Parenting and the Significance of Children for Women With a Serious Mental Illness

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Abstract

Increased time in the community has made developmental life tasks of adulthood more relevant to individuals with severe mental illness (SMI). Parenting and motherhood are thus important areas of study, since it has been established that women with SMI are likely to have children. Previous research has concentrated primarily on the deleterious effects on the child of having a mentally ill parent. Mothers' capabilities or problems in parenting and the meaning of motherhood from the women's perspective have received limited attention. In the present interview study of 24 mothers with mental illness, satisfaction and self-reported competency in parenting were found to be high, although significant economic and some support problems were reported. Women described the meaning of children and the significance of the parenting role, yet realistically portrayed their concerns over discipline and the effects their problems have. Implications for mental health services are discussed.

Nurturance and generativity,[1] as exemplified in parenting, are arguably *the* central tasks of adulthood. Parenting is a major social role, a normative sign of adult status, and an important developmental task.[2-4] Given its normative, social, and developmental status, parenting is likely to be central to one's sense of self. Successes in this domain can therefore provide the self with a sense of worth and competence, while setbacks may be particularly stress-inducing and straining, providing the basis for a variety of negative self-images.[5,6] Supports and resources available to bolster and reinforce the parent are clearly critical to the process and outcomes of parenting both for parents and for the children they seek to nurture.[7-9] These supports and resources may be internal to the parent, interpersonal in nature, or socioeconomic. Concerns about parenting are understandably great for women with severe mental illness (SMI), given the personal problems and the paucity of resources available to many of these individuals.[10,11]

In the previous era of institutionalization, pregnancy was assumed to be an unlikely event for women patients. Motherhood was made an impossibility through removal of children at birth. This situation has substantially changed, due to increased use of community rather than hospital-based services; increased awareness of the rights of individuals with SMI; and a rehabilitation philosophy focused on enabling persons with an SMI to carry on adult tasks such as having a job, maintaining family connections, or raising children. Epidemiological data indicate that compared to men, women

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with SMI are more likely to be married and less likely to be childless.[12,13] In other research, samples of women with psychotic diagnoses have been found to have normal fertility rates,[13] to often have children,[14] to have higher than average numbers of children,[15] and to often be carrying out child care responsibilities.[16]

Even though women with SMI are quite likely to be mothers, the literature has focused on their children, all but ignoring the experiences of the mothers themselves.[17] Not enough is known about the way that mothers with SMI carry out their parenting roles. The few research studies that have been conducted are, for the most part, limited in content and method. (See Oyserman, Mowbray, and Zemencuk[17] for a review.) Thus studies are often not demographically representative, sampling only married white women or focusing on less severe mental illness. Assessment of mothering is often externally derived, based on women's responses to measures that are standardized on other populations or on observations of strangers and that are deficit-focused.

Problems attributed to mentally ill mothers include being emotionally unavailable or unresponsive;[18-20] being disorganized, inconsistent, or tense;[21] and competing with their offspring over the "child" role.[22] However, it is not clear to what extent these problems may reflect severity of psychiatric illness (e.g., more likely for currently hospitalized or recently discharged mothers), measurement error (i.e., through use of inappropriate instruments), or other methodological problems.

Especially lacking in the available literature are studies that seek to understand the strengths and capabilities of mothers with SMI or the importance they place on parenting in their conceptualization of who they are and what is possible for them. Given the current emphases on consumer-focused, rehabilitative perspectives, these are critical omissions. With the provision of appropriate supports, women with SMI who choose to be mothers or become mothers may be able to successfully carry out this critical life task, with resultant gains in self-efficacy, interpersonal skills, and valuation by others. Because women are likely to be mothers and may well be stigmatized in vocational and educational domains, parenting may be a role more available for them to experience positive rehabilitation outcomes.

The present interview study attempts to address gaps in the literature on severely mentally ill women and mothering. Respondents were 24 women, living in their communities and carrying out mothering responsibilities for at least one child under age 16. The sample is diverse racially and ethnically, as well as in terms of their marital status and living arrangements. Interviewed women completed structured measures on parenting behaviors and attitudes and responded to open-ended questions about the problems and joys of having children.

Method

Participants

Women interviewed were identified through urban mental health settings. Fifteen were referred to the project from case managers in two community mental health centers in Detroit; nine were recruited as inpatients about to be discharged from acute stays at a large state psychiatric hospital that served the same urban area. The women ranged in age from 24 to 64; the mean age was 36.12 (SD = 8.81, MD = 34). Half the women had less than a high school education; the remainder completed high school or attended college. Most women had two children, but the number of children varied from one to six (Mean = 2.33, SD = 1.17). Of the children, 23 were male, 34 female. The women's children ranged in age from less than 2 to 31 years of age. According to agency records, all the women fit criteria for long-term, serious mental illness (also known as "chronic" mental illness). Additionally, 10 (42%) spontaneously mentioned past problems with alcohol and/or drug abuse. In terms of age, the sample is younger, on average, than a statewide Michigan sample of

persons with SMI (whose mean age was 43);[23] however, their average number of children is similar to that reported in other research.[16]

Interview

Social workers and case managers at the two community mental health centers and the psychiatric hospital described the study to women on their caseloads who fit the criteria. The women were then interviewed by the first and third authors in the recruitment setting. Prior to being interviewed, all women provided written informed consent.

Measures

Women supplied basic *demographic information*, which included educational level and family composition. The other variables included in this study were intended to tap the major dimensions identified as critical to parenting; that is, resources internal to the parent—*parenting behaviors and attitudes*; *interpersonal supports*, including friends and family; and *socioeconomic supports*. We also collected information intended to assess the *meaning of children* to the mothers studied.

Parenting behaviors and attitudes were assessed through a number of scales and open-ended questions. The scaled items included the following:

1. A three-item Parenting Satisfaction measure was developed for the project, including satisfaction with children, parenting, and the relationship, Cronbach's alpha = .685.
2. A single closed-response item asked mothers about the importance of being a mother (1 = *very important* to 5 = *not at all important*).
3. The six items reported to load highest on the Parental Control factor of the Parental Locus of Control Scale[24] were used, $\alpha = .665$ ($n = 23$).
4. An open-ended question about parenting was also included: "How has being a mother changed your life?"
5. *Self-image as a mother* was measured through 16 items (5-point scale), asking about the extent to which a series of positive and negative adjectives were important in describing themselves as mothers. A factor analysis of this data using varimax rotation produced two main factors: the first termed "Independent Mom" (4 items including independence, responsibility, and competence, $\alpha = .820$) and the second termed "Failed Mom" (4 items encompassing incompetence and isolation, $\alpha = .694$).
6. Items from Achenbach's Child Behavior Checklist (CBCL)[25] were also given, from the School Scale and Social Scale.
7. Brief response, open-ended questions were developed from the Child Well-Being Scales,[26] concerning parenting competencies: how well mothers were carrying out responsibilities associated with parenting and with running a household.
8. *Parenting style* was assessed through two problem situation stories from the Sensitivity to Children (STC) instrument.[27] The STC is thought to be less subject to selection of socially appropriate responses, and thus able to present a more adequate reflection of the mother's parenting style. In both stories, the women were asked to imagine they were the mother of a 4-year-old child. The first described a mother going out for the evening and confronting protestations from the child. In the second, the mother has been laundering all day, when her child gives her a finger painting, but the child's clothes are also covered with paint. Participants are asked to describe what they would do and what they would say in response to each story.

Interpersonal and socioeconomic supports were also assessed through open-ended questions adapted from the Child Well-Being Scales.[26] Responses to three of these questions were used to create the scale Problems with Money, $\alpha = .53$. Other information on supports came from open-ended questions covering living arrangements, contacts and assistance from the children's father(s), and whether their children had been seen by a mental health professional or needed to be seen by one.

Information on the meaning of children was obtained from a series of open-ended questions concerning events surrounding pregnancy, advantages and disadvantages of having children, the hardest thing about being a mother, and how motherhood changed their lives.

Coding

Responses to all open-ended questions were read and reviewed by all three authors and consensus was developed as to themes and scoring categories, with the exception of the STC for which categories already reported in the literature were used.[28] Coding of participant responses into categories for all open-ended questions represented a consensus of all three authors.

Analysis

Due to the relatively small sample, analysis focuses on descriptive statistics. Pearson product-moment correlations were used to explore relationships between parenting and resource/support variables. All correlations reported are significant at the .05 level or higher.

Results

Results from open-ended and closed response items and from scales are presented as follows: parenting behaviors and attitudes, supports and resources, the meaning of children, and relationships among variables.

Parenting Behaviors and Attitudes

The average score on the Parenting Satisfaction scale was 2.04 ($SD = 0.78$), indicating that most participants were moderately satisfied. In response to the open-ended question about parenting changing their lives, 81% felt that becoming a mother was a positive event, and 19% a mixed positive and negative event ($n = 21$). All participants rated parenting as very important or important (Mean = 1.09, $SD = 0.29$). On the Parental Control Scale, the participants' average score of 3.62 ($SD = 0.97$) represented almost a neutral point between feeling they could control their child's behavior versus having to let the child behave his/her own way. In rough comparison, the means for the full 10-item Parental Control subscale[23] were 2.66 for a group of parents reporting no parenting role difficulties and 3.14 for a group who had requested services for parenting problems, indicating our sample felt themselves to be less in control than either of those groups.

Participants' responses on the Independent Mom scale averaged 1.66 ($SD = 0.65$), indicating that these positive self-descriptors were important to their view of themselves as mothers. The average score on the Failed Mom scale was 3.33 ($SD = 0.48$), suggesting that most participants saw these negative adjectives as less important.

Items from Achenbach's CBCL tapped the mother's perception of how her children were doing. For the most part, children were seen as doing well in school and in social activities. Thus the average grade point average reported was 2.24 ($SD = 0.55$), above average. Most mothers also reported their children to be average or above average in the number of organizations they belonged to (58.3%) and to have two or three close friends (62.5%). Most also reported that compared to other children their age, the child gets along as well or better with siblings (79.1%) and peers (95.9%). Only a few children were reported to have been in a special class (19%) or repeated a grade (15%); 28.6% reportedly had academic or other problems in school.

From the parenting competence questions (adapted from the modified Child Well-Being instrument), most mothers reported that they took their children for routine physicals and dental checkups at least yearly (79.2% and 75.0%, respectively) and that their children bathed and washed their hair at least weekly (66.7% and 75.0%).

Classifications of Parenting Style (based on responses to the two STC stories) used the Maccoby and Martin[28] two-dimensional schema. The first dimension represents features of being accepting, responsive, and child centered versus rejecting, unresponsive, and parent centered. The second dimension consists of parenting that is demanding and structuring versus undemanding and low in control attempts. Parenting that is both demanding-structuring and also accepting-responsive has been related to better child outcomes.[29] The crossing of these two dimensions yields four quadrants

characterizing different types of parenting styles. Responses were thus coded as indulgent (responsive/low control)—such as giving in to the child or offering to buy him/her something for good behavior; authoritative (responsive/demanding)—responding to the child's needs but setting clear expectations; neglecting (unresponsive/low control), or authoritarian (unresponsive/demanding)—punishing or scolding the child and not responding to his/her needs. Eight women responded indulgently to both STC stories, eight responded authoritatively, and eight provided one or two authoritarian responses. There were no responses coded as neglectful. Although authoritative responses have often been cited as the best parenting style, Darling and Steinberg[29] have reviewed literature and suggest that the effect of parenting style is socioculturally dependent. What is considered as authoritarian or indulgent may be a good fit for particular contexts and the constraints and affordances contained within them.

Supports and Resources

The marital status of the sample was variable with over half of the women being single ($n = 13$) and others about equally divided between divorced, married, and separated. The four married women and one other lived with male partners, two women lived with their mothers, seven with other relatives, three with roommates, and seven lived alone with their children. All but two of the women lived with at least one of their children. These two women saw their children daily; in one case, the children lived with their father and in the other, with their grandmother. Some women ($n = 4$) had one or more of their other children living with relatives (one had a child living with the father; one had children in foster care). For the most part, the separated children were the oldest in the family. Eleven women had preschool children.

The majority of women (70.8%) reported living in quarters with six or more rooms. The majority also reported that their children lived with their maternal grandmothers when they had been hospitalized (87.5%), while the remainder said their children lived with extended family.

Usually, women reported there being one father for all their children ($n = 13$). However, nearly half of the women reported multiple fathers ($n = 7$ with two, $n = 2$ with three, $n = 2$ with four). Only 45% of the mothers reported that their children had been planned (9 of 20 who responded).

Responses to several questions from the Child Well-Being Scales, dealing with economic and money problems, indicated that many of the women had financial difficulties. Thus nearly a third (29.2%) had problems paying the rent, 37.5% had trouble paying gas or electric bills, and 20.8% had trouble buying food. Nearly half (47.8%) indicated it was hard to manage money. The mothers felt very bad about their inability to provide for their children financially, as expressed in these responses to a question concerning the hardest thing about being a parent:

> Being financially unfit . . . I had things as a child and seeing my children not having these things kind of upsets me. (Divorced mother of three boys, aged 9 through 12)

> Not having a job, not finishing school, not being able to get the things for them that I never had. I feel bad about that. (Single mother of an 11-year-old)

Financial management in an environment of overall economic deprivation is a difficult task, as described by this divorced mother of two teenagers:

> Both SSI and AFDC checks come at the beginning of the month. I do everything I have to first. Both children know when the checks come, so they want to spend. . . . I sacrifice a lot.

The women were asked about the support or assistance received from the father of their children (where there were multiple fathers, each was asked about separately). Data are presented on the father who provided the most support. Only 12.5% of the women received emotional support, while 25% received some instrumental support from the most supportive father, such as picking children up from school or baby-sitting. In terms of receiving material support from the child's father, one-third of the women reported receiving none—even from the father who was most involved.

Responses to an open-ended question on the hardest thing about being a parent reflect the lack of support that the women experienced:

> Taking care of three kids on your own as a single parent. No support—nothing—from fathers. (Single mother of an 11-year-old, with two older children out of the household)

Although many women thought their children could benefit from mental health services, most of these children had not received formal services from mental health professionals. Those professionals that dealt with the children's problems were either private practitioners (social workers or psychologists) or family doctors. From the public sector, only school and social service professionals were mentioned. None of the women mentioned specific parenting supports, assistance, or training available to them from their mental health agencies.

The Meaning of Children

A number of open-ended questions focused on the advantages of having children, what mothers liked about their children, times that made them feel good and bad as moms, the hardest thing about being a mother, and how the children had changed the mother's life. Coding categories for these questions and the response distributions across categories are presented in Table 1.

As can be seen in Table 1, the advantages of having children question yielded multiple responses coded into five categories. Although overall somewhat more of the responses were mother focused rather than child focused, most women either gave both mother- and child-focused responses (n = 9) or only child-centered responses (n = 8). Responses with a child-centered focus came from mothers with diverse educational attainments and family composition—for example:

> Be able to share love and help someone grow up and continue to have them around. We have to put up with good and bad and go through it all and be able to say "I love you." (Separated mother of four, with less than high school education)

> Hopefully they'll grow up and use the things you taught them and will give you love back. (Separated, college-educated mother of two teenagers)

When asked to describe a time that made them feel good about being a mother, about a third of the women focused on simply giving birth to children, another third to pleasures in having children around, while about a quarter focused on pleasure at watching children achieve. There were a few mentions of the support that children provided. Most of the mothers described the children's traits and personalities when asked what they like best about their children. Some cited their achievements, while close to 30% focused on what their children did for them in terms of socioemotional and/or instrumental support.

More diverse responses were elicited when mothers described what they had done that made them feel bad about themselves as mothers. Problems in meeting children's socioemotional or disciplinary needs were mentioned in about 20% of women, respectively, while problems in managing their own feelings or mental illness were mentioned by about a third. Similar concerns were reflected in response to the question about the hardest thing about being a mother. Yet when asked how having a child had changed their lives, more than two thirds of the women felt that children motivated them to grow and develop; all but one of the remainder said children kept them off the streets.

Relationships Between Variables

We explored correlates of maternal attitudes toward parenting. Women who voiced a child-centered view of motherhood in response to the question about the advantages of being a mother were less likely to view themselves as high on the Failed Mom scale ($r = -.55$, $p < .01$) and were likely to have a high sense of Parental Control ($r = .51$, $p < .01$). High scores on Parental Control also related negatively to high Failed Mom scores ($r = -.58$, $p < .01$), older ages ($r = .35$, $p < .05$),

Table 1

Questions About the Meaning of Parenting

Question	Theme	*N*	Percentage
The advantages of having children	Child gives love to mother	14	35.9
	Mother provides child with a chance to grow and develop	11	28.2
	Child provides mother with a chance for personal growth	5	12.8
	Children provide roots and immortality	5	12.8
	Mother gives love to child	4	10.3
A time that made you feel good about being a mom	Giving birth	9	30.0
	Children's achievements	7	23.3
	Being together on special events	6	20.0
	General joy of having a child	4	13.3
	Child provides support, meaning, or protection	4	13.3
What you like best about your children	Traits and personality	13	54.2
	Provide socioemotional support	5	20.8
	Achievements	4	16.7
	Provide instrumental support	2	8.3
A time that made you feel bad about yourself as a mother	Failing to meet socioemotional needs	5	20.8
	Having problems figuring out how to discipline	5	20.8
	Mother's use of drugs	4	16.7
	Managing own feelings	4	16.7
	Mother's mental illness	3	12.5
	Financially unfit	2	8.3
	Family disturbances, quarrels	1	4.2
The hardest thing about being a mother	Regulating discipline	6	25.0
	Managing affect in her relations	5	20.8
	Socializing the children	4	16.7
	Responsibilities as a mother	4	16.7
	Protecting the child from drugs and deviant behavior	3	12.5
	Financial difficulties	2	8.3
How having a child changed your life	Motivates mother to be responsible, grow as a person	16	66.7
	Keeps mother from drugs, deviant lifestyle	7	29.2
	Child provides support	1	4.2

$N = 24$; multiple responses possible for the first two questions.

problems meeting basic needs such as buying food and paying rent and electric bills ($r = -.55, p < .01$), and the amount of material support received from their children's father ($r = .35, p < .05$). Women who rated themselves higher on the Failed Mom scale were less satisfied with parenting ($r = -.37, p < .04$); those high on the Independent Mom scale had older children ($r = -.35, p < .05$), fewer preschoolers ($r = .52, p < .01$), and fewer children in all ($r = .38, p < .03$).

Discussion and Interpretation

Similar to findings from other research, our results indicate that severe stressors are faced by many severely mentally ill women who are parents. However, the results also suggest their strengths and the importance of parenting to their lives.

The capabilities of the interviewed women as parents came through in many domains. Items from the Child Well-Being Scales, Achenbach CBCL, and parenting style from the STC stories suggest that for most, child behavior and parenting responses are within appropriate ranges. The majority of responses to the question concerning the advantages of having children were child focused, which is considered a mature perspective, more conducive to children's growth and development.

Unfortunately, some of the data collected paint a much more negative picture of the situations these mothers are faced with. The stressors they reported and their lack of support were both high. Similar to other research,[30] the women interviewed often lacked emotional and material resources: Few women lived with a husband or partner, most were single mothers,[31] and fewer than half had planned pregnancies.[31] Congruent with Brown and Harris,[32] these mentally ill women saw themselves less positively as mothers when they had more children, especially preschoolers. Many reported difficulties paying the bills and managing money. Our correlational data suggest that problems with money can diminish a woman's sense of control over her own parenting. Few of the mothers received emotional support from the fathers of their children. However, they might be receiving support from other family members and friends. More than two thirds lived with other adults and all reported having family available to take care of their children when they were hospitalized. This may differentiate this group from others experiencing high rates of custody loss.

Three overall themes about the meaning of parenthood emerged: the joys and delights associated with parenthood, parenthood as promoting personal growth and development, and parenthood as stressing.

The Joys and Delights Associated With Parenthood. Most women mentioned positive feelings produced by their children's mere existence, rather than from what the children achieved or produced.

> The love and rejuvenation . . . you communicate with them on their level, it makes you feel like their age again. Makes you feel more enthusiastic about life in general. (Divorced mother of two teenage boys)

> Just the experience of having a child: to love me and I love him back, to be proud of. (Single mother of a 9-year-old, without custody)

Parenthood as Promoting Personal Growth and Development. Children represented a larger goal outside of the mother's own functioning. Several mothers indicated that their children were a strong motivating force in their own recovery. About 30% said that having children had kept them off drugs and/or off the streets.

> It gave me responsibility. It gave me something to live for, something to hope for . . . they give you a reason to face the day and get up in the morning because you have to take care of that child. (Married mother of a 10-year-old and an adult daughter; less than a high school education)

> Children are more important than I am—it's just a real gift. (Single mother of four)

Motherhood can be a resource because it provides a connection to the social world and implies achievement of an important adult role.

> You have roots, family life. You have someone to leave on this earth, to carry on the family. (Married mother of two)

> I felt like a mother that was there for him—I just felt good about that. I was happy. (Single mother of three)

> Having a child . . . something that every woman expects sometime in her life . . . that was the ultimate role a woman could have and I completed a test. (Divorced mother of three)

Similarly, many women indicated that having a child in itself was one of their greatest life pleasures: "It was one of my wildest dreams to become pregnant." "I was the happiest person on the face of the earth." Thus children serve as resources by providing pleasure and also by providing a sense of purpose and worth and a sense of filling an important adult role.

Parenthood as Stress. Mothers' responses often reflected guilt over their own problems and past behaviors and how these had affected their children. A problem of note was substance abuse, which may often coexist with mental illness. For example, when asked what they felt bad about taking drugs and alcohol, note the following:

> Wasn't able to look out for their common welfare. Not able to be the mother I really wanted to be. (Divorced, college-educated mother of three)

> I couldn't control my parenting skills. Part of this was because of my medications . . . getting angry and reacting too quickly. Not being able to control . . . my temper. (Divorced mother of two teenagers)

The mothers' responses reflect how they feel they have let their children down:

> I wasn't at his birthday party and I felt so bad . . . I locked myself in my room and cried and cried. . . . I was using drugs and chose a drug over my child. (Single mother of four)

Parenting difficulties seem apparent in the domains of discipline and separation as well. Thus, in their STC responses, about a third of mothers proposed offering the child a bribe or gave in to the child's demands. Study mothers scored lower on the Parental Locus of Control Scale than nonmentally ill samples. Mothers of older children often mentioned feeling out of control with them. In response to the question about the hardest thing about being a parent, one mother of four said, "When you have your son [age 16] run a con game on you." A mother of six children said, "Raising my 15-year-old son . . . he cusses me out; he makes me holler and just be another person."

Some women appeared overly dependent on their children to meet their own needs.

> If I didn't have kids, I would have been out in the world alone. Daughters are like sisters—they will always be there for me. (Single mother of three)

Other comments were, "I always wanted a baby girl to dress up." and "You always have company."

An additional stressor recognized by many women was the actual or potential for mental/emotional problems in their children. Over 50% of the mothers have had their child seen or think their children could benefit from being seen by a mental health professional. One woman was perhaps more articulate about this, but probably reflected the concerns of others who worry about how their children may have been affected by their own problems:

> My drugging and drinking affects my kids, especially my daughter [age 13] . . . she is caught between a lost child and a hero child. (College-educated mother of three)

Implications for Mental Health Services

Motherhood is traditionally an important social role and one that women with a serious mental illness can attain. Therefore, it is critical that we learn more about these women's own conceptions of motherhood and their goals as mothers. Unfortunately, many of the mothers in the sample are in difficult social and economic circumstances. Trying to provide for oneself and one's children without much support is likely to make parenting more stressful. Although the women we studied appeared to be functioning adequately as parents when interviewed, it is not clear whether these demonstrated competencies are adequate to overcome the challenges and problems they must continually face, given the low level of resources and supports available to them. This concern is heightened by the

circumstances of sample women who had lost custody of their eldest children or who reported serious conflicts with teenage offspring. To take advantage of the rehabilitation potential offered by parenting success and to help assure that children do not become future mental health casualties, it is clear that the public mental health system needs to better address the problems of seriously mentally ill women who are mothers. Our results suggest that mental health programs need to provide assistance in terms of personal, interpersonal, and economic supports.

In the personal realm, many women had concerns over parenting issues and/or guilt over past parenting problems. Past use of drugs and/or alcohol was high, but in line with national studies in which reported substance abuse in young adults with mental illness approaches or exceeds 50%.[33] Parent skill training and parenting support groups should be available. The latter could also address the isolation that some of these women face as single parents. At the economic level, financial need is an obvious problem, perhaps requiring providers to pay more attention to accessing income supports for mothers, offering training in financial management skills, developing women's self-advocacy skills, and/or negotiating on their behalf with social services for adequate support payments from fathers.

Addressing these needs should not require specialized stand-alone programs for most women; community mental health programs should be able to incorporate the needed assistance. However, mental health agencies seem unaware of these needs. Other studies have shown that few treatment plans for seriously mentally ill women even mention children.[34,35] Furthermore, few state policies address the needs of mentally ill mothers.[36]

Administrators and practitioners must increase their awareness of parenting as a significant treatment and rehabilitation issue for women with a serious mental illness. Expectations for assessments should change to include collecting information on whether women have children and their care arrangements. Intake data should also involve assessments of mothers' strengths, not just deficits, and the meaning of children from the mothers' perspectives. Given the hardships that many mothers experience, environmental deficits (such as inadequate housing, child care, lack of social, emotional, or instrumental supports) must be addressed as well as the barriers to program participation and attainment of parenting goals. This information should be integrated with clinical data and developed into a comprehensive plan for delivering mental health and rehabilitative services.

For women with more *extensive* needs for parent training, skill development, or environmental modifications, new program models may have to be developed. A handful have been reported in the literature, with differential levels of success.[37] Mental health administrators should assess the need for such treatment models through more systematic attention to parenting in automated management information systems. Data should be integrated from child and adult mental health systems to examine the degree of overlap and the efficiency of family rather than individual-centered intervention services.

A recent New York State study found considerable overlap in mentally ill women served in mental health and social service systems. Unfortunately, not only inefficiency but also ineffectiveness was documented.[38] More interagency collaboration is needed between mental health, social services, and school systems, because it is the latter two sectors that seem to handle children's problems.

Motherhood can present an important rehabilitation opportunity for women with serious mental illness. It can also present grave hazards to women and to their children. It is an issue that the mental health system can no longer afford to ignore.

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References

1. Erikson E: *Identity, Youth and Crisis*. New York: Norton, 1968.
2. Belle D (Ed.): *Lives in Stress: Women and Depression*. Beverly Hills: Sage, 1982.
3. Gizynski MN: The effects of maternal depression on children. *Clinical Social Work Journal* 1985; 13:103-116.
4. Luster T, Okagaki L (Eds.): *Parenting: An Ecological Perspective*. Hillsdale, NJ: L. Earlbaum Associates, 1993.
5. Stott S, Musick JS, Clark R, et al.: Developmental patterns in the infants and young children of mentally ill mothers. *Infant Mental Health Journal* 1984; 3:27-36.
6. Markus H, Cross S: The interpersonal self. In: Pervin L (Ed.): *Handbook of Personality: Theory and Research*. New York: Guilford, 1990, pp. 576-608.
7. Field T, Widmayer S, Adler S, et al.: Teenage parenting in different cultures, family constellations, and caregiving environments: Effects on infant development. *Infant Mental Health Journal* 1990; 11:158-174.
8. Parks P, Lenz E, Jenkins L: The role of social support and stressors for mothers and infants. *Child Care, Health & Development* 1992; 18:151-171.
9. Oyserman D, Radin N, Benn R: Dynamics in a three-generational family. *Developmental Psychology* 1993; 29:564-572.
10. Tessler RC, Goldman HH: *The Chronically Mentally Ill: Assessing Community Support Programs*. Cambridge, MA: Balinger, 1982.
11. Belle D: Poverty and women's mental health. *American Psychologist* 1990; 45:385-389.
12. National Institute of Mental Health: *Client/patient Sample Survey of Inpatient, Outpatient, and Partial Care Programs*. Washington, DC: U.S. Government Printing Office, 1986.
13. Saugstad LF: Social class, marriage, and fertility in schizophrenia. *Schizophrenia Bulletin* 1989; 15:9-43.
14. Blanch A: Personal communication.
15. Rudolph B, Larson GL, Sweeny S, et al.: Hospitalized pregnant psychotic women: Characteristics and treatment issues. *Hospital and Community Psychiatry* 1990; 41:159-163.
16. Test MA, Burke SS, Wallisch LS: Gender differences of young adults with schizophrenic disorders in community care. *Schizophrenia Bulletin* 1990; 16:331-344.
17. Oyserman D, Mowbray CT, Zemencuk J: Mentally ill mothers: A review of contextual issues in parenting. Unpublished manuscript. Detroit, MI: Wayne State University, 1993.
18. Klehr KB, Cohler BJ, Musick JS: Character and behavior in the mentally ill and well mother. *Infant Mental Health Journal* 1983; 4:250-271.
19. Goodman SH, Brumley HE: Schizophrenic and depressed mothers: Rational deficits parenting. *Developmental Psychology* 1990; 26:31-39.
20. Hammen C, Burge D, Adrian C: Timing of mother and child depression in a longitudinal study of children at risk. *Journal of Consulting and Clinical Psychology* 1991; 59:341-345.
21. Davenport YB, Zahn-Waxler C, Adland ML, et al.: Early child-rearing practices in families with a manic-depressive parent. *American Journal of Psychiatry* 1984; 141:230-235.
22. Gross D: Relationships at risk: Issues and interventions with a disturbed mother-infant dyad. *Perspectives in Psychiatric Care* 1984; 21:159-164.
23. Hazel KL, Herman SE, Mowbray CT: Characteristics of seriously mentally ill adults in a public mental health system. *Hospital and Community Psychiatry* 1991; 42:518-525.
24. Campis LK, Lyman RD: The Parental Locus of Control Scale: Development and validation. *Journal of Clinical Child Psychology* 1986; 15:260-267.
25. Achenbach T, Howell CT, Quay HC, et al.: *National Survey of Problems and Competencies Among Four- to Sixteen-year olds*. Chicago: Society for Research in Child Development, 1991.
26. Magura S, Moses BS: *Outcome Measures for Child Welfare Services. Child Well-Being Scales and Rating Form*. Washington, DC: Child Welfare League of America, Inc., 1987.
27. Stollak GE, Scholom A, Kallman JR, et al.: Insensitivity to children: Responses of undergraduates to children in problem situations. *Journal of Abnormal Psychology* 1973; 1:169-180.
28. Maccoby EE, Martin JA: Socialization in the context of the family: Parent-child interaction. In: Hetherington EM (Ed.): *Handbook of Child Psychology: Socialization, Personality and Social Development*, Vol. 4. New York: Wiley, 1983, pp. 1-101.
29. Darling N, Steinberg L: Parenting style as context: An integrative model. *Psychological Bulletin* 1993; 113:487-496.
30. Krener P, Simmons MK, Hansen RL, et al.: Effect of pregnancy on psychosis: Life circumstances and psychiatric symptoms. *International Journal of Psychiatry in Medicine* 1989; 19:65-84.
31. Buist AE, Dennerstein L, Burrows GD: Review of a mother-baby unit in a psychiatric hospital. *Australian and New Zealand Journal of Psychiatry* 1990; 24:103-108.
32. Brown GW, Harris T: *The Social Origins of Depression: A Study of Psychiatric Disorder in Women*. London: Tavistock Publications, 1978.
33. Brown VB, Ridgely MS, Pepper B, et al.: The dual crisis: Mental illness and substance abuse. *American Psychologist* 1989; 44:565-569.

34. DeChillo N, Matorin S, Hallahan C: Children of psychiatric patients: Rarely seen or heard. *Health and Social Work* 1987; Fall:296-302.
35. Zemencuk J, Rogosch FA, Mowbray CT: The seriously mentally ill woman in the role of parent: Characteristics, parenting sensitivity, and needs. Unpublished manuscript. Detroit, MI: Wayne State University, 1993.
36. Nicholson J, Geller JL, Fisher WH, et al.: State policies and programs that address the needs of mentally ill mothers in the public sector. *Hospital and Community Psychiatry* 1993; 44:484-489.
37. Oyserman D, Mowbray CT, Zemencuk J: Resources and supports for mothers with a severe mental illness. *Health and Social Work* 1994; 19:132-142.
38. Blanch A, Nicholson J, Purcell J: Mothers with severe mental illness and their children: The need for human services integration. Unpublished manuscript. Albany: New York State Office of Mental Health, 1993.