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Mental Illness: The Big Blind Spot

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Mental Illness

When mental illness takes the limelight, it does so in a big way. When the world hears that the genius mathematician in A Beautiful Mind had schizophrenia, or that Robin Williams may have had bipolar disorder [1], or that Andrea Yates drowned her five children because of postpartum psychosis [2], it reacts with amazement. At least for a while, people start reading and talking about mental illness, and whether based on scientific fact or otherwise, they learn and exchange ideas about what it is and what can be done about it.

When mental illness happens to ordinary people on an everyday basis, however, it can go unnoticed. I am a psychiatrist in Singapore, a multicultural global city, and I work at the country's largest obstetric unit. Provision of perinatal physical health care is the main priority here, as indeed it should be. Perinatal mental health, though, needs to be recognized as a key factor in overall well-being. As over 40% of pregnancies are unplanned [3], many antenatal journeys begin as an unexpected major stressor. Some of these pregnancies may end in abortions, while others may continue amidst overwhelming uncertainty and resentment. Even when pregnancies are planned and wanted, they may be vulnerable to the effects of sickness, interpersonal friction, and social and financial constraints. Furthermore, not every woman takes easily to the maternal role. Depending on personality, psychodynamic background, religious beliefs and lifestyle, motherhood can be a pleasure or a pain, and is very often an intense combination of both.

In Singapore, antenatal depression affects 12% of expecting mothers [4]. These mothers are likely to have difficulty maintaining good obstetric care, and their babies may be at risk of neurodevelopmental impairment [5]. Antenatal depression is also a major risk factor for postnatal depression, which, besides causing much misery and functional disruption, is known to impede mother-infant bonding [6]. Nine percent of new mothers in Singapore screen positive for this condition six weeks after giving birth. The truly worrisome part is that only one in three of them accept psychiatric help [7]. In general, over two-thirds of Singaporeans with depression or anxiety do not see themselves as having an illness [8], and this may have to do with stigma and lack of awareness about mental health. Pregnant or new mothers are likely to bear the additional burdens of being expected to be happy [9] and the fear of having their child removed if they voice their struggles to cope [10].

It is not right that people should thus suffer doubly–firstly by being in a difficult situation, and secondly through worrying about being punished for expressing their difficulties. Nor should it be that those with silent symptoms–children who are clinically anxious or inattentive, or elderly folk who have lost too many fundamentally important things to time remain unsupported because their problems do not inconvenience those around them; not if our current knowledge and resources enable us to identify and aid them.

This, I believe, is the heart of the reason we do research on clinical psychiatry. It is to shed light on mental illness that is intangible and often unexpressed, yet is no less destructive than physical illness. When people realize that these conditions exist, and to a significant extent, they can begin exploring measures to treat and hopefully prevent them. Further research can then be done to refine our best strategies against these problems. Ultimately, there is great potential for mental illness to stop being a bane to which we can only respond with fear and helplessness. With effort, time and a bit of luck, perhaps it will keep becoming less of a big blind spot, and more of a legitimate opportunity for growth and inspiration.

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