



**National Clearinghouse on Child Abuse and Neglect Information
National Adoption Information Clearinghouse**



Gateways to Information: Protecting Children and Strengthening Families

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Mental Health Issues of Parents in the Child Welfare System

Interagency collaboration between child protection and mental health services: practices, attitudes and barriers.

Darlington, Yvonne, Darlington. Feeney, Judith A. Rixon, Kylie.
University of Queensland.
2005

Child abuse and neglect : the international journal.

29 (10) p. 1085-1098

Publication Information: Orlando, FL : Elsevier

Available from: Elsevier

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Orlando, FL 32887

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usics@elsevier.com

The aim of this paper is to examine some of the factors that facilitate and hinder interagency collaboration between child protection services and mental health services in cases where there is a parent with a mental illness and there are protection concerns for the child(ren). The paper reports on agency practices, worker attitudes and experiences, and barriers to effective collaboration. A self-administered, cross-sectional survey was developed and distributed via direct mail or via line supervisors to workers in statutory child protection services, adult mental health services, child and youth mental health services, and Suspected Child Abuse and Neglect (SCAN) Teams. There were 232 completed questionnaires returned, with an overall response rate of 21%. Thirty-eight percent of respondents were statutory child protection workers, 39% were adult mental health workers, 16% were child and youth mental health workers, and 4% were SCAN Team medical officers (with 3% missing data). Analysis revealed that workers were engaging in a moderate amount of interagency contact, but that they were unhappy with the support provided by their agency. Principle components analysis and multivariate analysis of variance (MANOVA) on items assessing attitudes toward other workers identified four factors, which differed in rates of endorsement: inadequate training, positive regard for child protection workers, positive regard for mental health workers, and mutual mistrust (from highest to lowest level of endorsement). The same procedure identified the relative endorsement of five factors extracted from items about potential barriers: inadequate resources, confidentiality, gaps in interagency processes, unrealistic expectations, and professional knowledge domains and boundaries. Mental health and child protection professionals believe that collaborative practice is necessary; however, their efforts are hindered by a lack of supportive structures and practices at the organizational level.

Parental mental health: disruptions to parenting and outcomes for children.

Smith, Marjorie.

Thomas Coram Research Unit.

2004

Child and family social work.

9 (1) p. 3-11

National Clearinghouse on Child Abuse and Neglect Information

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Available from: <http://www.blackwellpublishing.com>

The association between parental mental health problems and negative outcomes for children has been long known. This paper addresses three issues in relation to this. First, the scale of the problem is outlined, in terms of both the prevalence of mental health problems in parents and the likelihood of children exhibiting negative outcomes in these circumstances. Secondly, the specificity, or lack of it, of particular outcomes in the child in relation to different parental mental health problems is explored.

Thirdly, the paper focuses on the importance of disruptions to parenting as a mechanism in the transmission of mental health problems to negative impacts on the child. Examples are given of how parenting is disrupted in non-clinical community populations, and the subsequent impacts on the child.

The case is made for the preventative importance of parenting and family support in mediating between parental mental health problems and negative impacts on the child. (Author abstract)

Parental mental health problems: key messages from research, policy and practice.

Tunnard, Jo.

Research in Practice (UK)

2004

Publication Information: Totnes, Devon, UK : Research in Practice

Distributed by: Research in Practice

Blacklers, Park Road, Dartington Hall, Totnes

Devon County, England TQ9 6EQ

Tel: 01803 867692

jo@rip.org.uk

Available from: <http://www.rip.org.uk>

This report summarizes research about the impact of moderate parental mental health problems on children and families. The findings highlight the prevalence of mental illness and illustrate the negative effects on family relationships, living situations, child development, and employment. An analysis of comments from children, parents, and professionals reveals several barriers to assistance, including a fragmented system of support for adults and children, the failure of services to adapt to the needs of the individual, and an emphasis on deficits rather than strengths. The research identifies the desires of parents for information, specialized services, and ongoing support for all family members. The report proposes reforms that will result in a system of care that is sensitive to specific mental health issues and focuses on the family's perspective. The research also indicates that local services should coordinate the efforts of adult mental health and family services and implement prevention programs to prepare people to manage difficulties. Other best practices include: instruct children in coping skills, help parents become productive members of their community, apply the holistic approach to all services for families, and evaluate the effectiveness of services for parents with mental health problems. The report presents an outline of a proposed system framework that contains the elements of advice and information, planning in partnership with families, specialist services, social support, practical assistance, and staff development. Numerous references.

<http://www.rip.org.uk/publications/documents/researchreviews/parentalmentalhealth.pdf>

Identifying and reducing barriers to reunification for seriously mentally ill parents involved in child welfare cases.

Risley-Curtiss, Christina. Stromwall, Layne K. Hunt, Debra Truett. Teska, Jennifer.

Alliance for Children and Families

2004

Families in Society

85 (1) p. 107-118

Reprints available from: Alliance for Children and Families

11700 West Lake Park Drive

Milwaukee, WI 53224-3099

Tel: (414) 359-1040

info@alliance1.org

Available from: <http://www.alliance1.org>

Forming judgments about parenting capacity, a necessary part of permanency planning, is much more difficult when the parent has a serious mental illness. The time necessary for effective treatment for such parents is often longer than the court-ordered time limit for family reunification. This puts mentally ill parents at a distinct disadvantage in their efforts to preserve their families. Using Arizona as an example, this article discusses the barriers in both child welfare and mental health systems to accurate and effective assessment and treatment. It presents recommendations for research and suggestions for child welfare personnel to enhance the potential for mentally ill parents to reunify with their children. (Author abstract)

http://www.alliance1.org/Publications/fis/FIS_PDFs/85-1PDFs/851Risle.pdf

The effects of parental mental illness upon children: a descriptive study of the views of parents and children.

Stallard, Paul. Norman, Philip. Huline-Dickens, Sarah. Salter, Emma. Cribb, Jan.
Avon and Wiltshire Mental Health Partnership NHS Trust (U.K.)
2004

Clinical child psychology and psychiatry.

9 (1) p. 39-52

Publication Information: London ; Thousands Oaks, CA : Sage Publications.

Reprints available from: Sage Publications

2455 Teller Road

Thousands Oaks, CA 91320

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Available from: <http://www.sagepub.com>

The association between parental mental illness and child disturbance has been documented although the experience of children coping with such illness has received comparatively little attention. This article details the impact of parental mental illness on children of patients attending a community mental health team. Information was obtained from 24 adults and 26 dependent children. Children were concerned about their parents, had little understanding of their parent's illness and most wanted more information. Parents were aware of the negative impact of the illness upon their children, particularly disruption to everyday life and concerns about significant behaviour problems. Despite the negative impact of the illness, parents perceived their relationship with their children positively. In undertaking this research a number of potential barriers to identifying the needs of these children were identified which are reported. The study highlights the need for more collaborative and integrated child and adult mental health services and the development of a more family-centred focus. (Author abstract)

Family matters: mental health of children and parents/Human Services Policy Center, Evans School of Public Affairs, University of Washington.

University of Washington. Human Services Policy Center. Daniel J. Evans School of Public Affairs.
Washington Kids Count (Organization)
2003

Publication Information: Seattle, WA : Washington Kids Count.

Available from: Washington Kids Count

Human Services Policy Center University of Washington Box 354804 1107 NE 45th Street, Ste 205
Seattle, WA 98195

Tel: 206-6853135

hspcnews@u.washington.edu

Available from: <http://www.hspc.org/wkc/index.html>

A survey of representative samples of American families in 13 states, including Washington State, explored aspects of the family environment associated with a child (ages 6-17) experiencing symptoms of severe emotional and behavioral problems. A strong, reciprocal link was found between child and parental mental health. Troubled children were likely to have troubled parents and vice versa. The report begins by discussing the prevalence and seriousness of severe emotional and behavioral problems in children in Washington State. Charts follow that show the increases in risk for mental health problems

when various risk factors are present. Findings indicate: (1) elementary school children whose parents experienced symptoms of poor mental health or high parental aggravation were almost five times as likely to have severe emotional and behavioral problems, and adolescents were almost three times more likely; (2) parents experiencing economic hardship were almost three and a half times more likely to report symptoms of poor mental health; (3) single parents who were not living with a partner were two times more likely to report symptoms of poor mental health, and unemployed parents were also more likely to experience symptoms of poor mental health; (4) having a child with symptoms of severe emotional and behavioral problems was the largest single risk associated with parental symptoms of poor mental health; (5) having at least one teenager in the home was also linked to an increased risk of a parent reporting symptoms of poor mental health; (6) parents without a high school diploma or a GED were more than twice as likely to experience high parental aggravation; and (7) parental aggravation was associated with parents leaving a child without adult supervision. Recommendations are provided for improving mental health service delivery, improving community services, and improving insurance systems. (Author abstract modified)

http://www.hspc.org/publications/pdf/Family_Matters_Brief_0703.pdf

Issues in parenting by clients with severe and persistent mental illness: a survey of experts.

Ackerson, Barry J. Venkataraman, Meenakshi.

University of Illinois at Urbana-Champaign

2003

Journal of Family Social Work

7 (1) p. 35-52

Reprints available from: Haworth Press

Tel: 800-HAWORTH (429-6784)

docdelivery@haworthpress.com

Available from: <http://www.haworthpress.com>

Eight researchers were interviewed for this study of the service needs of parents with mental illness. The researchers were experts in the fields of social work, psychiatry, and psychology who had examined the parenting issues of persons with mental illness during the previous five years. Open-ended questions prompted the respondents to share their knowledge about key parenting considerations for this population, strategies for evaluating social support, the feasibility of videotapes and direct observations for assessment, follow-up assessments, and the quality of services. The researchers recommended that assessments evaluate parents' abilities to care for their children rather than their symptoms of psychopathology because individuals with mental illness may be capable of performing parental functions. Assessments also should be individualized to account for variations in symptoms and circumstances. Finally, assessments should identify strengths as well as weaknesses regarding child care tasks, discipline, and safety. The researchers noted that other factors may have an impact on the parenting abilities of mentally ill patients, such as poverty and lack of resources. Services for mentally ill parents should include specialized parenting classes and collaboration between child welfare and mental health agencies. 26 references, 2 tables.

Best practice/next practice: family-centered child welfare, Summer 2003: mental health in child welfare: a focus on children and families.

National Child Welfare Resource Center for Family-Centered Practice

2003

Best Practice/Next Practice

Publication Information: Washington, DC: National Child Welfare Resource Center for Family-Centered Practice

Available from: National Clearinghouse on Child Abuse and Neglect Information

370 L'Enfant Promenade SW

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Children served by the child welfare system are at high risk for socio-emotional, behavioral, and other mental health problems that complicate the care provided by caseworkers, foster parents, and relative caregivers. This issue of the newsletter of the National Child Welfare Resource Center for Family-

Centered Practice describes mental health problems that arise during childhood and adolescence and presents recommendations for screening and treatment. Articles address topics such as resiliency, attachment, the role of foster families in mental health treatment, the types of mental health services that should be offered, cultural competency, and support for parents with mental illness. Barriers to service also are identified. Agencies are advised to provide family-centered mental health care, develop partnerships with families, involve foster families in treatment activities, encourage contact between foster and birth families, and create a system that includes community prevention and early intervention services, home-based services, and residential programs.

<http://www.hunter.cuny.edu/socwork/nrcfcpp/newsletters.html#BPNP>

A challenge of California Family Code Section 7827: application of this statute violates the fundamental rights of parents who have been labeled mentally disabled.

Culhane, Jennifer A.

Whittier College (Whittier, Calif). School of Law.

2003

Whittier journal of child and family advocacy.

3 (1) p. 131-150

Publication Information: Costa Mesa, CA : Whittier Law School.

Reprints available from: Whittier Law School

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Available from: <http://www.law.whittier.edu>

California Family Code Section 7827 permits courts to terminate the parental rights of individuals with mental disabilities without regard to the person's ability to parent. Courts must consider the testimony of two experts, neither of whom is required to be knowledgeable about parenting issues for people with developmental disabilities. In addition, an evaluation of the best interests of the child is not mandatory, but left to the court's discretion. This article asserts that the state law is unconstitutional because it cannot survive the strict scrutiny required of statutes that restrict fundamental rights such as parenting. The law does not demonstrate a compelling interest to protect children because it can be used to terminate the parental rights of any individual with mental disabilities regardless of his or her ability to parent. The law also fails to promote support services and reunification opportunities for individuals with disabilities. Least restrictive alternatives must be available, especially when the quality of the parent-child relationship is more important than the stability of a home with people who have more typical mental abilities. The article reviews the nature of the fundamental right to parent and highlights inconsistencies between Section 7827 and other child welfare laws in California.

Walking with them: advocating for parents with mental illnesses in the child welfare system.

Glennon, Therea.

Temple University Beasley School of Law

2003

Temple Political and Civil Rights Law Review

12 (2) p. 273-320

Available from: Temple University Beasley School of Law

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Available from: <http://www.temple.edu/tpcrlr/>

Despite the large number of parents with mental illnesses who are caught up in the child welfare system, these parents and their families remain understudied and underserved. Parents with mental illnesses are doubly stigmatized as mentally ill and as abusive or neglectful. Few comprehensive or appropriate services are available to them through either the child welfare or the mental health systems. This Article evaluates the application of the Americans with Disabilities Act of 1990 ("ADA") to the services provided by child welfare agencies to parents with mental illnesses. To date, courts have largely rejected ADA claims raised in the context of termination of parental rights proceedings, finding that applying the ADA to

prevent termination of parental rights would be detrimental to the best interest of the children who are the subjects of the proceedings. Despite these setbacks, the ADA's unequivocal rejection of prejudicial stereotypes and inflexible policies could provide an important basis for rethinking child welfare policy toward families in which one or more parents has a mental illness. The ADA may make it possible for advocates for parents to bring to light unfounded assumptions about the capacity of parents with mental illnesses and advocate for services tailored to the needs of their families. Although courts are reluctant to apply the ADA to prevent children from being made available for adoption after they have been in the foster care system for a long time, the ADA has some potential to address the attitudes of child welfare decision makers and encourage child welfare agencies to support rather than undermine parenting by individuals with mental illnesses. At the same time, the potential of the ADA's forceful rejection of discrimination may fail to be realized. Some of the provisions of the ADA have been given quite narrow interpretations, while others remain little explored. This Article evaluates both the opportunities for and the challenges of applying the ADA to improve the workings of the child welfare system towards parents with mental illnesses. (Author abstract)

http://papers.ssrn.com/sol3/papers.cfm?abstract_id=466982

Families with parental mental illness, adolescence (p. 471-479 of Encyclopedia of primary prevention and health promotion.)

Mowbray, Carol Thiessen. Oyserman, Daphna.
2003

Publication Information: Encyclopedia of primary prevention and health promotion. New York : Kluwer Academic/Plenum, 2003.

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Hingham, MA 02018
Tel: 866-269-9527

kluwer@wkap.com

Available from: <http://www.wkap.nl>

This encyclopedia entry discusses children and adolescents of parents with mental illness. Information is provided on the definition of mental illness, the bio-psychosocial perspective to understanding the situation of children who have a parent with mental illness, and research findings on biological risk factors, parenting problems of parents with mental illness, and contextual factors affecting the children. Strategies are explored for promoting resiliency in children, including strategies that work, strategies that might work, and strategies that do not work. A synthesis stresses the need for interventions to minimize family dysfunction and maximize the child's support system and his/her own competencies. 1 table and 39 references.

Mental health and parenting.

2003

This brief explains the impact of mental health well-being on parenting and stresses the importance of providing mental health services to parents. It begins by discussing why mental health is important to parenting and presenting research findings on the effects of parental mental health on children. The link between parental mental health and the larger society is explored, and the special challenges faced by adolescent parents are highlighted. Reasons why parents do not seek help are identified, and public policy recommendations are provided. Recommendations include: build the capacity of parents to succeed and improve outcomes for their children with strong public policies; advance all efforts to eliminate racial disparities in the incidence and treatment of mental health needs of the parenting population; coordinate services to address the needs of the entire family; address the mental health of all parents with strong public policies; offer community-wide mental health education, support, services, and screening from pregnancy forward to identify problems before they become serious, disruptive, and costly; promote workplace policies that allow flexibility for employees to address their own mental health needs and those of their families; provide routine screening of pregnant women, parents, and children for depression and other mental health problems; maintain accessible early childhood and parent education programs; deliver mental health programs in local communities with key components that help support healthier families; and 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. 10 references.

<http://www.cyfc.umn.edu/policy/issues/briefings/mentalhealth4.html>
<http://www.cyfc.umn.edu/policy/issues/briefings/mentalhealth4.pdf>

Steps toward evidence-based practices for parents with mental illness and their families.

University of Massachusetts Medical School. Center for Mental Health Services Research. Substance Abuse and Mental Health Services Administration. Center for Mental Health Services.
2002

Available from: National Mental Health Association
2001 N. Beauregard Street 12th Floor
Alexandria, VA 22311
Tel: (703) 684-7722 (800) 969-6642
nmhaprev@aol.com
<http://www.nmha.org/children/evidenceBasedPractices.pdf>

Parents With a Disability and Child Protection Matters.

Kovacs, Katie.

Australian Institute of Family Studies. National Child Protection Clearinghouse.
2002

Child Abuse Prevention Newsletter.

10 (1) 7-11

Publication Information: Melbourne, VIC: Australian Institute of Family Studies.

Reprints available from: National Child Protection Clearinghouse
300 Queen Street
Melbourne, VIC 3000 Australia
Tel: +61 3 9214 7888

fic@aifs.gov.au

Available from: <http://www.aifs.org.au>

Today there are increasing numbers of adults with disabilities living outside of institutional settings, forming relationships, marrying, and having children. There is evidence indicating an association between a parent with a disability - and particularly parents with an intellectual or psychiatric disability - and higher rates of identified child abuse and neglect. One of the first investigations of experiences of disabled parents involved in child protection care proceedings was completed in 2000, and is outlined and discussed in this article. Researchers examined the outcomes for children and parents in each case in order to determine whether parents with a disability were treated differently from other parents before the court. Case outcomes are presented in this article, and the court process evaluated. Five main areas are identified for which recommendations for change are suggested, and concluding implications raise a number of important issues concerning the difficulties faced by parents with a disability who are involved in child protection care proceedings. 6 references. 1 endnote.

<http://www.aifs.org.au/nch/pubs/nl2002/winterkk2.pdf>

Critical issues for parents with mental illness and their families.

Nicholson, Joanne. Biebel, Kathleen. Hinden, Beth. Henry, Alexis. Stier, Lawrence.

University of Massachusetts Medical School. Center for Mental Health Services Research. National Mental Health Information Center (U.S.)

2001

Publication Information: Worcester, MA : University of Massachusetts Medical School, Center for Mental Health Services Research.

Distributed by: National Mental Health Information Center
PO Box 42557

Washington, DC 20015

Tel: 1-800-789-2647

Available from: <http://www.mentalhealth.samhsa.gov>

This report discusses the outcomes of a study that investigated the impact of parents who have mental illness on children and families. Two surveys were conducted. The first was a structured survey directed to State mental health agency commissioners and directors in all fifty States and the District of Columbia regarding policies and programs for parents with mental illness and their families, and service coordination and integration issues. The second was a survey of 27 programs across the country. In

addition, 28 key informants were interviewed from the fields of mental health, child welfare, early intervention, rehabilitation, criminal justice, welfare reform, the legal system, and public health. The report begins by discussing the scope of the issue and the experiences of parents with mental illness. Service needs and barriers to utilization are reviewed, along with child outcomes of children with a parent with mental illness. Information is provided on federal and State policies impacting policies and practices relating to parents with mental illness, and the experiences of other social service agencies in working with parents with mental illness. Current programs for parents with mental illness and their families are described, and recommended steps for improving and expanding services are outlined. Numerous references.

<http://www.mentalhealth.samhsa.gov/publications/allpubs/KEN-01-0109/default.asp><http://www.nmha.org/children/criticalissuesforParents.pdf>

Special issues for families in need of child welfare services [website]: mental health and mental illness/California Social Work Education Center.

Standardized core project (SCP) for California child welfare workers
University of California, Berkeley. California Social Work Education Center.
2001

Publication Information: Berkeley, CA : California Social Work Education Center, University of California, Berkeley, School of Social Welfare.

Distributed by: University of California, Berkeley

California Social Work Education Center Marchant Building Suite 420 6701 San Pablo

Berkeley, CA 94720

Tel: 510-642-9272

Available from: <http://calswec.berkeley.edu/>

Sponsoring Organization: California Dept. of Social Services.

The California Social Work Education Center (CalSWEC) Standardized Core Competencies suggest that workers should understand the impact of mental health on family functioning and child well-being. This website provides links to materials used in the mental health content area of the CalSWEC curriculum.

The session addresses risk factors for mental health, diagnoses of mental illness, collaboration between child welfare and mental health services, mental health treatment, legal and ethical issues, and case management. Materials include a participant's guide and a teacher's guide that explain applicable core competencies and present the content for the curriculum. A supervisor's guide and on-the-job exercises are available to help the workers implement the strategies that they learn during the training.

<http://calswec.berkeley.edu/CalSWEC/CurriculumMentalHealth.html>

Parents with mental illness: their experiences and service needs.

Cook, Judith. Steigman, Pamela.

2000

Available from: UIC National Research and Training Center on Psychiatric Disability

104 South Michigan Ave, Suite 900

Chicago, IL 60603

Tel: 312.422.8180

Available from: <http://www.psych.uic.edu/UICNRTC/>

<http://www.psych.uic.edu/UICNRTC/Parents.PDF>

Parents in Distress: A State's Duty to Provide Reunification Services to Mentally Ill Parents.

Gallager, K. A.

Wisconsin State First Judicial District, Milwaukee.

2000

Family and Conciliation Courts Review

38 (2) 234-259

Publication Information: Sage Publications, Inc., Thousand Oaks, CA.

Reprints available from: Sage Publications, Inc.

2455 Teller Rd.

Thousand Oaks, CA 91320

Tel: 805-499-9774

order@sagepub.com

Available from: <http://www.sagepub.com/>

States should be required to provide reunification services for children removed from mentally ill parents, according to the author. Shortcomings in state laws and social service policies for reuniting children with parents being treated for mental illness are highlighted, as is case law on such reunification. There is a lack of uniformity among states on how such parents are treated with regard to their children, although research indicates that both society and mentally ill parents benefit from reunification. A standard is needed for each state's duty to provide reunification services for mentally ill parents because many state courts and legislatures presume that mentally ill parents cannot care for their children. Others recognize the value of such reunification services in keeping families intact, providing for the emotional and psychological welfare of children. Three fundamental principles are offered in support of the argument for such services. These include the fundamental interest of parents in the care, custody, and management of their children, and the strong interest states must have in family reunification based on the high cost of removing children from the home. Also, states have a duty to assist mentally ill persons in being diagnosed and treated. Cases are used to illustrate how mental illness may affect parenting and result in removal of a child. 244 references.

Parental Mental Health as a Child Protection Issue: Data From the NSPCC National Child Protection Helpline.

Lewis, V. Creighton, S. J.
NSPCC Child Protection Research Group, London (England).
1999

Child Abuse Review
8 152-163

Publication Information: New York, NY, John Wiley and Sons, Ltd.

Reprints available from: John Wiley and Sons, Inc.

Customer Service 605 Third Ave.

New York, NY 10158-0012

Tel: (212) 850-6645

subinfo@wiley.com

Available from: <http://www.wiley.com>

Analysis of a sample of 2,084 child abuse referrals to Great Britain's National Child Protection Helpline (NCPH) showed that in 10 percent of cases a parent or caretaker was reported as having a mental health problem. The NCPH was launched in 1991 as the primary point of contact for anyone who is concerned about the safety or welfare of a child. It has a 24-hour toll-free number staffed by counselors experienced in child protection social work. The counselors answer over 70,000 calls each year. Mothers were the parent affected in the majority of these cases. The mental health sample differed from the other referrals in an increased concern about emotional abuse and less about sexual abuse; greater levels of violence and discord between parents; and more agency involvement. Issues of potential labeling and therapeutic needs are discussed. 4 tables and numerous references. (Author abstract modified)

The Intersection of Child Welfare and Mental Health: A Resource Manual.

Egbert, S. C.
University of Utah, Salt Lake City.
1998

Publication Information: University of Utah, Salt Lake City.

Distributed by: University of Utah

Salt Lake City, UT 84112

Tel: (801) 581-7200

Available from: <http://www.utah.edu>

Sponsoring Organization: Children's Bureau (DHHS), Washington, DC.

This resource manual addresses family violence and substance abuse and was funded by the Interprofessional Education and Training (IPET) Child Welfare Grant. It contributes to the knowledge base of child welfare professionals by informing them about research conducted from 1994 to 1998 regarding issues which frequently co-occur with child maltreatment. A mental health competency list for child welfare workers has been created and publications from the National Institute of Mental Health, along with articles from professional journals have been reviewed and annotated. The list explores definitions related to mental health; links between mental health issues and child maltreatment; personal

and family dynamics of mental health issues; cultural competence; recognizing and identifying mental health issues; assessing the implications of mental health issues in child protection cases; and collaborative interventions, service plans, and practice. The references and their summaries appear under these headings: National Institute of Mental Health publications, **parental mental health**, children's mental health, adult mental health as effected by childhood experiences--comorbidity, and worker competencies and multidisciplinary collaboration.

When a Parent Has a Mental Illness: Child Custody Issues.

National Mental Health Association, Alexandria, VA.

Publication Information: National Mental Health Association, Alexandria, VA.

Distributed by: National Mental Health Association

2001 N. Beauregard Street, 12th Floor

Alexandria, VA 22311

Tel: 800-969-6642

Available from: <http://www.nmha.org/>

Sponsoring Organization: E.H.A. Foundation.

Some state laws cite mental illness as a condition that can lead to loss of custody or parental rights. Thus, parents with mental illness often avoid seeking mental health services for fear of losing custody of their children. Custody loss rates for parents with mental illness range as high as 70-80 percent, and a higher proportion of parents with serious mental illnesses lose custody of their children than parents without mental illness. The loss of custody can be traumatic for a parent and can exacerbate their illness, making it more difficult for them to regain custody. If mental illness prevents a parent from protecting their child from harmful situations, the likelihood of losing custody is drastically increased. (Author abstract)

<http://www.nmha.org/children/custody.pdf>

When a Parent Has a Mental Illness: From Risk to Resiliency: Protective Factors For Children

National Mental Health Association, Alexandria, VA.

Publication Information: National Mental Health Association, Alexandria, VA.

Distributed by: National Mental Health Association

2001 N. Beauregard Street, 12th Floor

Alexandria, VA 22311

Tel: 800-969-6642

Available from: <http://www.nmha.org/>

Sponsoring Organization: E.H.A. Foundation.

The effect of parental mental illness on children is varied and unpredictable. Although parental mental illness presents biological, psychosocial and environmental risks for children, not all children will be negatively affected, or in the same way. The parental diagnosis of mental illness alone is not sufficient to cause problems for the child and family. Rather, it is how the diagnosis affects the parent's behavior as well as familial relationships that may cause risk to a child. The age of onset, severity and duration of the parents' mental illness, the degree of stress in the family resulting from the parents' illness, and most importantly, the extent to which parents' symptoms interfere with positive parenting, such as their ability to show interest in their children, will determine the level of risk to a child. (Author abstract)

<http://www.nmha.org/children/risk.pdf>

When a Parent Has a Mental Illness: Interventions and Services for Families.

National Mental Health Association, Alexandria, VA.

Publication Information: National Mental Health Association, Alexandria, VA.

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Alexandria, VA 22311

Tel: 800-969-6642

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Sponsoring Organization: E.H.A. Foundation.

Practical interventions and access to quality care are critical issues for parents who live with mental illness and their families. Appropriate interventions and services are essential to mitigate risk and enhance healthy relationships between parents and their children. Support services should help families prosper by addressing individual characteristics of the parent and child, strengthening family bonds,

improving family interactions, increasing social supports, and expanding access to services. This fact sheet describes the types of intervention strategies that can help families to thrive, and summarizes the limits of the current service delivery system. (Author abstract)

<http://www.nmha.org/children/interventions.pdf>

When a Parent Has a Mental Illness: Serious Mental Illness and Parenting.

National Mental Health Association, Alexandria, VA.

Publication Information: National Mental Health Association, Alexandria, VA.

Distributed by: National Mental Health Association

2001 N. Beauregard Street, 12th Floor

Alexandria, VA 22311

Tel: 800-969-6642

Available from: <http://www.nmha.org/>

Sponsoring Organization: E.H.A. Foundation.

Parents with mental illness face challenges when dealing with reproductive issues, custody loss, and past and present victimization, often without family support due to the lack of services and specialized programs to aid this population. This fact sheet describes the issues and needs particular to parents with a mental illness: specialized programs, recovery process, medication and illness management, and family planning. (Author abstract)

<http://www.nmha.org/children/parenting.pdf>

When a Parent Has a Mental Illness: Issues and Challenges.

Strengthening families fact sheets

National Mental Health Association, Alexandria, VA.

Publication Information: National Mental Health Association, Alexandria, VA.

Available from: National Mental Health Association

2001 N. Beauregard Street, 12th Floor

Alexandria, VA 22311

Tel: 800-969-6642

Available from: <http://www.nmha.org/>

Sponsoring Organization: E.H.A. Foundation.

Mental illness can cause mild to severe disturbances in thought and behaviors and can result in an inability to cope with life's ordinary demands and routines. Consequently, it can have a significant impact on family stability. Parents with mental illness have lower marriage and higher divorce rates than the general population. Some parents with mental illness may face problems with parent-child attachment due to repeated separations or family instability. Therefore, families with a parent who has a mental illness require unique services that include both prevention and intervention services for the parent and child(ren). (Author abstract)

<http://www.nmha.org/children/issues.pdf>

When a Parent Has a Mental Illness: The Invisible Children's Project: An Example of a Promising Program.

National Mental Health Association, Alexandria, VA.

Publication Information: National Mental Health Association, Alexandria, VA.

Distributed by: National Mental Health Association

2001 N. Beauregard Street, 12th Floor

Alexandria, VA 22311

Tel: 800-969-6642

Available from: <http://www.nmha.org/>

Sponsoring Organization: E.H.A. Foundation.

In 1993, the Mental Health Association (MHA) in Orange County, N.Y., began an effort to raise awareness of the needs of families in which a parent has a mental illness or co-occurring disorder. The MHA developed the Invisible Children's Project (ICP), a program that aims to integrate essential services for these parents, to increase their ability to function as parents and assist them in creating a safe and nurturing environment for their children. Today, ICP is a nationally recognized, award-winning, interagency program that the National Mental Health Association is helping to replicate nationwide.

(Author abstract)

<http://www.nmha.org/children/promising.pdf>

Children in care: The association with mental disorder in the parents.

Isaac, B. C.; Minty, E. B.; Morrison, R. M;

British Journal of Social Work, Vol 16(3), Jun 1986. pp. 325-339.

Abstract: Studied 31 families of children who had stayed in *foster* care for at least 12 mo and 26 families from the same district with children who had been in *foster* care for up to 3 mo. Information about the parents' mental health was obtained from social work records, psychiatric records, and interviews with the parents. The parents of children in foster care for the longer period were more likely to have received psychiatric treatment and appeared to suffer from more severe or longstanding disorders, as evidenced by admissions into psychiatric hospitals and type of psychiatric diagnosis. There was a high rate of past and current psychiatric disorder in the total sample of *parents*; this appeared to be an important factor influencing children's admissions into and discharge from *foster* care. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

A study of 185 foster children 5 years after placement.

Lawder, Elizabeth A.; Poulin, John E.; Andrews, Roberta G.;

Child Welfare, Vol 65(3), May-Jun 1986. pp. 241-251.

Abstract: Explored variables affecting length of time in placement and final disposition of cases in 185 children placed in foster care. Five years after placement, 5 professional social workers coded 10 variables on case summary forms for each child. Findings show that Ss (61.7%) who were returned to their families spent the least amount of time in care, followed by Ss (about 16%) who were adopted. Six variables were found to be significantly related to the dispositional status of return vs continued foster care: the frequency of visits between the child and natural family members, the number of behavioral problems exhibited by the child, and 4 variables regarding reasons for placement (family crisis or emergency, parental mental health problems, parental neglect, and teenage parent). The strongest predictor was the frequency of family member visitation. (13 ref) (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Predictors of recidivism in foster care: Exploratory models.

Turner, John;

Social Work Research & Abstracts, Vol 20(2), Sum 1984. pp. 15-20.

Abstract: Case records and interviews with child welfare workers were used to compare 50 children who remained at home after their return from foster care and 50 children who were placed again. Discriminant analysis was applied to a series of predictive models. Only 3 of the models correctly classified more than 70% of the cases: (1) family problems at the time of placement, including financial difficulties, inadequate parenting skills, and parents' physical or mental health problems; (2) parental problems/services received, which included counseling and treatment; and (3) services provided after the child's return. Possible explanations of the lack of discrimination between groups are discussed. (PsycINFO Database Record (c) 2005 APA, all rights reserved)