

Parenting and mental illness: the early years

How do Australians with a mental illness fare when they become parents?

How well are they supported during pregnancy and the early years – by maternal and child health services and by mental health services – and what action is needed to improve care . . . ?

Becoming a parent is a landmark event in anyone's life. Along with the excitement and joy, there are often challenges in the early stages too – including sleepless nights, concerns about breastfeeding and even worries about how well one is going to be as a parent.

All of these concerns are common, and it is a rare parent who doesn't experience at least some of them. For parents with a pre-existing mental illness, however, the challenges can be even greater, as they worry about the impact of their mental illness on the pregnancy and child rearing and vice versa. This study asks these parents about their experience, and what they think would help.

The survey was conducted in October-November 2010, using a convenience sample of 122 people who completed an anonymous questionnaire. Most respondents were female (91%) and aged under 40 (65%). The most common diagnoses reported were depression (52%), bipolar disorder (24%) and schizophrenia (8%).

Planning for when you are a parent

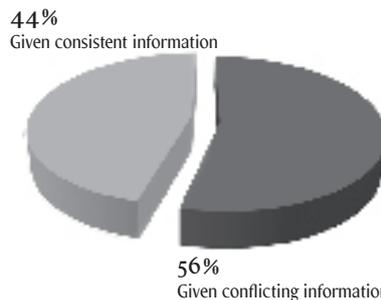
27%
Help given to prepare for impact on mental health



73%
No help to prepare for impact on mental health

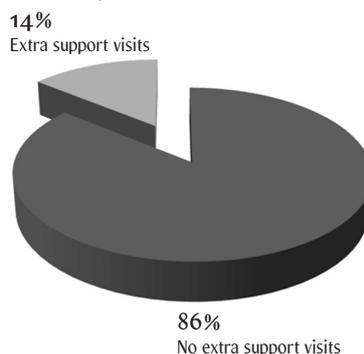
Not only did the majority of respondents have a diagnosis of a mental illness before becoming pregnant, over half (53%) were also receiving psychiatric treatment. Despite this, most (73%) were offered no support or information on how to plan for the stresses of pregnancy and parenthood on their mental health.

During pregnancy



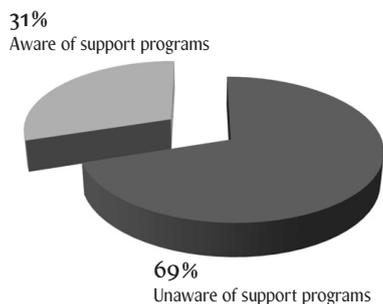
During pregnancy, respondents saw doctors and midwives, as well as mental health professionals. Over half of the respondents (56%) reported that they received inconsistent information and advice from these two groups and (52%) also reported being given conflicting advice regarding breastfeeding and medication. This is especially problematic as 58% of respondents felt worried or had difficulties managing mental illness and pregnancy.

After the baby is born



Maternal and child health services can provide additional visits to families needing extra guidance and support. However, the great majority (86%) received no extra support visits at home and only 5% of respondents were provided services such as home help or childcare. This is concerning as half of the respondents (50%) feared losing custody and 22% actively considered relinquishing their baby. Most support during this stressful period had to be provided by partners and grandparents, where they were available.

The infant years



Almost all respondents (93%) felt that mental illness had a negative impact on their parenting to some degree – affecting their ability to relate to and play with their child, for example. While encouragingly almost half (46%) have a care plan, many (38%) reported being reluctant to ask for help and 67% would resist hospitalisation for mental illness, for fear of their child being taken from them.

Programs do exist to help parents in this situation (as well as resources such as *Best for Me and My Baby* produced by COPMI, the Children of Parents with a Mental Illness Initiative), yet almost 70% were unaware of their existence. This indicates a dramatic failure to share information by health professionals, as well as the actual scarcity of such programs on the ground, especially in rural areas.

In summary

- Having a mental illness creates significant additional stresses in addition to the regular demands of pregnancy and parenthood.
- Despite the acknowledged challenge of becoming a parent for someone with a mental illness, health professionals provide little extra preparation or assistance with planning on how to cope.
- People with a mental illness often receive inconsistent information and advice from health professionals concerned with maternal and child health, and mental health. This is not only confusing and worrying, but also potentially dangerous, regarding medication, for example.
- Although extra support and guidance is available for general parenting, as well as practical help for families, these are insufficient for this group, and are poorly promoted where they do exist.

Recommendations

1 IMPROVED INTEGRATION OF SERVICES

Health professionals providing maternal care and mental health care urgently need to work closely together, so that services are coordinated and not focused solely on one area or the other.

2 PLANNING AHEAD

As well as the extra stresses which mental illness places on pregnancy and looking after a child, most parents affected also worry about who would care for their child if they became unwell. Health professionals (especially GPs and case managers) need education, encouragement and support to help parents prepare a contingency plan – if the person does become unwell in the future.

3 CONSISTENT INFORMATION AND ADVICE

Information and advice regarding both pregnancy and breastfeeding, when you have a mental illness, needs to be consistent and evidence-based – regardless of whether supplied by maternal and child health professionals, or by those providing mental health care. Guidelines on this topic need to be developed, widely distributed, and implemented by both groups.

4 PARENTING SUPPORT

In addition to improved access to general and mental health-specific parenting support, better promotion of, and referral to, additional services and resources available for people who need extra support is required.

All health professionals in contact with parents need to be made aware of these services and resources so that they can be provided to people who need them, when they need them – to benefit the whole family.

SANE Australia

A national charity working for a better life for people affected by mental illness – through campaigning, education and research.

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