

Supporting parents with enduring mental health problems

This article is based on P.C. van der Ende's thesis (2016): Vulnerable Parenting - A study on parents with mental health problems: strategies and support. It has been prepared by the Editor with the approval of the author. Until his recent retirement, Peter van de Ende was Senior Researcher, Research and Innovation Department of Rehabilitation, Hanzeuniversity of Applied Sciences, The Netherlands.

Parents with mental health problems may struggle to fulfil a parental role at the same time as living with psychiatric problems, coping with the activities of daily living, and trying to have a social life. Support and protection for children of parents with mental health problems has a long history. No such history is apparent with respect to adults in their role as father or mother. The focus of treatment has long been on the symptoms of and limitations imposed by individuals' mental illness, rather than on programmes or other structural support for their parenting. This article outlines the challenges facing mothers and fathers with mental illness, the strategies they employ to manage their families, and the support they need from family-orientated health and social care practitioners.

Keywords: parenting, mental health problems, support, family-orientated approach

Amanda is a 31-year-old single mother suffering from an anxiety disorder who has had a recent admission to a psychiatric hospital. She was sent home supported by an 'expert by experience'. She is trying to pick up her life in a personal recovery process. In the period before her stay in hospital, she could barely handle her daughter and son. She has now joined a parenting programme and is being supported by a social worker to develop competencies to raise her children.

Lex is a 35-year-old man with bipolar disorder. He and his wife separated three years ago. Together they have a five-year old son, Kevin, who lives with his mother for most of the time. Once a fortnight and during three weeks in the summer, Kevin goes to his father. Lex's ex-wife supports the contact between Kevin and Lex but the latter finds it difficult to have the energy for Kevin's care and make a real connection as a father.

Amanda and Lex are examples of people with psychiatric problems who fulfil a parental role. In the United States, approximately two-thirds of people who meet the criteria for severe mental illness (SMI) and who live in the community have children (Nicholson et al., 2004). In Australia, it has been estimated that 21 to 23% of all children live in families in which there is at least one parent with a mental illness (Reupert & Mayberry, 2011).

Jeffery et al. (2013) reported that 22.5% of people with mental health problems felt discriminated against in starting a family, and 28.3% felt discriminated against in their parental role. Fear of stigmatization often leads to secrecy and concealment on the part of parents living with mental health problems and this may impact negatively on their access to sometimes

badly needed social support (Thornicroft et al., 2009). Children of parents with mental health problems are also vulnerable to discrimination.

Nicholson and Henry (2003) concluded that society views people with mental health problems as unfit to raise children. Seeman (2012) found that in the United Kingdom, almost 70% of mothers with a diagnosis of schizophrenia lost custody of their children. Dipple et al., (2002) found 68% of parents with mental illness were separated from their children for at least one year. In a study from the United States, mothers with serious mental illness were almost three times as likely to have involvement with the child welfare system or to have had children put in out-of-home placement (Park et al., 2006). If children stay in the family, stigma and discrimination can result in unwillingness on the part of parents to seek professional support and receive treatment (Howard et al., 2001). When stigmatized parents do seek support, they often find that professionals try to exert too much control over how they raise their children and perform other life tasks (Ackerson, 2003).

CHILDREN OF PARENTS WITH MENTAL ILLNESS

Several studies have shown that children of parents with mental illness are at higher risk of developing a mental illness themselves than the general population of children (Mesman, 2015; Landman-Peeters, 2007). Children are at risk of being exposed to familial and contextual stressors associated with parental mental illness such as neglect, marital conflict, divorce, domestic violence, stigmatization and isolation.

FATHERS

It is important for those working with families to understand differences in how mothers and fathers living with a mental illness value and shape their role as parents. Yet fathers with a

mental illness are frequently absent in studies on parenting and there is little information on how they see their role and, for those who actively parent, what ways of coping they have found. Mothers may have no choice but to care for their children even when they are ill (Nicholson et al. 1999), whereas only one in four men with severe mental illness is actually parenting (Luciano et al. 2014). In this article, the research cited and the discussion relate primarily to mothers as so little is known about the parenting of fathers living with a mental illness.

PARENTING WITH A MENTAL ILLNESS

(a) Stress and challenges

The combination of coping with mental health problems, at the same time as caring for children, makes parents highly vulnerable to stress. Mothers may find that their mental illness causes parenting problems on top of the challenges every parent experiences. Fewer social contacts and limited energy or 'lust for life' may negatively affect their resources to make time for sharing leisure activities with their children. Although it is hard for all parents to maintain a balance between fulfilling obligations to their children and making time for themselves, this is especially true for parents burdened by a mental health condition who may struggle to cope with their own vulnerability and take the rest they need.

Parents with a mental illness may feel burdened with feelings of inadequacy. In the study by van der Ende (2016), mothers expressed feelings of inadequacy regarding their ability to demonstrate empathy, set and keep boundaries, structure their daily life around their child's needs, and to organise and facilitate their child's activities as they felt a parent should. A few mothers expressed concern that they had failed to show their children enough empathy and understanding, which they felt was essential in parenting. Several expressed the fear that their children would inherit their problems.

(b) Benefits and joys

On the other hand, it is important not to lose sight of the many benefits and joys that children offer to parents living with a mental illness. Carpenter-Song and Nicholson (2012) found that for both women and men with a mental illness, parenting: (1) gave them a valued identity; (2) positively affected their interpersonal dynamics; (3) provided meaning and structure; (4) afforded opportunities for growth, and (5) facilitated the exchange of positive emotions, such as love and joy. Mothers interviewed in the study by van der Ende (2016) mirrored these findings. The birth of a child gave a positive stimulus to the mothers' lives and a source of joy. A single mother with a two-year-old child observed:

Motherhood gives me a lot of satisfaction and yes, since I am a mother, I have stood firmly on my feet. It has changed me a lot. I have to take responsibility that starts as soon as I wake

up. You have to be there all day; you cannot leave your child. (van der Ende, 2016:40)

While mental health problems often disrupt people's lives, having children can confer a new rhythm of living and daily structure for parents:

Our children helped us, because they forced us to structure our lives: rising in the morning, making breakfast... (van der Ende, 2016:40)

Children can change parents and, in the case of mental health problems, they can stimulate parents to develop competencies to solve problems:

You can be empowered by your own problems.... With my child, I learned to see my own limits. (van der Ende, 2016:43)

Parenting is also a good inducement for participating in social activities:

My life is very busy, it revolves around the children and their friends. (van der Ende, 2016:43)

IMPLICATIONS FOR PRACTICE

Fulfilling the parental role can provide a valued identity for women and men living with mental illness. Creating a daily routine, pursuing shared interests and activities with their children, and meeting parenting challenges, contribute to personal growth and recovery. Involvement with children, family, school and children's out-of-home activities may allow parents to express their feelings and seek support through informal and professional networks.

In their systematic review, Reupert and Maybery (2011) concluded that it is important to address parenting issues in conjunction with parents' mental health needs. They recommend parent-focused services, including family therapy, parenting skills workshops, communication skills training, support in accessing resources for children, and peer-support groups.

Successful parenting strategies may be further developed through participation in self-help peer groups (Thomson et al., 2015). Peer-facilitators who are experts by psychiatric and parental experience can be trained to support parents and help them to identify their personal parenting strategies. Evidence on the feasibility and effectiveness of peer-provided parenting interventions is beginning to emerge (Reupert & Maybery, 2011; Salzer et al., 2010). These programmes are recovery-oriented and aimed at the attitudes of parents, rather than the behaviour of their children. They reject a deficit approach with its emphasis on problems and pathology and are not burdened with the need to fit parents and children into pre-existing service plans.

Parenting-related, on-line programmes have also been developed. Based on the results of a randomised controlled trial, Kaplan et al. (2014) concluded that mothers with a severe mental illness are interested in and capable of receiving online parenting education and support. Findings in this study demonstrate that an online parenting intervention can improve parenting and coping skills and decrease parental stress.

If there is a need to learn practical strategies to confidently manage children's behaviour and build strong, healthy relationships with them, programmes for parents such as the Positive Parenting Programme (Triple P) (Sanders et al., 2014) are also relevant for parents with a mental illness. For fathers, special Triple P programmes have been developed (Fletcher et al. 2011). Parents with drug or alcohol-related problems can be supported by The Incredible Years (Leijten et al., 2015) and for young parents coping with addiction, the Parents Under Pressure programme is appropriate (Barlow et al., 2013). As an early intervention, Mellow Parenting is a programme developed to support parents and their young children in making good relationships (Puckering et al. 1994; www.mellowparenting.org).

CONCLUSION

The essential social support that parents with mental health problems need, along with information and skills to make the best of the parental role, are not always available to or accessed by parents as fear of stigmatisation leads to secrecy and concealment. Several studies have addressed the need for support for parents with serious mental illness (Howard & Underdown, 2011; Reupert & Maybery, 2011). Family-centred practice can help maintain and strengthen important family relationships, and identify and enhance the strengths of parents with a mental illness, contributing to their recovery (Goodyear et al., 2015). The way parents develop and value their role can be seen in the context of a recovery process (Bonfils et al., 2014).

Practitioners working either in health care settings or in the community with families need to be aware of the special meaning of being a parent to people with a mental illness, the challenges they face, their vulnerabilities and their heightened awareness of and concern about their perceived or real inadequacies. Attention has to be given not only to the children's needs, but also to the parents' attitudes and functioning as parents. If people with a mental illness have children, the children will probably be the most important part of their social network. For many, parenting can provide an important context for recovery. Promoting parental self-confidence and providing appropriate emotional and concrete support for everyday parenting may enhance families' well-being as well as improving their access to services (Vuorenmaa et al., 2015).

The fathering role requires special attention. As direct contact seems to be highly beneficial for developing adequate paternal role functioning and positive relationships with children, spouses or partners should be encouraged to allow fathers opportunities for contact and caring. Fathers who may be out of work owing to their mental illness will have more time available to be with their children and contribute to raising them.

The parents in the study by van der Ende (2016) felt capable of raising their children,

despite their mental health challenges, their limited resources of time and energy, and encountering stigma and discrimination. Being a parent did not solve their problems; however, children brought structure to their lives - they needed to wash, dress and feed their children, and keep their houses in order - and opportunities for community integration and support. When their children were older, they provided companionship.

While giving birth to and raising a child may be, for some parents with a mental illness, confusing and burdensome, for others, it may be part of their recovery process. In many ways, their challenges and needs are not dissimilar from those of all parents striving to be successful mothers and fathers. The parental role is pre-eminently a role that people must develop for themselves. For those with mental health problems, developing that role can be part of their recovery process.

SUMMARY

- The combination of coping with mental health problems and caring for children makes parents vulnerable.
- Family-centred practice can help to maintain and strengthen important family relationships, and to identify and enhance the strengths of parents with a mental illness, thus contributing to their recovery.
- Parents with mental illness find strength for parenting in several ways. They feel responsible, and this helps them to stay alert while parenting; parenthood also offers a basis for social participation.
- Dedication to the parental role provides a focus; parents develop strengths and skills as they find a balance between attending to their own lives and caring for their children, and parenting prompts them to find adequate sources of support and leads to a valued identity.
- Practitioners can support parents with mental health problems to set and address parenting related goals.

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