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When a Parent Has a Mental Illness: Serious Mental Illness and Parenting

Adults with mental illnesses are just as likely to be parents as those without a mental illness.[1] In fact, the population of parents who have serious mental illnesses has increased in recent years. With the advent of improved services and medications, increased consumer advocacy, expansion of community-based care and decreased reliance on psychiatric hospitalization, more adults with serious mental illnesses have chosen to become parents. However, parents with mental illness face challenges when dealing with reproductive issues, custody loss, and past and present victimization, often without family support due to the lack of services and specialized programs to aid this population.[2] This fact sheet describes the issues and needs particular to parents with a mental illness: specialized programs, recovery process, medication and illness management, and family planning.

Impact on Family Life and Specialized Programs

Parental mental illness can significantly impact family life. There can be confusion in family roles, with children assuming many adult responsibilities. For instance, children may be responsible for caring for younger brothers and sisters or managing household duties; they may even have the responsibility of taking care of the emotional or physical needs of their parents.

Children living with a parent with serious mental illness are also adversely affected by the poverty that often accompanies the illness. Studies done on parents with serious mental illness confirm that 41 percent of these families are living in poverty, and less than a quarter have had steady employment in the last month. Major sources of income are Aid to Families with Dependent Children, Supplemental Security Income (SSI), Social Security Disability Income (SSDI), and Food Stamps.[3] Marriage and family life may also suffer as parents with mental illness are prone to interpret their difficulties in managing the stresses of everyday life as illness-related personal deficits, judging themselves harshly against unrealistic standards and falling short of those expectations.⁴ Therefore, in order to be effective, services for families in which a parent has a mental illness should be family-centered, comprehensive and long-term.

Family-centered care addresses individuals' needs within the context of their communities, roles and responsibilities, to ensure that the unique needs of the whole family are addressed. One of the strengths of the family-centered approach is that it prompts mental health and other human social agencies to minimize restrictive eligibility requirements and funding streams that create barriers to services for the entire family.[5] The long-term focus increases the chances that the continuum of care provided will fully meet the family's needs.

Empowerment and the Recovery Process

Parents with serious mental illnesses face challenges in their recovery process, which influence their parenting capacity. For example, life stresses and parenting challenges experienced by parents with mental illness can be

exacerbated by the demands of obtaining treatment and supports for themselves and their children. As an example, some parents delay seeking needed help until they are in crisis because alternative childcare is not available. Services and supports that give parents the knowledge and tools to build their capacity as parents help them feel greater control over their lives. Such empowerment is paramount to the recovery process.

The family response to parental mental illness can also influence a parent's recovery process, particularly whether or not is of an empowering nature. For example, many families, instead of providing needed social support to parents with serious mental illnesses, may not understand the diagnosis and may blame the parent. As a result, families may reinforce the parent's "sick role." Relatives and friends, however, can instead be a significant source of support for parents and their children. They can, for instance, help with child-care and other activities of daily living, such as housework, meal preparation, and transportation, freeing time for both treatment and parent-child interaction.

Medication and Illness Management

Parents with mental illness, similar to other parents, may sacrifice their own well-being to meet the perceived needs of their families. This tendency is especially obvious in the area of medication and illness management. For example, if the unaddressed side effects of medications impair a person's ability to parent, making him or her tired when energy is needed or making him or her unable to think clearly, he or she may stop taking the medication. Additionally, if parents do not have resources for childcare, they may avoid hospitalization even when necessary.

Family Planning

Women with serious mental illness are susceptible to multiple stressors that can complicate pregnancy, childbirth and child rearing. Unplanned pregnancy is more likely for those with serious mental illness. A study of 80 female patients with serious mental illness from a publicly funded county mental health clinic found that 73 percent failed to use contraception and were vulnerable to unplanned pregnancies due to the lack of proper understanding of family planning options recommended by their physicians.[6] The same study revealed that mothers were aware that service providers and family members often perceived the idea of their becoming pregnant as negative. A concern noted by mothers, clinicians and service providers was that women might be in denial about their pregnancy and fail to seek prenatal care.

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