are consistently finding susceptibility of these mothers to anxiety and depressive symptoms or disorders. These mothers were also found to have symptoms like insomnia, poor sleep quality. Chronic stress in these mothers is manifested by blunted diurnal cortisol trajectories, reduced immune system, and accelerated telomere shortening. Neurodevelopmental disorders are quite prevalent and among the top five medical conditions affecting children of even developed countries such as United States. Therefore the disease burden on parents of these children is alarmingly high, which adds to increasing and growing cost of developmental disabilities towards society.

Studies have also shown that mothers who are depressed or under high levels of stress are less able to care for their learning disabled children and eventually these children make less developmental progress.

Therefore this study was aimed to determine depression in mothers of mentally retarded children so that they can be diagnosed earlier in course of disease, managed adequately and subsequently able to care their disabled child in better way.
Objective: To determine prevalence of depression in mothers of children with mental retardation using the ICD-10 criteria for depression.

MATERIALS & METHODS

This cross-sectional study was conducted at Psychiatry outpatient Department of Civil Hospital Karachi: a tertiary care public sector health facility in Karachi. Three hundred twenty-three mothers were included in study between the periods of 13th October 2014 to 13th April 2015 through convenient sample technique. Mothers whose child developed features of Mental Retardation during the age of 1 to 5 years were included in study. Many mothers and their child were referred to the Psychiatry department from the Pediatrics department for management of behavioral disturbance and delayed milestones. The children were assessed for mental retardation according to ICD-10 criteria and for formal IQ testing they were referred to Institute of Physical and Mental Rehabilitation – Dow University of Health and Sciences. Mothers between 25 and 45 years of age were included and those with other psychiatric or medical illness were excluded. Ethical permission was obtained from Ethical Review Board of department. After informed consent demographic data were taken on semi-structured proforma. After collecting the bio-data of the mother and the effected child, the presence of depression was evaluated through ICD-10 criteria for Depressive disorder. Data was entered and analyzed using Statistical Package for Social Sciences (SPSS) version 16.0. Frequency and percentage were calculated for all categorical variables like marital status and education of mother, family type that is nuclear or joint, economic status and outcome variable that is maternal depression and child’s gender. Effect modifiers were controlled through stratification of age, marital status, education of mother and other demographic variables. Chi square test was applied value was considered significant when less than 0.05.

All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2008. Informed consent was obtained from all patients for being included in the study.

RESULTS

After screening through inclusion and exclusion criteria 323 mothers were included in the study and mean age of these mothers was 32.94±5.79 years. The mean age of their children was 8.47±1.89 years, the ratio of male and female child was almost equal, and the number of years mother had known about their child’s illness was 4.18±2.20 years.

Among the 323 mothers, 171 (52.94%) showed signs of clinical depression and 152 (47.05%) had no depression.

The association of depression to mothers living as separated or divorced was found to be significant (p-value 0.009) revealing that single parenting mothers were more vulnerable to depression (Table 1). Most of the depressed mothers were more educated (p-value 0.00) and were mostly graduates (Table 1), and had their child in the older age group that is 9 to 12 years (p-value 0.03) (Table 2). Mothers having mentally retarded female child were found to be more depressed as compared to those having male child (p-value 0.00). Similarly mothers whose child has Mental Retardation in last 5 years (Table 2) were found to be more depressed as compared to mothers having learning disabled child for more than 5 years (p-value 0.00).
DISCUSSION

It has been well established that the diagnosis of a child with Mental Retardation adversely affects both parents especially mothers\(^{18}\). In our study also we were able to replicate the same results and a very high prevalence of depression was revealed in this group of mothers.

In the Indo Pak however the family structure is very different from the west where social support to such mothers from grandparents and other relatives is scarce. This is readily available in most cases in our set up. Our results also match with this finding that females who lived a joint family set up reported depression much less frequently as compared to those who had little help with the child at home and depression was evidently more prevalent in the mothers that were raising their child without their spouse and lack of support has been found to be one of the strongest predictors of depression by studies in the past\(^{19}\).

Mothers who received more education reported depression more probably because they knew more about the forthcoming challenges and later on consequences, hence worried more about their child’s future.

Poverty and low socioeconomic status has been shown to be directly proportional to depression in the past\(^{20}\), however this study was unable to prove it, which might be because of the convenient sampling which is one the weaknesses of our study.

It was indicated in previous studies that older mother had better coping skills\(^{21}\), however our study revealed that mothers whose children were in the older age group and whose children were females had a much higher prevalence of depression. This may be due to time duration mothers are looking after their mentally retarded child and stigma associated with especially female mentally retarded children in our society. Also mothers who had known about their child’s illness more recently showed more signs of clinical depression. In fact mothers who had no depression at the time of study reported being depressed in the past when they had been initially told about their child’s diagnosis. This finding is also consistent with results of some studies done in the 18th and 19th century.

In spite of the fact that other independent variables are insignificant to maternal depression like maternal age and socioeconomic status, there is a probability that such results are due to confounders, which can’t be adjusted due to study design limitation. Therefore Multicenter large study is recommended to overcome this limitation.

It is therefore strongly recommended to screen all such mothers so that help can be offered to them because both physical and mental wellbeing of the children is directly proportional to the care they receive from their mothers. Healthier the mother, the better she can contribute towards the development of her child.

CONCLUSION

Having a child with a diagnosis of mental retardation is one the biggest setbacks in a mother’s life. This study reveals a high prevalence of depression in such mothers and point towards importance of treating these mothers adequately and early in course of illness. Strategy should be planned in the clinical settings to screen such mothers for Depression and manage them properly.

REFERENCES


