View metadata, citation and similar papers at core.ac.uk
brought to you by CORE
provided by ScholarWorks at WMU

The Journal of Sociology & Social Welfare

Volume 28
Issue 3 *September - Special Issue: Evaluation of TANF*

Article 8

September 2001

Mental Health Needs of TANF Recipients

Layne K. Stromwall
Arizona State University

Follow this and additional works at: https://scholarworks.wmich.edu/jssw

Part of the Clinical and Medical Social Work Commons, Social Welfare Commons, and the Social Work Commons

Recommended Citation

Stromwall, Layne K. (2001) "Mental Health Needs of TANF Recipients," *The Journal of Sociology & Social Welfare*: Vol. 28 : Iss. 3 , Article 8.
Available at: https://scholarworks.wmich.edu/jssw/vol28/iss3/8

This Article is brought to you for free and open access by the Social Work at ScholarWorks at WMU. For more information, please contact maira.bundza@wmich.edu.

Mental Health Needs of TANF Recipients

LAYNE K. STROMWALL
Arizona State University
School of Social Work

This paper reports findings of a study of female Temporary Aid to Needy Families (TANF) and non-recipients ages 18–40, receiving behavioral health services in the rural Southwest in 1998–9. TANF recipients (N = 119) were more likely to be seriously mentally ill than non-recipients (N = 370), suggesting that a subgroup of TANF recipients may face significant barriers to employment given the new TANF regulations. The author argues that responsibility for recognizing the needs of TANF recipients for behavioral health services is shared by both the public welfare and behavioral health systems. Suggestions for meeting this challenge in both systems are discussed.

Introduction

Many low-income, parenting women have historically relied on public welfare supports as a primary source of income for themselves and their children. With the 1996 creation of Temporary Aid to Needy Families (TANF), more than four million families experienced a significant change in the provision of federally-funded public income supports for low income parents and children (Administration for Children and Families, 2000). Among the most significant provisions of the new TANF program were time limits for financial assistance and stricter work requirements. As a result of these policy changes, many aid recipients must now work or attend work training classes. If recipients do not comply with these requirements, they receive progressive sanctions, beginning with a reduction of their monthly benefits. If noncompliance continues, their monthly grant ends.

Journal of Sociology and Social Welfare, September, 2001, Volume XXVIII, Number 3

Women with psychiatric disorders receiving TANF must also comply with these new regulations. TANF recipients with psychiatric disorders experience ongoing psychiatric symptoms or psychotropic medication side effects that impact their ability to gain or maintain employment. For example, a woman experiencing an episode of major depression or the depressive cycle of bipolar disorder has sleep disturbances, early morning waking and accompanying sleep deprivation, or difficulty arising. Eating patterns change, resulting in significant weight loss or weight gain. The ability to concentrate lessens, and overwhelming feelings of sadness or anger intrude upon daily activities. If she is receiving treatment, she must weigh the impact of potential medication side effects on her ability to function in the workplace and at home. Treatment in the poorly funded public mental health system may require the use of drug formularies that do not include newer, more expensive psychotropic medications with fewer side effects. Medication side effects can impact the ability to maintain employment when drug treatment makes early morning rising difficult.

Working parents with psychiatric disorders are not free of the additional burdens faced by all working parents. Parents must locate, secure and pay for quality child care and transportation services, further complicating the daily lives of women already struggling to manage their psychiatric symptoms while parenting. These additional burdens may be viewed as a source of life stress (Brown & Moran, 1997; Gerdes, 1997) associated with increased mental health needs of recipients already at risk due to their socioeconomic status.

Poverty itself is associated with increased risk for and prevalence of psychiatric disorders (Bruce, Takeuchi, & Leaf, 1991). Lower socioeconomic status (SES) has been found to have a negative impact on health generally, including mental health (Anderson & Armstead, 1995; Link & Phelan, 1995) and subsequent mental health outcomes (Saraceno & Barbui, 1997). Poverty is also associated with other adverse life conditions that influence mental health and parenting (McLoyd & Wilson, 1990). For example, poverty status increases the risk of stressful life events associated with the development and exacerbation of psychiatric

disorders, particularly depression (Steele, 1978; Craft, Johnson & Ortega, 1998). One group at particular risk is low income mothers who receive public welfare assistance. A study that reviewed TANF assessment records in Denver (East, 1999) concluded that many TANF recipients had symptoms of severe and persistent psychiatric disorders that had neither been properly diagnosed nor treated.

Experiences of parents in the mental health system. TANF recipients' eligibility for mental health services occurs through the public mental health system. To obtain service, they must negotiate a separate service system from the public welfare system. Unlike the public welfare system, which focuses on family functioning and needs, the mental health service system treats the individual consumer's psychiatric disorder, often with insufficient attention to consumers' social environment, including the demands and supports of family, social network, and other organizational structures (Stromwall & Robinson, 1998). For many seriously mentally ill women, their parent role is identified as a primary source of life satisfaction (Mowbray, Schwartz, & Bybee, 2000; Zemencuk, Rogosch, & Mowbray, 1995; Nicholson & Blanch, 1995; Mowbray, Oyserman, & Zemencuk, 1995.) However, seriously mentally ill women who are actively parenting report a lack of support from the mental health system for their existing roles as parents (Zemencuk, Rogosch, & Mowbray, 1995; Mowbray, Oyserman, & Zemencuk, 1995; Apfel & Handel, 1993; Bachrach, 1988), including an attention to income supports. Despite a number of recent studies addressing the health and social conditions of mothers with psychiatric disorders (e.g., Coverdale & Aruffo, 1989; Mowbray, Schwartz, & Bybee, 2000), little information is available about the added impact of their status as public welfare recipients, a reality for many parents with serious mental illness. For example, in a Michigan study of mothers with serious mental illness, 41 % of the mothers studied were recipients of public welfare assistance (Mowbray, Schwartz, & Bybee, 2000).

The purpose of the current study is to develop a profile of female TANF recipients receiving behavioral health services. It compares the clinical and demographic characteristics of TANF recipients and non-recipients in a sample of adult women age 40

and under receiving behavioral health services in an ethnically diverse, rural Southwestern catchment area.

Methods

The study used data collected from case records that included demographic, clinical, and service use information about members enrolled in a regional managed behavioral health system in a southwestern state during 1998–1999. Local programs contracted through the managed care organization reported information on each member served during the year. The sample for this study included all female members ages 18–40 who received treatment during the six-month study period (N = 489).

The study compared clinical status and demographic characteristics of two groups, TANF recipients (N = 119) and non-recipients (N = 370). Demographic characteristics related to poverty were obtained by the individual's self-report. The woman's clinical status as seriously mentally ill was rated by a licensed psychiatrist.

Results

Table 1 shows selected demographic and clinical characteristics of TANF recipients and non-recipients. TANF recipients were more likely to be women of color (African American, Latina or Native American) than non-recipients, Pearson chi square (1, N = 489) = 7.312, p = 005. On other variables, including age, household income, household size, and years of education, the groups were virtually identical.

A two-way contingency analysis was conducted to evaluate whether TANF recipients receiving behavioral health services were more likely to be seriously mentally ill than non-recipients. The two variables were status as a TANF recipient and status as seriously mentally ill. TANF recipient and SMI status were found to be significantly related, Pearson chi-square (1, N = 489) = 5.017, p = .019.

Discussion

The major finding of this study is that TANF recipients receiving behavioral health services report significantly lower function-

Table 1

Demographic and clinical characteristics of TANF recipients and non-recipients (N = 489)

	TANF recipients	*Non recipients*
Total	119	370
Ethnicity		
Caucasian	60	239
African-American	10	21
Latina	32	72
Native American	16	37
Seriously mentally ill		
Yes	36	77
No	82	292
Age (mean)	31.34 (SD 6.56)	31.03 (SD 6.68)
Household income (mean) (in thousands)	9.95 (SD 8.72)	9.35 (SD 7.98)
Household size (mean)	2.90 (SD 1.98)	3.06 (SD 1.91)
Years of education	8.98 (SD 4.07)	9.05 (SD 4.13)

ing and more mental health distress than non-recipients. Designation as seriously mentally ill (SMI) requires an ongoing major mental illness as well as significantly reduced ability to function across a variety of life domains. Unlike some of the public's perception of welfare recipients, these TANF recipients who receive a designation as SMI are not women who have manufactured a mental illness to avoid work. Instead, they are an important subgroups of TANF recipients—seriously mentally ill women with children—whose disability presents a barrier to the employment requirements of TANF. Before the TANF policy changes, seriously mentally ill women with children could receive public welfare without the need to report or even diagnose their psychiatric disability. Now, TANF requirements place additional stress on women with existing psychiatric disorders that need to be understood by the public welfare system.

The results of the current study support the benefits of attention to the social environment, particularly that surrounding the receipt and negotiation of income supports for parenting women

with ongoing psychiatric disorders. While clinical diagnosis and treatment issues remain of prime importance, it may be that knowledge of the woman's status as a TANF recipient can assist in appropriate treatment planning and in more expeditious alleviation of these parenting women's perceived distress. The current study is limited by its focus on women already receiving mental health treatment. Thus, the mental health status of TANF recipients as a group cannot be determined from this study. The study by East (1999), however, provides evidence that there may be unmet behavioral health needs in the larger group.

Both the public welfare and behavioral health systems must recognize the needs of TANF recipients for behavioral health services. Public welfare workers are in need of extensive education about the dynamics of psychiatric disorders. Behavioral health personnel should actively advocate for and provide this information. The public welfare system should screen applicants for depression and other mental health conditions and make timely referrals to effective behavioral health treatment. Further, public welfare workers need to be educated so they can recognize major symptoms of psychiatric disorders as such, instead of interpreting them as deficits in motivation or attempts to circumvent the system. They need to understand the implications of mood and other psychiatric disorders for recipients' ability to comply with complex TANF program requirements and to effectively seek employment. TANF recipients should be assisted in obtaining behavioral health treatment through active facilitation of the referral process.

The public welfare system might also make greater use of referral to disability income supports. Caseload reduction, the public welfare system outcome goal, can be accomplished through alternative means than employment for recipients whose psychiatric disorders prove to be a current barrier. Appropriate diagnosis and referral for disability income may be an alternative. While a TANF recipient may not be eligible for Social Security Disability Income (SSDI) because she has not earned sufficient work credits, she may be eligible for Supplemental Security Income (SSI) based on her income and diagnosis of psychiatric disorder. When the parent qualifies for disability income, the children may continue

to be eligible for TANF payments based on overall family income. Thus, states can meet their goals of caseload reduction at the same time that families slightly improve their financial circumstances by combining disability income for the parent with TANF for the children.

Those referring TANF recipients for disability income must be aware that this application system is complex and can be lengthy (Estroff, Patrick, Zimmer & Lachicotte, 1997). Often applicants require assistance in preparing correct and persuasive applications. They may need assistance in the appeals process if an initial application is rejected. The application process itself can result in additional stress on the applicant and her family.

However, the TANF recipient with a psychiatric disorder is already subject to additional stress resulting from TANF work and documentation requirements. Results may include the worsening of psychiatric symptoms or even onset of a secondary depressive disorder. In order to be responsive to this source of stress, clinicians need to be aware that it exists. Behavioral healthcare organizations should, at minimum, collect information about the consumer's social environment and assure that the information is readily available to the clinician. Information should include the financial supports and family situation of the consumer. Clinicians should also provide supportive counseling aimed at coping with the stress of adhering to TANF regulations. These stresses include the need to function effectively as trainees or employees and working parents, at the same time they must manage the symptoms of their ongoing psychiatric disorder.

Conclusions

This study has demonstrated that female TANF recipients receiving behavioral health services are significantly more likely to be seriously mentally ill than non-recipients. As a response, behavioral health practitioners should be aware of the interplay of an important social system, that of income supports, on the daily lives of TANF recipients. They must take steps to ascertain unmet behavioral health needs among this group, and educate colleagues in the public welfare system about needs and characteristics of recipients with psychiatric disorders.

References

Administration for Children and Families: Temporary Assistance for Needy Families (TANF) Program, 2000. *First Annual Report to Congress, http://www.acf.dhhs.gov/news/welfare/congress/index.htm*

Anderson, N. B. & Armstead, C.A. (1995). Toward understanding the association of socioeconomic status and health: A new challenge for the biopsychosocial approach. *Psychosomatic Medicine, 57*, 213–225.

Apfel, R, & Handel, M (1993). *Madness and loss of motherhood: Sexuality, reproduction and long-term mental illness.* Washington, D. C.: American Psychiatric Association.

Bachrach, L.L. (1988). Chronically mentally ill women: An overview of service delivery issues. In Bachrach, L. L. &, Nadelson, C.(eds.) *Treating Chronically Mentally Ill Women.* Washington, D. C., American Psychiatric Association.

Brown. G.W.,& Moran, P.M. (1997). Single mothers, poverty and depression. *Psychological Medicine, 27*, 21–33.

Bruce, M. L., Takeuchi, D.T. & Leaf, P.J. (1991) Poverty and psychiatric status. *Archives of General Psychiatry 48*, 470–474.

Coverdale J.H. & Aruffo, J.A. (1989) Family planning needs of female chronic psychiatric outpatients. *American Journal of Psychiatry, 146*, 1489–149.

Craft, B.J., Johnson, D.R., & Ortega S.T. (1998). Rural-urban women's experience of symptoms of depression related to economic hardship. *Journal of Women & Aging, 10(3)*: 3–18, 1998.

East, J. F. (1999). Hidden barriers to services for women in welfare reform. *Families in Society, 80*, 295–304.

Estroff, S. E., Patrick, D. L., Zimmer, C. R., & Lachicotte, W. S. (1997). Pathways to disability income among persons with severe, persistent psychiatric disorders. *Milbank Quarterly, 75*, 495–531.

Gerdes, K. (1997) Long-term AFDC mothers and posttraumatic stress syndrome: Is there a connection? *Affilia, 12*, 359–367.

Link, B.G., & Phelan, J. (1995). Social conditions as fundamental causes of disease. *Journal of Health and Social Behavior (Extra Issue)* 80–94.

McLoyd V.C., & Wilson L. (1990). Maternal behavior, social support and economic conditions as predictors of distress in children. *New Directions for Child Development, 46*, 49–69.

Mowbray, C.T., Oyserman, D, & Zemencuk, J. (1995). Motherhood for women with serious mental illness: Pregnancy, childbirth, and the postpartum period. *American Journal of Orthopsychiatry, 65*, 21–38.

Mowbray, C. T., Schwartz, S., & Bybee, D. (2000). Mothers with a mental illness: Stressors and resources for parenting and living. *Families in Society, 81*, 118–129.

Nicholson, J., & Blanch, A. (1995). Rehabilitation for parenting roles for people with serious mental illness. *Psychosocial Rehabilitation Journal, 18*,109–119.

Saraceno, B. & Barbui, C. (1997) Poverty and mental illness. *Canadian Journal of Psychiatry, 42*, 285–290.

Steele, R. (1978) The relationship of race, sex, social class and social mobility to depression in normal adults. *Journal of Social Psychology, 104,* 37–47.

Stromwall, L. K. & Robinson, E. A. R. (1998). When a family member has a schizophrenic disorder: Practice issues across the family life cycle. *American Journal of Orthopsychiatry, 68,* 580–589.

Zemencuk, J., Rogosch, F., & Mowbray, C.T. (1995). The seriously mentally ill woman in the role of parent: Characteristics, parenting sensitivity, and service needs. *Psychosocial Rehabilitation Journal, 18,* 79–92.