Mental Illness Throughout Parenthood: Strategies for Supporting Families

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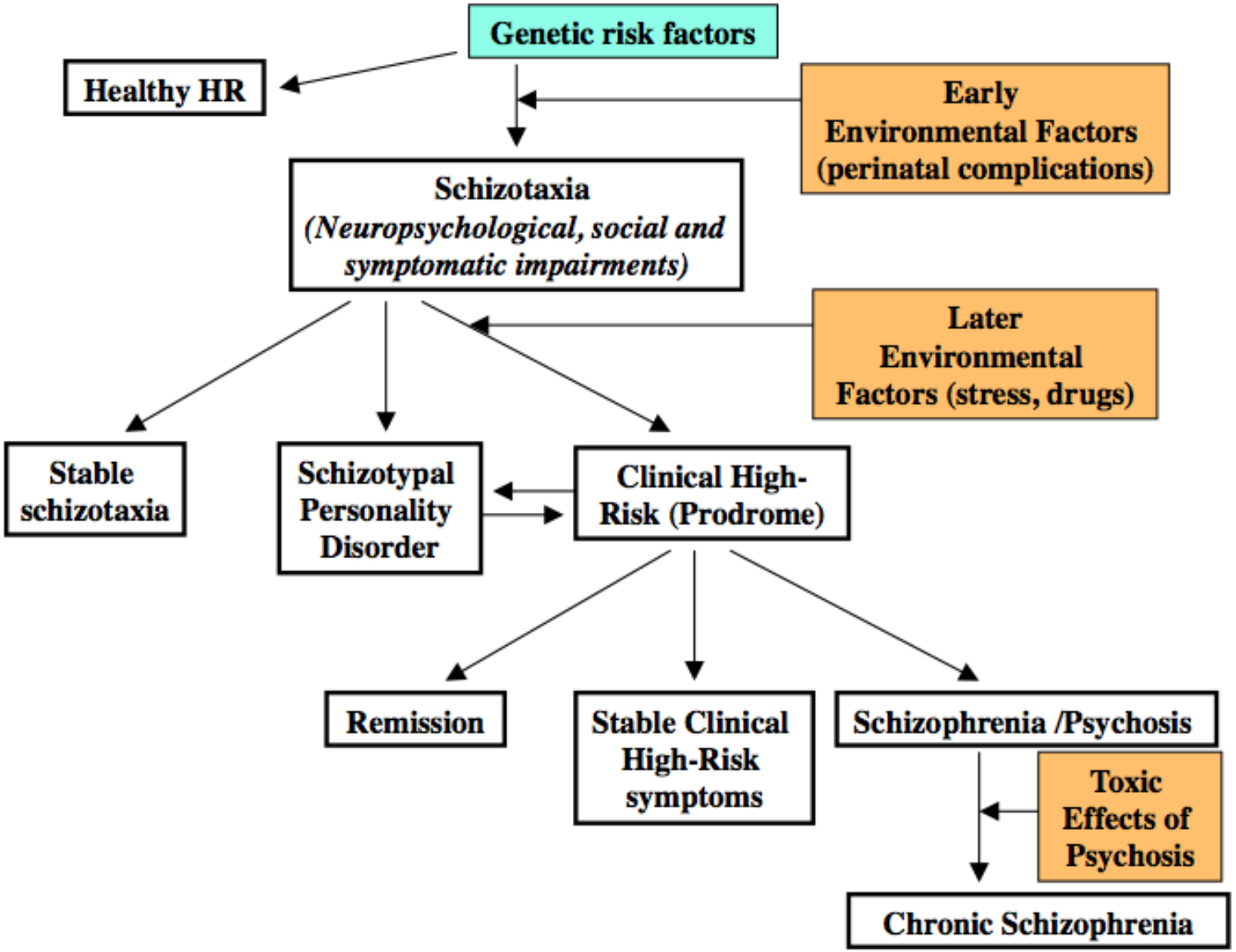
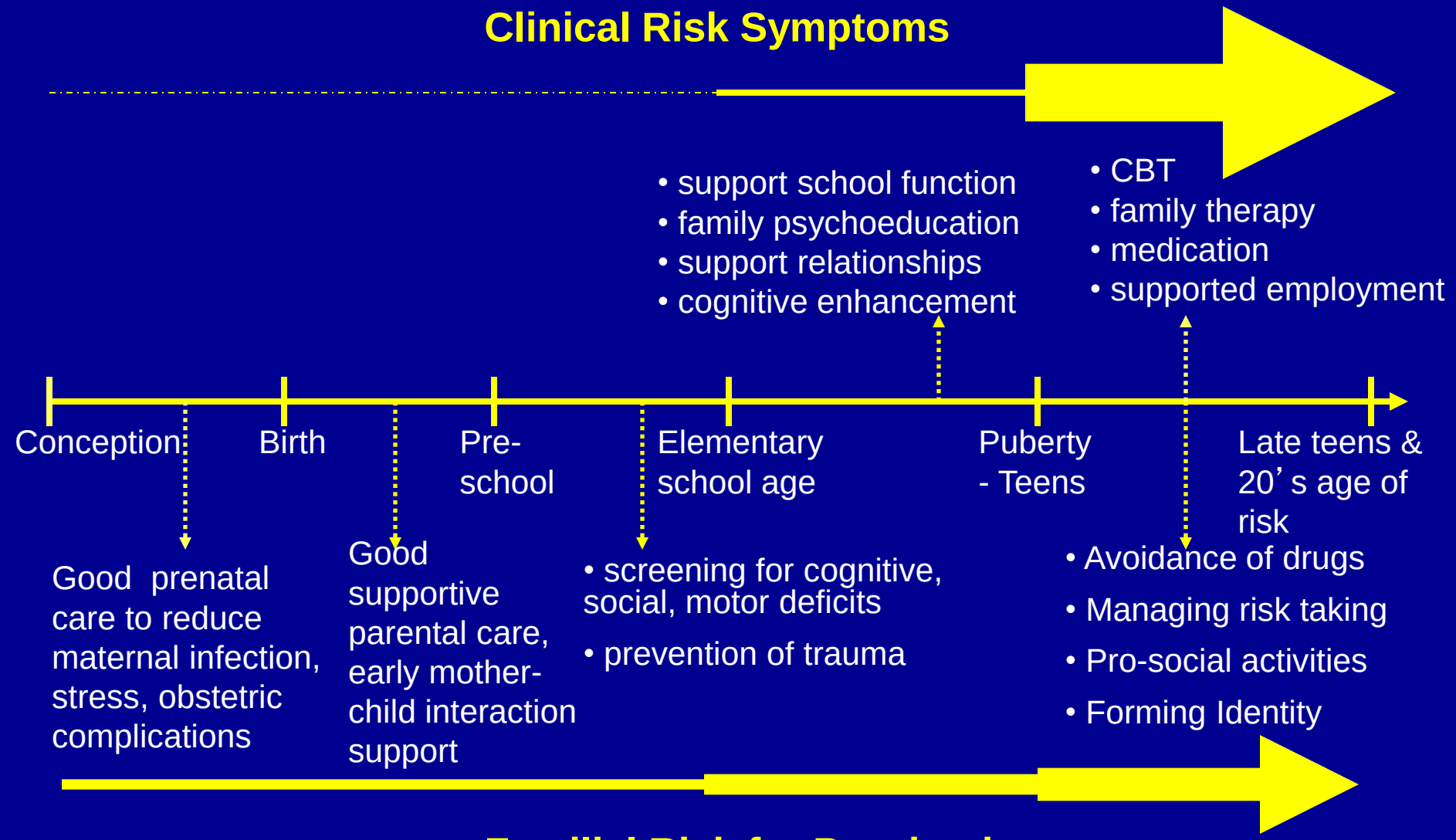
The presenters has nothing to disclose with regard to commercial interests related to the content of the course or presentation.

Developmental pathway of familial high risk for schizophrenia

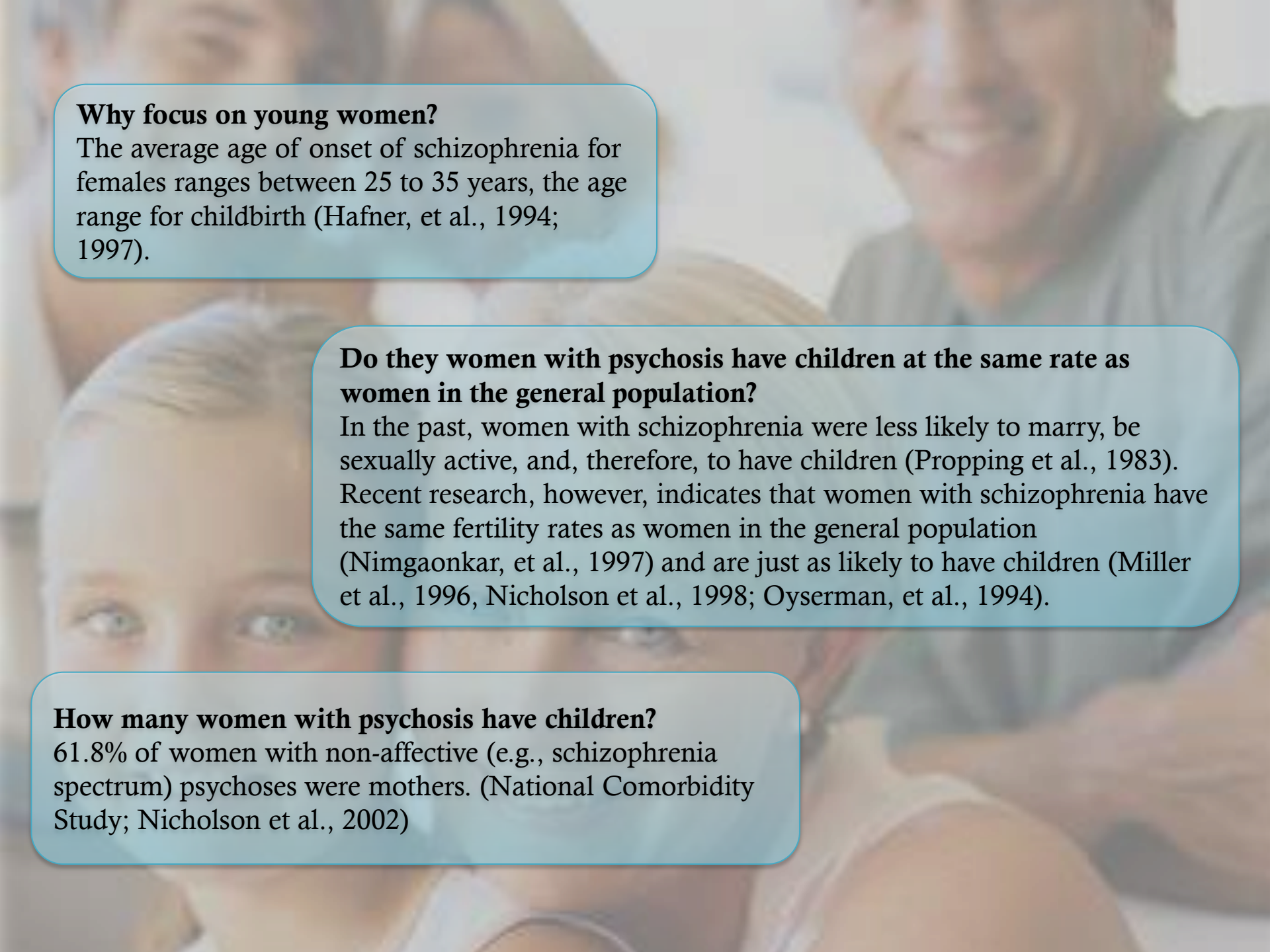


Phase Specific Early Intervention & Prevention Strategies (Seidman, Liu, Tronick & Keshavan)



Why Families?

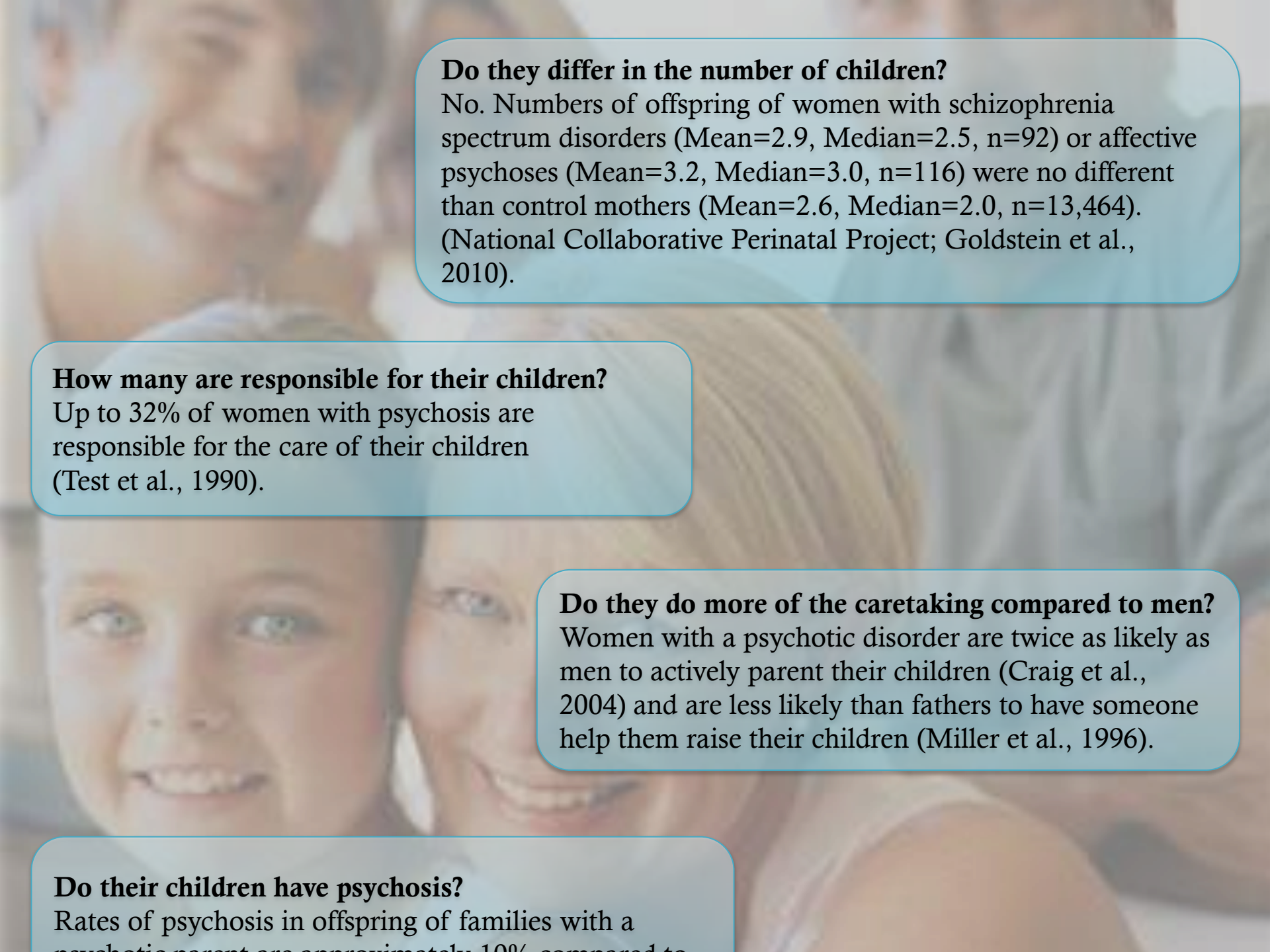
A Lifespan Approach to Mental Health



Why focus on young women?
The average age of onset of schizophrenia for females ranges between 25 to 35 years, the age range for childbirth (Hafner, et al., 1994; 1997).

Do they women with psychosis have children at the same rate as women in the general population?
In the past, women with schizophrenia were less likely to marry, be sexually active, and, therefore, to have children (Propping et al., 1983). Recent research, however, indicates that women with schizophrenia have the same fertility rates as women in the general population (Nimgaonkar, et al., 1997) and are just as likely to have children (Miller et al., 1996, Nicholson et al., 1998; Oyserman, et al., 1994).

How many women with psychosis have children?
61.8% of women with non-affective (e.g., schizophrenia spectrum) psychoses were mothers. (National Comorbidity Study; Nicholson et al., 2002)



Do they differ in the number of children?
No. Numbers of offspring of women with schizophrenia spectrum disorders (Mean=2.9, Median=2.5, n=92) or affective psychoses (Mean=3.2, Median=3.0, n=116) were no different than control mothers (Mean=2.6, Median=2.0, n=13,464). (National Collaborative Perinatal Project; Goldstein et al., 2010).

How many are responsible for their children?
Up to 32% of women with psychosis are responsible for the care of their children (Test et al., 1990).

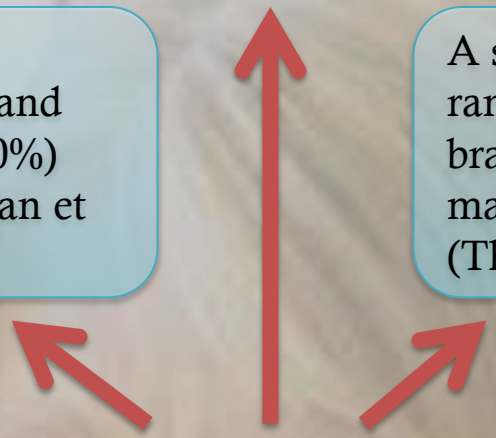
Do they do more of the caretaking compared to men?
Women with a psychotic disorder are twice as likely as men to actively parent their children (Craig et al., 2004) and are less likely than fathers to have someone help them raise their children (Miller et al., 1996).

Do their children have psychosis?
Rates of psychosis in offspring of families with a

Higher risk for non-psychotic psychiatric disorders such as developmental, learning, and anxiety disorders (nearly a rate of 60%) (Keshavan et al., 2008)

Higher risk for neurocognitive (memory, concentration, etc.) and social difficulties (rate of 40-50%) (Keshavan, et al., 2010; Seidman et al., 2013)

A subgroup of these children have a range of neurologic signs and subtle brain abnormalities, as measured by magnetic resonance imaging (Thermenos et al., 2013)



Genetic factors

Stress

Obstetric complications

"out of the shadow has grace and honesty"

- *New York Times*

"No one asked my mother if she had children."

-Susan Smiley, daughter of Milley Smiley,
producer of *Out of the Shadow*

Do we know which clients are parents?

- In 1993, Nicholson and colleagues published first national survey of State Mental Health Authority (SMHA) Commissioners regarding programs and policies for adult clients as parents
  - Status as parents not routinely identified
  - No policies to provide contact between hospitalized mothers and children

Nicholson, et al., 1993.

Do we know which clients are parents?

- Follow up survey:
  - In 1999, 24% reported formal identification of adult clients as parents versus 32% in 1990
  - In 1999, 16% had residential programs for parents, versus 8% in 1990
  - In 1999, 22% assessed parenting functioning versus 46% in 1990
  - In 1999, 24% provided outpatient services, versus 56% in 1990

Biebel, et al., 2006

Patterns of Parenting

- Custody loss rates are very high
- Adoption rates are very low
- Intermittent parenting is the norm
- Grief at loss of motherhood may be considerable and may not be addressed
- Risks to children both in remaining with psychotic parent & in separating

Nicholson J, Miller L: Parenting. In Mueser KT, Jeste DV: Clinical Handbook of Schizophrenia. New York: Guilford, 2008, pp. 471-480
Slide adapted from Laura Miller, MD

Parent-Child Attachment Patterns in Parents with Major Mental Illness

Attachment Pattern	Parenting Style	Percent
Secure	Responsive	9%
Insecure - avoidant	Rebuffing	17%
Insecure - ambivalent	Inconsistent	4%
Disorganized	Intrusive	35%
None	Separations	35%

Jacobsen T, Miller LJ, in *Attachment Disorganization*, NY, Guilford, 1999

Slide adapted from Laura Miller, MD

"My mom attempted suicide three weeks after I was born. Not much about schizophrenia was known. My dad was 21, scared and didn't understand the situation, nor know where to turn. He left when I was 4, my sister was 1 ½. I think he will always carry guilt with him."

-Susan Smiley, *producer of Out of the Shadow*

"It was a lonely life – single with two small children. I was a terrible mother. I'm sure I hit my daughters. They tell me I did.

-Millie Smiley

What Interventions Are Available?

- Mother Baby Units
  - None in the U.S.

- High specificity (n=23)
  - Focused on parenting
- Medium specificity (n=13)
  - Parenting classes available
- Low specificity (n=17)
  - No services for parents or children

Gearing, 2012; Hinden et al., 2006

Recommendations

- One area focuses on the provision of practical parenting, skills training, and the ongoing availability of services.

- Involving other support networks, including partner or co-parents
  - maternal mental health and family outcomes
  - may help in reducing parental distress and risks to the children, particularly for more socially isolated parents

Salmon, et al., 2003; Khalifeh, et al., 2009

Recommendations

- Flexible approaches for the provision of care for—and support of—children of mothers with schizophrenia, such as easy access to nursery day care, financial support, and home child care

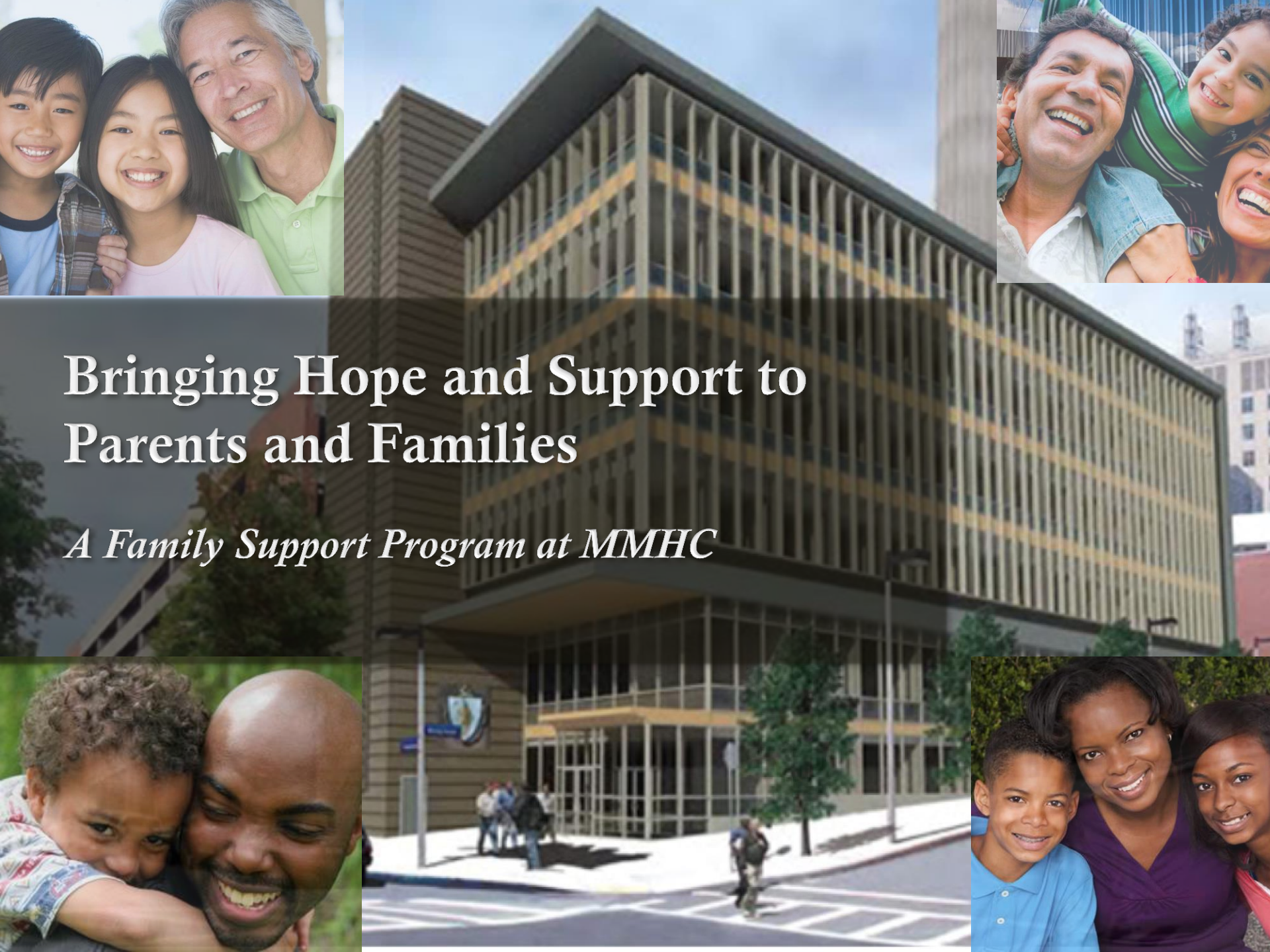
- Positively bridging mothers with available services may improve access and ongoing engagement.

(Khalifeh et al., 2009, Darlington, et al., 2009).

Realities	Needs
Parents with mental illness face typical but also unique challenges.	Resources that provide hope and practical skills for raising children in light of mental illness.
Families with mental illness are at high risk for breaking up.	Plans for de-escalating distressing situations and strengthening the family unit.
Children in families with mental illness are at risk for mental illness themselves.	Targeted prevention efforts to decrease family stress and increase resilience to protect children from mental illness.
Parents and families with mental illness care deeply about their children.	Encouragement for being the best parents they can be to their children.

Our Mission at MMHC

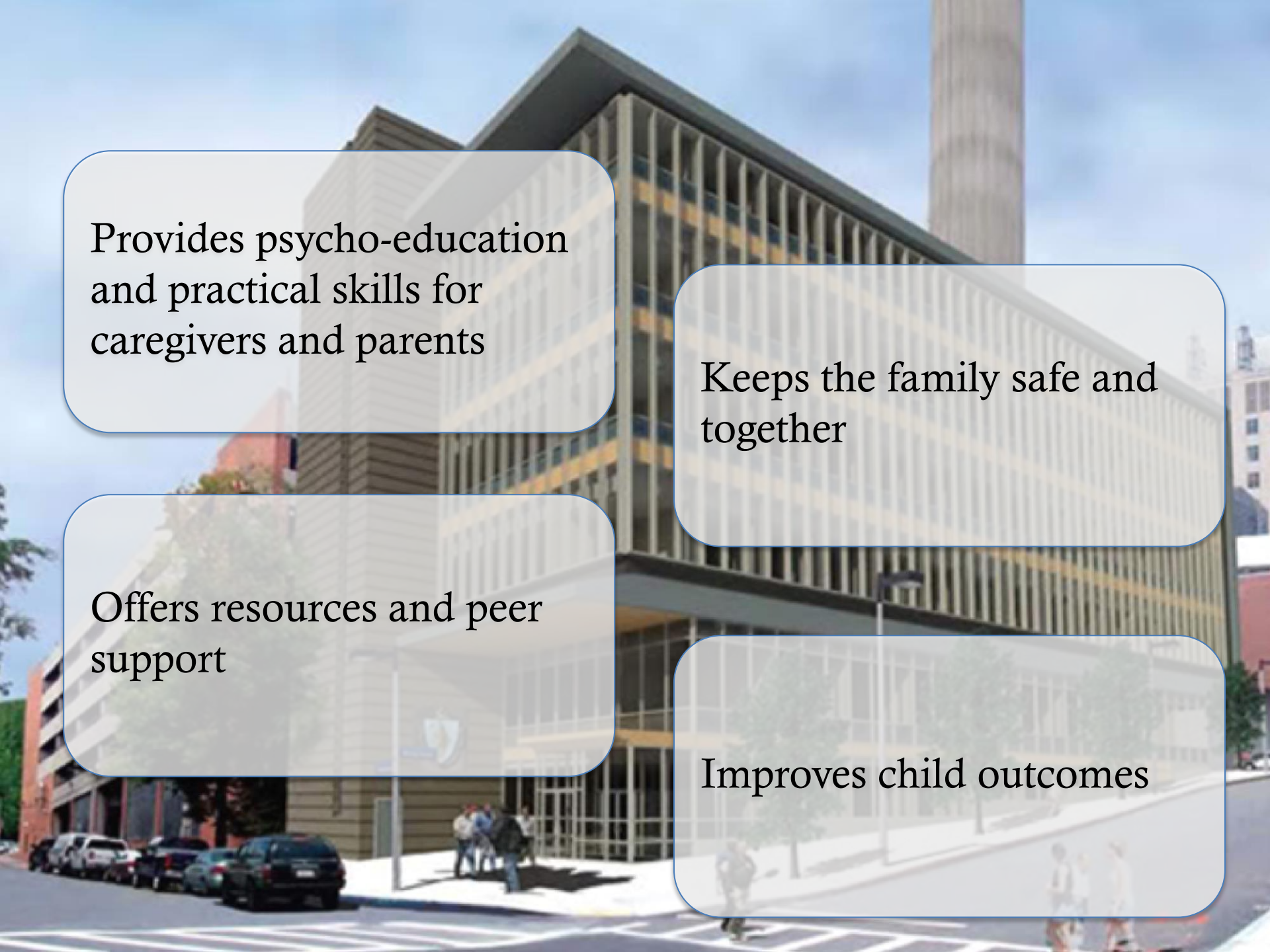
Bringing Hope and Recovery through Advances in Research and Treatment…



Bringing Hope and Support to Parents and Families

A Family Support Program at MMHC


ADULT CHILDREN OF
NORMAL PARENTS
ANNUAL CONVENTION


Provides psycho-education and practical skills for caregivers and parents
Keeps the family safe and together
Offers resources and peer support
Improves child outcomes

Psychoeducation and Skill Building

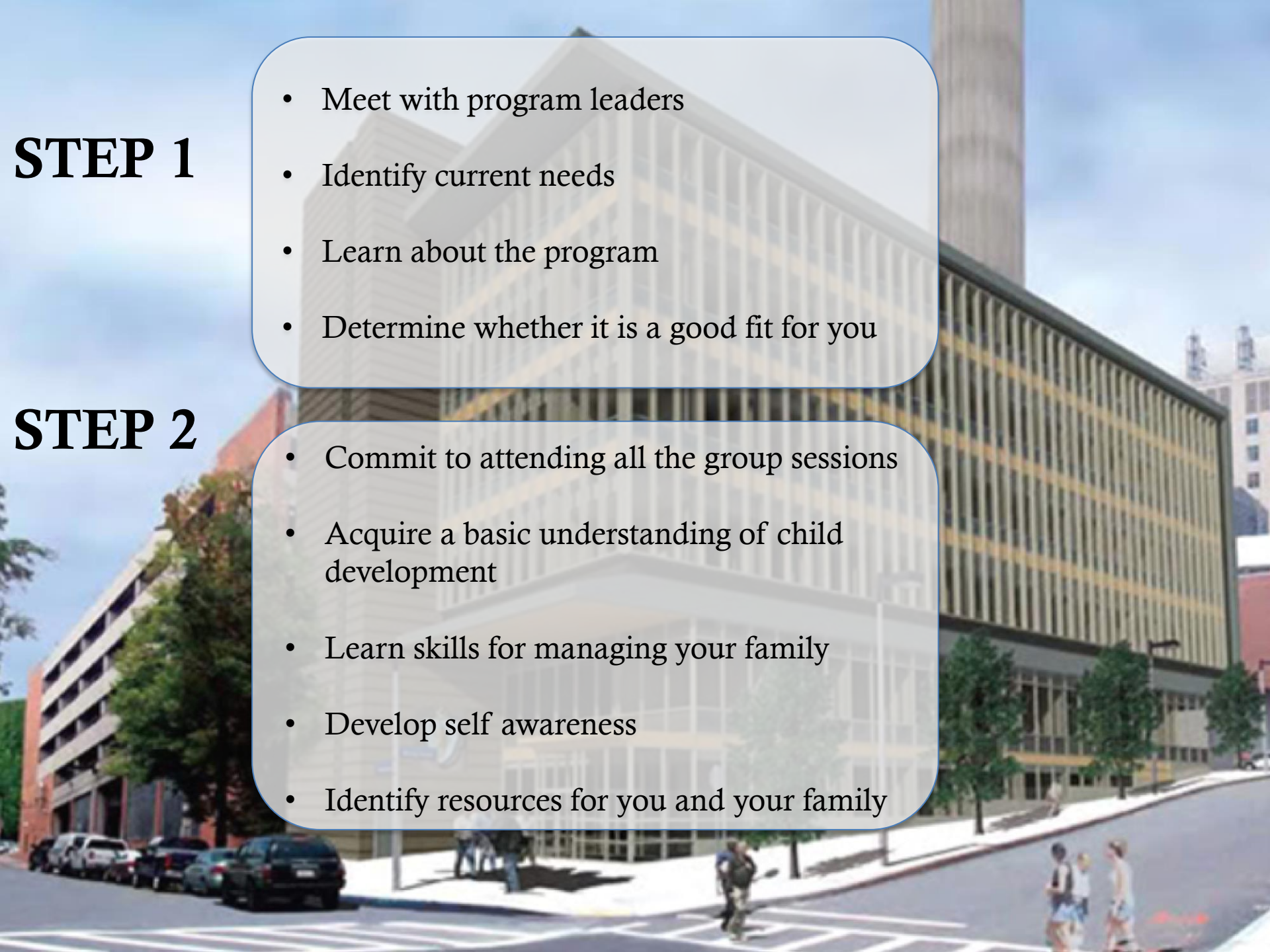
- Understand basic child development
- Learn how their relationship impacts their children's development
- Acquire basic psychological and behavioral principles such as setting a daily schedule, effective discipline
- Learn how to manage mental illness along with upholding caregiving responsibilities
- Determine the best way to maintain their own and their children's safety
- Prioritize their children's academic and mental health concerns
- Receive assistance with economic and legal issues

Referral Criteria

- Parent has a psychotic illness *or* is a co-parent to another parent that has psychotic illness
- Parent is a caregiver in the home where child resides
- Child is between the age of newborn to age 21

Tips for engagement

- Parenting is stressful for everyone
- Peer support is helpful
- Group is both educational and supportive
- Awareness of resources will be increased



STEP 1

- Meet with program leaders
- Identify current needs
- Learn about the program
- Determine whether it is a good fit for you

STEP 2

- Commit to attending all the group sessions
- Acquire a basic understanding of child development
- Learn skills for managing your family
- Develop self awareness
- Identify resources for you and your family

“Every mother wants her children to be happy and that she’s been a part of that. With my grandchildren, I’m getting a second chance.

-Millie Smiley

Bringing Hope and Recovery to Parents and Families

A Family Program at MMHC

For more information:

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