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**PUBLIC POLICY BRIEF**

Fourth in a Series of Policy Briefs on Mental Health and Families

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*Regardless of where on a continuum from “easy” to “difficult” a person finds the job of parenting, research clearly shows that maintaining good mental health means better outcomes for parents and their children. “Good mental health enables individuals to cope with adversity and the challenges associated with the difficult job of parenting.”<sup>1</sup>*

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***Why is mental health important to parenting?***

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***Nationally, depression is found in 19% of mothers and in 12% of fathers, unless the primary parenting responsibility is with the father — in which case the rate of depression (in fathers) goes up to 19% -- the same as mothers.<sup>3</sup>***

Attending to personal mental health needs is extremely important for all individuals who have the responsibility of parenting, both for their own well-being and that of their children. Reasons for this include the following:

- The mental health of parents\* matters. All children need caring adults to guide their social and emotional development. Mental health problems can compromise a parent’s ability to adequately or consistently meet those developmental needs.<sup>1,2,3,6,7</sup>
- Mental health problems in adults occur across all levels of income and education and within all cultural and racial groups.<sup>1,2,3,10</sup>
- Parents who have mental health problems are more likely to have children who develop mental health problems of their own.<sup>1,2,3</sup>
- Economic and social disadvantage contribute to mental health problems and make it less likely that parents will receive appropriate treatment.<sup>1,2,3,4,10</sup>

The rate at which mental health disorders occur in parents varies, depending on the type of disorder, and the severity of the problem. Mental health disorders can range from mild depression to severe mental illness, with the most common concerns involving stress and anxiety.<sup>1</sup>

A situational depression may be treated with short-term outpatient support, while a full-blown psychotic disorder may require a costly and disruptive hospitalization. Parents who struggle with mental health disorders often need more than traditional mental health treatment. They may need information, support, modeling, respite care and other “family support services” to help them succeed at parenting.<sup>10</sup>

Poverty, social disadvantage and lack of education are three leading contributors to parental stress. Stress contributes to anxiety, depression and other mental health problems.<sup>1,3</sup>

*\*NOTE: The term “parents” is used throughout this paper, although it is intended to include grandparents, child care providers, foster parents and other caregivers as well.*

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***What does research tell us about mental health and parenting?***

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Research studies across a variety of disciplines converge, leading to these common conclusions:

- Relationships with their primary caregivers have the potential to strengthen the capacity with which children are born, *or* to damage them at a highly vulnerable time of life. This is true for all ages, but especially for the very young. The effect is often lasting, continuing as the child becomes an adult and has children of his or her own.<sup>1,2,3</sup>

- Many people with mental illness are able to be good parents because they have the treatment and support they need.<sup>2,10</sup>
- Mental health problems can stem from environmental stressors, biological factors, or a combination of the two.<sup>1,2,6</sup>
- It is neither fair nor useful to blame parents for the mental health problems of their children. It is reasonable to hold parents accountable to address their own and their children's mental health needs, provided they have the supports and resources to do so.<sup>1,10</sup>
- Unfortunately, many people do not recognize when their struggles become mental health problems. In addition, the nature of some conditions - such as depression - reduces the chances that people will have the energy and ability to reach out and seek help.<sup>2,3,10</sup>
- Substance abuse is a significant complication for many adults who are experiencing mental health problems, compounding the difficulties for all family members.<sup>1</sup>
- The stigma associated with mental health problems makes the challenge of seeking and obtaining treatment much more difficult.<sup>1,2,7</sup>
- Recent research has greatly improved the understanding of mental health diagnoses and treatment. The entire continuum of mental health needs, from mental health problems to disorders to chronic, long-term mental illness, is better understood, identified and treated today than any time in history.<sup>1,3</sup>

### ***What is the link between parental mental health and the larger society?***

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***“Socioeconomic factors affect individuals’ vulnerability to mental illness and mental health problems.”<sup>1</sup>***

Environmental factors that make all people vulnerable to developing mental health problems affect parents as well. When a family is living in poverty, or experiencing crime, chronic illness, violence, substance abuse, or other negative influences, the likelihood that the family will be able to overcome these negative factors and move on with good mental health is greatly diminished.<sup>1,3,7,9</sup>

In addition, mental health is influenced by the larger community in which a family lives. Educators, caregivers, faith communities, employers, and others who are a significant part of the family's life play important roles.

Workplace issues are significant. Self-worth and personal well-being are strongly influenced by the work environment. Policies such as parental leave, sick time, and opportunities for family time during traditional work hours directly affect family life.<sup>1,3</sup>

Parents face increasing expectations about participation in their children's education. Parents who aren't able to meet expectations because of language barriers, mental illness or other issues, experience added stress. When stereotypes about mental illness are perpetuated by educators or other professionals, parents with mental illness are further alienated from participation in their child's education.<sup>10</sup>

Mental health treatment and family support services are most accessible when offered in local communities where families spend their time.<sup>1</sup>

Communities can help strengthen the mental health of parents by assuring the availability of high quality child care, respite care and other needed services.<sup>1,2,6</sup>

### ***What special challenges do adolescent parents experience?***

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Every year, roughly half a million adolescent girls in this country become mothers.<sup>9</sup> Adolescent parenthood demands that youth place their own developmental needs second to the developmental needs of their babies. Many teen-agers simply don't have the maturity needed to do this.<sup>4</sup>

Research shows that infants of adolescent mothers have poorer physical and

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***Many teenagers don't have the maturity to put the developmental needs of their babies above their own needs.***<sup>4</sup>

psychological outcomes, including prematurity, low birth weight, developmental disabilities, and other developmental difficulties.<sup>4</sup>

Negative environmental conditions, including the lack of appropriate responses from caregivers, can have a profound influence on nerve development, sometimes resulting in poor developmental outcomes.<sup>3,4</sup> Assuming that adolescents are not always capable of providing “positive environmental conditions,” their babies may be at risk for negative outcomes.

Adolescents with early-onset mental illnesses – such as depression, anxiety disorders and conduct disorders – are more likely to have children in their teenage years than adolescents without mental health disorders. More research is needed to explore the reasons for this.<sup>5</sup>

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### ***Why don't more parents seek help?***

***“More than 54 million Americans have a mental disorder in any given year, and less than 8 million seek treatment.”***<sup>1</sup>

Despite advances in the mental health research base, numerous obstacles to adequate care and treatment remain.

Stigma about mental illness prevents many people from seeking treatment.

The lack of culturally appropriate and qualified providers in rural areas makes obtaining treatment almost impossible for many individuals.<sup>1</sup>

Limits on behavioral health care through insurance and managed care organizations make access an issue even for those who have insurance coverage and access to providers. The lack of mental health parity with physical health allows HMOs to provide care that discriminates against those who need mental health care. Often, when both a parent and child have mental health problems, they have to go to different providers because services tend to be divided into child services and adult services, rather than *family* services.<sup>1,8,10</sup>

Another important reason people don't seek mental health care is that they lack a basic understanding about mental health needs. Many people don't understand how to care for their mental health needs in the same way they care for their physical health needs.<sup>1,6</sup>

Many parents also avoid seeking help for fear of losing their children. Federal and state child welfare policies often result in parents with mental health disorders losing custody of their children.<sup>10</sup>

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### ***What policy recommendations are evident from recent research?***

- *Build the capacity of parents* to succeed and improve outcomes for their children with strong public policies. Parents want the best for their children, but may not be able to provide it without help.<sup>1,2,3,7</sup>
- *Advance all efforts to eliminate racial disparities* in the incidence and treatment of mental health needs of the parenting population.<sup>1,4,7</sup>
- *Coordinate services* to address the needs of the entire family, resulting in less duplication and fragmentation.<sup>1,7,10</sup>
- *Address the mental health of all parents* with strong public policies. This is best accomplished with a strength-based approach that is family-centered and culturally competent.<sup>1,2,8</sup>
- *Offer community-wide mental health education, support, services, and screening* from pregnancy forward to identify problems before they become serious, disruptive and costly.<sup>3</sup>
- *Promote workplace policies* that allow flexibility for employees to address their own mental health needs and those of their families. Both employers and

- employees benefit from such policies.<sup>1,7</sup>
- *Provide* routine screening of pregnant women, parents and children for depression and other mental health problems, incorporating such screening into obstetric, pediatric and other medical care.<sup>1,3,4,7,8</sup>
- *Maintain accessible early childhood and parent education programs* (such as “Ready to Learn” or “Early Childhood Family Education”). Learning to be an effective parent takes information, effort and support.<sup>7,8</sup>
- *Deliver mental health programs* in local communities with the following components that help support healthier families:
  - Active outreach and education
  - Screening and early identification
  - Case management
  - Medication support
  - Crisis intervention
  - Family therapy/counseling
  - Formal linkages with multiple agencies resulting in coordinated care
  - Cultural awareness training of mental health providers
  - Community education to alleviate stigma<sup>3</sup>
- *Build on* the Family and Medical Leave Act and the Child Care and Development Fund to strengthen the possibility of all parents being successful at work and at home.<sup>7</sup>

*For more information on the social and emotional needs of children, please see the companion briefs entitled “Mental Health in Infancy and Early Childhood.” and “Mental Health in Childhood and Adolescence. They are available at <http://www.cyfc.umn.edu/policy/issues/health.html>.*

### ***References, and for more information:***

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- <sup>3</sup>Hendrick V. and K. Daly, Parental Mental Illness, in *Building Community Systems for Young Children*, UCLA Center for Healthier Children, Families and Communities. 2000. <http://healthychild.ucla.edu>
- <sup>4</sup>American Academy of Pediatrics, *Care of Adolescent Parents and Their Children*, Policy Statement: Pediatrics, Vol. 107, No. 2. February 2001. <http://www.aap.org/policy/re0020.html>
- <sup>5</sup>Harvard Medical School, Adolescent Psychiatric Disorders Linked to Teen Parenthood, News Release, October 1997. <http://www.hms.harvard.edu/news/releases/0997preg.html>
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- <sup>7</sup>David and Lucile Packard Foundation, The Future of Children: Caring for Infants and Toddlers. 2001. <http://www.futureofchildren.org>
- <sup>8</sup>U.S. Dept of Health and Human Services, Early Childhood Mental Health Consultation. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. Copies available from: National TA Center for Children’s Mental Health, Georgetown University Child Development Center. Ph: 202/687-5000.
- <sup>9</sup>Childtrends Facts At A Glance, <http://www.childtrends.org/factlink.asp>. Washington, D.D. 20008. Ph: 202/362-5580.
- <sup>10</sup>Special thanks to Dr. Barbara Friesen and the staff at the National Research and Training Center on Family Support and Children’s Mental Health, and to Dr. Joanne Nicholson at the University of Massachusetts Medical School for their thoughtful review and input.

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**For additional information, contact the Children, Youth and Family Consortium at (612) 625-7849. For links to on-line studies and resources, visit the Consortium’s mental health website at:**  
**<http://www.cyfc.umn.edu/policy/issues/health.html>**