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Issue Brief

Families Living with Mental Illness

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The majority of adults with mental illness, or co-occurring psychiatric and substance use disorders are parents.[1] "Failure" for these parents is typically marked by family disruptions, child abuse and neglect and, at worst, the loss of lives. The costs to society of parenting failure are high; states spent a total of $2.8 billion in FY 1998 on out-of-home placements for children and adolescents.[2] Severed family ties convey emotional costs to children and their parents. While out-of-home placements may enhance the likelihood of positive outcomes, children may be re-abused or lost in the child welfare system. Adults who lose contact with their children are vulnerable to decompensation and hospitalization, and their rehabilitation and recovery may be jeopardized.[3] In true "family-centered care," families define their needs, the focus is on strengths, interventions are broadly conceived, families have choices, and services and systems are flexible and responsive. This may be the most effective approach for adults with mental illness who are parents, as well as their children.[4]

Overlapping Needs

Adults with mental illness, or with co-occurring disorders, are *as likely* or *more likely* to be parents than adults who do not have mental illness. The risks to their children for compromised outcomes are well known. In CMHSR analyses of data from the National Co-Morbidity Survey (NCS):

- Over 67% of women with SPMI (serious and persistant mental illness) living in the community are mothers.
- Over 75% of the men with SPMI living in the community are fathers.
- Almost half of mothers in the NCS (47%), and almost a third of fathers (30%) have a lifetime prevalence of psychiatric disorder.

Children with serious emotional disturbance receiving mental health services are likely to have parents with mental health and substance abuse issues. In CMHSR analyses of data on children participating in the national Comprehensive Mental Health Services for Children and Families Program:

- 66% have a family member with a history of substance abuse.
- 54% have a history of family violence.
- 45% have a biological relative with a history of mental illness.
- 22% have a family member who has been convicted of a crime.
- 19% have a parent who has experienced a psychiatric hospitalization.

Multiple Vulnerabilities

Parents with mental illness and co-occurring disorders face multiple challenges. Estimates of family disruption are high. Two-thirds of the mothers with co-occurring psychiatric and substance use disorders in Northern Worcester County, (NWC) who participated in a national study of women and violence, were separated from at least one minor child. The majority of women in the NWC study, both mothers and non-mothers, reported having a serious physical illness or disability; over half had been in jail or juvenile detention. Mothers were more likely to have been abused as children, and reported greater current exposure to stressful events. *Homeless mothers* in Worcester report significantly higher rates of *major depression* (53%), *PTSD* (42%), and *alcohol or drug abuse* (26%) than homeless mothers participating in a similar study 10 years ago. Over two-thirds have had experiences of *trauma,* and 46% report *criminal justice* involvement.

Barriers to Optimal Functioning

CMHSR research suggests that the stigma of mental illness may prevent parents from seeking help.[5] Parents often feel responsible or blamed for their children's difficulties, and fear losing contact with their children if their problems become known to providers. Services are not organized or funded to meet the needs of families. Treatment models and reimbursement mechanisms focus on individual patients; adult and child mental health services are separated by funding streams. Services are unavailable to family members who may not meet eligibility or diagnostic criteria, but who would benefit from supportive, educational, or preventive interventions.

Failure in the parenting role has lifelong consequences for both adults with mental illness and their children.

Evidence-Based Practices

UMMS is developing, testing, and disseminating treatments for families living with mental illness. In studies of existing programs, essential service components were identified to facilitate rigorous testing: family-centered case management; 24-hour coverage; parent education, support and skills training; and education and support for children.[4] Stakeholders from DMH, DSS, managed care, and provider agencies, and parents themselves are participating in consensus building in Marlborough, MA, to consider implementing an Invisible Children's Project model program.[6] Children's resilience is the focus of a proposed intervention development project, currently being piloted and evaluated at the Worcester Family Health Center, Inc. (FHC). The mental health, substance use and trauma issues of homeless mothers are being addressed via a chronic care management model intervention, integrated into primary care at the FHC.

State-Level Initiatives

- The Strategic Planning Group for Parents with Mental Illness identifies education and service gaps, develops innovative intervention strategies, and secures funding for these activities, e.g., the Clubhouse Family Legal Support Program.
- The DMH/DSS/UMMS Collaborative Training Project is preparing to train child welfare and mental health staff across the Commonwealth, to provide support for adult caregivers with mental illness who are involved with child welfare authorities.

Future Research Questions

- What factors contribute to parenting success?
- What risk factors predict violence against children when parents have mental illness?
- What treatments are most effective for families living with mental illness?

Recommendations

- Services for adults and children living with mental illness must be family-centered, strengths-based, and flexible.
- Policies, practices, and blended funding streams must be put into place to promote the integration of a fullrange of services and supports. Families' needs cut across agency boundaries– mental health, public health, child welfare, corrections, and education. Strategic assessment and enhanced referral mechanisms across agencies would facilitate engagement in treatment for all family members, regardless of entry point into services.
- Cross-training of human services staff would increase knowledge of the impact of mental illness on families, reduce stigma and misunderstanding, and facilitate the development of mechanisms and relationships essential to integrated, comprehensive, family-centered care.

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