

FAMILIES WITH PARENTAL MENTAL ILLNESS COUNT!

Parental Mental Illness is a prevalent, yet largely unsupported issue:

Every year, one in five Americans experiences a mental illness – the majority of these persons are parents. (Program for Parenting Well, UMASS Medical School)



According to a Dutch study, within the first three months after giving birth to their first baby, one out of 1,000 women suffers from schizophrenia, bipolar disorder, depression or some other psychotic condition severe enough for them to be hospitalized. In the first year after childbirth, suicide risk increases 70-fold, and suicide is the leading cause of maternal death up to 1 year after delivery. (CEMD. Confidential inquiries into maternal deaths: Why mothers die, 1997-99. London: Royal College of Obstetrics & Gynaecologists, 2001.) **DMHAS must incorporate parenting and pregnancy planning into Recovery plans and offer appropriate parenting supports and/or referrals.**

Custody loss rates for parents with mental illness range as high as 70 to 80% – often due to misconceptions about parenting with a psychiatric disability – yet persons with psychiatric disabilities play the important societal role of parent in the lives of millions of people (young and old), often called “invisible children.” (Voice and Identity, NAMI-NYS News, Dec. '04)

Parental mental illness can have a range of effects on children and parents – Although parental mental illness is one of the risk factors for developing child behavioral health disorders, many children are resilient and avoid significant problems. Many parents with mental illness are successfully raising children. **Both children and parents can benefit from a variety of supports.**

Many parents report that they avoid mental health treatment for fear of losing custody of their children (Hearle et. al., 1999, Sands, 1995) – In a study comparing Medicaid-eligible mothers with and without claims for psychiatric services, **mothers with a mental illness were 3X more likely to have children receiving child protective services and 3X more likely to have children in out of home placement** than mothers with no claims for Medicaid funded psychiatric services. Having had a **psychiatric inpatient hospitalization increased the likelihood of child welfare involvement 2X** and having a child in out of home placement nearly 3X. (Park, Solomon and Mandell, 2006). **DMHAS must work with DCF, the Judicial system and other community partners in order to increase awareness and understanding of parental mental health issues, fight discriminatory myths and practices and promote a full range of opportunities for successful, community integration.**

“I am often reminded by members of my support group that an unknown number of our peers have not survived to adulthood. Those coming to the support group are the resilient, the smart and the lucky daughters and sons.”

*Daughters & Sons Support Group Leader, NAMI NYC Metro
Comments about Daughter/Son suicide prevalence, 2011*

The BHP must collect Data on Families with Mental Illness in order to foster systems understanding and create effective services/supports!*

****This data, designed in partnership with consumers, youth and families, must be collected from DMHAS and DCF with attention to assuring that the information is not used for punitive purposes/to exacerbate the already alarmingly high custody loss rate.***