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The Clubhouse Family Legal Support Project

In the late morning of a rainy Friday, I pulled into the parking lot of Employment Options, Inc. in Marlborough, Massachusetts. Despite all the research I had done about the clubhouses, I still felt unsure of what to expect. While interning at the Mental Health Legal Advisors Committee (MHLAC), I had little in person contact with clients, and I could not help but feel a little nervous about being face to face with the people I had been learning so much about, parents with mental illness.

As I walked to the entrance I was greeted with a friendly "hello" by several men out front smoking cigarettes. I entered the clubhouse half expecting to see a scene from "One Flew Over the Cuckoo's Nest" or "Girl, Interrupted" even though intellectually I know that clubhouses are not psychiatric institutions. Instead what I found was a clean and modern looking space equipped with desks and computers, bulletin boards on the walls, a dining hall, and a kitchen. The clubhouse looked more like the Brandeis University student center then the psychiatric ward of a hospital.

The current Clubhouse Project attorney, Kate Nemens, Esq. was in a meeting. As I waited for her, I observed clubhouse members setting up for lunch. I had read that Employment Options is unique in that it is almost entirely self run by its members. Members have the opportunity to sign up for a job each day whether it be cooking, cleaning, or serving duty. When Kate came out of the meeting, she introduced me to a staff member and asked that I be set up with a tour. Next thing I know, a heavyset older man with very few teeth is cheerfully leading me around the clubhouse. He explains that the staff always picks on him to "show people the ropes."

During my tour I get to meet many staff members who are working on various projects, as well as see where the members create the daily newsletter, and the exercise room where members can lift weights or work out on one of the treadmills. Lastly, my tour guide takes me to his favorite place that is clearly a source of pride--"Wait till you see the kitchen!" he exclaims. He takes me inside the walk-in refrigerator, and I nervously keep the door propped open from inside. He says "Close it!" I look around at the tiny square space we are standing in and think to myself "there is no way I'm letting this door close." He looks at me and says, "I promise it won't lock." Although uneasy about it, I don't want to disappoint him as he shows off during his favorite part of the tour, so I let the door close. Less than two seconds later he opens the door and we walk out. I realize that I have stereotyped this man because he is mentally ill in the exact manner that my research project aims to prevent. I thought because this man has mental illness he might harm me, and I also lacked trust in the staff because I did not stop to think that they would not send me on an unsupervised tour with someone they felt could endanger me. People often believe that parents with mental illness might neglect or abuse their children, and they have difficulty trusting that the social workers, doctors, and lawyers advocating for such parents would only attempt to create contact between a parent and child if they felt it was safe and appropriate.

Scope of the Problem

Every year, one in five Americans experiences a mental illness, the majority of which are parents (J. Nicholson, personal communication, April 13, 2007). Further, women with severe mental illness may be as likely as women in the general population to have children (Nicholson, Sweeney & Geller, 1998). In 2000, approximately 31% of American women met criteria for psychiatric disorders, and 65% of those women are mothers (Nicholson et al., 2001). Therefore,

there is a large population of parents with mental illness, and most of them do not have access to legal aide.

Parents with mental illness face unique challenges beyond the everyday difficulties of parenthood. In a 1998 study, almost 30 percent of the mothers reported that their illness made it more difficult to be a good parent (Nicholson, Sweeny & Geller). In addition to managing an illness, parents with mental health diagnoses face stigmatization from the general public as well as from child protection agencies and judges. Misconceptions about the capability to parent while dealing with a mental illness are detrimental to both parents and children alike. Parents with mental illness lose custody of their children at high rates--an estimated 28% to 60% (Mowbray et al., 2001). Parents with mental illness report that the loss of contact with their children is the primary barrier to their successful rehabilitation as well as a significant source of distress for the entire family (CFLSP grant petition, 1998).

The Project

Internationally and throughout the United States, "clubhouses" have been created to provide a "non-institutional" setting for former psychiatric patients. The goals of the clubhouse setting are to develop education, vocational, and social skills, as well as to rebuild families. There are approximately 30 clubhouses in the state of Massachusetts which make up the Massachusetts Clubhouse Coalition. In 1999, the Clubhouse Family Legal Support Project (CFLSP) was established in Massachusetts to help club members specifically work towards the goal of rebuilding families. The project brought a family law practitioner with experience representing low income clients to join the MHLAC and Employment Options, Inc. as a full-time project attorney. Working with MHLAC and Employment Options, Inc., the project attorney provides

legal representation to clubhouse members who are at risk of losing custody and all contact with their children. The goal of the Clubhouse project is to "make available effective legal representation to low income parents with mental illness in cases involving the visitation and custody of their children" (CFLSP grant petition, 1998). The idea for the project began in 1993 through the experiences of Gina Yarbrough, Esq. while she was doing intake for the Mental Health Legal Advisors Committee.

A Niche of Unrepresented People is Uncovered

Gina Yarbrough, Esq. began working at the MHLAC in 1993. Given her interest in child advocacy, cases involving mentally ill children and adolescents were directed to her. During her intake work, she noticed over time that parents with mental illness were calling with matters involving their kids. These cases were often referred to her because of her work with children. Gina remembers one mother called in because she had gone to the Emergency Room in need of psychiatric help, and when the hospital discovered she had children, the hospital immediately filed a 51a (a report to social services of suspected child abuse). This mother feared what would happen to her relationship with her children. In another instance, a divorced father with mental illness called in because his ex-wife filed a 209a restraining order against him which ordered him to stay away from his children. He felt as if his ex-wife was using the fact that he had a mental illness against him. Gina discovered that for various reasons these cases were not being taken by legal service agencies, pro se clinics, pro bono attorneys, or private attorneys. Gina felt as though her intake experience had "uncovered a niche of unrepresented people" (G. Yarbrough, personal communication, April 12, 2007).

The Massachusetts Clubhouse Parenting Consortium (Parenting Consortium) which provides support to clubhouse clients that are parents, has attempted to obtain legal representation for its clients since its inception. The Parenting Consortium discovered that local legal service agencies in Massachusetts have been unable to provide representation because of limited resources. Such agencies have been forced to decrease their family law staff and caseload to cover only matters that involve domestic violence (CFLSP grant petition, 1998). For this reason, MHLAC was "the only game in town if you were a male" (G. Yarbrough, personal communication, April 12, 2007).

In attempting to refer these cases elsewhere, legal services agencies discovered that other agencies were either reluctant or ill-equipped to handle cases involving parents with mental illness. Legal service agencies have tried to get representation for parents with mental illness through pro se clinics and private bar referrals. Unfortunately pro se clinics have not been useful for clients diagnosed with mental illness in family law matters. Low income parents with mental illness cannot afford private attorneys, thus rarely receive representation from the private bar. Even pro bono attorneys are reluctant to take on these cases because they "lack specialized training in mental health law, clinical knowledge, and the parenting support services available in Massachusetts" (CFLSP grant petition, 1998). The Volunteer Lawyers Project and other legal service programs confirm in their reports that family law cases involving mentally ill parents are especially difficult to refer to pro bono counsel (CFLSP grant petition, 1998).

Associate Justice E. Chouteau Merril of the Suffolk Probate and Family Court in Boston provides further explanation to why it is difficult to get representation for parents with mental illness. Judge Merril explains that often clients with mental illness (especially when paranoia is a symptom of the illness) will refuse services because they cannot understand that someone is trying

to help them. She also describes people with mental illness as “difficult clients.” The Department of Social Services is already “stretched very thin” and is unwilling to “chase uncooperative clients.” In her experience, some people with mental illness are likely to ignore mail and not return phone calls (C. Merril, personal communication, April 24, 2007).

Further, the Department of Social Services is not properly trained to handle cases that involve parents with mental illness. Gina Yarbrough became co-counsel on several DSS cases by their request. Gina Yarbrough was unique and valuable because of her ability to coordinate the clinical and legal aspects of mental health issues. Through developing the Clubhouse Project, Gina created an intermediary to integrate the clinical and legal issues that arise in cases where mentally ill parents are involved.

Effects of the Stereotype

The belief that parents with mental illness are unfit to parent is unfounded. The law defines a parent as unfit with evidence of abuse and neglect (Yarbrough, 1996). Most studies have shown that few abusive and neglecting parents are psychotic (Nicholson and Blanch, 1990). Dr. Joanne Nicholson of the University of Massachusetts Medical School in Worcester, explains that the link between mental illness and child abuse is made nevertheless: “[T]he assumption is made that a person would have to be ‘crazy’ to abuse a child. Therefore, some people assume that all parents with mental illness abuse their children” (Nicholson, 1996). Parents that are not mentally ill can be unfit. Dr. Nicholson explains that there exists “a range in skill and capacity among all parents” (J. Nicholson, personal communication, April 13, 2007). A mental health diagnosis is not a defining factor in one’s ability to parent well.

Colby Brunt, Esq. began work for the Clubhouse project from in 2000. She believes the mentally ill to be among the most stigmatized groups in our country. Brunt explains that the false judgments she experienced from judges and opposing counsel during her work for the project were due to "fear of the unknown." Colby explains that if mental illness was a more tangible disease, like cancer for example, people would be more understanding. Due to the fact that many people are unfamiliar with illnesses like bipolar disorder, people make the false assumption that people with bipolar disorder are "unstable and dangerous" (C. Brunt, personal communication, March 27, 2007). Dr. Nicholson found that women with mental illness are victims to stigma even before they become pregnant. One mother said, "I guess I feel that if I got pregnant, my child would be taken away from me because I have mental illness. I feel like I'm sterilized by the Department of Social Services and have no rights" (Nicholson, Sweeney & Geller, 1998). A case manager concurred: "When they [mothers] go to the hospital to give birth, people immediately assume they cannot care for the child" (Nicholson et al., 1998).

Dr. Nicholson's focus groups and research have helped her determine the greatest problems facing mothers with mental illness, as well as what supports are effective in helping these mothers parent well. Her research has revealed that the stigma, in addition to working against mothers in the legal system, effects how parents with mental illness view themselves. Colby Brunt also observed that her clients often believed the false assumptions others made about them, and they began to question their own ability to parent effectively. Mothers with mental illness may feel responsible for their children's problems. One case manager explains, "Even if its normal adolescent behavior, they [the mothers] worry that [the behavior] will be viewed as their fault" (Nicholson et al., 1998). Parents not only fear that others will blame them for their children's problems, but they might believe they are at fault for circumstances beyond their

control. One case manager explains that a client looks at her daughter's behavior and asks, "What have I done wrong? Because I have a mental illness, have I raised her wrong?" (Nicholson et al., 1998).

Brunt agrees that while "mental illness can render some individuals unfit to parent, the vast majority of mentally ill parents simply need access to services and supports that can help them parent effectively" (Brunt and Goodmark, 2002). Dr. Nicholson, who has devoted her career to running focus groups for mothers with mental illness, has found that a person's ability to parent successfully depends more on resources and support than anything else. She adds, "Parenting is a hard job for anybody, and it is especially hard if one's functioning is compromised by an illness…the important thing is that people value parenting as a role, and provide resources to help parents do their job" (J. Nicholson, personal communication, April 13, 2007). Legal assistance is an important service for parents with mental illness, but the stigma works against them in the legal system as well.

In her article "Parenting in the Face of Prejudice: The Need for Representation for Parents with Mental Illness," Brunt writes, "the law affecting parents with mental illness is not black and white but gray, and many times this gray area works against people with mental illness" (2002). During her time working for the CFLSP, Colby experience was that opposing counsel and judges made false assumptions about her clients simply because her clients had mental health diagnoses.

One of Colby's clients (Ms. M) was a mother with bipolar disorder who "made the ultimate sacrifice" in giving up her two boys to their father when she was too sick to care for them. Although Ms. M. was aware of her husband's abusive tendencies, she had no other choice. After a period of treatment, Ms. M was back on track. She was stable, holding down a job working for the Massachusetts Transit Authority, and 100% compliant to the medication regime

prescribed by her doctors. When her therapist and psychiatrist were consulted regarding Ms. M's mental health her treatment was described as "consistent and continued" and they had "no concerns with allowing the children to stay with her." Ms. M tried to regain custody of her two boys, but was denied. She eventually regained custody (nine years later) after the Department of Social Services was called to the father's house to investigate two accounts of child abuse (teachers of the boys had filed 51a forms after seeing signs of physical abuse on the boys' bodies). DSS found that the boys had in fact been abused, and both boys expressed fear of their father and a feeling unsafe in the home. Colby describes Ms. M as an "amazing mother," yet it took extreme circumstances on the part of the father in order for Ms. M to regain custody of her sons (C. Brunt, personal communication, March 27, 2007 & MHLAC case file of the client discussed above). Ms. M's case demonstrates how the gray area in the law can work against those with mental illness, as well as how reluctant judges are to place children in homes with parents who have mental illness. Colby also remembers fondly a gentle man, a father with Schizoaffective disorder who she believed "would never harm his family." Unfortunately, his ex-wife painted the picture of a "monster" when she described him in court. The wife's accounts were considered credible, and the father encountered great difficulty in maintaining contact with his children.

During my visit to Employment Options, Inc., I had the privilege of sitting in on a client meeting. The client, a middle aged man, was working with Kate Nemens, Esq. to regain contact with his 14-year-old daughter who he had not seen in four years. After the meeting, Kate shared with me that at the most recent court hearing, opposing counsel had inappropriately filed a 209a restraining order against her client. The restraining order was unnecessary as her client had made no attempt to contact his daughter. What Kate found even more appalling was that the judge approved the order. Kate admired her client's resilience in that he was continuing to progress in

his treatment and work towards the goal of seeing his daughter, despite the devastation caused by the restraining order (K. Nemens, personal communication, April 28, 2007). This specific case does demonstrate the existence of a negative bias towards parents with mental illness in our legal system. Gina Yarbrough describes her experiences with judges and opposing counsel as “mixed,” as judges are operating under the “Best Interests of the Child” standard.

Associate Justice E. Chouteau Merril of the Suffolk Probate and Family Court in Boston explains, “The best interest of the child always trumps.” She adds that if there is any question that contact with a parent could “harm or endanger” a child, a “time out” from contact or in the worst cases the termination of parental rights are in order. However, these are the extreme cases, and Judge Merril tries to find ways to maintain relationships between parents and their children. She explains that “every child deserves a relationship with their parent.” The court seeks to protect this “right of the child” because the child did not cause their parent’s mental illness and should not lose contact with their parent as a result (C. Merril, personal communication, April 24, 2007). The Clubhouse Family Legal Support Project helps children as well as parents because most children want to have contact with their parents. Even in cases where they are angry with their parents, generally children do not want a court preventing them from speaking with their family. Gina Yarbrough explains the perspective of the children, “At the end of the day, it’s their [the child’s] parent” (G. Yarbrough, April 12, 2007).

In Gina Yarbrough’s experience, she has faced some “hostile opposing counsel and some that is more understanding.” She realizes the difficult position the clients of opposing counsel are put in. Gina recalls one case where the opposing counsel was the ex-husband of her client, and the father of her child. This father was genuinely concerned about his child, but also recognized that his ex-wife was sick, and her illness was not her fault. He brought his ex-wife pictures of

their son, and he was "not a mean person" with intentions to hurt Gina's client. Gina adds that whenever possible, it is important to try and negotiate outside of the court. She adds that as an attorney, one must "prey upon the reasonableness of opposing counsel" (G. Yarbrough, personal communication, April 12, 2007). Further, the clubhouse played a role by assuring the father of the mother's supports and by taking it slow and working with the father to monitor how the relationship with his mother was affecting their child. Ultimately, the 209a restraining order against the mother was dismissed. Colby Brunt also recognizes the unique challenge of cases where opposing counsel is family.

Colby recalls that many of her cases did go to trial, and her clients were very nervous to testify in court. She explains that probate court is difficult for any person because you are up against your family. Colby says, "There is a thin line between love and hate. In probate court you are fighting against someone you used to love, someone you had a child with" (C. Brunt, personal communication, March 27, 2007). Ideally, people do not want a judge dictating visitation schedules, as both parties are resentful of the fact that a judge is making decisions important to their personal lives. Unfortunately, many cases involving parents with mental illness do end up in court, in some cases resources and support can help avoid bringing family matters to court, but in many cases the pairing of legal advocacy with other resources help the case before, during, and after the legal process.

Benefits of Legal Advocacy: Two Success Stories

Ms. C, a Chinese woman with limited English skills, was referred to the Clubhouse Project by her local legal assistance office. She had just been help released from a three week hospitalization on account of her illness, paranoid schizophrenia. Ms. C was seeking help because

her husband had filed for divorce and was asking the court to remove Ms. C. from their home. With the help of the Project attorney, Ms. C was able to remain in her home from an additional month and receive financial assistance from her husband in order to find alternate housing. Through involvement in the clubhouse, Ms. C received services from the Department of Mental Health, regularly saw a therapist and psychiatrist, and received both family support and vocational services. She began working in the business unit of the clubhouse. Ms. C had limited visitation with her 10-year-old son, and had lost the privilege to have contact with her son's schools following an outburst at his Chinese school. Like any mother, she feared losing contact with her son.

The Project attorney regularly met with the DMH worker, clubhouse staff, and mental health professionals who were on Ms. C's case. Having a lawyer as a member of Ms. C's team was vital. The Project attorney advised the team to increase Ms. C's medication as soon as signs of relapse appeared in order to keep her out of the hospital. With her experience in the legal system, the Project attorney knew that hospitalization can "sink a case" (K. Nemens, personal communication, April 28, 2007). Additionally, during the search for Ms. C's housing, the Project attorney suggested they look for an apartment that could host a child overnight. If there was any chance in the future for Ms. C to be awarded overnights with her son, she would need adequate space for him to stay.

Approximately one year after the CFLSP attorney entered into the case, Ms. C's divorce reached a settlement. The separation agreement gave Ms. C the right to consult with Mr. C on major decisions regarding their son, regular weekly visitation (including two overnight visits a week), and a significant alimony award. Ms. C has continued her treatment and remained out of the hospital for almost two years now. Her stability has allowed her to maintain a relationship

with her son free of the paranoia she once suffered from (MHLAC case file of the client discussed above). Gina Yarbrough, Esq. describes the role of the legal advocate in cases of parents with mental illness as “the missing link” (G. Yarbrough, personal communication, April 12, 2007). Ms. C’s case demonstrates the importance of having a lawyer as part of the team. Similarly, the Project attorney was critical to the success of Ms. R.

During my visit to Employment Options, Inc., I had the privilege to talk with a former CFLSP client, Ms. R. Eight years ago, Ms. R. became involved with the Family Project when she was forced to move out and leave her two boys to her mother. Ms. R had become pregnant and stopped taking her medications which treated her bipolar disorder. She was afraid the medications would hurt her baby, and focused on her pregnancy, she also stopped seeing her therapist and psychiatrist. Ms. R believes that if someone had advised her to continue her treatment despite her pregnancy, she could have avoided losing her boys in the first place. After stopping treatment, she became a DSS neglect case, and was forced to move out and relinquish custody to her mother. She returned to therapy and was referred to the Family Project where she received legal help that proved crucial to her case.

In addition to legal advocacy, the clubhouse provided Ms. R with therapy, psychiatry, and additional supports like transportation to visits with her children (currently she is preparing to get her Learner’s Permit and will eventually be able to drive). Her past court visits without a lawyer resulted in frustration and tears. She felt the judges were dwelling on her past, and that they were unwilling to see her improvements. Ms. R found it difficult to prove to the judges that she had gotten better. Even when she had a court appointed lawyer, there was a lack of understanding regarding mental health issues which made them poor advocates.

Before becoming involved with CFLSP, there was a nightmare of a custody battle over her now middle son. The grandmother, herself, and the father of her middle son were all fighting for custody, and each had there own court appointed lawyer (since DSS had been involved). She felt that her lawyer was siding with the father's lawyer, and having all three family members in court was "uncomfortable."

Ms. R was became involved with CFLSP when her own mother (who had custody of the boys) was hospitalized. The Project attorney helped her apply for Section 8 housing, and accompanied Ms. R to her court date where she was awarded temporary custody of her two sons for one month. Ms. R explains the difference she felt when there was a lawyer representing her in court: "I knew I was more strong, I knew somebody was there to help me." During that month, her team at the clubhouse helped her put her kids in school and therapy. She became involved in a support group called "Parents Helping Parents" giving her "a place to vent" and an opportunity to "learn from the experiences of others." One of her sons, who suffered from asthma, was now seeing a doctor weekly. In addition, Ms. R took a three hour class about how to care for a child with asthma. She was able to transfer her son to a new school system that passed him into the first grade despite absenteeism in kindergarten, and he gained some weight (which was necessary for his health). At the court hearing one month later, Ms. R was awarded full custody of the two sons she had lost and her infant. Just sixth months after the CFLSP became involved in her case, Ms. R won custody of her children.

Since gaining custody of all of her sons, Ms. R has been involved with the Family Options project at the clubhouse which provides various supports for custodial parents. Ms. R now works for the clubhouse as a job coach (she accompanies members to their jobs outside of the clubhouse to provide support). She explains, "At the beginning I thought I couldn't do it." Today she

continues to participate in parent support groups and feels her experiences have "helped a lot of people." She characterizes her relationship with her middle son as a "roller coaster" because of his anger that she left him with his grandmother. Nevertheless, she feels as though they have "a special bond." Ms. R is very close with her oldest son who suffers from bipolar disorder as well as an expressive language disorder. Her youngest son is now seven, and he has difficulties at school because of his Attention Deficit Hyperactive Disorder and "explosive anger." The clubhouse has helped teach her strategies for dealing with her challenging kids. For example, she has learned how to create morning and afternoon routines, keep behavior charts, and prepare the kids for any difficult situation that might arise. All three of her sons have been in the hospital when "safety was a concern," but she tries to keep them out of the hospital as best she can. Ms. R was in foster and residential care from age five until 18, and she says, "I don't want that for my boys."

Ms. R's job as a parent is demanding. She works hard everyday, and cites her husband of eight years (they met the day she lost custody of the boys) as an important support. Further, her and her sons all share the same psychiatrist which is advantageous because he is aware of all the situations in the family. She believes her success today is due to her family working together. Her success through CFLSP was a result of collaboration between her case worker, mental health specialists, clubhouse workers, and lawyer. Ms. R explains, "It's all teamwork" (CFLSP client, personal communication, April 28, 2007).

Legal representation for parents with mental illness is beneficial for reasons that reach beyond their knowledge of the legal system. When a parent with mental illness arrives in court with a legal representative, that client is demonstrating their ability to work with an attorney. Judge Merril explains that the mere presence of an attorney in cases of parents with mental illness

is an “important prognosticator.” A client’s ability to work with an attorney indicates their willingness to get help, and suggests that the parent would be able to work with a therapist and remain stable (C. Merril, personal communication, April 27, 2007). Further, even when a client does not get what they want, going through the process of working with a lawyer and going to court is beneficial to the client. Colby Brunt, Esq. explains that people with mental health diagnoses are often “tossed to the side” and ignored. By “having their day in court,” her clients found their voices and gained from the experience even if their goal of custody or visitation was not met (C. Brunt, personal communication, March 27, 2007). The cases above demonstrate that it is the combination of legal representation with other resources that is crucial to the success of parents with mental illness.

Other Resources

Dr. Joanne Nicholson and her colleagues are working towards the goal of achieving “evidence-based psychiatric rehabilitation practices for mothers with mental illnesses” (Nicholson & Henry, 2003). The creation of standardized programs that have been proven effective through research will help achieve quality in services for parents with mental illness. One barrier in the system is separate “adult” and “child” funding which causes difficulty in the development of “family-centered” services (Blanch, Nicholson, & Purcell, 1994). If the services for adults and children are located in different places, scheduling and transportation difficulties may arise. Further, parenting services that are commonly offered through the child welfare system may only be available to those mothers who have been identified as abusive or neglectful (Nicholson, Geller, & Fisher, 1993). Modifications in the system that separates adult and child resources are essential.

In focus groups, mothers with mental illness identified concerns that Dr. Nicholson put into two categories—"access to essential resources" and "the domains of necessary skills" (Nicholson & Henry, 2003). In the first category, parents with mental illness desire help in securing and maintaining housing, finding transportation, obtaining childcare, and accessing recreational activities. For mothers who are receiving public sector services, understanding eligibility for various supports and negotiating the system are challenging tasks. Support in filling out the required paperwork and meeting with providers would be helpful to parents with mental illness. In the second category, mothers identified obtaining and maintaining employment, and money management as challenges. Skills-training and education could help parents with mental illness gain employment and learn to manage household finances. Child behavior management is difficult for any parent, but is made more complicated for parents with mental illness if their symptoms include attention or memory deficits or low energy. Mothers also wanted advice on how to communicate with their children, especially about their mental illness. Psychiatric rehabilitation programs for parents should include skills training and strategies aimed towards teaching parents how to both discipline and communicate with children. Programs for parents that are behavioral in orientation and focus on skill building have been proven effective (Taylor & Biglan, 1998). Parents highlighted the importance of peer support. Like in the case of Ms. R., participants in parent support groups benefit from the emotional support of others in similar situations with the help of a professional. Some parenting skills programs that address the problems identified by parents with mental illness and employ the methods of training found most effective do exist, but many more are needed to aid a large population.

Nicholson and Henry point to three programs for mothers with mental illness that are "exemplary" (2003). *The University of Illinois at Chicago Women's Program* provides prenatal

and postpartum care for women, integrated with psychiatric care in inpatient and outpatient services, as well as comprehensive assessment of parenting capability. Located in Brooklyn, New York, *The Emerson-Davis Family Development Center* provides housing, 24-hour support, and a range of services (case management, crisis intervention, medication monitoring, substance abuse relapse prevention, mental health services, and adult and child health care) to single parents with histories of mental illness. Also in Chicago is *The Thresholds Mothers' Project*, a agency-based psychosocial program that provides support groups, parenting skills training and education, case management services for mothers, and a therapeutic nursery/preschool program for their children ages 0 to 5 (Zeitz, 1995). While providing such programs for parents with mental illness may appear expensive, a lack of "exemplary" programs may be more costly.

The article "Sylvia Frumkin: Has a Baby: A Case Study for Policymakers" demonstrates how the current system fails mothers with mental illness, and the extreme tragedy that can occur as a result of the lack of adequate programs. "Sylvia Frumkin" was a pseudonym given to a 32-year-old woman with chronic mental illness in Susan Sheehan's book "Is There No Place on Earth for Me?" Nicholson, Geller, and Fisher's article chronicles the life of a patient similar to Sylvia named "Gloria Morrison." After a decade of struggling to manage her illness and meet the demands of parenting, Gloria committed suicide at the age of 37. Her story demonstrates the service delivery system issues, clinical treatment problems, and lack of family support that led to her failure to get better and ultimately her death.

The lack of family-oriented residential or supporting housing services caused Ms. Morrison to resist referral to a staffed community residence after discharge from the state's hospital because she knew her children would not be allowed to visit. Instead, she opted for independent living "because it seemed closer to her goal of living with her children" (Nicholson,

Geller & Fisher, 1996). As a result, the gains she made at the hospital were reversed. A cost-effective solution to this problem is for housing and residential programs to support visits and activities for family members (Nicholson et al., 1996). Costs may actually increase when services are fragmented or duplicated. In Ms. Morrison's case, both her case manager at DMH and her social worker at DSS wrote separate detailed treatment plans. The lack of communication between the two workers may have resulted in duplicative referrals. Further, Ms. Morrison and her children could have fallen through the service system cracks all together as a result of each agency focusing on its specific client rather than providing services to include the entire family. The integration of services would improve the quality of care as well as reduce costs (Nicholson et al., 1996). One issue in Ms. Morrison's clinical treatment was that her mental health providers failed to address the issue of loss so common to parents with mental illness. If hospital clinicians had attempted to alleviate her feelings of loss it might have helped to prevent her suicide.

Ms. Morrison's case highlights the importance of communication between case workers, mental health providers, and other advocates working with a parent with mental illness. Her case also demonstrates how focusing on the specific client rather than providing for the entire family can be detrimental. Finally, clinicians should be aware of issues specific to parents with mental illness, such as feelings of loss as a result of losing contact with their children. Implementation of these provisions would not be expensive (and may in fact reduce costs). Further, such improvements in the system might result in better outcomes for parents with mental illness and their families, thus reducing the cost to society as a whole.

Difficulties for Attorneys

Current Clubhouse Project attorney Kate Nemens, Esq. jokingly likened her work in the law field to that of an emergency room doctor's in the medical field because of the sense of urgency and intensity she experiences in her work (K. Nemens, personal communication, April 28, 2007). Gina Yarbrough explained that being a legal representative for parents with mental health is "definitely not work for everyone" (G. Yarbrough, personal communication, April 12, 2007). She felt her work was time consuming and emotionally draining. During one Christmas vacation, Gina spent hours on the phone ensuring that a client who had been granted visitation rights was actually getting them. Gina found herself particularly saddened by cases when the parents of adolescents were denied access to their children. She recognized that many of the teenagers she came across were "not warm and fuzzy" and really needed the unconditional love of their mothers and fathers. Many of these adolescents bonded to their attorneys because they had so few supports in place.

In one extreme case, a client of Gina's was sent to a meeting without Gina's knowledge, and the meeting went poorly for the client. The client tried to get in touch with Gina, and after leaving a voicemail, that client harmed herself. Gina could not help but feel guilty, and wondered if she had answered her phone whether she would have been able to talk her client down. Gina felt pressure to always be available to her clients, and often felt that the "weight of the world" rested on her shoulders. Despite the difficulties and stress of her work, Gina felt "honored" that her clients trusted her with the most "intimate details of their lives." Yet Gina identified a "burnout factor" (meaning that she could only do such intense and challenging advocacy for a limited period of time). She continues to be involved with the CFLSP as a member of its advisory board (G. Yarbrough, personal communication, April 12, 2007).

Colby Brunt admits she left her position working for the CFLSP because it became too difficult and emotionally upsetting as she witnessed the system work against her clients. She, too, found her work rewarding, and appreciates the well wishes she receives from a former client on every holiday. She described that her work with CFLSP felt as though she was "continuously pushing a boulder up a hill and having it roll back down" (C. Brunt, personal communication, March 27, 2007).

Improvements in the programs for parents with mental illness would assist the Project attorney in their job because it is easier to work with someone who is being adequately treated for their illness. Also, a client receiving the proper resources and supports has a better chance of winning custody or visitation with their child. The Project attorney's role as a legal advocate is most effective when case workers and mental health professionals work collaboratively with a client (such a setting is facilitated by the clubhouse). More outreaches aimed to educate families, judges, and lawyers regarding mental illness would be beneficial, especially in reducing the stigma that harms so many parents with mental illness. Further, if more lawyers became involved in the advocacy of parents with mental illness, each attorney would have fewer cases to manage. I witnessed firsthand the crammed client meeting schedule Kate Nemens had during a visit to Employment Options, Inc. as well as the excitement and hope many clubhouse members felt when Kate was there.

Possible Dangers?

In response the societal fear that mentally ill parents will harm their children, thus projects such as the CFLSP project are dangerous, Colby Brunt states confidently that none of her clients posed any type of threat to their families. Further, she was given discretion in terms of which

cases to take, as well as whether visitation and/or custody were appropriate. Colby says she was always honest with her clients, and always told them if it was not beneficial to the family for them to be exposed to their children (C. Brunt, personal communication, March 27, 2007).

There are many factors that go into deciding whether a parent should regain contact with their children such as the ages of the children, and information obtained from providers and case workers. The goal of the CFLSP is not to reunite every person with a mental health diagnosis with their children. Gina Yarbrough explains that she was realistic with her clients, and worked towards the goal of gaining "whatever contact makes sense" (G. Yarbrough, personal communication, April 12, 2007). She would explain to her clients that you cannot jump from having no contact with your child to having overnight visits. When starting from no contact, often letters and pictures were the appropriate level of interaction. In some cases, Colby Brunt had to make very difficult decisions based on what she experienced with her clients that worked against the goal of gaining contact with their children. In some unfortunate cases, Colby had her clients sent to rehabilitation centers, committed to psychiatric hospitals, or even arrested (C. Brunt, personal communication, March 27, 2007). The CFLSP works to reunite parents with mental illness with their children in the many cases where it would be beneficial to both parties. Both Colby Brunt and Gina Yarbrough agree that there is no danger posed by the project, as it can only work to help parents with mental illness and their families.

Possible Improvements

In terms of improvements that could be made specifically to benefit the CFLSP, a better system to track outcomes is at the forefront. Due to the complex nature of visitation and custody cases involving parents with mental illness, it is difficult to measure the CFLSP's success. Case

files are stuffed with court documents, notes, and other paperwork that make it difficult to sort out the progression and outcome of these cases that Judge Merril described as "fact specific" (C. Merril, personal communication, April 27, 2007). In order to better keep track of the Project's success, I would recommend that when a case closes, the current Project attorney fill out a standard form to be attached to the inside of the front of the folder. The form should include the patient's mental health diagnosis, a few sentences describing the situation when the client first became involved with the CFLSP, any court dates and their outcomes, and a few sentences about the situation when the case closed. Although such a brief summary cannot possibly explain such long and complicated cases, it may help with the overall measurement of success because one would be able to glance at the files and quickly discern the basic outcome of the case. In cases where family contact is not improved, the form should note whether working through the process of legal advocacy visibly helped the client's self-image.

Conclusion

The Clubhouse Family Legal Support Project is effective because of the importance of legal advocacy in helping parents with mental illness. The CFLSP facilitates the collaboration of a lawyer with case workers and mental health professionals that has proven to be vital to a client's success. My goal when I began my research on the CFLSP was to present an array of opinions regarding the topic of advocacy for parents with mental illness, but not necessarily to present an argument in favor of or against the Project. As a psychology major, I entered my research with a degree of understanding regarding mental health issues as well as a particular interest in and sensitivity to issues facing those with mental illness. However, I never expected to feel the passion I now feel in support of the CFLSP. My experiences since beginning my research about

two months ago have led me to become an avid supporter of programs aimed towards helping people with mental illness parent effectively.

Parents with mental illness already have the cards stacked against them. Employment Options, Inc. tells its clients, "Being a parent requires 100% focus and energy. Being a parent with mental illness requires more" (Brunt & Goodmark, 2002). Many parents regard having children as the best and most significant experience of their life. Why should parents with mental illness be deprived the right to experience the joys and challenges of parenthood simply because they have a sickness? Many parents with mental illness can parent effectively with the proper resources and supports as demonstrated by the research and the success stories of clubhouse members. For this reason, any necessary steps to provide such resources and supports to parents with mental illness should be taken. There are many worthy causes that need funding and support to serve the low income population. My research has compelled me to advocate for the Clubhouse Family Legal Support Project because of its success in repairing and improving the sacred relationship between parent and child.

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