

Frequency of Depression in Mothers of Learning-Disabled Children

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ABSTRACT

Objective: To determine the frequency of depression in mothers caring for learning-disabled children.

Subjects and Methods: This cross-sectional study was conducted at Department of Psychiatry, Benazir Bhutto Hospital Rawalpindi from May 2011 till 14th January 2012. In total 96 mothers of Learning disabled children, were consecutively recruited, from out patient department of Institute of Psychiatry, Benazir Bhutto Hospital. After obtaining written informed consent, Beck Depression Inventory (BDI) Urdu version was administered to assess the severity of depression; rated as 'mild', 'mild-moderate', moderate-severe' and 'severe' depression. The data were entered on SPSS version 10 for further analysis.

Results: In total 89.6% of the mothers were found depressed. Among these 27.1% had mild-moderate depression, 26.4% had moderate-severe depression and 36.1% were found to have severe depression.

Conclusion: A high frequency of depression was observed in mothers caring for learning disabled children; frequency steadily increasing with severity of depression. This issue thus needs immediate attention for better health related quality of mothers and better childcare.

Key words: Anxiety, Caregiver burden, Depression, Maternal depression.

Author's Contribution

¹Acquisition of data and compilation of results

²Final review of draft before submission

³Conception and design of article

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Introduction

Care giving and care receiving can occur at any point in the life-course, particularly in chronic diseases or disabilities, leading to losses of independence and disturbed overall functioning.¹ No consistent and standard definition of family care giving exists, thus the meaning of the term is still unclear and varies considerably.² Successful management of major mental illness in the community depends largely on an informal or non-professional network of caregivers. The needs and experiences of such caregivers have not been extensively studied with respect to major chronic mood disorders.³

Care giving itself neither causes depression nor everyone who offer care, experience the negative emotions associated with depression. However, in order to offer the

best possible care for a close family member, caregivers might have to sacrifice their own physical and emotional needs. Moreover, the overall experience of providing care would strain even the most capable and emotionally strong person, leading to negative emotions, irritability, and easy fatigability etc. which are clear warning signs of depression.⁴

Learning Disability offers tremendous caregiver burden particularly on the part of mothers. The combined effect of stigmatization plus the burden of caring for the intellectually challenged child leads them to develop a variety of stress related symptoms including anxiety and depression.⁵

Previous studies revealed that the mothers of children with language developmental disorders had a higher incidence of anxiety and depression. Therefore, while managing such cases, this issue must be given serious consideration.⁶ Studies have revealed a poor quality of life in mothers of mentally and physically handicapped children matched with controls.^{7,8} A study conducted in Iran revealed the prevalence of depression in mothers of children with serious physical conditions to be 46.3%.⁹ Similarly, a high prevalence of anxiety and depression was found amongst the caregivers of individuals with mental illness, in another study from Pakistan.⁴

To date, very little data is available regarding the prevalence of depression in the mothers caring for their learning-disabled children. The current study will be a useful study, as it would indicate the frequency and severity of depression in such mothers. It would also highlight the importance of diagnosing and treating depression in the mothers of learning-disabled children, which thus has an impact on the care of these patients.

Subjects and Methods

This cross-sectional, descriptive study was carried out at the Institute of Psychiatry, Benazir Bhutto Hospital, a tertiary care setting, for a period of 8 months from 14 May 2011 until 14 January 2012. The study was conducted after seeking Hospital Ethical Committee approval. The total sample included 96 mothers who had been caring for learning-disabled children, recruited through consecutive, non-probability sampling method, after obtaining written informed consent.

Mothers ages 65 years and above, with severe cognitive impairment, and those who could not speak in Urdu, were excluded from the study.

Urdu version of Beck Depression Inventory was administered to diagnose and rate the severity of Depression. The mothers filled in socio-demographic proforma to obtain basic demographic details. All data was entered and analyzed in SPSS 10.0.

Results

The mean age of the participants was 39.12(SD±13.04), with an age range of 19-60 years.

Amongst the participants, 10(10.4%) had no depression, whereas 86(89.6%) had been diagnosed with Depression. Among these, 26(27.1%) had mild- moderate depression, 25(26.4%) had moderate-severe depression and 35(36.1%) had severe depression. (Table 1)

Table 1: Frequency of different grades of depression amongst the study participants (n=96)	
Diagnosis	Frequency (%)
No depression	10(10.4%)
Depression	86(89.6%)
Mild-moderate depression	26(27.1%)
Moderate-severe depression	25(26.4%)
Severe depression	35(36.1%)

There were 80 true positive cases and 16 false positive cases, 78 true negative and 18 false negative cases. The BDI Questionnaire showed a sensitivity of 81.63% (determined by the formula (True positive cases-TP/True positive + True Negative X 100), specificity of 82.98% determined by the formula (True Negative cases / False positive + True negative cases), positive predictive value of 83.33% determined by the formula (True Positive cases / True positive + False positive cases) and negative predictive value of 81.25% determined by the formula (True Negative cases / True negative + False negative cases).

Discussion

In this study, the primary aim was to determine the frequency and severity of depression in mothers of children with Learning Disability. Overall, the study found that 89.6% of the mothers were depressed. Among these 27.1% had mild- moderate depression, 26.4% had moderate-severe depression and 36.1% were found to have severe depression. This finding is of great significance and calls for more attention to be paid to this vulnerable group, in order to ensure early interventions for better mental health and wellbeing of the mothers and improved care of the mentally disabled children. This finding is comparable to a number of local and international studies that would be highlighted in this section.

Nazish Imran conducted a research on 100 primary caregivers of mentally unwell patients in Mayo Hospital, and found higher rates of anxiety and depression i.e 85%

and 86% respectively, based on Hamilton Anxiety and Depression Scale scores.¹⁰ This finding is comparable with our finding, showing high frequency of depression i.e 89.6%. However, unlike our study, the aforementioned study sought to probe into other aspects too, for example caregiver burden, quality of life, all of which were found impaired.

Previously a research was conducted at the Institute of Psychiatry, Benazir Bhutto Hospital, which also supports the finding of higher rates of anxiety and depression among the caregivers of mentally unwell children.⁴ This supports the current research finding of a higher frequency of depression in mothers of learning disabled children, but unlike our research, the aforementioned study has looked into factors affecting caregiver burden, for example, long duration of mental illness. Another local study has findings similar to the current research of higher caregiver burden in parents caring for chronic mental illnesses.¹¹

At this point now, it is worthwhile to discuss a few international studies on this subject and see how they compare with the findings of the current study. Cadman, et al found parents of children with disabilities were more likely to experience depression and distress than parents of children without disabilities, and therefore supports the current research finding.¹² However, in our study, we did not have a control group for comparison, which poses a methodological weakness to our study. Similarly, Dyson et al in his research found significantly higher degree of parental stress in parents of children with disabilities, who were also found to have negative and pessimistic views about the future.¹³ The family functioning in this study was also found to be markedly impaired.

Moreover, the parents' perception of how tough it was to care for the child was related to feelings of depression.¹⁴ It has been shown that these mothers are more stressed than mothers of children without disabilities due to the extra daily tasks which leaves very little time for the mothers to take care of themselves.¹⁵ This is thus a clinically useful study and has important implications for clinical practice. The study found a high frequency of depression among mothers caring for learning disabled children. This calls for immediate attention by the healthcare providers for early interventions and early detection and treatment of maternal depression thus

leading to decreased caregiver stress and burden with improved quality of caring for these mentally challenged, vulnerable children.

However, there are certain limitations of the study. Firstly, the sample size was small thus limiting generalizability of results/findings of the study. Secondly, the study did not have a control group for comparison. Moreover, we did not address various factors associated with maternal depression while caring for the learning-disabled children.

Conclusion

The study found a high frequency of depression in mothers caring for learning disabled children. This is a finding of striking significance as it calls for immediate intervention by the mental health care providers/psychiatrists for early recognition and prompt treatment of maternal depression, which would lead to lessened caregiver burden and improved quality of care for the mentally challenged, vulnerable children and improved quality of life. Further studies with large sample size, including control group and addressing various factors associated with maternal depression in the study population, are suggested.

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