

Young adults with serious mental health conditions: Their experiences as children and their own parenting experiences

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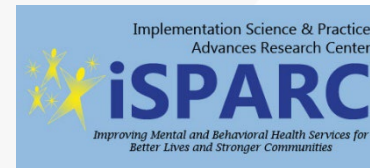
DMH Research Centers of Excellence Conference

Acknowledgements



The mission of the Transitions to Adulthood Center for Research is to promote the full participation in socially valued roles of transition-age youth and young adults (ages 14-30) with serious mental health conditions. We use the tools of research and knowledge translation in partnership with this at risk population to achieve this mission. Visit us at: <http://www.umassmed.edu/TransitionsACR>

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Objectives of Presentation

- Reflect on the diverse ways young adults with mental illness describe how their families of origin have influenced their own mental health
- Describe the additional challenges young adults face while parenting with a mental illness
- Recognize how young adult parents with mental health conditions are motivated by their children

The CHEER Study: Collecting Histories of Employment and Education during Recovery

Primary Goal: to explore and describe the experiences of navigating employment, education, and training in young adulthood while managing a mental health condition.

Secondary Goal: explore the unique experiences of a subgroup of young adult parents

Community-Based Participatory Research (CBPR)

- Motivated in part by lived experience of a young adult staff member
- Young adult staff member
 - led recruitment efforts
 - conducted most of the interviews
 - Participated in the interpretation and coding of the data
 - Assisted in the analyses, dissemination, and writing of findings



Methods

- One-time in-person interview
- 2015-2016
- Greater Boston and Worcester MA area
- Each interview about 75 minutes, life-history narrative approach
 - Brief demographic sheet
 - Asked to sequentially describe school, training, and work experiences
 - Describe mental health related experiences
 - Describe parenting experiences, if relevant

Recruitment and Eligibility

- Recruitment from community-based mental health service agencies, clubhouses, and local social media efforts
- Eligibility:
 - Aged 25-30 (aged 22-30 if young adult parent)
 - Have some school or work experience
 - Report having been diagnosed with a serious mental health condition (SMHC) prior to age of 22
 - Meet some criteria for “functional impairment” (e.g., history of intensive outpatient or inpatient hospitalization, DMH client, special education because of the SMHC, or formal leave of absence due to SMHC)
 - Be able to read/understand English and provide informed consent

Several Analyses

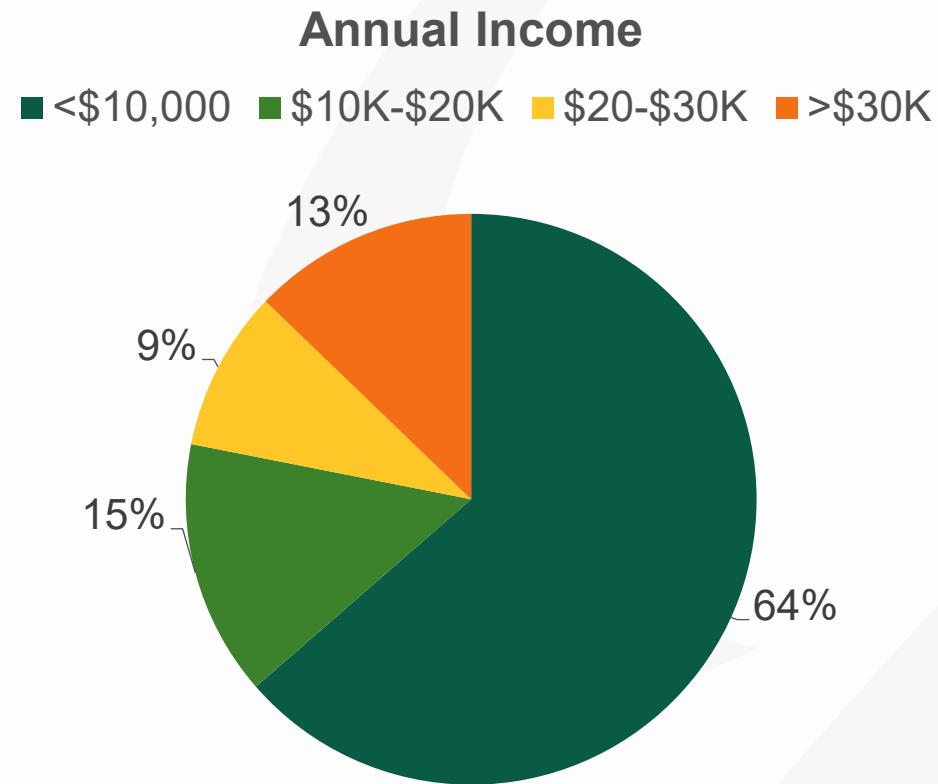
1. Sabella Dissertation (Sabella, 2018) (n=55)
 - Quantification of experiences and thematic analysis
2. School, Training, and Work Experiences (n =55) (Sabella, 2021)
 - Quantification of experiences and thematic analysis to identify facilitators and barriers to continuous pursuit
3. Experiences and Perceptions of Mental Illness (n=55)
 - Rapid Qualitative Analysis underway with two MSW interns
4. Experiences of Young Adult Parents (n=18) (Sabella, et al., 2022)
 - Thematic analysis

I. Familial context

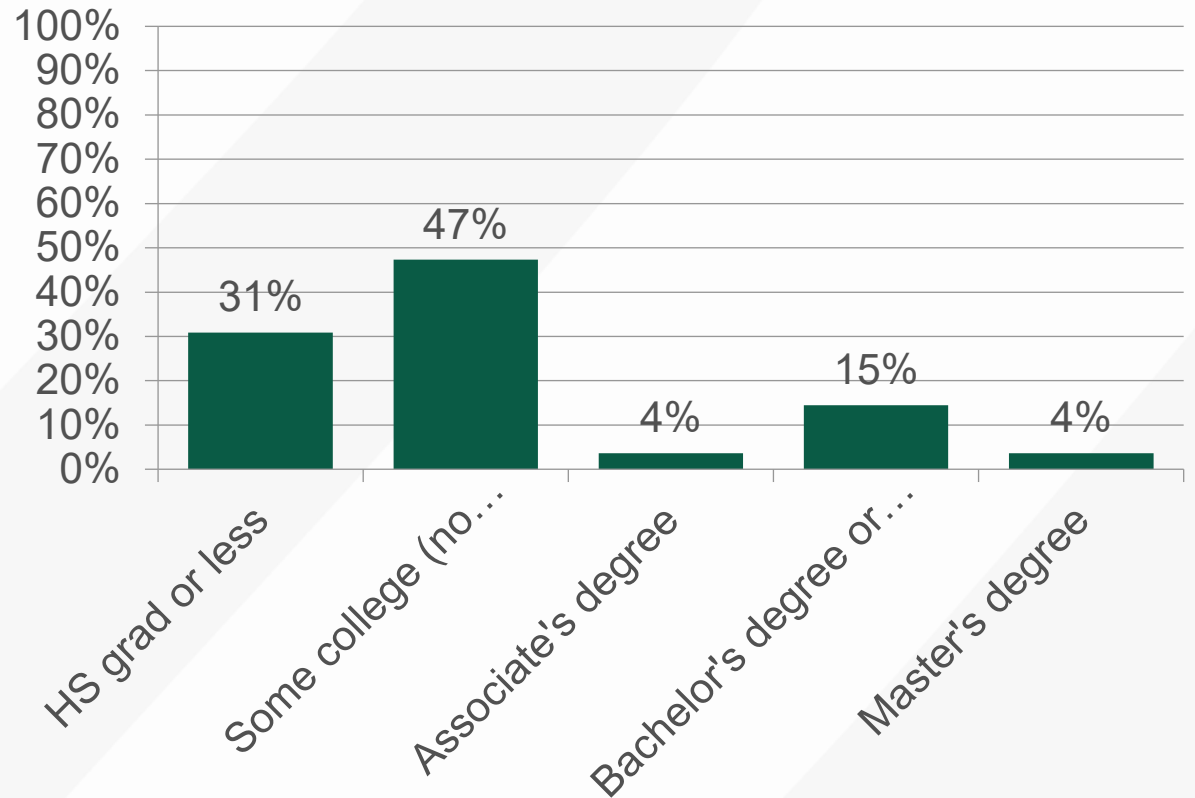
Disclaimer: Context does not always equal “cause”

Participants (n=55)

- Average age 27.49 (25-30, sd 1.575)
- 58% women, 75% non-Hispanic white



Highest Education Level Completed



Mental Health Diagnoses (n=55)

of Diagnoses Reported

Range	1-6
Average	3

Age of 1st Diagnosis

Under age 16	67%
Between 16-21	30%
Between 22-30	3%

Almost 1/3 had co-occurring learning disability and/or Autism Spectrum Disorder

Diagnoses Reported

Major Depression	73%
Anxiety Disorder	60%
PTSD	44%
Bipolar Disorder	42%
Schizophrenia	16%
Schizoaffective Disorder	13%
Eating Disorder	13%
Borderline Personality Disorder	9%
Other	10%

Familial context of mental illness

- >90% report parent or sibling with mental illness and/or substance use
- Some report parents were in denial that they had a mental health condition or refused to seek treatment if they did acknowledge it

Well, my dad....I never really knew him sober. He would just drink. He would go to work, come home, drink. Kind of just sit and watch TV. I'm assuming he did have like depression or some kind of mental illness. And he just didn't know how to cope with it. So that was always a struggle because he was there, but he wasn't there. So, I just kind of dealt with it the best I could and tried to keep busy and do what I had to do.

My mom's alcoholism was definitely her self-medicating from her depression....I would get depressed and upset when I'd come home from school and she was drunk. I didn't like that at all...And I know that's probably a lot of the times why I was depressed. I didn't have someone to go home and talk toI didn't have a huge support system at first when I was starting, like from 12 to 14 when I started seeing and hearing things and being really stressed out, before I told anybody about it. So, I was very isolated at home.

Family context of trauma

- Family as a source of trauma or abuse in about a quarter of participants
 - ~25% report sexual trauma by family perpetrator
 - ~36% report emotional, verbal, or physical violence in home
- Young adults reported needing to keep abuse a secret

But for about a decade I kept it a secret, because I was afraid of anyone finding out. And you know anytime I would have my bursts of sort of panic attacks, or wanting to cry, I'd sort of sneak off to do it myself.

So, my brother.....sexually abused me and for a long time it was like oh, it didn't happen. It didn't happen. And it happened when I was young ...from like 6 to 10. But it was always like, what are you talking about? Like this didn't happen. If it was happening, why didn't you say something?

Impact on help-seeking

- Didn't want to "add trouble" to an already stressed family system
- Didn't want to "be like them"

In growing up, my brother had been diagnosed with bipolar disorder. And so I had seen them (parents) kind of having to deal with that. And I just didn't want to kind of add to the problems.

I fought having the issues because my mother had a lot of mental issues growing up and I didn't want to quote unquote 'be like her'. So, it took me a long time to accept that I had any kind of problems, so I wouldn't go see anybody.

Families as sources of support

- About half report supportive/positive relationships with families (even when mental illness or other familial challenges were present)
- Often primary advocates

My mother is, we are really close, and she has done everything to like help me and help me get through my difficulties and is just an incredible woman in that way. And I'm really blessed to have her.

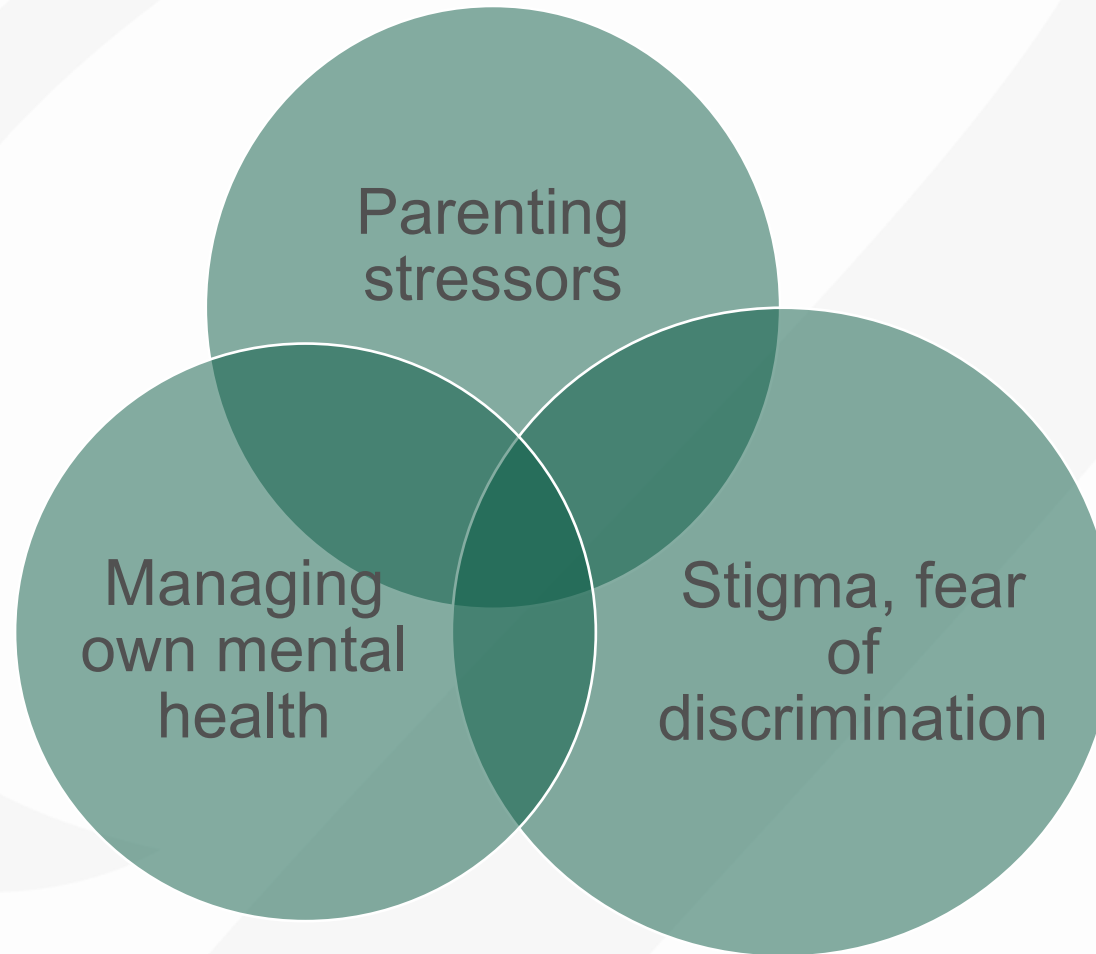
I know that like my parents have done a lot for me. So, I'm always really appreciative towards them and try to do a lot for them now because they were doing so much for me before when I couldn't handle it.

Familial context takeaways

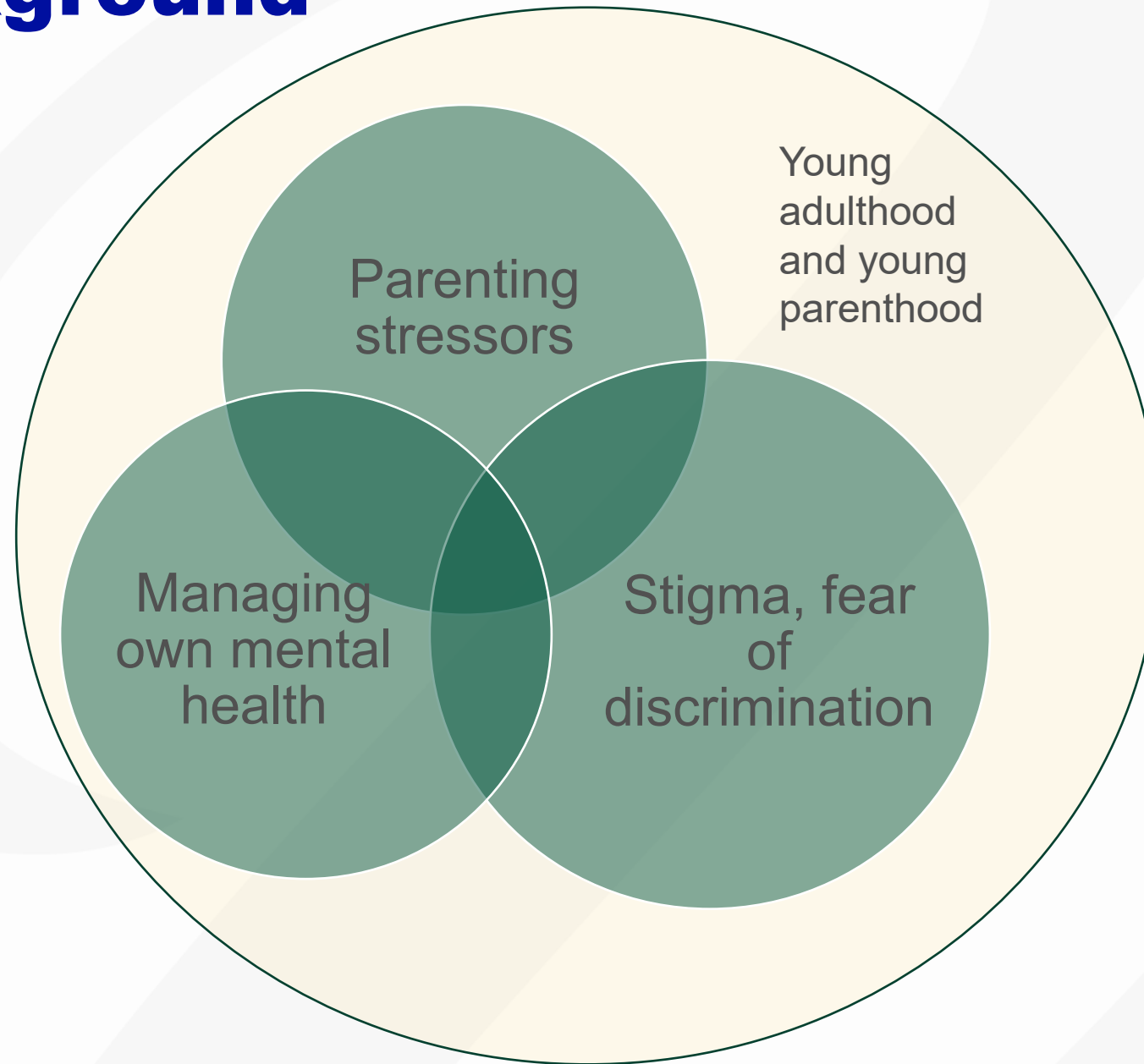
- Young adults in this sample often described familial mental illness, substance use, or trauma
- Sometimes these experiences were tied to their own mental health experiences (the “why”) and how they disclosed their own mental health challenges
- Missed opportunities in families of origin can contribute to intergenerational challenges
- Families can still be positive sources of support even when those challenges are present
- One size does not fit all

II. Young adult parents

Some background



Some background



Parent participants (n=18)

- Average age 25.89 (22-30, sd 2.63)
- 83% women, 56% non-Hispanic white
- 40% became parents under the age of 20
- ½ of participants had only one child
- 3 parents did not have custody (and only 1 of them had visitation)

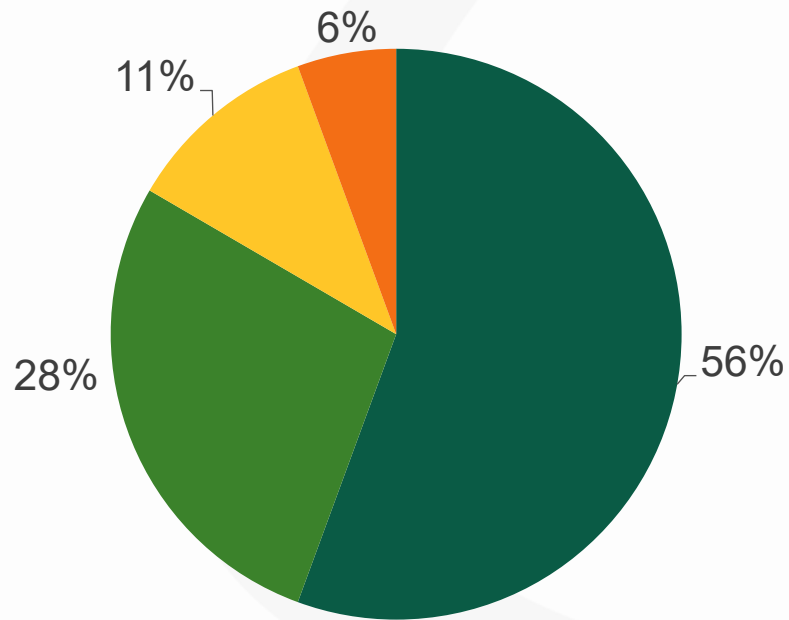
Diagnoses Reported

Anxiety Disorder	83%
Major Depression	72%
PTSD	50%
Bipolar Disorder	50%
Schizophrenia	6%
Schizoaffective Disorder	6%
Eating Disorder	28%
Borderline Personality Disorder	5.6%

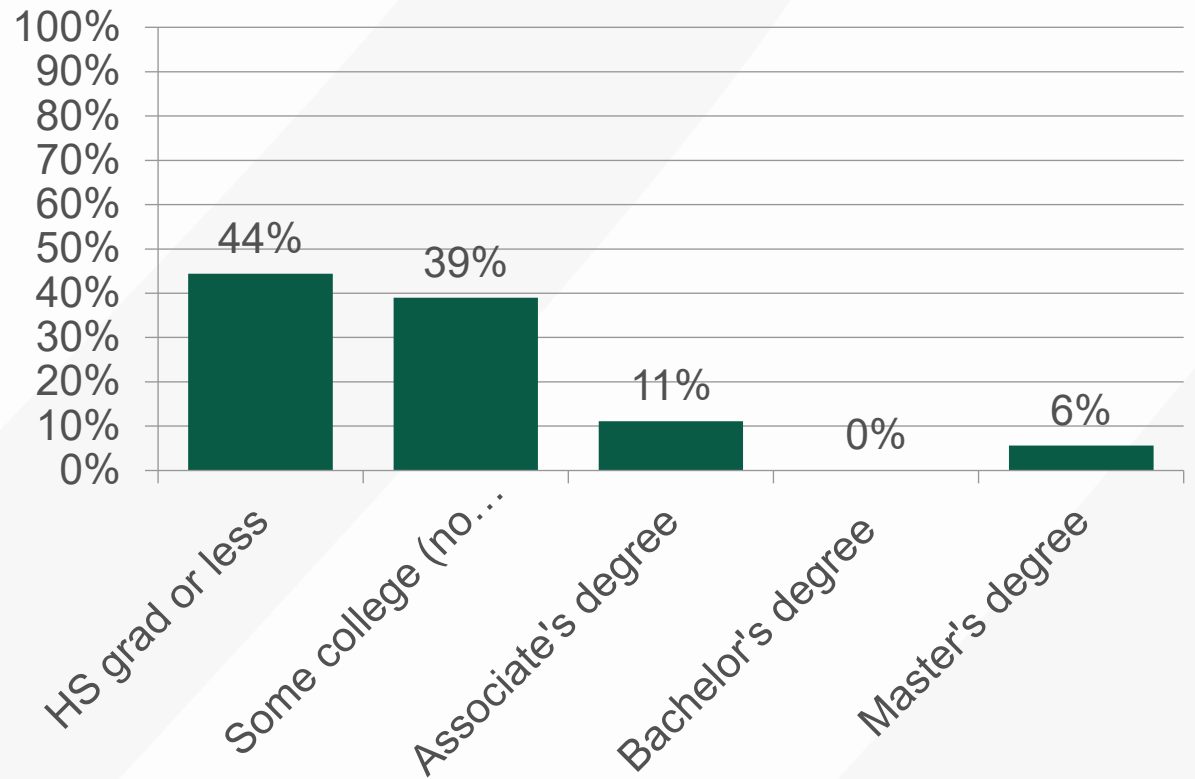
Parent Participants (n=18)

Annual Income

■ <\$10,000 ■ \$10K-\$20K ■ \$20-\$30K ■ >\$30K



Highest Education Level Completed



A note on recruitment



Managing symptomatology of MHC while parenting

- Sometimes unable to be fully present
- Sometimes parenting stressors trigger symptoms
- Guilt

I start slacking on my kids. And like I know like he'll get restless with me, and he'll be like 'mommy, you're not playing with me anymore. You're not doing anything with me.' And that kind of like puts it into perspective.

I feel like when he is sad or when he is sick, my anxiety is like triggered by that. It's like I try to do as much as I can to be able to help him or the situation because I feel like... I didn't have that.

Having to stop everything because I needed to be hospitalized. It's very... I've always kind of had a little bit of guilt. I feel like in the back of my mind, every time I get hospitalized because it's like my—wherever what I'm supposed to be doing is just going to have to stop until I come back. And that can be stressful.

Children as a motivator for recovery

- A motivator to stay well
- Children provide a sense of purpose and responsibility

But when I get those (suicidal) thoughts, like I need to think about what is there to look forward to? And that's easier to think about when you're thinking outside of yourself, at least for me. My daughter made me, especially with her dad not being stable...it would be selfish for me to leave because then where would that leave her.

After I had my son...I refuse to like not [to] be able to provide for my son.....it's not just me anymore, my family, you know? Even though I have my depression and my anxiety that was like a weight on my legs...I still go forward.

Experiences of stigma and discrimination

- Real experiences
- Fear of stigma or discrimination

I've definitely been discriminated against by the judge. It was horrible. They'd talk to me like I was five. They looked at me like I was a disease of a father. I wanted to be there for my kid but was never given the opportunity by the courts to do it.

Takeaway from young parents

- Many themes similar to those of older parents
- Expectations and/or experience of being a “young” parent may cause additional strain
- Parenting is stressful but doable
- Children can motivate young parents to stay healthy and get support they need

Having a mental illness and being a parent is possible. You don't have to be like ashamed. And I've met a lot of people ...who have had like bad things happen to them. They're afraid that they won't be good parents, but just because you have like PTSD....It doesn't mean that your child is going to go through that with you. Like it doesn't mean you're bad. Like....you can still be a great parent regardless of what your mental illness is.

Thank you!

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Sabella, K., Baczko, A., Lane, I. A., Golden, L., Pici-D'Ottavio, E., & O'Neill, M. (2022). A challenging yet motivating journey: the experiences of young adult parents with serious mental health conditions in the USA. *Frontiers in psychiatry*, 13.

Sabella, K. (2021). Factors that hinder or facilitate the continuous pursuit of education, training, and employment among young adults with serious mental health conditions. *Psychiatric Rehabilitation Journal*, 44(4), 373–380. <https://doi.org/10.1037/prj0000470>