

PREVENTION WORKS!

CHILDREN LIVING IN STRESSFUL ENVIRONMENTS: A RESOURCE KIT

VI.c. Children in Families With Mental Health Disorders

Discussion

Cast from shackles which bound them, this bell shall ring out hope for the mentally ill and victory over mental illness.

Inscription on Mental Health Bell, cast in 1953 from iron chains and shackles once used to restrain people with mental illness and now maintained by Mental Health America.

For children whose parents or other caregivers have mental health problems and who have not been helped to cope with their circumstances in healthy, positive ways, the bell may not yet have rung and they may see little cause for hope.

“Chaotic home environments, particularly in which parents abuse substances or suffer from mental illnesses” tops the National Institute on Drug Abuse’s (NIDA’s) short list of risk factors. And the next two—ineffective parenting and lack of parent-child attachment and nurturing—may occur also in families where one or both parents has a mental health disorder.¹

The Substance Abuse and Mental Health Services Administration (SAMHSA) points out that research shows children of parents with mental illness are at increased risk for the development of emotional and behavioral problems, but also cautions that these children are typically seen to be at risk of developing problems rather than as resilient in the face of challenges in their lives. In general, research has focused on negative outcomes.²

Among the ways that parental mental illness can affect children: Such children may take on responsibilities normally handled by grownups, such as caring for themselves and managing the household. Children may blame themselves for their parents’ problems and experience anger, anxiety, or guilt. The stigma of mental illness may cause them to feel embarrassment or shame; they may become isolated from peers and others in the community. Children of parents with

¹ National Institutes of Health, NIDA. (February 2002). Risk and protective factors in drug abuse prevention. *NIDA Notes*, 16(6). Retrieved March 20, 2008, from www.nida.nih.gov/NIDA_Notes/NNVol16N6/Risk.html.

² Nicholson, J., Biebel, K., Hinden, B., Henry, A., and Stier, L. (July 30, 2001). *Critical issues for parents with mental illness and their families*. Rockville, MD: Center for Mental Health Services, SAMHSA. Retrieved March 20, 2008, from <http://mentalhealth.samhsa.gov/publications/allpubs/KEN-01-0109/default.asp>.

mental illness are at risk for a range of mental health problems, including mood disorders and personality disorders. They may be at increased risk for problems at school, alcohol and drug abuse, and poor social relationships.³

No national data are available about the prevalence of mental health problems among parents; prevalence information has been drawn from existing data sets and has limitations. Most recent findings about the impact of parental mental health disorders on children come from small samples of mothers with severe mental illness and such other stressors as poverty and ethnic minority status. While the experiences of such parents appear to be similar to those of parents who do not have mental health problems, their children are at significantly greater risk for many psychosocial problems. Research has been mainly among Whites, however, so it is unclear whether outcomes for children of parents with mental health disorders in other ethnic/racial groups are similar.

Rates of child psychiatric diagnosis in families with parental mental health disorders are between 30 percent and 50 percent, compared with about 20 percent for children in the general population. Children of mentally ill parents are more likely to show developmental delays, lower academic competence, and difficulty with social relationships.⁴ Despite these risks, many such children appear to be resilient and do not exhibit these problems; a parent's mental illness does not guarantee poor outcomes for their children. Like alcoholism, mental illness tends to run in families. Children of parents with depression or anxiety disorders are more likely to manifest these conditions.

Notably, the particular kind of mental disorder in the parent has less bearing on the extent to which a child is affected than other factors, including heredity, the severity and chronicity of the adult's illness, and lower adaptive functioning of parents. Parenting behavior, marital or partner relationship, and family functioning may exert positive influences on children; environmental stress and support and child characteristics such as temperament, cognitive styles, and interpersonal skills can also be important moderators. Because there has been much more research on the sources of risks to children, little has been discovered about their resilience and interventions that could strengthen that resilience.⁵

³National Mental Health Association. (n.d.) *When a parent has mental illness: Issues and challenges*. Retrieved March 20, 2008, from www1.nmha.org/children/issues.pdf.

⁴Nicholson, J., Biebel, K., Hinden, B., Henry, A., and Stier, L. (July 30, 2001). *Critical issues for parents with mental illness and their families*. Rockville, MD: Center for Mental Health Services, SAMHSA. Retrieved March 20, 2008, from <http://mentalhealth.samhsa.gov/publications/allpubs/KEN-01-0109/default.asp>.

⁵Nicholson, J., Biebel, K., Hinden, B., Henry, A., and Stier, L. (July 30, 2001). *Critical issues for parents with mental illness and their families*. Rockville, MD: Center for Mental Health Services, SAMHSA. Retrieved March 20, 2008, from <http://mentalhealth.samhsa.gov/publications/allpubs/KEN-01-0109/default.asp>.

Facts

- Analyses of National Comorbidity Survey (NCS) data indicate that about 31 percent of American women and about 17 percent of men have a 12-month prevalence of at least one psychiatric disorder (not including substance abuse). Of women in this group, 65 percent are mothers; 52 percent of the men are fathers.⁶
- According to the NCS findings, those with psychiatric disorders or with co-occurring psychiatric disorders and substance abuse may be at least as likely, if not more likely, to be parents than those who do not meet criteria for psychiatric disorder or substance abuse.⁷
- No national data are available on the prevalence of adults with mental illness becoming parents and raising children, nor do data exist that describe their children. But SAMHSA estimates that at least two to three million children in America have parents with self-reported psychiatric disabilities, based on data collected by the National Institute on Disability and Rehabilitation Research's Research and Training Center in a national survey.⁸
- Research shows “unequivocally” that children who have a parent with mental illness are at significantly greater risk for multiple psychosocial problems.⁹
- Children of parents who are mentally ill are at increased risk for emotional, mental health, and behavioral problems and for alcohol and drug abuse.¹⁰
- A 2005 analysis of National Survey on Drug Use and Health data from previous years found that children of mothers with serious mental illness (SMI) had an increased risk of past month alcohol or illicit drug use compared with youths living with a mother who did not have SMI.¹¹
- The stigma attached to a psychiatric disorder can have a profound negative effect on adults and children alike in families where there is adult mental illness. This, and the

⁶ Nicholson, J., Biebel, K., Hinden, B., Henry, A., and Stier, L. (July 30, 2001). *Critical issues for parents with mental illness and their families*. Rockville, MD: Center for Mental Health Services, SAMHSA. Retrieved March 20, 2008, from <http://mentalhealth.samhsa.gov/publications/allpubs/KEN-01-0109/default.asp>.

⁷ Nicholson, J., Biebel, K., Hinden, B., Henry, A., and Stier, L. (July 30, 2001). *Critical issues for parents with mental illness and their families*. Rockville, MD: Center for Mental Health Services, SAMHSA. Retrieved March 20, 2008, from <http://mentalhealth.samhsa.gov/publications/allpubs/KEN-01-0109/default.asp>.

⁸ Nicholson, J., Biebel, K., Hinden, B., Henry, A., and Stier, L. (July 30, 2001). *Critical issues for parents with mental illness and their families*. Rockville, MD: Center for Mental Health Services, SAMHSA. Retrieved March 20, 2008, from <http://mentalhealth.samhsa.gov/publications/allpubs/KEN-01-0109/default.asp>.

⁹ Nicholson, J., Biebel, K., Hinden, B., Henry, A., and Stier, L. (July 30, 2001). *Critical issues for parents with mental illness and their families*. Rockville, MD: Center for Mental Health Services, SAMHSA. Retrieved March 20, 2008, from <http://mentalhealth.samhsa.gov/publications/allpubs/KEN-01-0109/default.asp>.

¹⁰ National Mental Health Association. (n.d.) *When a parent has mental illness: Issues and challenges*. Retrieved March 20, 2008, from www1.nmha.org/children/issues.pdf.

¹¹ SAMHSA, Office of Applied Studies. (Updated March 17, 2006). *The NSDUH report: Mother's serious mental illness and substance use among youths*. Retrieved March 20, 2008, from www.oas.samhsa.gov/2k5/motherSMI/motherSMI.htm.

associated fear of losing custody of their children, keeps many parents with such problems from seeking help.¹²

- According to data cited by Mental Health America (formerly known as the National Mental Health Association), as many as 70 percent of mentally ill parents have lost custody of their children, mainly due to stigma (rather than because they are not good parents).¹³
- In some States, a diagnosis of mental illness by itself is sufficient legal cause for removal of children from their parents' care.¹⁴
- Some parents with mental illness may face problems with parent-child attachment due to repeated separations or family instability.¹⁵
- Parents with mental illness have lower marriage and higher divorce rates than the general population.¹⁶
- Despite the challenges they face, many children with parents with mental illness are resilient and do quite well in spite of genetic and environmental vulnerability.¹⁷

Federal Resources

National Institute of Mental Health (NIMH), National Institutes of Health (NIH), U.S. Department of Health and Human Services (HHS)
www.nimh.nih.gov/

NIMH is NIH's mental health institute, in most ways comparable to the National Institute on Alcohol Abuse and Alcoholism and NIDA. As with those institutes, NIMH's focus is on research, and it publishes fact sheets, booklets, and other consumer-oriented materials, as well as the latest mental health research findings.

¹² National Mental Health Association. (n.d.) *When a parent has mental illness: Issues and challenges*. Retrieved March 20, 2008, from www1.nmha.org/children/issues.pdf.

¹³ National Mental Health Association. (n.d.) *When a parent has mental illness: Issues and challenges*. Retrieved March 20, 2008, from www1.nmha.org/children/issues.pdf.

¹⁴ Nicholson, J., Biebel, K., Hinden, B., Henry, A., and Stier, L. (July 30, 2001). *Critical issues for parents with mental illness and their families*. Rockville, MD: Center for Mental Health Services, SAMHSA. Retrieved March 20, 2008, from <http://mentalhealth.samhsa.gov/publications/allpubs/KEN-01-0109/default.asp>.

¹⁵ National Mental Health Association. (n.d.) *When a parent has mental illness: Issues and challenges*. Retrieved March 20, 2008, from www1.nmha.org/children/issues.pdf.

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SAMHSA’s Center for Substance Abuse Prevention’s (CSAP’s) A Family Guide To Keeping Youth Mentally Healthy & Drug Free

www.family.samhsa.gov/

CSAP developed this public education Web site to communicate to parents and other caring adults about how they can help promote children’s mental health and reduce their risks for alcohol, tobacco, and illegal drug problems.

SAMHSA’s National Mental Health Information Center

<http://mentalhealth.samhsa.gov/>

This Center is a service provided by SAMHSA’s Center for Mental Health Services (CMHS) “for users of mental health services and their families, the general public, policy makers, providers, and the media,” and it functions as the online public face of CMHS. In addition to the typical resources of a Federal information clearinghouse, SAMHSA’s National Mental Health Information Center includes an archive of speeches and public remarks by the CMHS director and other Federal officials. A number of these address the impact of mental health disorders on family members, including children. CMHS can be reached online at <http://mentalhealth.samhsa.gov/cmhs/>, a section of the National Mental Health Information Center site.

SAMHSA’s Resource Center to Promote Acceptance, Dignity and Social Inclusion Associated with Mental Health (ADS Center)

www.stopstigma.samhsa.gov/default.aspx

The SAMHSA ADS Center has information and advice about mental health stigma and how to counter it, plus links to programs and campaigns in the States.

Private Organizations

American Academy of Child & Adolescent Psychiatry

www.aacap.org/

This membership association for child and adolescent psychiatrists and other physicians also offers a collection of resources for families on its Web site. Included are zipped files of dozens of topic-specific fact sheets, in English, Español, Deutsch, Malaysian, Polish, Icelandic, and Arabic. Several of these cover topics relating to the experiences of children in families with mental illness. A Related Web Sites page has links to dozens of other online resources, several of which may be useful in learning and communicating about children in families where there is mental illness.

Mental Health America

www.mentalhealthamerica.net/

Mental Health America (formerly The National Mental Health Association) has 320 affiliates in communities across America and promotes mental wellness through advocacy, education,

research, and support for individuals and families living with mental health and substance use problems.

Strategies/Programs

The following broad principles should be reviewed when selecting programs targeting families with mental health disorders:¹⁸

- Comprehensive interventions are more effective in modifying a broader range of risk or protective factors and processes in children;
- Family-focused programs are more effective than child-focused or parent-focused programs;
- Sufficient dosage or intensity is critical for effectiveness;
- Family programs should be long term and enduring;
- Tailoring the parent or family intervention to the cultural traditions of the involved families improves recruitment, retention, and outcome effectiveness;
- Addressing developmentally appropriate risk and protective factors or processes at specific times of family need when participants are receptive to change is important;
- Family programs are most enduring in effectiveness if they produce changes in the ongoing family dynamics and environment;
- If parents are very dysfunctional, interventions beginning early in the life cycle (i.e., prenatally or early childhood) are more effective;
- Components of effective parent and family programs include addressing strategies for improving family relations, communication, and parental monitoring;
- High rates of recruitment and retention are possible with families if transportation, meals or snacks, and child care are provided;
- Videos of families demonstrating good and bad parenting skills help with program effectiveness and client satisfaction; and
- The effectiveness of the program is highly tied to the trainer's personal efficacy and characteristics.¹⁹

¹⁸ Nicholson, J., Biebel, K., Hinden, B., Henry, A., and Stier, L. (July 30, 2001). *Critical issues for parents with mental illness and their families*. Rockville, MD: Center for Mental Health Services, SAMHSA. Retrieved March 20, 2008, from <http://mentalhealth.samhsa.gov/publications/allpubs/KEN-01-0109/default.asp>.

¹⁹ Kumpfer, K., and Alvarado, R. (November 1998). Effective family strengthening interventions. *Juvenile Justice Bulletin*. NCJ 171121. Retrieved March 25, 2008, from www.ncjrs.gov/pdffiles/171121.pdf.

Promotion and Prevention in Mental Health: Strengthening Parenting and Enhancing Child Resilience—Report to Congress

<http://download.ncadi.samhsa.gov/ken/pdf/SVP-0186.pdf>

This is a June 2007 report of CMHS's review of the "effectiveness of programs that use a strength-based family approach to promoting mental wellness and preventing mental health problems among at-risk children and youth." Chapter II, Review of Effective Parenting and Child Resilience Programs, provides a summary of several programs from SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP).

Part II—Status of Research-Based Programs

<http://mentalhealth.samhsa.gov/schoolviolence/5-28resilience.asp>

This part of the May 28, 1999, CMHS working paper, Resilience, by Nancy J. Davis, Ed.D., includes brief recommendations of several programs intended to foster resilience in families with mental health histories. Several of these programs are for families; some are for specific age groups of children in these families.

Clinician-Based Cognitive Psychoeducational Intervention

www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=88

According to SAMHSA's NREPP, "the Clinician-Based Cognitive Psychoeducational Intervention is intended for families with parents with significant mood disorder. Based on public health models, the intervention is designed to provide information about mood disorders to parents, equip parents with skills they need to communicate this information to their children, and open dialogue in families about the effects of parental depression."

Center for Evidence-Based Practice: Young Children with Challenging Behavior

<http://challengingbehavior.fmhi.usf.edu/>

The Center for Evidence-Based Practice: Young Children with Challenging Behavior is funded by the Office of Special Education Programs, U.S. Department of Education, to raise the awareness and implementation of positive, evidence-based practices and to build an enhanced and more accessible database to support those practices. The Center is engaged in a process for identifying evidence-based practices . . . and implementing a national research program to address critical issues for young children and their families who are affected by challenging behavior.