Filicide: Needing Psychiatrists' Attention

Chi-Un Pae^{1,2} ✉

¹Department of Psychiatry, Bucheon St. Mary's Hospital, The Catholic University of Korea College of Medicine, Bucheon, Republic of Korea

²Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC, USA

Dear Editor: I am writing this correspondence to draw psychiatrists' attention on the crucial importance of the association between maternal filicide and their mental health, which is being still neglected and not extensively investigated by a nation-based medico-legal system. Maternal filicide is defined as child murder by the mother and is a multifaceted phenomenon with various causes (cultural background, economics, unwanted/unexpected pregnancy, child's mental or physical defects, e.t.c.) and different psychosocial factors such as mother's mental disorders.¹ According to the expert's review, filicidal mothers were found to have frequent depression, psychosis, prior mental health treatment, and suicidal thoughts. The maternal filicide are classified as altruistic, acutely psychotic, fatal maltreatment, unwanted, and spouse revenge ones.²

When considering the situation in Asian and Western countries, the rate seems to be still increasing today, in fact it was reported that there have been more than 100 cases of maternal filicide since the end of 2005–2008 in Japan, although the proportion of Japanese ≤ 14 years has been steadily shrinking in the past decade.³ Among such cases, most of mothers were considered to have mental disorders in a recent cohort study.⁴ All filicide and filicide-suicide cases in England and Wales (1997–2006) were studied,⁵ 6,144 people were convicted of homicide, of which 5.6% (filicides $n=297$ and filicide-suicides $n=45$) cases were filicide-related events. According to the study,⁵ the importance of assessment for mother's mental disorder was verified, in which mental illnesses in mothers were more often than fathers to have a history of mental disorder (66% vs. 27%) and symptoms at the time of the offence (53%

vs. 23%), most often affective disorder. In addition, 85 cases of filicide were found from 1995 to 2000 in Turkey, in which approximately 50% of the parents were diagnosed with mental disorders. All 17 cases with filicide-suicide from 1998 to 2010 were reviewed and analyzed in Hong Kong,⁶ in which the majority of parents ($n=7/15$) had history of psychiatric illness including postpartum depression.

In Korea, the filicide appears to significantly increase over several decades for any reasons based on mass media reports, however, the exact and officially-approved statistical data are very incomplete due to the ignorance and negligence of government and society. However, the representative Korean filicide study was conducted by psychiatrists also shows the importance of mental disorders filicidal mothers.⁷ In this study,⁷ the complete legal and medical documents of 45 offenders who were sentenced to undergo treatment at the National Institute of Forensic Psychiatry (NIFP), Gongju, Korea, for committing filicide or attempting filicide during 1987 to 2006, were selected and thoroughly reviewed to investigate if they received different final diagnosis in comparison of their admission time [mainly focusing on changing from major depressive disorder (MDD) to bipolar depression (BD)]. At the time of discharge, the prevalence rate of BD was 73%, increased by approximately 49% comparing to that of admission. The significant depressive symptoms at the time of filicide that could predict BD were the presence of postpartum-onset depression (95% CI=1.45 to 160.88), psychotic symptoms (95% CI=1.94 to 215.81), and nonaltruistic motivation for filicide (95% CI=1.68 to 133.36).⁷ This study clearly points out the importance and value of the exact and systematized psychiatric evaluation and follow-up to prevent filicide cases and diagnose such mothers, and thereby we may enhance our understanding on the mental disorders of filicidal mothers and establish prudent surveillance and supporting system for such people.

In fact, there are no pathognomonic characteristics of BD compared to MDD, although possible clinical predominant features have been consistently proposed. For example, recent-

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✉ Correspondence: Chi-Un Pae, MD, PhD

Department of Psychiatry, Bucheon St. Mary's Hospital, The Catholic University of Korea College of Medicine, 327 Sosa-ro, Wonmi-gu, Bucheon 420-717, Republic of Korea

Tel: +82-32-340-2140, Fax: +82-32-340-2255, E-mail: pae@catholic.ac.kr

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ly a probabilistic approach for diagnostic guidelines for BD was proposed by Mitchell et al,⁸ in which they included atypical depressive features, psychomotor retardation, psychotic features, pathological guilt, lability of mood, earlier age of onset of the first depressive episode, more prior episodes of depression, shorter depressive episodes, and more family history of bipolar disorder as a greater likelihood of BD rather than MDD, while MDD may have more initial insomnia/reduced sleep, appetite and/or weight loss, normal or increased activity levels, somatic complaints, later onset of first depression, long duration of current episode, negative family history of bipolar disorder than BD.⁸ This proposal was obtained by summation and integration of the findings from precedent studies⁹ and NIMH 11 year follow up study.^{10,11} The probabilistic approach was incorporated in the ECNP Consensus Meeting for bipolar disorder¹¹ and it was also recommended as more informative for distinction of MDD/BD by the International society for Bipolar Disorders (ISBD).

Hence, psychiatrist should not only focus on the mother's suicide intention but also their impulsivity and possibility of homicide or similar violent behaviors to prevent such tragic events, with pertinent and rigorous evaluation and protocol-based caring procedures. Back to the study of Kim et al.,⁷ 63% of filicidal mother had a history of contact with psychiatrist, which is strikingly disturbing and tragic data since such cases could have been saved if they had timely and proper intervention based on exact diagnosis by psychiatrists and cooperation among society and governmental established system such as Emergency Child Security Care System in Korea.

Neither understanding the risk factors for filicide and the widespread nature of child abuse has been completely elucidated nor the public caring system has been firmly established in Asian countries. It is very contrasted with the situation of Finland⁵ since psychiatric units for children ≤ 2 years and their parents were developed by children's psychiatric departments and public health services, to support early interaction and of-

fer rapid interventions for families in distress. Hence, it should be the proper time for psychiatrists to put the need of further researches and well-organized system on filicide and potentially-associated maternal mental health issue in the context of child abuse and domestic violence on the government's desk, to lead and support the development of effective prevention and interventions.

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