

## SAL11. Schizophrenia

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Schizophrenia

E.C. Johnstone\*. *Department of Psychiatry, University of Edinburgh, Scotland, UK*

This lecture will concern origins of the concept of schizophrenia and an account of the nature and disabilities of the condition, this being largely based upon the author's own work in this area. The theme of the lecture will be developed to address current views on the pathogenesis of the condition, emphasising the underlying causes and the mechanism by which a state of vulnerability to schizophrenia switches into frank psychosis. In this part of the lecture the author will be presenting findings from her own current research work.

## SES10. AEP Section Women's Mental Health – The care for the mentally ill mothers during pregnancy and childcare

*Chairs:* I.F. Brockington (GB), A. Coen (F)

### SES10.1

Moving from perinatal psychiatry to mental health

A. Coen. *Department of Child and Adolescent Psychiatry, Hospital Casanova, Saint-Denis, France*

Perinatal psychiatry and prevention of its consequences on the baby is considered in France as one the most important Public Health problem. If post partum psychosis have generally an easy access to care, a lot of post partum depression haven't. We may retrospectively refer to this diagnostic observing the affective, cognitive or learning problems in child.

To facilitate access to care the child and adolescent unit, opened in the city centre of Saint Denis, a Mother baby day hospital, where we receive dyads that have holding opportunities at home, and need care through consultation or nursing opportunities. \* Two more special consultations have been added:

1. Baby and Child Psychosomatic Consultation dealing specially with sleeping and eating disorders.
2. Parenthood Consultation for professionals or teams working with vulnerable families to prevent, if possible, separation.

\* A therapeutic group for older children (3 years), with impaired or retarded psycho motor development – especially affecting language retardation – but also with affective and conduct disorders. It is frequent to discover that their mothers, had a masked postnatal depression or refused to cure. If now she no more complain for herself, the consequences are obvious in their offspring preventing them to go to school. We discovered a new mission, considering that neglect and abuse are symptoms of mother depression, we try then when it has occurred, to prevent repetition; and to work with mothers that are afraid to harm their offspring. We mostly try to avoid mother child separations, which might be prejudicial to both of the parties concerned. Sometime it may be necessary in certain clinical situations, when the 'interests' of each party, mother and child, diverge. In such a case, particularly where situations of abuse are discovered, recourse to justice within the legal framework of Child Protection become necessary and may help. Therapeutic

work begins only after the child is in a safe shelter: in a foster-family. The baby and his mother encounter at the day hospital where they, spend half or a whole day once a week or more. We then have to try to renew a link through psychotherapy focused on the mother child relationship. Today, the family crisis encounters the economic one, migration, loneliness reveal vulnerability, and difficulty to cope with the baby. A lot of "Maisons Vertes" (green home) has been opened on the of Françoise Dolto model, where neighbours encounter with their babies and psychologists. The same need to share has been observed with pregnant women who meet once a week, alone or with their boyfriend, husband in the obstetrical ward, not only to familiarize, but even to express anxiety and share feelings about the present and future situation of being parent. Perinatality becomes a wide field that justify education for a preventive scope with all professional dealing with infant care.

### SES10.2

Treatments for postnatal unipolar depression: a disorder of the brain and mind

J.L. Cox\*. *University of Keele, Staffordshire, UK*

This paper will review the evidence that unipolar and bipolar depression postpartum are disorders of the brain and mind. Their triggering being linked to the effect of steroid hormones on brain synapses sensitised by genetic determinants. Their maintenance is intimately linked to the availability of social support and the status attached to parenting in a modern/post modern society. The effectiveness of the specialist Mother and Baby Hospital as a component of a Perinatal Mental Health Service and the evidence that secondary prevention of Postnatal Depression can be successfully undertaken in several European countries will be reviewed

### SES10.3

Group therapy for mothers with depression

M. Hofecker Fallahpour, C. Zinkernagel Burri, B. Stöckli, G. Wüsten, R.-D. Stieglitz, A. Riecher-Rössler. *University Hospital, Psychiatric Outpatient Department, Basle, Switzerland*

Depression is the most frequent psychiatric disorder during early motherhood but specific treatment is still rare. Therefore a group therapy for mothers with depression who had children from baby-up to preschool-age was developed and implemented at Basle Psychiatric Outpatient Department. The treatment program consisted of 12 group sessions and 1 couple session and was facilitated by a manual. The main therapeutic method was cognitive behavioural therapy. Antidepressants were prescribed if necessary. Evaluation by using BDI, SCL-90-R and other scales showed significant improvement of depression and the therapy was well accepted by the mothers. In order to confirm these preliminary results the treatment group of so far 31 participants is currently compared to a control group with therapy as usual. The results will be presented in comparison to the control group.

### SES10.4

Title still to come

C. Hornstein. *Germany*

No abstract was available at the time of printing.