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Support system

Helping parents with mental illness helps children, too, researcher says

By Elizabeth Cooney TELEGRAM & GAZETTE STAFF
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WORCESTER— All parents want to be the best parents they can be, Dr. Joanne Nicholson believes.

When parents are sick, supporting them strengthens the family, too. But when the illness is mental, not physical, the challenges can be different.

Consider a parent who has cancer or a chronic illness that can wax and wane, such as diabetes or multiple sclerosis, she said. That person might be able to function well for long stretches of time, punctuated by periods when the illness worsens, requiring disruptive treatments or hospital stays. Then it subsides again, swinging life back to its more typical rhythm.

“Unfortunately, when people have mental illness, people are more inclined to take their children away” when there’s an exacerbation of the illness, she said. “You don’t see people taking children away from people with breast cancer or diabetes or MS.”

Dr. Nicholson was honored earlier this summer by the United States Psychiatric Rehabilitation Association for her career as a researcher and clinician studying parenting and mental illness. It’s not a very crowded field, she said, despite the incidence of mental illness, which is generally estimated to affect one in five American adults in any year.

Parenthood is just as prevalent among people with mental illness as among everyone else, her data have shown, making it likely that millions of adults at some point in their lives experience both mental illness and parenthood, she said.

Research more often concentrates on the children who feel the impact of their parents’ illness, but she focuses on the



Dr. Joanne Nicholson and her colleagues at the University of Massachusetts Medical School are collaborating with a Marlboro agency in the Family Options program, which helps adults with mental illness and their children. (T&G Staff /PAUL KAPTEYN)

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If they help my mom, that takes the stress off me.



Wendy L. Lansberg said of her Family Options coach, “She gives me the breath to step back.”

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“Of course I care about children, but I’m interested in the experience of the adult with the mental illness,” she said. “It doesn’t seem to me you could actually help the children without helping the parent.”

She and her colleagues at the University of Massachusetts Medical School’s department of psychiatry are testing a way to do that. They are collaborating with Employment Options in Marlboro, an agency that promotes independence for people with mental illness through vocational training and social support.

The program, Family Options, offers assistance tailored to a particular family’s needs and strengths. That could be help with housing, preparation for meeting with the children’s school system, advice on encouraging a child’s language development or coaching on how to handle teenage rebellion. The approach is family-centered, pulling together separate services for adults and children. Someone is on call 24 hours a day to help resolve problems.

“It’s very supportive and holistic, really looking at the family as a whole and providing the support they need to be a happy, functioning family, not looking at the illness,” said Shannon B. Hall, associate director of Employment Options. “A lot of parents I’ve worked with over the years really just need support. They need somebody they feel they can call and say, ‘I’m having a really bad day.’ ”

Wendy L. Lansberg, 45, calls Family Options “an absolute de-stresser.”

She and her three teenage children recently moved to Hudson, and her Family Options coach was there with the family on moving day.

“She came as we were moving and emotions were high. She sat on a mattress on the floor and said, ‘Let’s look at this,’ ” Ms. Lansberg said. “She gives me the breath to step back.”

To participate in the Family Options program, parents must have a child living with them, have had a psychiatric hospitalization in the past and be currently receiving mental health services. Referrals come from state and other agencies, including the Department of Social Services, whose mandate is child protection, Ms. Hall said. The Department of Mental Health might look at the adult, but not the child. Family Options is intended to bridge that gap.

Ms. Lansberg was diagnosed with borderline personality disorder 18 months ago, after many years with a misdiagnosis of bipolar disorder, for which she was prescribed lithium.

She was hospitalized after trying to kill herself.

“That wasn’t seen as the cry for help that suicide is,” she said. “It was seen more as not being capable of caring for my children.”

She now receives psychotherapy and takes medication for depression and anxiety. She described her condition as a tendency to live life emotionally, acting and reacting impulsively, which leads to an unstable life. Therapy teaches her coping skills, which she discusses with her children.

“They do recognize I am not the perfect parent. My shortcomings as a parent can encourage and inspire them

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as well," she said. "I can say, 'I didn't handle that right. Let's go back.' "

She speaks with pride about her children's accomplishments, in school and at home.

"It's been a turbulent ride," she said. "The best thing I can give my kids is a stable and happy Mom."

Dr. Nicholson applauds parents for seeking the help they need. Some forgo treatment out of fear they will lose their children if their mental illness is discovered. Others cannot afford it.

"The irony is our treatments have never been better, our rehab has never been better than they are in 2006, and yet many of the people who suffer from these kinds of illnesses don't seek treatment and do not get the help that they need," she said. "That's really sad."

Dr. John C. Buckner of Children's Hospital Boston said intervening with the whole family can help children to understand that a parent's depression, for example, is not their fault.

"There's a real opportunity to help the parent but also to try to prevent problems from occurring in the children down the road," he said.

When the Family Options project concludes in 2008, the researchers will measure how well the families are functioning, what kind of resources they are using and if they are satisfied with their progress.

One teenage girl who participates in the program with her mother is clear on what matters to her. Neither she nor her mother agreed to be identified, but they felt the same way.

"If they help my mom, that takes the stress off me," the eighth-grader said.



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