

FOCUSING ON FAMILIES IN WELFARE REFORM REAUTHORIZATION



ADULTS WITH MENTAL HEALTH NEEDS & CHILDREN WITH SPECIAL NEEDS

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Health Services Administration

OCTOBER 2001

BRIEF ISSUE 1

Describing the Families

Purpose of this Brief:

- *To identify the families of interest.*
- *To highlight the special needs of families on TANF in which the adults face mental health problems.*
- *To highlight the special needs of families on TANF who have children with physical, mental, emotional, behavioral, and developmental disabilities.*
- *To establish the rationale for focusing on this group of families in welfare reform reauthorization.*

Defining the Issue

As attention turns toward reauthorization of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), and as welfare rolls continue to decline, there is an increasing emphasis on looking at those individuals and families who are not leaving welfare.¹ Examining those who “stay” and determining why they are “staying” provides insight as to where there is room in the law for changes that will help promote independence for all families on welfare. One such group is families who are affected by mental health issues and/or who care for a child with special needs.

Adults with Mental Health Needs

Individuals who receive Temporary Assistance to Needy Families (TANF) and who have mental health needs may, for a variety of reasons, not seek treatment. Most

Americans in need of mental health services face problems such as cost, fragmentation of services, lack of availability of services, and societal stigma toward mental illness. Families in poverty, especially those from racial and ethnic minorities, are deterred by additional barriers such as mistrust and fear of treatment, racism and discrimination, and differences in language and communication.²

The public mental health system historically has focused its attention on adults with the most severe mental health problems, those identified as being seriously and persistently mentally ill (SPMI). Although individuals on TANF who experience mental health problems have a wide variety of needs, some of the major mental health issues they face are not categorized as SPMI. Mental health issues that are more frequently found among families in poverty are depression, generalized anxiety disorder, and posttraumatic stress disorder (see definitions below). Without treatment, these disorders can be debilitating and can impact one’s family and one’s ability to achieve self-sufficiency. Services and supports are needed to help parents who experience such conditions to meet TANF requirements and to obtain and maintain employment.

- **Depression:** Major depression is a persistent disturbance in mood that is “much more than temporarily feeling sad or blue”. Symptoms include sad or irritable mood, difficulty sleeping, loss of appetite, lack of interest in pleasurable activities, suicidal thoughts, and persistent physical symptoms such as headaches, and chronic pain.
- **Generalized Anxiety Disorder (GAD):** GAD is one specific type of

anxiety disorder characterized by excessive worry about everyday events or activities. GAD interferes with one's ability to carry out daily activities, such as work and interacting with others in social settings. It often brings with it physical symptoms, including fatigue, irritability, sleep difficulties, and difficulty concentrating.

- **Posttraumatic Stress Disorder (PTSD):** PTSD affects individuals who have either experienced a traumatic event themselves or witnessed a traumatic event. Examples of such events include rape, natural disasters, abuse, accidents, and other forms of violence. Individuals with PTSD may continually re-experience the traumatic event, tend to avoid things or people that remind them of the event, and often experience increased emotional arousal.*

Some parents** receiving TANF have more severe mental health diagnoses, such as schizophrenia and bipolar disorders, than those described above. While these parents can be referred to Supplemental Security Income (SSI) for ongoing financial support, they also should be eligible for support services from the TANF program. TANF funds also can be used to help parents secure SSI.

Children with Special Needs

The term “children with special needs” encompasses everything from children with physical disabilities to mental, emotional, and behavioral disturbances to developmental disabilities. The term includes a range

*Definitions of these three conditions were drawn from fact sheets published by the National Alliance for the Mentally Ill and available on-line at <http://www.nami.org>.

**The term “parent” as used in these issue briefs is intended to include any adult on TANF who is acting as custodial parent of a child. This may include biological parents, extended family members, guardians, or legal guardians.

of specific diagnoses, as well as children with mental, emotional or behavioral problems that have not been diagnosed.

Children with special needs are served by a wide variety of agencies, and their families typically deal with multiple service providers and organizations. For example, under the Individuals with Disabilities Education Act (IDEA), children between the ages of 0 to 3 may receive early intervention services, including a wide variety of services from family training and counseling, to physical, speech, and occupational therapy for the child. These services may be provided in a center or in the child's home. Children over age three receive special education services under IDEA through the school system. Some children with disabilities receive SSI, some are served by the community mental health system, and some children with special health care needs receive services through Title V of the Social Security Act. Some families are also involved with the child protective services system and the juvenile court system.

Because this group of children has so many diverse needs, it is not possible to categorize their needs under one specific definition. However, the following federal definitions provide a general sense of the needs that they have, the challenges they may present to their families, and the criteria they must meet in order to access a variety of services.

- **Definition from the Individuals with Disabilities Education Act (IDEA), most recently amended in 1997 (P.L. 105-117):** Part C of IDEA establishes services for infants and toddlers with disabilities. An infant or toddler is considered to have a disability if: 1) he/she is experiencing developmental delays in one or more of the areas of cognitive, physical, communication, social/emotional, or adaptive development; 2) he/she has a diagnosed physical or mental condition which has a “high probability” of resulting in

developmental delay; or 3) he/she is considered to be at-risk (this last criteria is left to states to define more specifically), (P.L. 105-117; §632 (5)).

For children over the age of three, Part B of the law defines thirteen categories of disability under which children can qualify for services. These categories are: autism, deafness, deaf-blindness, hearing impairment, mental retardation, multiple disabilities, orthopedic impairment, other health impairment, serious emotional disturbance, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment, including blindness. More detailed information about each of these categories is available from the National Information Center for Children and Youth with Disabilities (NICHCY) on their website: <http://www.nichcy.org>.

- **Definition from the Federal Center for Mental Health Services (CMHS) for children with serious emotional disturbance:** CMHS defines children with serious emotional disturbances as persons from birth to age 18 who currently have, or at any time during the past year had, a mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified in the Diagnostic and Statistical Manual for Mental Disorders (DSMIII-R and DSM-IV), that results in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities. For further information, see: <http://www.mentalhealth.org/publications/allpubs/CA-0013/ccmhse.htm>
- **Definition used to determine eligibility for Supplemental Security Income (SSI):** According to the Social Security Administration, when considering a child's eligibility for SSI, a **child is considered disabled** if he or she has

a physical or mental condition that results in “marked and severe functional limitations.” Social Security has a listing of over 100 physical and mental problems that are considered severe enough to disable a child. If the child has one of the conditions on the list or symptoms equivalent to the symptoms of one of these conditions, the child is considered “disabled” for SSI eligibility purposes. For further information, see: <http://www.ssa.gov>

- **Definition of “children with special health care needs” from the Health Resources and Services Administration:** “Children with special health care needs are those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”³
- **Definition from Section 504 of the Rehabilitation Act of 1973 which prohibits discrimination on the basis of disabilities in all programs and activities that receive federal funds**

A person is considered to be handicapped under section 504 if he/she “(i) has a physical or mental impairment which substantially limits one or more major life activities, (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment. Major life activities means functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.”

Other Family Members

Although this series of briefs focuses primarily on families in which either the parent/caretaker or the child has mental health or other special needs, it is also important to note the significant roles of other family members. Support from extended family members is a family strength

Prevalence Rates Among Families Who Receive Welfare

The overrepresentation of mental health problems and childhood disabilities among families on welfare provides a further argument for determining and providing the supports that they may need to work towards independence and self-sufficiency. As the following table demonstrates, prevalence rates from recent studies of families who receive welfare show that mental health problems and childhood disabilities disproportionately affect these families:

RESEARCH STUDY*	Depression [†]	Generalized Anxiety Disorder	Post-traumatic Stress Disorder	Childhood Disability [‡]
Best estimate prevalence rate for general population ¹⁰	13.4%	3.4%	3.6%	
Long-term welfare recipients in Utah ⁴	42%	7%	15%	36%
Single mothers on welfare in Michigan ⁵	25%	7%	15%	22%
Women applying for welfare in California ⁶	36%	10%		
Adolescent mothers in New Chance, a welfare-to-work program ⁷	53%			
Welfare recipients in Florida ⁸	52%			
Aid to Families with Dependent Children (AFDC) recipients in California ⁹				21%
Percent of students in school in 1993/1994 school year with a disability ¹¹				12.2%

*It is difficult to compare across studies, as they used a variety of measures, as well as different population samples and different criteria for selecting and obtaining their samples. Some of the samples would be expected to have comparatively high rates of depression (e.g. adolescent mothers, long-term welfare recipients).

[†]Most research which examines depression among women in poverty measures depressive symptoms, rather than diagnosed clinical depression. [Allen, L., Denner, J., Yoshikawa, H., Seidman, E., & Aber, J.L.(1996). Acculturation and depression among Latina urban girls. In B.J. Leadbeater & N. Way (Eds.), *Urban girls: Resisting stereotypes, creating identities* (pp. 337-352). New York: New York University Press]

[‡]Childhood disability is defined in various ways in the different studies cited. For specific information, see each individual study.

A study by the Urban Institute used data from the 1997 National Survey of America’s Families to explore barriers to work among TANF recipients. That study assessed mental health generally, using a five-item scale that asked parents to assess their mental health along four dimensions: anxiety, depression, loss of emotional control, and psychological well-being. Thirty-five percent of their sample had a “poor” mental health score (bottom 20th percentile) and 22% reported a “very poor” score (bottom 10th percentile).¹²

relied upon by many parents who receive TANF. It is important, therefore, to address the health and mental needs of extended family members, including non-custodial fathers, and to offer services that enable these family members to provide optimal support to parents on TANF.

Inter-Relationships Among Mental Health Problems, Families and Work

It is vital to remember that the children and adults represented by the numbers in the table above live in families, and they affect each other through complex processes. Women with mental health problems who are on welfare have to deal with their own illness, figuring out ways to maintain their employment in the face of that illness, as well as addressing the effect that their problems may have on their children.

Similarly, a parent of a child with special needs has to find ways to accommodate her child's disability within the family's life, interact with the multiple systems that serve her child, as well as deal with the effect of having a child with a disability on her own mental health and on her attempts to maintain employment. In some families both the parent and one or more children have mental health problems or other disabilities, thus compounding the challenges for the parent to seek and maintain employment.

Impact of Parental Mental Health Problems on Work

Having a mental health problem affects a parent's ability to work and carry on daily activities. There is a strong, documented relationship between mental illness and welfare receipt¹³, in that mental illness clearly makes a parent less likely to work and, accordingly, more likely to receive welfare. The very symptoms associated with mental health problems, such as loss of concentration, fatigue, and irritability, may make it difficult to

function in a work environment. Furthermore, mental illness is often episodic, so that supports may only be required intermittently, and the need for them may not be apparent at the beginning of a job. Many of the medications used to treat mental health conditions have side effects that may disrupt the work environment. Individuals who are depressed also may be more likely to be absent from work.^{1,14,15} Research studies show that:

- researchers in Michigan found that women identified with a major depressive disorder were less likely to work than women not identified (8.5% difference)⁵
- in a study of women who had left welfare in Ohio, the author concluded that, "Depression is almost certainly being under-reported as a barrier to employment"¹⁶
- in Utah, it was found that women with histories of mental/emotional problems were more likely to be on welfare for a longer term (3 or more years)⁴
- also, in the Utah study, only 11% of individuals who screened positive for an anxiety disorder were working 20 or more hours per week, compared to 37% of those who did not screen positive⁴
- using data from the 1994-1996 National Household Survey of Drug Abuse, it was found that having a psychiatric disorder in the previous year was associated with a 25% lower odds of working¹⁴

These effects of mental health problems on ability to work may be exacerbated for minority groups: "...racial and ethnic minorities collectively experience a greater disability burden from mental illness than do whites. This higher level of burden stems from minorities receiving less care and poorer quality of care, rather than from their illnesses being inherently more severe or prevalent in the community."²

Impact of Parental Mental Health Problems on Children

Having a mother with a mental health problem affects outcomes for children. Both maternal stress and maternal depression have been found to be associated with more negative parenting behaviors.¹⁷ Maternal mental illness can impact children in the following ways:

- mental illness can be very difficult to explain to children, and children often have difficulty understanding their parent's mental illness and its effects, such as their parents being hospitalized or, in extreme cases, children being removed from the home¹⁸
- children of mothers who are depressed are at increased risk for both internalizing and externalizing symptoms, behavior problems in general, psychiatric disorders and poorer physical health^{15,19,20}
- depressed mothers and their children often demonstrate sub-optimal parent-child interactions, as well as less secure attachment patterns²¹

Impact of a Child's Special Needs on Parents and Family Life

Having a child with special needs can affect both the parent and the family in complex ways—strengthening the family while also making extra demands on a parent's time and energy and on the family's financial resources. Research shows that:

- mothers who are caring for children with disabilities are less likely to participate in the labor force and to respond to training and employment activities designed to encourage participation in the work force^{9,22,23,24,25}
- parents have to deal daily with extra caregiving tasks, additional medical expenses (often not reimbursed), transportation to and from appointments, care for other siblings while participating in the child's treatment, and special clothing,

food, and day care for the child with special needs²²

- increased levels of stress have been widely reported for mothers of children with disabilities^{26,27,28,29}

Summary and Rationale

Initially a “work first” philosophy, which directly linked receiving welfare payments to participation in work activities, was a cornerstone of PRWORA. Over time however, this is being modified in many states. The data here suggest that families in which an adult has a mental health issue and/or a child has special needs face obstacles which make work more difficult. For families who are coping with mental health and disability issues, the law as it currently exists may simply not have sufficient supports to enable them to achieve independence and self-sufficiency. These families may have a much more difficult time complying with work requirements and therefore, may be more likely to hit time limits or be sanctioned. They may be faced with the situation of no longer receiving TANF but also not being able to maintain employment.

For many families who have children with disabilities, SSI can be vital in keeping families above the poverty line;^{9,30} however, stricter definitions of SSI eligibility for children mean that access to SSI due to a child’s disability is no longer a viable option for many families. Some TANF parents with disabilities should also be receiving SSI.

This description of families who are facing mental health needs and childhood disabilities highlights the following points:

- adults with mental health needs and children with special needs are over-represented in the population of individuals on welfare
- services and supports are needed to help families on TANF who have mental health needs

- without additional supports, the symptoms of mental illnesses may present significant barriers to complying with welfare requirements
- children with special needs represent a diverse population with a wide array of needs
- both adults with mental health needs and families who have children with disabilities may be interacting with multiple service providers and agencies
- parents and children affect each other in complex ways which, in turn, affect the parents’ ability to comply with welfare and work requirements
- under the law as it currently exists, there may not be sufficient supports for these families; they may be more likely to hit time limits and be unable to maintain employment

The goal of this series is **not** to argue that all families with mental health problems and children with special needs should be exempted from welfare requirements and removed from welfare discussions. Rather, it is to bring to the forefront the needs and challenges these families face in order to begin a discussion of supports that can be provided so that families can move out of poverty towards work, self-sufficiency, and improved well-being.

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THE WRITING OF THESE ISSUE briefs was funded by the Office of Policy, Planning, and Administration (Center for Mental Health Services) and by the Children's Bureau through a cooperative agreement among the Child, Adolescent, and Family Branch, Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration and the Children's Bureau, Administration on Children, Youth, and Families of the Administration for Children and Families in the U.S. Department of Health and Human Services. The document reflects intensive study of welfare reform issues, legislation, and practices and the thinking of the authors, practitioners, researchers, advisory group, consumers and advocates. The views expressed do not necessarily reflect the views or policies of the funding agencies and should not be regarded as such.

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