Parenting: The Most Important Role That is Not Addressed in Mental Health Care

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Introduction

Although parents struggling with mental health and substance misuse challenges often feel socially isolated, unsupported, and stigmatized, they credit the parenting role with providing purpose, fulfillment, and higher self-esteem.^{1,2,3} Negative social attitudes towards mental illness can lead to internalized self-stigma,⁴ and parents are fearful to discuss their parenting concerns in mental health treatment due to fear that such disclosures could lead to custody loss.^{2,5} The experiences of fathers with mental health and substance misuse challenges are particularly under-researched.²

We describe the process of creating a video featuring mothers and fathers with lived experience of mental health and substance use challenges sharing their parenting stories. Our ultimate objective is to determine whether showing this video to providers and parents can: 1) reduce stigma for those in recovery; 2) increase knowledge of available parenting and recovery resources; and 3) increase the perceived value and frequency of open discussions around overcoming the challenges of parenting in the context of mental health care.

Methods

The Massachusetts General Hospital Center of Excellence conducted state-wide listening groups among peer recovery communities that informed the need for larger discussions around parenting concerns for those in recovery. After consulting with researchers studying the intersection of mental health challenges and parenting, peer consultants (persons with lived experience) developed a semi-structured interview which included questions about parenting challenges and successes, experiences of stigma from mental health diagnoses, and resources for parents with mental health and substance misuse challenges and their family members .

Parents with lived experience were recruited through connections in the peer community network. Each parent reviewed the interview guide and participated in a practice interview with COE team members via a video call. These parents agreed to participate, provided written permission to share PHI by video for the purpose of sharing their stories, and were formally interviewed and filmed for approximately 30 minutes each. Filming occurred at the Harvard Medical School with assistance from Media Services. A team consisting of a peer consultant, research fellow, and research coordinator reviewed each video in its entirety, documented themes, and prioritized important segments and quotes to be included in the final edited video.

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Results

Eight parents with lived experience participated in video interviews and shared their stories. Main themes emerged within interviews from participants (see Figure 1):

Figure 1. Themes from Participant Interviews



"I wasn't a bad mom; I was a sick mom that needed help."
-Beth





"When I got sick, everything fell apart. I lost my home, and grad school, and job, and I had to give my child to my parents for 2.5 years to take care of her as I was living in my car."

-Sandra

Conclusions

This project provided a platform for parents with lived experience to share their story. Moreover, this project highlights the experience of fathers with mental health challenges, who are often underrepresented in research.² Participants with lived experience showed great enthusiasm in sharing their stories and contributing to the efforts of this video. In an upcoming study, we will evaluate whether the video can have an impact on provider and parent attitudes around the importance and value of discussing parenting challenges in the context of mental health care.

We would like to acknowledge and thank all the parents who bravely shared their stories in hopes of helping others



