Invisible Child, Invisible Mother

Identifying and Understanding the Needs & Issues of Mothers with Serious Mental Illness and Their Children

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Objectives for Today’s Session

Participants will be able to:

- Identify the current challenges and barriers for mothers with serious mental illness and their children
- Describe how stigma plays a role in barriers to treatment
- Understand the needs of both mother and child
- Identify current intervention strategies
- Understand the need for more integrated systems of care.
Overview
Women & Serious Mental Illness
More women than men suffered a mental illness in 2011.

Women are nearly twice as likely as men to suffer from major depression.

While the rate of bipolar disorder (manic depression) is similar in men and women, women have higher rates of the depressed phase of manic depression, and women are three times more likely to experience rapid-cycling bipolar disorder.

Women experience “the same diseases at different rates or with different symptoms, or they may experience different kinds of illness altogether.”

Approximately 68% of women meeting the criteria for psychiatric disorder over their lifetime are mothers compared to 62% of women without psychiatric disorders who are mothers.

Women also have very distinct roles in society as nurturers and caregivers that can be addressed in mental health/substance abuse services.

In the context of deinstitutionalization, women with serious mental illness who are mothers face increased challenges and traumas in the community.

Women with serious mental illness (SMI) are likely to have a history of sexual victimization or prostitution, have more unplanned pregnancies and higher fertility rates, and have less stable partnerships than women without psychiatric illnesses.

Women with serious mental illness lose custody of their children more frequently than do those without psychiatric illness.

The onset of many psychiatric disorders is during childbearing years, contributing to impairment for the affected mothers.

Mental Health Treatment for Women

What We Know...
“Specific knowledge and skills around core competencies need to be developed in order to effectively provide mental health services to women.”

For family centered needs of women and their children, specific knowledge includes:

1) The importance of the role of mothering/parenting and how it affects most women’s or girls’ identities, especially in regard to their perceptions of what it means to be a mother and to their access to services, treatment, and recovery.

2) The impact of mental health disorders on children of parents with a serious mental illness.

3) Women and girls often carry the primary responsibility for home management, including such tasks as housekeeping, cooking, emotional caretaking, caring for children, meeting children’s needs, keeping schedules, logistics, and caring for aging parents. All of which can have an impact on a woman’s identity and her ability to access services.
Mothers with serious mental illness (SMI) and their children have received little to no specialized attention from researchers, practitioners, and policy makers.

Community-based interventions can often be conceptualized as dealing with clientele for whom gender and socioeconomic issues are less important.

When treatment is generic, it is more appropriate for men than women and for those in dominant rather than subordinate positions.

Psychosocial rehabilitation techniques have focused on vocational rehabilitation, housing, and education, while rehabilitation needs in intimate or parenting relationships are too frequently ignored.

The inattention to parenting issues in psychosocial rehabilitation literature corresponds to a more general lack of knowledge concerning the specific treatment needs of women with SMI.

Why the Gaps?
Is it Stigma?
Outcomes for children and their mothers are compromised by ignorance and misinformation about mental illness, pregnancy, and parenting.

People with mental illness have been identified as among the most devalued of all people with disabilities.

This stigma causes other members of society to distance themselves socially from individuals with mental illness.

Mothers with SMI express fear that people will find out about their mental illness and treat their children differently.

One mother states, “And then it (mental illness) was treated like it was something to be ashamed of and I think that’s why society’s attitude that mental illness is something that...its sort of like having ‘crazy b----’ stamped across my forehead and everybody treats you differently because you have been a patient in a psychiatric unit.”

The single most pervasive factor affecting mothers with SMI’s access to and participation in services (according to the mothers) is the stigma accompanying the mental illness.

Fear of losing custody, negative comments, and social isolation contribute to the mothers’ resistance to seek treatment and continue participation in treatment services.

Gaps in Current Systems

• Bias and stigma can lead the professional community to assume that parenting is not highly valued by women with SMI.

• Stereotyped expectations that women with SMI are single, live alone, with parents or in supported accommodation, and do not have children has also contributed to the stigma.

• Systems do not always acknowledge the possibility that women with SMI can parent successfully.

• Information is not always obtained about whether adults with mental illness have even given birth to a child, the ages of their children, where they are living, or who is caring for them.

Gaps in Current Systems

- Policies and programs have not been developed to meet the specific needs of mothers with serious mental illness or the needs of their children.

- Programs, like ACT or PACT case management service can produce extraordinary outcomes, however they do not always encompass the needs of adults as parents.

- National survey of SMHAs Directors regarding programs for mothers with mental illness reveals that:
  - Only 31 percent of SMHAs collected data on the parenting status of female clients
  - Only 20 percent had policies regarding parenting for women receiving services.


Gaps in the Current Systems

• Administrators and practitioners can increase their awareness of parenting as a significant treatment and rehabilitation issue for women with SMI.

• Expectations can include assessments that capture information on whether women have children and their care arrangements.

• Intake data can include assessments of mothers’ strengths, not just deficits, and the meaning of children from the mother’s perspectives. Additionally, mothers with SMI face numerous hardships including inadequate housing, child care, and lack of social, emotional, or instrumental supports.

These issues should be addressed along with barriers to program participation and attainment of parenting goals.

Identifying the Mother’s Experiences and Needs
What we know from the media...

Minimal qualitative research on this topic

A few studies have focused on this issue (references listed at the end)

The studies found common themes on motherhood:

- Motherhood central to their existence
- Gives meaning and focus to their lives
- Desired normalcy for their children
- Motherhood central force keeping them involved with treatment
- Want to appear normal, create security, and be responsible for their children
- Longed to be “perfect” mom
- Tried to mask illness to portray normalcy
- Children represented a larger goal outside of the mother’s own existence
- Children were strong motivating force in the mother’s recovery

Mothers with SMI:
Their Perspectives

- Shift clinical lens from illness to include the mother’s total life situation
- Compassion goes a LONG way...
- Lack of acceptance, affirmation, and compassion puts up barriers. TRUST is key.
- Future directions for mental health services:
  - Parenting programs- groups for mothers
  - Support for their children that include activities outside the home
  - Home support & long term support
  - Links with other community agencies
  - More supports in the community
  - Education of families and communities
  - Systems acknowledgement of the existence of their children

Mothers with SMI: Their Perspectives

- Satisfied with individual mental health treatment.
- Lack of knowledge or concern for their social and family lives.
- Failure to acknowledge the day to day practical difficulties women face as parents trying to adhere to treatment and engage in services.
  - Lack of child care
  - Sick children
  - Feeling slow to respond to their children due to medication side effects
- These issues are often ignored and mothers can be labeled as non-compliant because of missed appointments

Additional Issues to Consider

# 1 Main Fear Mothers Experience: Loosing Custody

- Custody issues revolve around the following:
  - Stigma- Viewed as incapable of being an adequate mother
  - Poor support networks when in crisis
  - Discriminatory policies
  - Lack of cross system collaboration
  - Inadequate linkages to services
Additional Issues to Consider

- Past trauma and victimization
- Relapse and hospitalization
- Social isolation and stigma

Children of Mothers with Serious Mental Illness

- A significant portion of children with parents with SMI appear to exhibit enhanced adaptation in response to the increased role demands required in such adverse family circumstances.
- A child’s risk for problems in adaptation may have less to do with parental mental illness, but rather with vulnerability processes that take place within the family and its immediate social environment that may be associated with the SMI.
- Five areas that have garnered empirical support are the following: diminished family financial resources, social network constriction, impaired performance of parenting tasks, increased familial stress, and disruption of the parent-child bond.
- Reductions in family stress are most likely to be associated with reductions in child symptoms and problem behaviors; whereas enhancements of the parent-child bond are likely to be related to increased child competencies.
- It is suggested through these findings that interventions aimed at enhancing the parent-child bond may be most beneficial when they strengthen mutual feelings of attachment and caring between parent and child.

Children of Mothers with Serious Mental Illness

Short Video Presentation - From the Crooked House Website - The Challenges of Adult Children with a Mentally Ill Parent

http://www.thecrookedhouse.org/videostories.html

Lauren’s story  Marin’s story
Interventions for Women with SMI and Their Children

- Specific prevention and strength based interventions are rare.
- Services and interventions designed to help with parenting are more often found in the child welfare sector.
- These services are predominantly deficit based.
- Only made available when children are judged to be “high-risk” for out of home placement.
- The rationale for the development of an evidence base regarding effective programs for parents with serious mental illness and their children is compelling.
- No programs or interventions for parents with serious mental illness and their children have been rigorously tested.
- Through a qualitative study of programs for parents with SMI and their children, parents with SMI are likely to benefit from multimodal programs rather than narrowly defined interventions that address issues of access to essential resources and necessary parenting and illness management skills.
Interventions for Women with SMI and Their Children

Innovative programs recently developed for mothers with SMI and their children include:

- Family Options Intervention
- Living with Under Fives Parenting Program
- The Home Care Program
- The Denver Mothers’ and Children’s Project
- The Mother’s Support Program
- Parenting Together Program
- The Mother’s Project
- The Parenting and Mental Illness Group
- The Kopstoring Online Intervention

Considerations for Stakeholders


- Identify Adults with Mental Illness who are Parents
- Recognize the Strengths of Parents
- Battle the Stigma of Mental Illness
- Attend to Custody and Visitation Issues
- Attend to Termination of Parental Rights Issues
- Attend to the Legal Issues of Parents
- Provide Supports for Children of Parents with Mental Illness
- Educate Professionals to the Needs of Parents
- Peer Supports for Parents
- Parenting as a Policy Priority
- Coordinate Services for Parents
Questions?
Comments?
References


References


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