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Item Type	Journal Article
Authors	Dvir, Yael
Citation	Dvir Y. (2007) Advocacy for Parents with Mental Illness and Their Families. The American Journal of Psychiatry Residents' Journal, 2(9), September 2007, p. 3. Link to article on publisher's website
Download date	2026-03-15 11:15:42
Link to Item	https://hdl.handle.net/20.500.14038/45959

Advocacy for Parents With Mental Illness and Their Families

Yael Dvir, M.D., PGY4

Department of Psychiatry, University of Massachusetts Medical School

Women living with mental illness do become pregnant and raise children (1). Adults with psychiatric disorders across major diagnostic groups are as likely, if not more, to be parents as those not meeting criteria for psychiatric disorders (2). The majority of women (65%–67%) with a major mental illness, including severe and persistent mental illness, are mothers (1, 3). Motherhood is a normative life experience for most women, including those with mental illness, and can create meaning in the lives of women living with mental illness and serve as a motivating and organizing factor that can sustain participation in treatment (3). Most mothers living with mental illness and caring for their children describe motherhood as rewarding and central to their lives (4).

Families living with parental mental illness face multiple vulnerabilities. One primary concern is family separation and disruption resulting from psychiatric hospitalization and/or child welfare involvement. Significant numbers of mothers with mental illness lose custody of their children, at rates as high as 60%–70%, and this loss can have a profound lifelong effect. Almost half the children of parents with mental illness have an emotional or behavioral problem (1, 2). These families also have high rates of co-occurring poverty, substance abuse, and homelessness, which have serious implications

for safe parenting (3). Services and interventions designed to address safe parenting are more often found within the child sector, are predominantly deficit-based, and are made available only when children are judged to be in high risk environments or at risk for out-of-home placement. Preventive, strength-based interventions are rare (2), and there is a tendency for practical help to be withdrawn as soon as the immediate crisis has been resolved (4).

I have learned firsthand about the challenges facing parents with mental illness while leading a parenting group participating in the Family Options for Parents and Children Study. This study provides parents who have serious mental illness a family coach and practical support in order to build on their strengths and better focus on resilience and rehabilitation. Most of the mothers in my group have children with significant mental health challenges of their own, and they struggle to navigate through complicated systems and multiple agencies to meet not only their own needs, but also those of their children. They face the general challenges of parenting as well as the unique challenges of mental illness. Adherence to treatment and appointments is compromised by attempts to prioritize. For example, taking medications with a sedating effect at bedtime makes it harder for mothers to send their children off to school in the morning. It is also difficult to

maintain scheduled appointments when adequate child care is not readily available, and most providers will not accommodate a woman arriving for her appointment accompanied by children. As psychiatrists, we often do not ask about parenting, which can be a central motivator and major stressor. We should not miss this opportunity to understand the importance of parenting to our patients and intervene in order to help. Like most parents, parents with mental illness simply aspire to be the best parents they can be for their children.

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