

The Frontline Reports column features descriptions of novel approaches to mental health problems or creative applications of established concepts in different settings. Material submitted should be 350 to 750 words long, with a maximum of three authors. Send material to Francine Cournos, M.D., at the New York State Psychiatric Institute (fc15@columbia.edu) or Stephen M. Goldfinger, M.D., at SUNY Downstate Medical Center (steve007ny@aol.com).

The Clubhouse Family Legal Support Project for Parents With Mental Illness

Parents with mental illness have identified loss of custody or loss of contact with their children as a primary barrier to successful treatment and rehabilitation and as a significant source of distress for the entire family. These parents are at high risk of losing contact with their children, often without the benefit of legal representation or judicial process. Lacking adequate representation, and under pressure from child welfare agency workers or relatives, parents may relinquish rights they did not know how to protect. Legal service agencies typically are unable to provide representation, because resources are limited to cases involving domestic violence. Reports from the Volunteer Lawyer's Project and other legal service programs confirm that family law cases that involve parents with mental illness are especially difficult to refer to pro bono attorneys.

Established in 1999, the Clubhouse Family Legal Support Project (CFLSP) has demonstrated that integrating legal services with parental supports can have a positive impact on the preservation of family relationships for some of the most vulnerable children and stigmatized parents. The CFLSP is a collaborative project coled by Employment Options, Inc. (Options), a clubhouse in Marlborough, Massachusetts, and the Mental Health Legal Advisors Committee

(MHLAC) in Boston. The Options Clubhouse provides 24-hour support, parenting education, home visits, parent support groups, visitation supervision, and service coordination and collaborates with the Massachusetts Department of Social Services (DSS) and the Massachusetts Department of Mental Health (DMH). The Mental Health Legal Advisors Committee, a committee of the Massachusetts Supreme Judicial Court, provides direct representation to low-income adults and children with mental illness. In addition, the agency engages in systemic advocacy through education and training of clients, attorneys, and judges and through litigation and legislative efforts.

The CFLSP provides legal advice and referrals, community supports, training and education, and pro bono representation to low-income parents with mental illness and advice and resource information to other attorneys who represent them. The project receives referrals from DSS and DMH, legal services agencies, and directly from judges and court staff. Clubhouse staff can contact the project on behalf of their members, or members can call directly to discuss their family-related legal issues. CFLSP clients are not required to be clubhouse members but are encouraged to seek clubhouse supports.

Funding from the Massachusetts Bar Foundation and DMH supports the work of one full-time CFLSP attorney. The executive director of the MHLAC supervises the legal components of the project, and the executive director of Options coordinates the provision of parenting supports through existing Options services. Students from local law schools receive valuable practical experience working either for clinical credit or as summer interns with CFLSP clients. The project's attorney is actively involved with the Massachusetts Bar Association, the Boston Bar Association, the Family Law Task Force, the Parents With Mental Illness Strategic Planning Committee, and the Volunteer Lawyers Project's Senior Partners for Justice pro bono program, as part

of a collaborative approach to representing clients with mental illness in family law cases. The CFLSP also has an advisory board of clinicians, attorneys, a parent, and others with expertise in parenting and mental illness.

The Clubhouse Project has demonstrated significant success for its clients, improving their access to legal assistance as well as their case outcomes. Since the program began, more than 100 parents with mental illness have benefited from direct legal representation, with the staff attorney representing about 23 parent clients per year. Attorneys from the CFLSP and MHLAC have fielded a total of 420 intake telephone calls in the past four years, providing individuals with information about their legal rights as parents and about additional resources available to them. The CFLSP has also provided training and presentations on parenting and mental illness to almost 400 attorneys, judges, and mental health clinicians in the past four years. Since 2004 two-thirds of the parents who received direct representation from the project's attorney achieved their goal of increased contact with their children. Among the greatest challenges the CFLSP and its clients continue to face is the overwhelming stigma associated with individuals who have mental illness and their ability to parent.

The CFLSP has gained national attention. In its publication *Keeping Kids Out of the System*, the American Bar Association Center on Children and the Law highlighted CFLSP as an exemplary creative legal practice. The project's work has been widely disseminated, and staff members participate in regional and national conferences, discussing the innovation of the Clubhouse Project.

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A Peripartum Inpatient Psychiatric Program for Mothers and Infants

In 1999 Geneva University Hospitals set up a medical-psychiatric unit located in the district general hospital, which is nearby the maternity and pediatric hospitals. This arrangement encouraged referrals of mothers and infants with a variety of perinatal problems and led to the development of a specific program, which received the Geneva University Hospitals' Quality of Care Award in 2003.

Women are referred to the program from the psychiatry and emergency departments, the maternity hospital, and private practitioners. Children in good physical health, from birth to walking age, but mostly between one and six months of age, can be admitted with their mothers. Indications for psychiatric hospitalizations are usually postpartum depression or psychosis and substance-related disorders during pregnancy, both of which are often associated with major psychosocial problems. Before the program was implemented, these patients would go to the district psychiatric hospital.

Care is focused on puerperal difficulties and the potential family crisis induced by childbirth. Much attention is devoted to the prevention of mother-child attachment disorders. The unit's social worker and psychologist help carry out a multidisciplinary approach. A midwife associated with the maternity hospital organizes pregnancy and postpartum follow-up. This approach allows for continuity of care between the obstetrics-gynecology and psychiatry departments. A collaboration with the pediatric hospital was developed to facilitate the mother-child attachment process when the baby is hospitalized in that facility. Some of the professionals at the pediatric hospital who are involved in the collaboration work in

our program on a regular basis, which guarantees ongoing institutional links and communication.

Because our peripartum program was started in response to urgent demands, all the medical-psychiatric unit's nurses were involved from the beginning. The nursing and medical teams showed strong motivation despite the extra work and supervision. Experience shows the importance of joint hospitalizations for the assessment of mother-baby interactions, because some important elements are not apparent with brief observations, such as the mother's tolerance for the baby's crying, her anxiety about being separated from the baby, or on the contrary, her tendency to rely on the team for his or her care. We established a mother-baby observation scale to document two key interactions for babies up to three months old: feeding and bathing. Familial support is evaluated through encounters with the patient's relatives, and couple sessions are encouraged when appropriate. The mother's investment in her new role is also assessed through her interactions with other patients. These social contacts take place either informally or in groups addressing the experience of hospitalization that aim to preserve a calm ward atmosphere. Specific therapeutic activities include cognitive-behavioral interviews with a psychologist. During these sessions, the focus is on the experience of motherhood and related life changes. A body-centered approach is also proposed to patients; during weekly sessions with a trained therapist, they are encouraged to feel and express sensations aroused by mother-baby physical contacts.

A total of 74 patients have been referred since the beginning of the program, and 32 mothers were, at some point, hospitalized jointly with their babies. Twenty-one patients' babies were either hospitalized in the pediatric hospital or taken care of by the family, with daily contacts in order to

minimize mother-baby separation. In four cases, the mother was first hospitalized alone and after significant clinical improvement was joined by her baby. Twenty-nine women were hospitalized during pregnancy. Among these women, five had an abortion. Three patients were admitted during their pregnancy and remained in the unit after childbirth, while their babies were hospitalized in the pediatric hospital. Only once did we have to interrupt a joint stay and transfer the child to the pediatric hospital because the mother's mental state could have threatened her baby's life.

Implementation of the program led to no extra costs, because only preexisting resources were mobilized. Interestingly, mean length of stay was shorter for the peripartum program than for the general medical-psychiatric program (20.5 days compared with 25.5 days). On average, one or two mother-baby pairs are hospitalized at a given time. In one exceptional circumstance, four mother-baby pairs were present in the unit over a three-week period. Rooms are equipped on admission day.

Patients' satisfaction appears to be high, because most mothers keep in touch with the unit, sending letters of gratitude and pictures of their children, even long after discharge. In terms of the other patients, we noticed that the presence of a baby is always well accepted and sometimes has a positive impact by decreasing aggressiveness. Indeed, most patients appear sensitive to maintaining a calm ward atmosphere and seem capable of putting their own difficulties into perspective.

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