Published in final edited form as:
*Psychiatr Rehabil J*. 2014 September ; 37(3): 176–182. doi:10.1037/prj0000078.

# Context and Opportunity: Multiple Perspectives on Parenting by Women With a Severe Mental Illness

**Susan M. Barrow**,
New York State Psychiatric Institute, New York, New York

**Mary Jane Alexander**,
Nathan S. Kline Institute for Psychiatric Research, Orangeburg, New York

**Jacki McKinney**,
Nathan S. Kline Institute for Psychiatric Research, Orangeburg, New York

**Terese Lawinski**, and
Nathan S. Kline Institute for Psychiatric Research, Orangeburg, New York

**Christina Pratt**
Nathan S. Kline Institute for Psychiatric Research, Orangeburg, New York

## Abstract

**Objective—**The capabilities framework and a community-based participatory research (CBPR) approach frame this study. We consider the real opportunities for parenting available for women with serious mental health diagnoses, despite complications posed by their own capacity, material constraints, social network disruptions, and, by law, custom and policy related to mental health conditions and child custody decisions.

**Method—**We convened focus groups with mothers currently living in shelters apart from their children, service providers in supported housing programs, grandmothers caring for children of mothers with mental health and substance use problems, and a policy discussion with mental health administrators. Qualitative analyses explored common and divergent perspectives on parenting experiences and aspirations of particularly marginalized mothers.

**Results—**Perspectives of mothers and other stakeholders converged in recognizing the parenting challenges facing mothers experiencing homelessness and mental health and substance use problems, but their views on the implications of this diverged sharply. Mothers' current aspirations were limited by contextual obstacles to maintaining contact with children; other stakeholders saw contact as risky and reunification as improbable. All stakeholders described systemic barriers to supporting contact and ongoing mothering roles.

---

Correspondence concerning this article should be addressed to Mary Jane Alexander, PhD, Senior Research Scientist, Statistics and Services Research Division, Nathan S. Kline Institute, 140 Old Orangeburg Road, Orangeburg, NY 10962. mja@nki.rfmh.org.
Susan M. Barrow, Division of Epidemiology, New York State Psychiatric Institute, New York, New York; Mary Jane Alexander, Statistics and Services Research Division, Nathan S. Kline Institute for Psychiatric Research, Orangeburg, New York; Jacki McKinney, Center to Study Recovery in Social Contexts, Nathan S. Kline Institute for Psychiatric Research; Terese Lawinski and Christina Pratt, Statistics and Services Research Division, Nathan S. Kline Institute for Psychiatric Research.

**Conclusions and Implications for Practice—**Evidence-based parenting interventions require facilitating policy contexts that do not foreclose parenting possibilities for mothers whose current challenges dictate modest immediate parenting goals. CBPR amplifies voices of lived experience to demonstrate what is possible over time for mothers with complex lives and histories. These become possibilities that a person can imagine for herself and are essential to inform the evidence base for practice and policy.

**Keywords**

mothers; mental health; recovery; capabilities; CBPR

Parenting holds out the promise of a unique and valued life project not defined by mental illness for homeless mothers whose mental illness often co-occurs with substance abuse and other disadvantages, yet separations from children and custody loss are common realities (David, Styron, & Davidson, 2011). Those who retain custody of some of their children may be eligible for family shelters that include parenting supports among the services provided. But for homeless mothers whose children are cared for by relatives or in nonkin foster or adoptive homes, parenting issues remain invisible, despite research documenting their hopes to reunify with their children (Hoffman & Rosenheck, 2001). As noted in a review of evidence-based practices supporting parenting, “the most obvious outcomes, for example, parenting or not, reunification with children or not, may not be the desired outcome for some women … innovative measures of outcomes must be developed” (Nicholson & Henry, 2003, p. 128). Developing approaches that acknowledge and support a more differentiated set of parenting possibilities requires understanding how service settings and policies support or impede diverse parenting needs and goals.

A human development approach, the capabilities framework (CF), argues that justice should be measured by the real opportunities—capabilities—available to all members of a society to choose to do and be what they value, despite complications posed by personal capacity, material constraints, and by the context of law, custom, and policy (Nussbaum, 2000; Sen, 1999). Further applications of this approach toward people with marginalized identities, including women (Robeyns, 2008) and people with disabilities (Hopper, 2007; Mitra, 2006; Nussbaum, 2011), argue that health is a foundational social good, central to achieving a cluster of opportunities for well-being (Venkatapuram, 2011). From a capabilities perspective, functioning as a parent is a realization of a basic capability, affiliation (Nussbaum, 2000), and agency or self-determination is a critical ingredient (Sen, 1999). Despite emerging practices to support parenting, custom and regulation may still impede access to parenting agency for women with psychiatric disabilities. At times, over a lifetime of material and mental health challenges, sustained affiliation with their families may be foundational to the hope and dignity of mothers with complex mental health conditions.

This study was part of a broader project on the Contexts of Parenting, developed and implemented with provider and peer partners in the Center to Study Recovery in Social Contexts (http://recovery.rfmh.org). Because CF is predicated on both “opportunity freedoms” (e.g., parenting and social inclusion) and “process freedoms” (e.g., self-determination and agency), we used community-based participatory research (CBPR;

Minkler & Wallerstein, 2008; Wallcraft, Schrank, & Amering, 2009) to work out the critical questions implied by a capabilities approach to recovery, to develop and conduct studies, and to reflect on and disseminate findings. The questions we pose here about parenting reflect issues of real concern to our center's community of people with serious mental health conditions, whose knowledge and values focused us on parenting as a life project, providing a lens that is critical to exploring and understanding sensitive issues. Because CBPR is action oriented, it challenges us to work toward policy and regulatory contexts that will support parenting interventions that even include mothers at the most marginalized points in their lives. Prompted by prior work with mothers, service providers, and a community of mental health service users, the study reflects mothers' determination to have the freedom to participate in the unique and valued functioning of child rearing—the dignity of life "outside mental illness" (Davidson, 2003; Ware, Hopper, Tugenberg, Dickey, & Fisher, 2007).

## Method

### Design

The Contexts of Parenting project used focus groups to examine multiple perspectives on parenting opportunities and barriers, and in-depth narrative interviews to examine motherhood experiences and trajectories over time. We report here on the project's "multiple perspectives" component: explore parenting experiences and aspirations of mothers with severe mental health diagnoses who were living apart from their children in a transitional homeless shelter program; identify common and competing perspectives of mothers, caregivers, and other stakeholders; and assess implications of these perspectives for creating support for mother's parenting goals. Our research team, collectively, drew on expertise in research about women, mental health, substance abuse, and homelessness; national leadership experience in mental health advocacy; direct service experience; diverse cultural backgrounds; and lived experience as an African American parent with mental health problems, trauma, and homelessness, and as a caregiving grandparent. We used qualitative research methods to develop discussion guides and to conduct four 2-hr group discussions, one for each of four key stakeholder groups: (a) mothers in a transitional homeless shelter for women with severe mental health diagnoses; (b) grandmothers caring for children of daughters with mental health and substance use problems; (c) staff from housing programs for single adults with mental illness; and (d) state mental health policy administrators. Consistent with CBPR, the mothers and grandmothers discussions were facilitated by a team member (JM) whose lived experience reflected their own.

### Participants

Seven mothers were recruited from the transitional shelter. Their ages ranged from 28 to 43 years ($M$ = 36.7, $SD$ = 5.0); all but one identified as African American and/or Latina; three had completed high school or more. They had, on average, three minor children. Two African American grandmothers were recruited through a family advocacy association. These caregivers proved difficult to recruit, despite intense efforts and help from advocacy organizations. The topic is difficult and fraught with tensions: Caregivers may be protective of their daughters and their own custody arrangements, and their relationships with daughters and agencies are complicated. Moreover, lack of a service context that brings together caregivers hampered recruitment and scheduling. For the service-provider focus group, we recruited seven staff members (three men, four women; three Latina/o, two White, and two African American) from three permanent housing programs for single adults run by a collaborating agency. We convened a broad policy discussion with six administrators from the child and adult divisions of the state mental health agency's local office, one of whom was the coordinator of adult peer-support services and a member of our center's community.

## Procedures

Mothers were asked about experiences of separation from children; whether and how they maintain contact with children; arrangements and relationships with children's caregivers; encounters with homelessness services, housing, and child welfare agencies; long-term expectations and preferences for relationships with their children; and their advice for women with similar experiences and for policymakers. Grandmothers were asked how they acquired and managed their roles in parenting their daughters' children, supports and obstacles they encountered, and advice they would offer to grandmothers in comparable situations and to policymakers. Providers were asked what family-related assistance mothers seek, how parenting issues are addressed in single-adult housing, what supports might help mothers separated from their children, and what role housing programs might play in providing these supports. Administrators discussed existing programs addressing parenting by mothers with psychiatric diagnoses, barriers that affect their parenting, and how mental health system resources might better support parenting by these mothers.

Focus groups were audio recorded and transcribed; the policy discussion was documented in detailed notes. Because no identifying information was collected, study participants could not be contacted to review data. However, transcripts and notes were reviewed and discussed by all team members, ensuring that perspectives reflecting lived experience were integral to the analysis.

## Analysis

Open coding was used to identify and categorize key themes in each group, followed by conceptual coding deploying concepts drawn from the guiding theoretical frameworks to organize and compare themes across groups (Charmaz, 2006; Strauss & Corbin, 1998). The verbatim quotes that follow, illustrating thematic issues, have been slightly modified to reduce repetition or clarify context.

Study protocols, procedures, and guides were approved by institutional review boards at the New York State Psychiatric Institute, the Nathan Kline Institute, and The Center for Urban Community Services. A Certificate of Confidentiality issued by the Office for Protection of Research Subjects, National Institutes of Health further protects confidentiality.

## Results

### Mothers' Perspectives: "I Want to Always Keep That Good Relationship"

The central theme from the mothers' focus group was the meaningfulness of contact with children: having it, losing it, negotiating it with powerful others who can facilitate or withhold it, balancing it with competing demands or priorities, and hopes for sustaining or regaining it over time.

**Losing contact, losing power—**Mothers described multiple losses that absence of daily contact entails, including loss of the physical, palpable experience of motherhood:

> The noise, the kids. You hear it every day, and you say, "Dammit, what'd I say? Didn't I say put that thing down, didn't I say go to that room and clean it up?" And it's not there. You wake up every morning and not hear that … wake up to a place where you by yourself and all you could do is visualize your kids, you can't touch them, feel them.

When mothers live apart from their children, contact cannot be taken for granted—it must be arranged. For children in foster care, the terms of contact are set by family courts, child welfare and foster care agencies, and foster parents. Mothers can lose the powerful sense of being in charge of children and household, and supervised visits are typically required until a mother proves she can be trusted with her children:

> I used to start out with the worker supervising the visit and now … they feel because I've been doing so good, that they can trust me to be in there by myself and make sure nothing happens to the kids.

Even when mothers earn unsupervised contact and foster parents are willing to bend stringent visitation rules, these remain deeply disempowering relationships:

> Actually me and my daughter's foster mother have a good friendship. She lets me call her anytime. I'm allowed—she lets me call and talk to my daughter whenever I want. She lets me, even sometimes, when she can't come to the agency, she even lets me come to the house to see her. And she invited me to see my daughter's graduation so we have a good relationship.

Kin caregivers may permit more flexible access, but parenting roles shift in the process:

> My child is with my mom. Fortunately she didn't call [child welfare] or none of that. She just came one day and decided he was not going to be part of my madness and she took him and he's been with her ever since. I can come and go. He can come wherever I am. He just can't stay…. My mom has claimed him. He's hers now.

Mothers worry that even when children live with relatives, loss of daily contact will harm their relationships with their children:

> I hope that they'll … not forget me by me being away so much now. I think because my mother allowed for me to see them, not as often as I'd like, I think they appreciate it. I know my daughter loves me. I just don't get to see her as often as

> she would like or I would like, but we have bonded and I hope that it would continue to be a bond, that we grow closer and love one another.

Some mothers saw loss of contact and attenuated relationships with children as necessary trade-offs for keeping children safe or achieving personal change that will make them better mothers:

> My children live with my father's sister in Puerto Rico and I realize the distance. But I know that they're safe because they have a family. I can call—the last time I seen them was a few months ago, but it seems like forever…. But they're safe.

**Agencies' rules and their breach—**Several institutional systems—notably shelter, housing, and child welfare agencies—shape mothers' options for sustaining or regaining contact with their children.

Mothers identified disempowering rules, as well as workers' occasional willingness to suspend or breach them:

> This place requires you to be [here] 30 days before you get an overnight pass … and I haven't been here for quite two weeks—[but] because my son was [visiting the city] and they … know the fact that I don't get to see him, they let me go home for the weekend. The agency did do a good thing.

Another described the shelter as a pipeline to single adult housing, noting staff reluctance to link women to family housing options:

> They only offer you supportive housing or transitional housing [for single adults]. I do have kids but they're not looking at that … they're putting me in a situation where I'm a single person…. For those who have kids … there are other programs out there but they don't allow us to participate in it. [Sometimes a worker] will try to get something that's more suitable for your needs [but] it's like a hush hush; don't tell anyone I told you.

Mothers described the foster care system as a risky place in which children were vulnerable to frequent moves, physical and sexual abuse, and losing contact with their families. Some, however, said individual workers had helped find family housing needed for reunification or proposed open adoption permitting ongoing connection with children despite termination of parental rights:

> My kids has been in foster care since they were babies and legally I can actually lose my rights to my kids … I go back to court this December [and if my housing doesn't come through] they're trying to give me an option that … if I do a surrender … I could still be able to see my kids if it comes up that way.

> I left [another state] and they terminated my rights. My [Child Protective Services] worker got the court date postponed by three months, called [the child welfare agency] here, and got them to bring the adoption papers so I can sign [to] have an open adoption … [She] didn't want me losing contact so even though I'm clear on the other side of the country, she found me.

**Parenting aspirations—**Women's parenting aspirations invariably involved having a greater presence in their children's lives. Those in contact with their children hoped to remain or become close to them as a confidante or friend. Others offered diminished hopes of being viewed without hatred, maybe even with happiness:

> I always had a good relationship with my kids. I want to always keep that relationship, that good relationship. [My daughter] calls me mommy. You know, she knows my name but she calls me mommy.
>
> In the long run, I just want us to get to the point where there's nothing we can't say … nothing he can't tell mom, you know. The hurts, the pains, the goodness, you know, everything. I want to build a friendship along with him. Something that I didn't have with my mom.

**Mothers' insights—**Mothers described several strategies for managing the distress of separations: praying, reading the bible, meditating, attending support groups, and keeping occupied with activities intended to help themselves. To women in similar circumstances, they offered encouragement ("keep strong," "love yourself," "keep doing," "find positive things to do," "don't give up") and practical suggestions ("work with the child welfare system, do what they say")—messages of hope and fortitude issued amid family separations with unclear outcomes. To policymakers, they urged more housing options for mothers and increased housing supply for all with housing needs.

### Caregivers' Perspectives: "I Have to Think of Those Boys Now"

Both grandmothers had cared for their daughters' children since soon after birth, expanding already complex households that included adopted children and other grandchildren. Their discussion highlighted tensions in their dual roles as mothers of daughters with complex recovery trajectories and caregivers of grandchildren.

The process of gaining custody of grandchildren could be painful:

> The first set of boys I end up with … my daughter was diagnosed positive for crack cocaine … when she had her first child, [and] every year she kept having a child … We went to court and got custody of the three boys. To be honest with you, to get them through the court system, that was a hurt … for my daughter to go through this and for me to go through this to get custody of my grandkids … [*JM: It made you almost have to be against her to be for them?*] I had to be against her to be for them.

The grandmothers described times when their daughters were doing well and tried to connect with their children. But recurring mental health issues made their presence disruptive, undermined the grandmothers' rules, pitted mothers' rights against those of grandmothers, and distressed the children:

> It was really good at one point…. I decided to let her come around to be a family. [But] with her mental health and her not taking the meds like she should … she's quick tempered … and if she doesn't get her way, I don't know what's going to happen. I have it now that she can't come around us at all.

> With the three boys, she's got to get it right for herself. I have to think of those boys now. I don't want her around. Because she flips and … you know kids, they say she's crazy. When she's good, she's good [but] when she's not on the medication, she's a different person. But as long as she takes her medication, she'll come back, she'll visit.

The grandmothers enumerated several sources of support—church, a therapist, children's schools, social service agencies. However, they criticized child welfare policies that complicated their relationships with daughters and grandchildren, inhibited them from disciplining teenagers, and failed to acknowledge or support their own efforts:

> Even my own daughter has called [child welfare] and said she didn't like the way I was raising her boys. . . . because of her, you know, her mental condition.
>
> You really demand grandparents [to] take on these children [when] we rather see them with the family. But then you tie my hands to a certain point. Come on.

### Service Provider Perspectives: "It May Be the Client's Priority but Not Ours"

As the mothers observed, shelters funnel mothers living apart from their children into housing for single adults. Staff focus-group participants, recruited from three such housing programs, provided on-site case management and rehabilitation services.

Staff described mental illness, domestic violence, drugs, and incarceration as reasons for mother–child separations, and suggested that educating families about mental illness and preventing youth drug use and pregnancy could avert such separations.

They noted that despite tenants' desires, reunification with children rarely occurs, though some successfully reconnect with adult children through grandchildren:

> [One woman] actually picks up her grandkids on a daily basis and brings them to the apartment and takes care of them after school. And that's her reconnection with children because that way she gets to see her children.
>
> There is a tenant on our team that takes her grandchildren, there's three of them, during the summer. I think that's the real connection between her and her daughter.

Despite reports of children's and grandchildren's visits, staff worried that encouraging parents to bring children on site could disturb other tenants and expose children to untoward behavior:

> Also keep in mind those people that don't like children, those people that aren't supposed to be around children. There are singles also in independent living.
>
> [The children] can encounter people extremely intoxicated on any kinds of substances walking around naked in the lobby. Anything can happen so ….

And they noted liability concerns about having children on site:

> If they are going to bring their children to the place, we have to be informed … if anything happens to the child, we're responsible.

Finally, workers cited competing priorities, inadequate knowledge and training, and overwhelming job demands as reasons for avoiding family issues:

> It may be the client's priority but not ours.
>
> People in our position tend to be on the younger side … so many of us don't have any personal experience to draw on.
>
> To feel that we are the experts at everything is kind of unfair [and] there's resources in the community as far as parents and groups … we're not masters at everything.

### Policy Administrators' Perspectives: "There is Little to Support the Parent's Role"

Administrators described family-friendly policies in their agency's child services division. But they could identify no mechanism to offer family-focused services for parents in the adult services division unless their children had serious mental health problems. Further, the group could only identify two local programs that house parents with mental illness together with their children, one of them limited to mothers with infants.

Participants attributed the adult division's lack of family-oriented services to its focus on severe mental illness and to regulations and other features of its residential programs. The peer services coordinator proposed that stigma and discrimination contributed to the absence of resources and support for parents, and suggested shifting the policy focus from mothers' parenting deficiencies toward the different ways a woman with a mental illness might raise a child. Other administrators demurred, citing a pervasive agency philosophy opposing parenting because of the perceived "low functioning level" of the system's clients. Several ways to tweak existing services to better support parents were considered, but each generated caveats: (a) Programs could relax regulations to accommodate mother–child pairs, but this would undermine group therapy programs in licensed facilities, and create roommate problems and space shortages in unlicensed supportive housing; (b) "Wraparound" funds to support this valued social role could purchase services for parents, but that entails risk and liability and conflicts with the philosophical stance against parenting by women with mental illness; (c) parenting groups could be offered in adult day treatment and rehabilitation programs, but referring parents to child welfare instead is less burdensome to the system; and (d) reunification could be deferred until children are old enough to seek out parents whose rights were terminated, but by then it is too late to provide support needed for successful reunification. One administrator summed up with the following comment: "Just listening to all of this discussion, it seems that there is little to support the parent's role from the adult system."

## Discussion

Life projects are dynamic; recovery takes time—sometimes a generation. As CF has evolved to consider how disability affects justice claims, it asks us to consider that although health is not static, fundamental causes of health inequity, such as poverty and stigma, freeze people's real opportunities to live full and integrated lives into a diminished few (Hatzenbuehler, Phelan, & Link, 2013; Venkatapuram, 2011). The many public systems that influence their life options do not recognize that a mothering identity—custodial or not—is central to extremely marginalized women over their lifetime.

In our discussions with diverse stakeholders, we explored the parenting aspirations and challenges of mothers with severe mental health diagnoses, eliciting views from mothers living in a particularly disconnected context—a transitional shelter for single women, from kin caregivers for children of similarly situated mothers, and from staff and administrators within the service and policy structures that influence women's parenting opportunities.

Perspectives of mothers, caregivers, service providers, and policy administrators converged in recognizing that mothers who experience homelessness, psychiatric disabilities, and substance use problems face difficult parenting challenges. Their views on the implications of this diverged sharply.

The mothers' family and living situations were complex, and their parenting aspirations in their current circumstances were limited. Mothers clearly voiced their love for their children, the painful losses that separations from children entail, and their strong desire to remain in their children's lives despite myriad obstacles. Real systems change would acknowledge and honor these foundational aspirations and support women to forge dignified lives that encompass them.

The kin caregivers lived with ongoing tension over parenting roles. They often saw no option but to choose their grandchildren over their children, and were critical of policies that seemed to obstruct their efforts to raise and safeguard grandchildren.

Staff in single-adult housing programs recognized that parenting was important to some tenants, but worried that supporting parenting entailed risks and liabilities to parents, children, other tenants, and their service agency. Parenting was neither their priority nor their problem to solve. Though lacking a strengths-based view of clients as parents, staff acknowledged that parenting possibilities change over a life span and that it takes skill to negotiate an unsupportive system.

Mental health policy administrators acknowledged a dearth of family services for parents with psychiatric disabilities, which they attributed to the state agency's philosophical stance that its clients were too impaired to function as parents and to regulatory mandates for adult residential services. They brainstormed possible "work-arounds," but concluded they posed overriding risks and liabilities for children, service programs, or the state agency. Although the belief that individuals with a mental illness can safely parent with ongoing support is growing among mental health and child welfare professionals (Kemp, Marcenko, Hoagwood, & Vesneski, 2009), bureaucratic innovation in risk management requires the vision of committed leadership that recognizes the challenges in changing existing agency culture, practice (Hannigan, Levitt, & DeGenova, 2011), and persistent provider stereotyping of mothers with mental illness (Cadiz, 2009; McMullin, 2012). This demands structural change.

The voices of mothers like those in our study are often drowned out by more powerful stakeholders who fear that parenting by these mothers entails major risks and liabilities, and by a systemic failure to promote parenting options that would support mothers' continued relationships with children, while acknowledging the episodic nature of mental health challenges. Yet mothers eloquently testify to real harms—to themselves and their children—arising from stifling their personal agency, dismissing their aspirations, and impeding mother–child contact (Barrow & Laborde, 2008; Fox, 1999; Schen, 2005). The voices of the mothers in this study expand our understanding of the diversity of parenting goals.

The tension between personal agency and institutional risk aversion is central to developing policy and services for women with complex mental health issues, including substance use and trauma. Their connectedness to family and to mental health, housing, and child welfare systems is frequently frayed. The exclusion of people with serious mental health problems from full community participation is well documented (Ware et al., 2007; Wong & Solomon, 2002). The peer services coordinator made the key point that when policy discussion centers on women's parenting deficiencies, it marginalizes any vision of the many ways that women with a mental illness might be involved in raising a child. Sociologists define stigma as the "co-occurrence of labeling, stereotyping, separation, status loss and discrimination in a context [of] … power" (Link & Phelan, 2001). Stigma is, as the coordinator noted, surely at play in the social and institutional contexts within which mothers negotiate parenting.

## Limitations

This qualitative study was intended to describe and contextualize the motherhood experiences voiced by a small group of extremely marginalized mothers in one large Northeastern U.S. metropolitan area, with its particular constellation of population, institutions, and resources. Our findings cannot (and were not intended to) be generalized to larger populations of mothers who use mental health services or of stakeholders whose involvement can help or hinder the realization of mothers' parenting aspirations. Instead, drawing from CF, we paid careful attention to the contextual shaping of both aspirations and "the capacity to aspire" (Appadurai, 2004, p. 59). Thus, we listened closely to the distinctive ways these mothers and other stakeholders appraised opportunities and barriers to parenting by women whose current situations preclude primary motherhood roles.

## Concluding Remarks

CBPR research values the voices of lived experience. Our center's research team and members drew on lived experience during the focus group and policy panel discussions—empathetically responding to tensions the grandmothers described, offering mothers hope for eventual unification, and identifying how pervasive stigma and deficit-based perspectives influence policies. Such active participation challenges conventional social science research approaches, and raises concerns that it may bias discussion in ways that formal surveys and replicable measurement seek to avoid. We addressed this concern by deploying a research team with varied experiences and perspectives to conduct each discussion, and to review and analyze all data. CBPR makes room for voices that are often silenced, seeds their accomplishment, and ensures that research promotes not only better service outcomes but also deeper knowledge of how outcomes are valued, and offers empowering models and opportunities to research participants. Everyone gets a gift.

We privilege the voices of the mothers because the conversation about parenting by women like those in our study is either not taking place at all or is carried out solely on terms posed by others—despite research since the mid-1990s documenting many of the barriers reported here (Mowbray, Oyserman, & Ross, 1995; Nicholson & Blanch, 1994). Situating mothers' aspirations and perspectives within the CF highlights the social justice issues posed when fundamental capabilities are denied, adding urgency to demands that parenting aspirations be taken seriously by all who profess adherence to a recovery paradigm.

### Implications for Evidence-Based Parenting Supports

CF directs our attention to social determinants—law, custom, policy, and regulations—that create or impede real opportunities for parenting by mothers with complex mental health conditions. Understanding the constraints structured by these institutions is a necessary prelude to implementing evidence-based services focused on empowerment and personal improvement.

CBPR amplifies mothers' diverse voices and underscores the deep meaning of motherhood to women experiencing multiple challenges, including those living apart from their children. Efforts to develop evidence-based parenting supports should carefully attend to the full diversity of parenting aspirations. Support for mothers who stand ready to take on or resume primary parenting roles should not further marginalize women whose current challenges suggest more modest immediate goals such as sustaining contact, a clear priority for mothers whose children live with others. Policies and regulations that obstruct realization of such goals foreclose other longer-term possibilities. This study illustrates an additional benefit of CBPR: When voices of lived experience are prominent in research contributing to building the evidence base for parenting interventions, they uniquely demonstrate what is possible for women with complex lives and histories. These become the possibilities that a person can imagine for herself and are essential to inform the evidence base for practice and policy.

## Acknowledgments

This study was supported in part by MH 078188 to Mary Jane Alexander. We acknowledge and thank the Center to Study Recovery in Social Contexts for providing the critical and supportive environment in which this research was pursued; Tony Hannigan and Aaron Levitt of the Center for Urban Community Services, our provider partner in the larger project and facilitator for the present study; Sharon Cadiz and Celia Brown for critical input at different points in the study; the administrators, housing staff, and grandmother care givers who shared their experiences and perspectives; and most of all the mothers whose stories helped us understand their commitment to their children even under the most adverse circumstances.

## References

Appadurai, A. The capacity to aspire: Culture and the terms of recognition. In: Rao, V.; Walton, M., editors. Culture and public action: A cross disciplinary dialog in development policy. Stanford, CA: Stanford University Press; 2004. p. 59-84.

Barrow SM, Laborde ND. Invisible mothers: Parenting by homeless women separated from their children. Gender Issues. 2008; 25:157–172.10.1007/s12147-008-9058-4

Cadiz, S. Capabilities of parenting. 2009. Retrieved from http://recovery.rfmh.org/index.php?id=78

Charmaz, K. Constructing grounded theory: A practical guide through qualitative analysis. Thousand Oaks, CA: Sage; 2006.

David DH, Styron T, Davidson L. Supported parenting to meet the needs and concerns of mothers with severe mental illness. American Journal of Psychiatric Rehabilitation. 2011; 14:137–153.10.1080/15487768.2011.569668 [PubMed: 22180730]

Davidson, L. Living outside mental illness: Qualitative studies of recovery in schizophrenia. New York, NY: New York University Press; 2003.

Fox L. Missing out on motherhood. Psychiatric Services. 1999; 50:193–194. [PubMed: 10030477]

Hannigan, T.; Levitt, A.; DeGenova, J. Recovery research & everyday practice. 2011. Retrieved from http://recovery.rfmh.org/index.php?id=304

Hatzenbuehler ML, Phelan J, Link B. Stigma as a fundamental cause of population health inequalities. American Journal of Public Health. 2013; 103:813–821.10.2105/AJPH.2012.301069 [PubMed: 23488505]

Hoffman D, Rosenheck R. Homeless mothers with severe mental illness and their children: Predictors of family reunification. Psychiatric Rehabilitation Journal. 2001; 25:163–169.10.1037/h0095029 [PubMed: 11769982]

Hopper K. Rethinking social recovery in schizophrenia: What a capabilities approach might offer. Social Science & Medicine. 2007; 65:868–879.10.1016/j.socscimed.2007.04.012 [PubMed: 17499900]

Kemp SP, Marcenko M, Hoagwood K, Vesneski W. Engaging parents in child welfare services: Bridging family needs and child welfare mandates. Child Welfare: Journal of Policy, Practice, and Program. 2009; 88:101–126.

Link B, Phelan J. Conceptualizing stigma. Annual Review of Sociology. 2001; 27:363–385.10.1146/annurev.soc.27.1.363

McMullin, L. Peer support for parenting. 2012. Retrieved from http://recovery.rfmh.org/index.php?id=338

Minkler, M.; Wallerstein, N. Community-based participatory research for health. San Francisco, CA: Jossey-Bass; 2008.

Mitra S. The capability approach and disability. Journal of Disability Policy Studies. 2006; 16:236–247.10.1177/10442073060160040501

Mowbray CT, Oyserman D, Ross S. Parenting and the significance of children for women with a serious mental illness. Journal of Mental Health Administration. 1995; 22:189–200.10.1007/BF02518758

Nicholson J, Blanch A. Rehabilitation for parenting roles in the seriously mentally ill. Psychosocial Rehabilitation Journal. 1994; 18:109–119.10.1037/h0095530

Nicholson J, Henry A. Achieving the goal of evidence-based psychiatric rehabilitation practices for mothers with mental illness. Psychiatric Rehabilitation Journal. 2003; 27:122–130.10.2975/27.2003.122.130 [PubMed: 14653545]

Nussbaum, MC. Women and human development: The capabilities approach. New York, NY: Cambridge University Press; 2000. [10.1017/CBO9780511841286]

Nussbaum, MC. Creating capabilities: The human development approach. Cambridge, MA: Harvard University Press; 2011. [10.4159/harvard.9780674061200]

Robeyns, I. Sen's capabilities approach and feminist concerns. In: Comom, F.; Qizilbah, M.; Alkire, S., editors. The capability approach: Concepts, measures and applications. Cambridge, UK: Oxford University Press; 2008. p. 82-104. [10.1017/CBO9780511492587.004]

Schen CR. When mothers leave their children behind. Harvard Review of Psychiatry. 2005; 13:233–243.10.1080/10673220500243380 [PubMed: 16126609]

Sen, A. Development as freedom. New York, NY: Knopf; 1999.

Strauss, A.; Corbin, J. Basics of qualitative research: Techniques and procedures for developing grounded theory. 2. Thousand Oaks, CA: Sage; 1998.

Venkatapuram, S. Health justice. Cambridge, UK: Polity Press; 2011.

Wallcraft, J.; Schrank, B.; Amering, M. Handbook of service user involvement in mental health research. West Sussex, UK: Wiley-Blackwell; 2009.

Ware NC, Hopper K, Tugenberg T, Dickey B, Fisher D. Connectedness and citizenship: Redefining social integration. Psychiatric Services. 2007; 58:469–474.10.1176/appi.ps.58.4.469 [PubMed: 17412847]

Wong YLI, Solomon PL. Community integration of persons with psychiatric disabilities in supportive independent housing: A conceptual model and methodological considerations. Mental Health Services Research. 2002; 4:13–28.10.1023/A:1014093008857 [PubMed: 12090303]