

**“WHAT ARE THE LIVED EXPERIENCES OF
MOTHERS WITH MENTAL ILLNESS?
EXPLORING MOTHERS’ NARRATIVES FROM
SUPPORTED PLAYGROUPS”**



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Significance of the study

Quote: *“I didn’t feel attached to him. I didn’t love him. I didn’t know where to go.....I love POPPY. It’s like a breath of fresh air...it’s a social outing. You know you can chill; it’s a safe environment. You know your kid is safe”*

- Over 45% of Australians suffer from a Mental Illness or 1 in 2 people will experience a MI in their lifetime(*“Living Well”* report, 2014)
- 60% of mothers caring for dependent children have a MI(Suarez et al, 2016)
- Being a mother & living with MI is complex & compounded, particularly with no additional supports (Keefe et al,2016)
- Paradox of gaps in services-86% of mothers with a diagnosis receive no additional supports post partum in Australia (SANE, *National survey,2011*)
- Lack of support services for mothers with MI informed by their ‘voice’(Marks,2017;Suarez et al, 2016;Nicholson et al, 1998)

Significance cont.....

- Mother's support group started in 1997 as a social work intervention by the researcher, in a local health service to support them & their young children; this program became POPPY (Parent Opportunity to Participate in Play with their Young)supported playgroups in 2003-current (n=10)
- This PhD study aims to provide mothers an opportunity to describe their experiences directly from their perspectives attending POPPY

Research Questions

What are the lived experiences of mothers with MI?

1. What are the experiences & issues identified directly by mothers who have experiences of MI ?
2. What issues are identified by service providers in terms of support needs for mothers with MI?
3. What types of social support processes occur within the POPPY playgroup sessions? How does attending a POPPY playgroup relate to mothers' experiences of living with MI?

Literature

- Gap in research studies directly from the accounts of mothers (Marks, 2017)
- Previous research has been in acute/hospital/clinical settings rather than natural ecological settings such as a playgroup (Nicholson et al, 1998;Wright et al, 2018)
- Important Victorian study interviewed 8 mothers & 11 staff from a community mental health service (Perera, Short & Fernbacher, 2014)
- This study aims to fill this gap with current qualitative data directly from mothers', service providers & observations of the playgroup sessions

Theoretical & conceptual perspectives

1. Ecological theory

- The ecological theory of human development links human development in terms of the perception of the person & characteristics of the context, & the dynamic interactions between an individual, their environment & the role of family (Urdang, 2016).

2. Stress & resilience model

- The stress & resilience model outline the capacity for an individual & family to manage stress & to cope/adapt in times of hardship within times of adversity. The family system can be divided into different elements as shown in Diagram 1.

Theoretical & conceptual cont.

Diagram 1: Hill's (1949) ABCX model

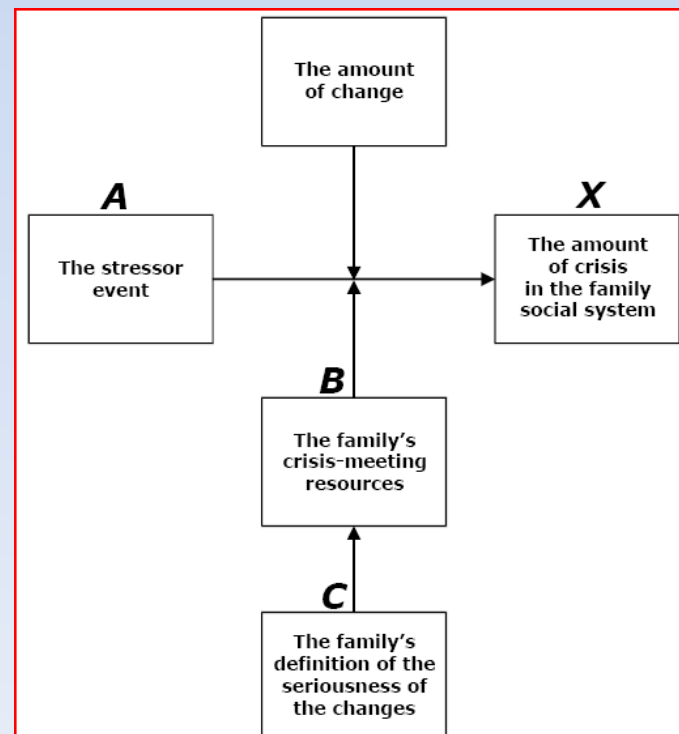
Key:

A: Event, stressor or diagnosis of mental illness

B: Family or individual response, interpretation, meaning of the event & resources such as social supports (e.g., POPPY)

C: Consequences, stigma, adversity, hospitalisation, medication, separation from children, family strain, relationship dynamic

X: Recovery & adaptation, & living a 'meaningful life'



Theoretical & conceptual cont.

3. Recovery perspective

- Currently the recovery perspective includes the direct involvement of people with lived experiences in policy & service delivery reforms (*“Living Well”* report, NSW Mental Health Commission, 2014)
- Principal aspects of recovery include:- “finding hope, re-establishment of identity, finding meaning of life, & taking responsibility for recovery” (Andreson, Oades & Caputi, 2011)

Research design & methods

- This study is a qualitative study. The participant mothers were recruited from 3 different POPPY playgroups in NSW & the ACT, & additional participants included group facilitators & key stakeholders
- Playgroup sessions were also observed(after gaining informed voluntary consent). The study collected data from a sample of participants, providing an increase in the validity of the findings of the research focus – that is, the self-reported lived experiences of mothers with mental illness (n=10) in the context of supported playgroups (including staff interviews, n=12; & playgroup observations, n=3)
- All data has been transcribed and analysed thematically

Data collection tools

Diagram 2: Research questions, data collection tools, data analysis & coding methods

Research questions	Data collection tools	Data analysis & coding methods
1. What are the experiences & issues identified directly by mothers who have experiences of mental illness?	Narrative semi-structured interviews of mothers attending POPPY in 4 different locations	Thematic & Computer Assisted Qualitative Data Analysis Software (NVivo) (Creswell, 2018; Liamputtong, 2013; Reissman, 1990)
2. What issues are identified by service providers in terms of support needs for mothers with mental illness?	In-depth semi-structured interviews with group facilitators & key stakeholders	Thematic data analysis & NVivo software (Creswell, 2003; Creswell, 2018)
3. What types of social support processes occur within POPPY playgroup sessions? How does attending a POPPY playgroup relate to mothers' experiences of living with mental illness	Non-participant observations of the POPPY playgroups in 4 different locations; data will be collected by codes drawn from social support theory such as 'informational', 'appraisal' & 'supports' (Coreil et al. 2012; Frame, Conley & Berrick, 2004)	Thematic analysis & NVivo(Creswell, 2018; Liamputtong 2013)

Researcher's position

- The researcher has worked for over 30 years as a social worker, & for several years in the field of mental health services & is a qualified Relationship therapist. This experience has included working with mothers & their infants in prevention, parenting & early intervention programs, including the POPPY playgroups
- It is acknowledged the researcher has ongoing experience working with mothers and children in her clinical practice. This position has allowed the research study to be informed by her clinical experience, provide ethical safety for the participants & ongoing commitment to the POPPY programs

Findings

- Being a mother and living with MI is a stressful and demanding life event
- Complex social issues experienced by the mothers impacts on the relationship with their children:-domestic violence, poor accommodation/refuge, stigma, poverty, poor education outcomes, social isolation, D & A, removal of child & suicide
- Different types of social supports are important (perceived, enacted, emotional, informational and instrumental)e.g. POPPY provides non-judgemental staff, safe place, peer support, parenting/attachment & other services visit/referrals etc (Wright et al, 2018)
- Working with mothers and their children in a supported playgroup (e.g. POPPY), assists their well-being and nurtures a positive/healthy relationship

Summary

- It is anticipated that the findings from the research study will enhance the literature available for mothers in terms of their experiences of living with a mental illness;
- Highlight the importance of social supports, person/peer-centred service delivery & working jointly with the mother-child dyad such as POPPY (Collins & Crowe, 2017; Perera et al, 2014; Thomas & Rickwood, 2015)
- Provides evidence obtained directly from mothers & service providers to inform social work practice, policy & highlight the effective importance of early interventions (like POPPY)