

When a Parent Has a Mental Illness THE INVISIBLE CHILDREN'S PROJECT: AN EXAMPLE OF A PROMISING PROGRAM

In 1993, the Mental Health Association (MHA) in Orange County, N.Y., began an effort to raise awareness of the needs of families in which a parent has a mental illness or co-occurring disorder. The MHA developed the Invisible Children's Project (ICP), a program that aims to integrate essential services for these parents, to increase their ability to function as parents and assist them in creating a safe and nurturing environment for their children.¹ Today, ICP is a nationally recognized, award-winning, interagency program that the National Mental Health Association is helping to replicate nationwide.

Program History

Prior to the advent of the ICP in the state of New York, adult and child mental health services were available, but there were no services specifically to help parents meet the challenges of child rearing while coping with an emotional disability. For instance, children were not allowed to visit parents in public inpatient psychiatric facilities, and community-based programs had no provision for childcare. Children were basically "invisible" in the adult mental health service system.²

As the daughter of a mother who has bipolar disorder and depression, program founder Lucinda Sloan Mallen understood the challenges of growing up with a parent who has a mental illness. Determined to find a way to support families in which a parent has a mental illness, Mallen initiated alliances with several statewide and local agencies and found support from the New York State Office of Mental Health. Three factors ultimately helped her succeed: data to support her contentions, assertive and persuasive leadership, and collaboration with other organizations.

Mental health consumers were also instrumental in developing the program. Personal interviews with consumers were conducted, successful public hearings were held to generate consumer testimony, and a task force including consumers was formed. Consumers and mental health advocates continue to guide the ICP.

Program Goals and Components

The objective of the ICP is to support parents with mental illness in their parenting efforts and to keep the family together. The ICP is based on the idea that all parents want to be the best parents possible and the art of being a parent is tremendously rehabilitative. Its main priority, then, is to empower the parent to be a role model for their child.

Participants in the ICP refer themselves for services. The program, in essence, is a hybrid model of best practices in advocacy, consumer involvement in the design and delivery of services, and cross-systems collaboration.

Critical program components include:

- Family case management with 24-hour access emergency services;
- Affordable housing and financial assistance;
- Respite care for parents;
- Planning for parental hospitalization so that children are not placed in foster care;
- Advocacy on behalf of the child in the schools, social services and the courts;
- Parent skills training;
- Support groups for parents who are consumers;
- Vocational training; and
- Supported education services (e.g., classes and mentoring).

Other program features include support during pregnancy and post-partum periods, art therapy with children, and available money to address family requests (e.g., toys, camp, birthday parties, education).

Funding Sources

A variety of funding streams enable the ICP to operate, including local and state dollars from the Department of Mental Health, the Department of Health and Human Services, the Department of

Housing and Urban Development (HUD), the United Way, and private contributions.

Project Evaluation

Since 1993, the ICP has served approximately 175 people in New York through the MHA of Orange County. When families enter the program they may be homeless, poor and without support systems, and often their children are at great risk of being placed in foster care. In an evaluation of the ICP conducted by Dr. Dan Herman of the New York Psychiatric Institute, more than 90 percent of families in the ICP rated the overall quality of service as good or excellent and would recommend it to a friend. The data further demonstrated that the program is particularly effective in helping consumers obtain better housing and improve parenting skills. Recent internal program evaluations reveal a notable decrease in parental hospitalization and an increase in the ability of participants to maintain a job and get off of public assistance. Of significant note is the decline in the number of children placed in foster care as a result of the ICP. This has created tremendous emotional value in the lives of family members as well as economic savings for the community.

These results make the ICP worth exploring for replication in your community. For more information, contact the MHA of Orange County, NY or NMHA.

MHA of Orange County
20 Walker Street
Goshen, New York 10924
Phone: (845) 294-7411
mha@mhaorgeny.com

NMHA
1021 Prince Street
Alexandria, VA 22314
Phone: (703) 684-7722
<http://www.nmha.org>

References:

1. *Virginia Child Protection Newsletter*. "Parents With Serious Mental Illness." Volume 56. Summer, 1999.
2. Frances D. Atkins. "An Uncertain Future: Children of Mentally Ill Parents." *Journal of Psychosocial Nursing*. 1992. Vol. 30. No. 8.

The Strengthening Families fact sheets are made possible through an unrestricted, educational grant from The E.H.A. Foundation.