

# Family Mental Health Begins with Parents

**Joanne Nicholson, Ph.D., Professor of Psychiatry  
The Geisel School of Medicine at Dartmouth  
Center for Technology and Behavioral Health  
Lebanon, New Hampshire, USA  
*Joanne.Nicholson@Dartmouth.edu***

**with Kathleen Biebel, Ph.D., Kelly English, Ph.D.,  
Christine Furnari, B.A. and Margaret Guyer, Ph.D.  
and key stakeholders across the Commonwealth.**

## **Disclosures**

**We have received funding from  
The Massachusetts Department of Mental Health,  
Joan Mikula, Commissioner.**

# Objectives

- **Provide an empirically-based rationale for a shift in our approach from adult (or child) mental illness to family mental health**
- **Provide some potential solutions framed in a family recovery, community inclusion perspective**
- **Suggest that our work begins by addressing the barriers at the “us vs. them” divide**

**A Unifying Theme:** Families are the focus of mental health promotion, mental illness prevention, treatment & rehabilitation. Prevention and early intervention begin with parents. The earliest intervention begins with children and youth, before they become parents.

SCHIZO **Mental** Problem **Weak** MENTAL PATIENT  
CRAZY Insane **Deranged**  
**Nervous Breakdown** **Dangerous**  
LOONY BIN  
WACKO **Language** NON-COMPLIANT  
*Suffering* **is** **NUTTY**  
**powerful.**

- **Parents**
- **Families**
- **Mental Illness**
- **Community Inclusion**
- **Recovery**

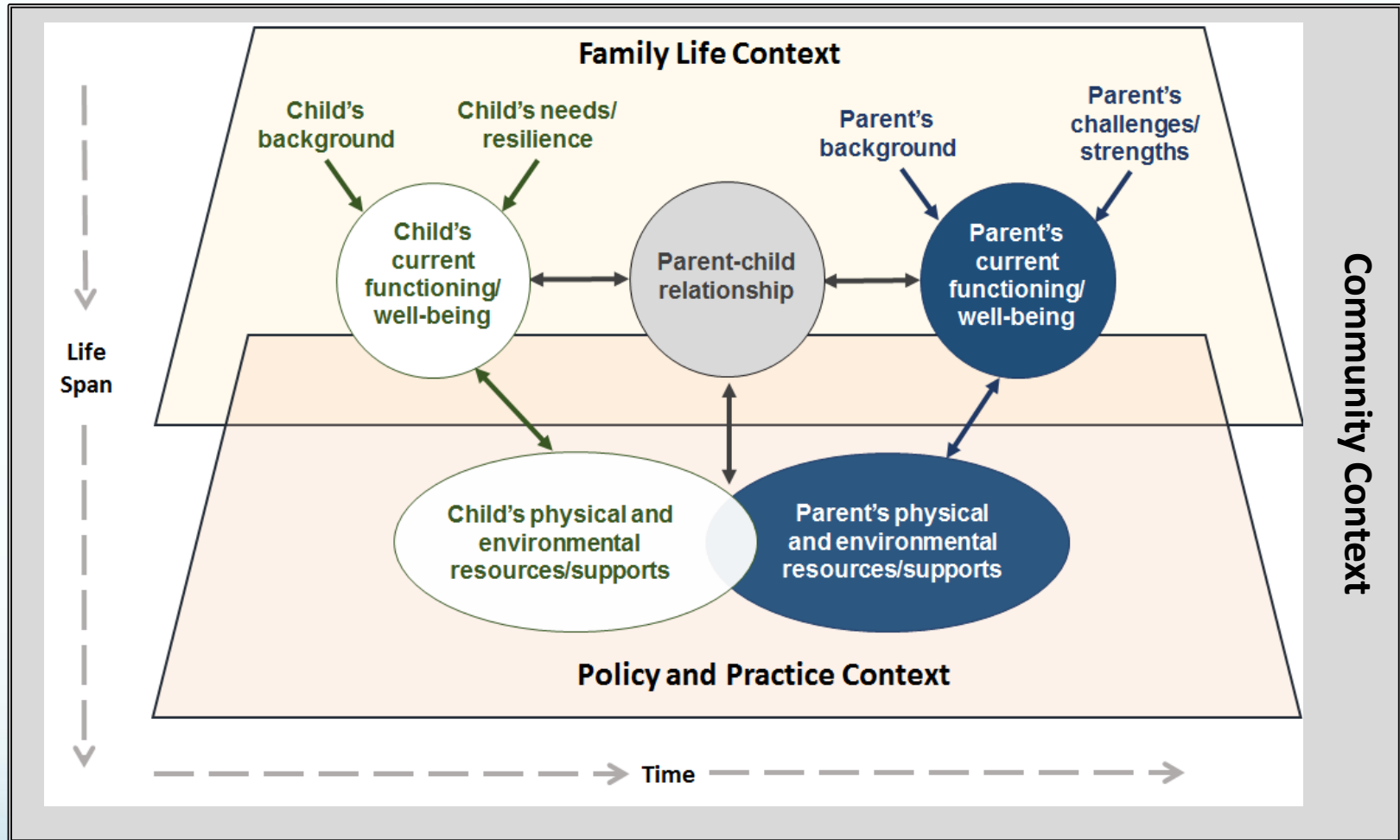
## Recovery is...

**A journey, not a destination – to heal; to be as well as possible; to do your best, given your challenges; to achieve your goals in the domains you choose.**

**“In all psychological wars, it’s never over, there’s just this day, this time, and a hesitant belief in your own ability to change... It is about a *living* change... and it is always one step up, two steps back.”**



## Family Recovery Model



# Recovery is Relational

# **A note on culture and climate: a time of polarization**

- **Republications vs. Democrats**
- **White Americans vs. those of color**
- **Legal immigrants vs. “illegals”**
- **Facts vs. “alternative facts” vs. “fake news”**
- **The “us vs. them” divide**

# **Polarization in mental health services and research: traditional models**

- **Adult- vs. child- services & funding streams**
- **“Sick” vs. “well”**
- **Preventing psychopathology in children vs. promoting recovery in parents**
- **Investigators vs. research subjects**
- **“Us vs. them”**

**Parenting is a significant life domain  
for people living with serious mental  
illnesses.**

# Mental Illness and Parenthood

- **The majority of men (57%) & women (68%) in the U.S. with mental illness during their lifetime are parents**
- **This is true across diagnostic categories, including psychotic disorders**
- **The average age of individuals with mental illness at birth of first child is about 22 for mothers and about 25 for fathers**
- **47% of mothers and 30% of fathers will experience a mental health condition in their lifetime**

# Parents with Serious Mental Illness and their Families are Vulnerable

- **Almost twice as likely as well parents to live with income below the federal poverty level.**
- **20 to 25% less likely to be employed.**
- **More likely to report having fair or poor health**
- **In a sample receiving SSI, twice as likely to be unable to pay their rent as parents with other disabilities**
- **In SSI sample, 76% more likely to experience food insecurity**

(Sonik et al., submitted; Luciano et al., 2014; Sogar, 2016)

# Young Adults (18 to 26) are Parents

- **3 out of 4 with mental health problems show signs before they are 24**
- **No mental illness → 19% are parents**
- **Moderate or mild mental illness → 25% are parents**
- **Serious mental illness → 29% are parents**

(US data; GAO-08-678 Young Adults with SMI, June 2008;  
[www.mentalhealth.gov/talk/young-people/](http://www.mentalhealth.gov/talk/young-people/); HHS.gov)

# Overlapping Needs

- **52% in systems of care reported a family history of mental illness; over 36% reported both a history of MI and substance abuse**
- **Children with SED and family histories of mental illness are significantly more likely to:**
  - **experience abuse and domestic violence**
  - **have a psych hospitalization and a suicide attempt**
  - **have ever run away**



## Transgenerational Implications

**“Long ago, the defenses I built to withstand the stress of my childhood to save what I have of myself, outlived their usefulness, and I’ve become an abuser of their once lifesaving powers...Now the bill collector is knocking, and his payment’ll be in tears.”**

**Parenting offers opportunities to  
promote community inclusion and  
recovery.**

# A Community Inclusion\* Agenda to Promote Recovery

- Develop new programs
- Help people access mainstream resources
- Expand and utilize natural supports
- Provide opportunities for meaningful community participation

\*Salzer, M. & Baron, R. C. (2016). *Well Together – A blueprint for community Inclusion: Fundamental concepts, theoretical frameworks and evidence*. Published by Wellways Australia Limited, Melbourne, Australia.

**Develop new programs (*or adapt existing interventions or behavior change strategies*).**

# Building the Evidence Base: Takes Care and Time

- Wansink, H. J., Hosman, C. M. H., Janssens, J. M. A. M., Hoencamp, E., & Willems, W. J. C. T. (2014, May 12). Preventive family service coordination for parents with a mental illness in The Netherlands. *Psychiatric Rehabilitation Journal*. Advance online publication.
- Wansink, H. J., Janssens, J. M. A. M., Hoencamp, E., Middelkoop, B. J. C., & Hosman, C. M. H. (2015, March 9). Effects of preventive family service coordination for parents with mental illnesses and their children, a RCT. *Families, Systems, & Health*. Advance online publication.
- Wansink et al. (2016) Cost-effectiveness of preventive case management for parents with a mental illness: A randomized controlled trial from three economic perspectives. *BMC Health Services Research*, 16:228

# Focus on Parenting & Improvements in MH: Building the Evidence Base

Variable	Enrollment <i>M</i> (SD)	6 Months <i>M</i> (SD)	<i>p</i> *	12 Months <i>M</i> (SD)	<i>p</i> *
Psychological distress (GSI)	62.86 (10.7)	60.9 (11.6)	0.13	56.9 (13.1)	0.005
Trauma symptoms (PSS)	16.95 (11.5)	14.4 (12.9)	0.03	12.7 (12.7)	0.02

## FAMILY OPTIONS INTERVENTION

N = 22 mothers with SMI

\**p*-values for the Wilcoxon signed-rank test;  
significance of difference from time of enrollment  
(Nicholson et al., 2009; Nicholson et al., in press)

# Adapting Models: Let's Talk about Parenting

- **MA/DMH**
  - Focus on adult recovery
  - Parents over the life span
- **Exploration phase**
  - Interviews with key stakeholders
  - Focus groups with adult service providers
  - Drafting and review of the practice profile
- **Pilot begins this week!**

# Enhancing Existing Practices: To Make Them Parent- and Family-informed

- **Assertive Community Treatment** (White et al., 2014)
- **Individual Placement and Support – Supported Employment** (Nicholson, 2014)
- **Clubhouse Family Recovery Programs** (Hinden et al., 2009)
- **Clubhouse Family Legal Support Program** (Nemens & Nicholson, 2006)

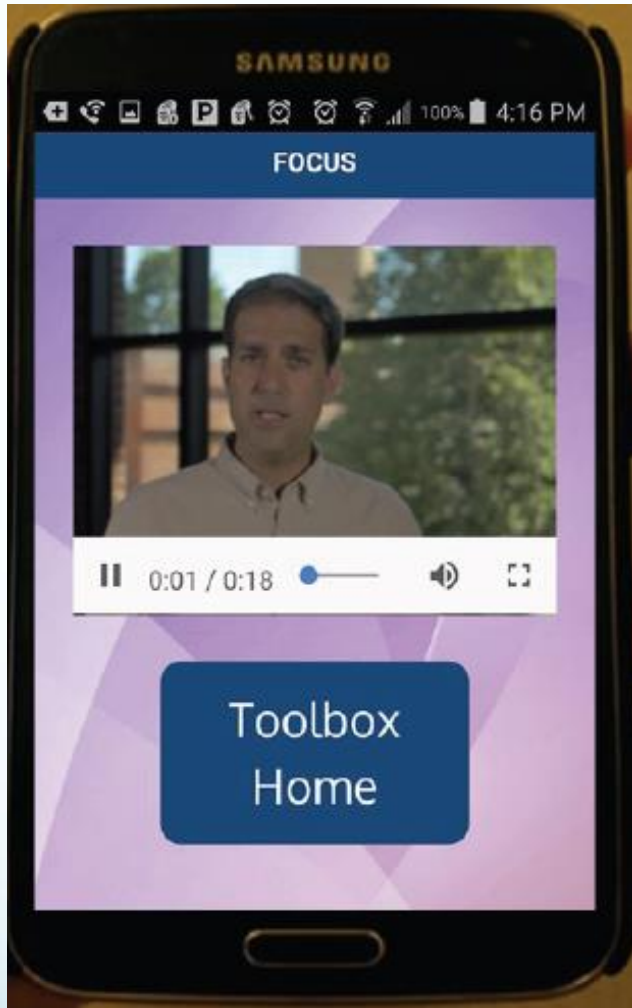


**Promote access to mainstream  
resources *(or to tailored  
resources in mainstream ways)*.**

# eMental Health Bridges: Health Literacy

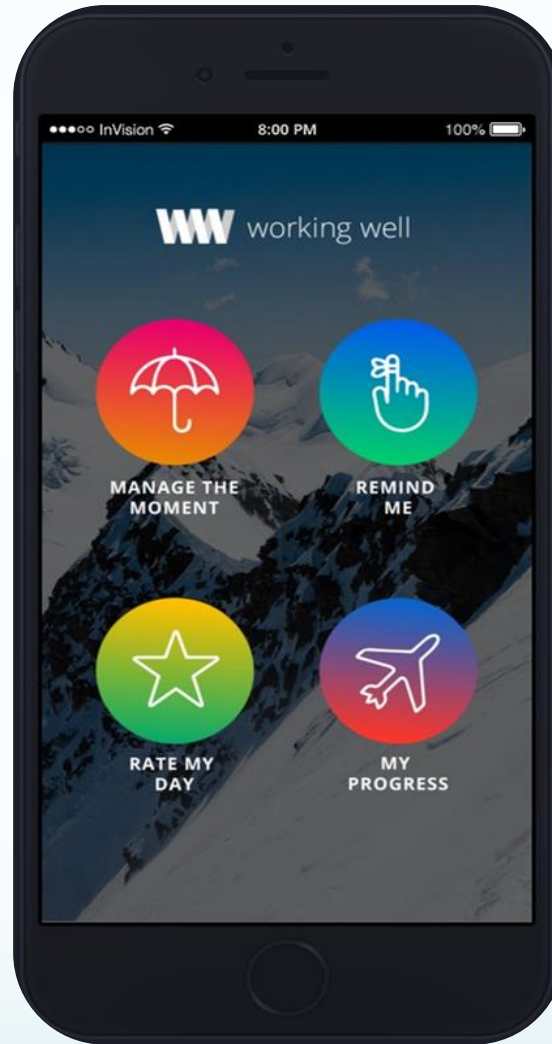


- **Individuals with serious mental illness die 25 years earlier than others**
- **The majority of Americans search online for health information**
- **Web design may introduce barriers for individuals with serious mental illness**
- **Health literacy and access to relevant online resources may be key to changing health behavior**



## FOCUS

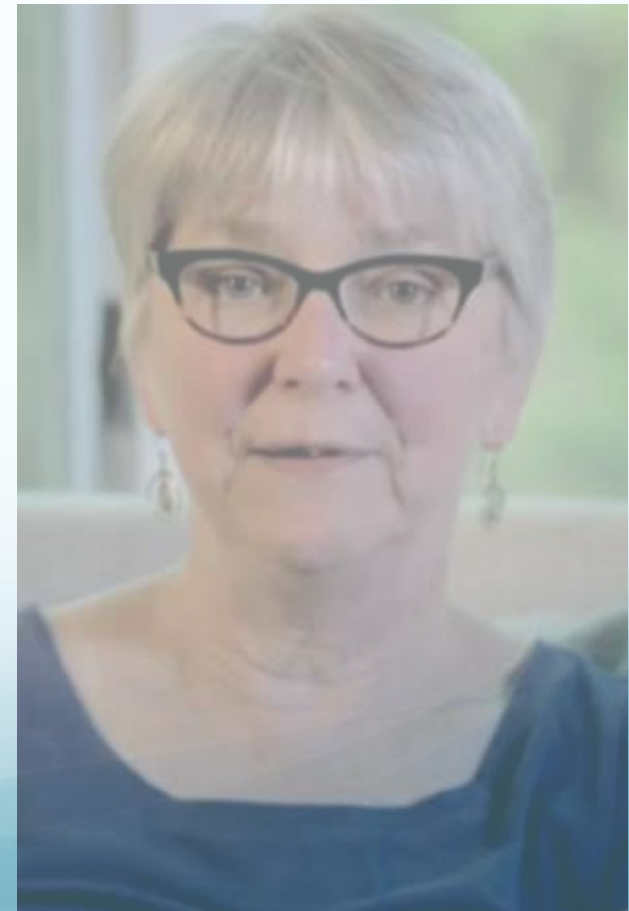
(Ben-Zeev et al., 2016)  
NIMH R34MH100195



## WorkingWell

(Nicholson et al., 2016)  
NIDILRR #90IF0069

# Accessible Interventions Via Mobile Devices





Biebel and Alikhan: Paternal Postpartum Depression



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Research in the Works

# Paternal Postpartum Depression

Kathleen Biebel &amp; Shums Alikhan

While postpartum depression (PPD) has historically been associated primarily with mothers, recently there has been increased awareness of the experience of fathers and strategies to address postpartum depression in men. For fathers willing to seek help, the lack of recognition of paternal PPD results in limited supports and treatments. Given the potential implications of paternal PPD, it is essential for new fathers and their healthcare providers to recognize the prevalence of paternal PPD, the symptoms, and the challenges surrounding this issue for men.

## Prevalence of Paternal Postpartum Depression

For both men and women, PPD is defined as moderate to severe depression diagnosed in the postpartum period, which is shortly after or up to one year following delivery.<sup>1</sup> Studies suggest anywhere from 4 to 25 percent of fathers experience paternal PPD,<sup>2,3</sup> rates that are not dissimilar to mothers.<sup>4</sup> Fathers are most likely to experience a first onset of paternal PPD in the first 3 to 6 months of the postpartum period.<sup>5</sup>



depression.<sup>14,15</sup> Men with previous histories of depression as well as those who are young fathers are at increased risk of developing paternal PPD. Men are likely to underreport their symptoms of depression due to the stigma associated with depression, along with concerns about not aligning with cultural concepts of masculinity.<sup>7</sup>

**Expand and utilize natural supports *(whether in person or virtual)*.**

# Creating Options for Family Recovery: A Provider's Guide to Promoting Parental Mental Health



Joanne Nicholson  
with Toni Wolf, Chip Wilder and Kathleen Biebel

## Parent Peer Specialists

- Emerged as significant role for intervention “graduates”
- Benefit from training, supervision and support
  - Boundaries
  - Triggers
- Provide psychoeducation, information about resources, coping tips, new skills
- Need for intervention and certification specifications, testing and replication
- Pilot supports in new National Research Center on Parents!

(Nicholson et al., 2014)



### Child and Family Connections, Inc.



Yesterday at 7:37 AM · 🌐

Don't forget the new times! Call in today to speak with others who actually understand the challenges you face. Take that step and start the conversation!

**Free National Call-in Support Groups**  
for parents with a mental health condition

**WEDNESDAYS**  
3-4pm Pacific Time  
6-7pm Eastern Time

**THURSDAYS**  
3-4pm Pacific Time  
6-7pm Eastern Time

National Call-In Support Group for Parents with a Mental Health Condition  
[us3.campaign-archive2.com](http://us3.campaign-archive2.com)

👍 You and 3 others

4 Shares

👍 Like

💬 Comment

➦ Share


**Provide opportunities for  
meaningful community  
participation (*as people define  
their own “community”*).**



# Social Media

iPad 4:08 PM 71%

< Friends & Family of people with Schizophrenia

 **Friends & Family of people with Schizophrenia**  
Closed Group

**WELCOME:** If you have a loved-one with Schizophrenia; This is a place where you can talk about frustrations, treatment barriers, guilt, rage, love, and hopelessness. know that everyone here can empathize with you. We are all in stages of grief here (Denial, Anger, Bargaining, Depression, Acceptance) and as we grow, we learn to nurture each other with learned advice, encouragement, and shared resources. We surprise ourselves all the time with how supportive and helpful we can be to one another. We know how you are feeling and we all genuinely care about each other. People who have Schizophrenia are also welcome to join the group. We can learn so much from your insights into this thought disorder.

**YOUR FIRST POST:** Please introduce yourself and express how you are feeling at this moment and why. Feel free to let it all out. No post is too long when it comes from the heart.

**CODE OF CONDUCT**  
The FFS Community is a safe and welcoming place for individuals. RUDENESS, INSULTS, HATE, HOSTILITY and NEGATIVITY are not tolerated. Of course you can disagree with each other, but make sure you understand the intentions of the person who you are reacting to and stay respectful.



AdChoices

THE BLOG

# Shouldn't Mothers With Mental Illness Have The Chance To "Have It All," Too?

06/12/2013 10:14 am ET | Updated Aug 12, 2013



Like 42



Joanne Nicholson, Ph.D. Professor of Psychiatry at the Geisel School of Medicine at Dartmouth and the Dartmouth Psychiatric Research Center

Maxine Tucker, 50, is a mother of two and grandmother of one living and working in Minnesota.

Not long ago, she was homeless. Her situation became even worse as serious depression and alcohol abuse set in. She couldn't keep a job and her children left.

Today, Maxine is different. Through the help of a local mental health agency she was able to get her life back on track. She just passed her one-year anniversary of working in a retail position she enjoys. She found an apartment, quit drinking and her children returned to live with her.

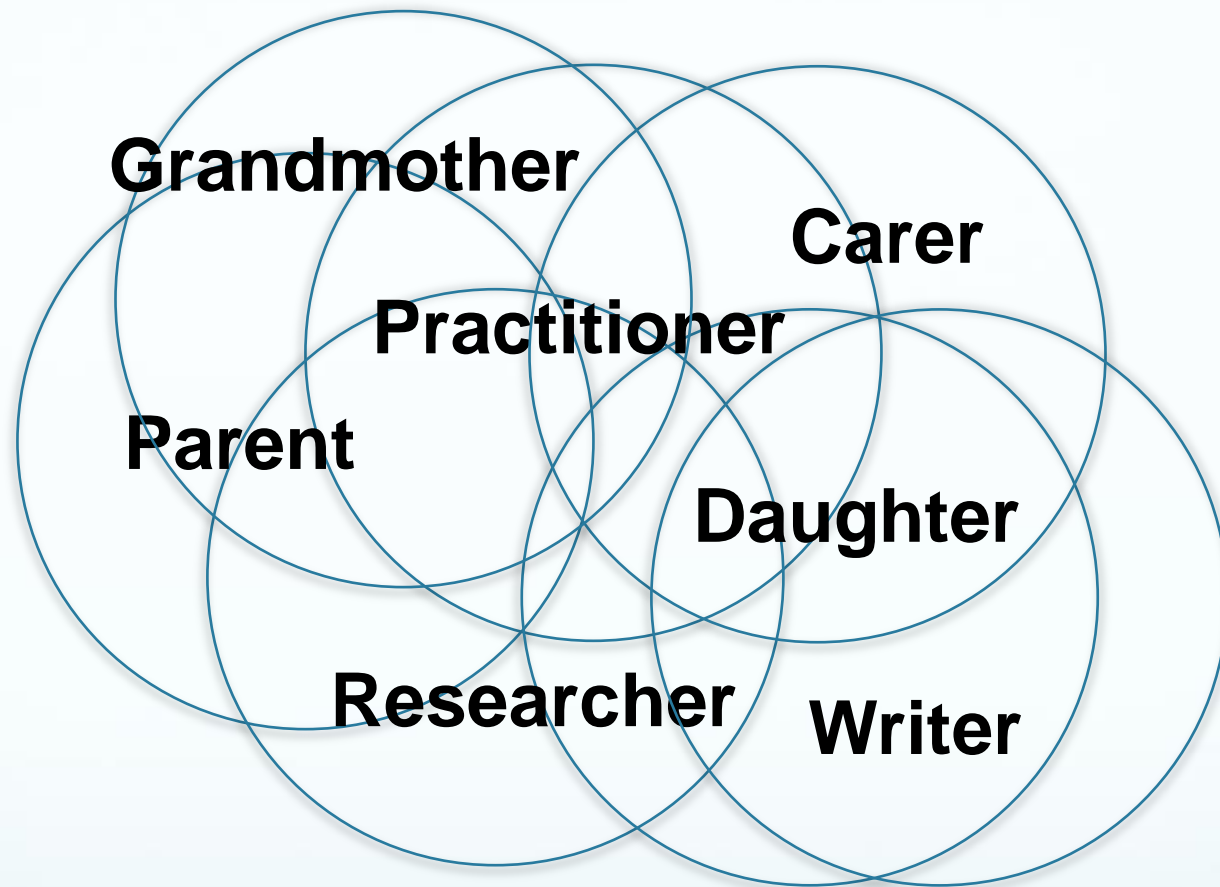


AdChoices

**Effective work with parents requires us to pay attention to and break down the “us vs. them” divide.**

# Barriers to Working with Adults about Parenting and Family Life

- **We already do that.**
- **Not my job.**
- **We don't have time.**
- **I wasn't trained to work with.....**



**Multiple Roles and Relationships over Time  
= Lived Experience**

- **We are not defined by our lived experience just in one role.**
- **We are made up by the sum total of our lived experiences.**
- ***Our differences may sharpen our perspective or help us offer alternatives.***
- **It is our shared experience that allows us to do the work we do.**

**“No one you have been  
and no place you have gone  
ever leaves you.”**



THE NEW YORKER

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*"I'm turning into my mother."*

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FRIDAY  
NOVEMBER 21



**“We honor our parents by  
carrying their best forward and  
laying the rest down.”**

## **Shifting the paradigm requires us to:**

- **Question assumptions.**
- **Consider similarities, along with differences.**
- **Acknowledge and take advantage of our own lived experience – in all of our roles.**
- **Ask parents what they think is happening and why, and what they want to have happen for themselves and their children.**
- **Shift focus from a parent's diagnosis to the mental health of the family, and investments in our communities.**

**“I have days when my boundaries wobble, my darkness and the blues seem to beckon and I seek to medicate myself in whatever way I can. But on my best days, I can freely enjoy the slow passing of time, the tenderness that is in my life; I can feel the love I’m a part of surrounding me and flowing through me; I am near home and I am standing hand in hand with those I love, past and present, in the sun, on the outskirts of something that feels, almost...like being free.”**

# Thanks!

- To Kelly, Emily, Joan and all those at MA/DMH who have helped organize this conference and supported us in our journey.
- To Bruce Springsteen for the quotes I have used throughout this presentation, taken from his autobiography, *"Born to Run."*

*Joanne.Nicholson@Dartmouth.edu*