

## **Aspects of motherhood of women with mental disorders and their impact on children's development**

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### **Abstract**

*Aspects of motherhood of women with mental disorders and their impact on children's development.* – The research focuses on the monitoring of aspects of motherhood of women with mental disorders and their impact on the early development of their children. The aspects of mothers with mental illness will be examined as individual experiences through interviews with women who have been diagnosed with a mental disorder and who currently take care of one or more children – infants, toddlers, and pre-schoolers. Simultaneously, interviews will be done with 22 reference persons who have close relationships with these women (partners, parents, non-formal caregivers, and others) and the opportunity to observe the quality of these mothers' interactions with their children, and who can evaluate the possible impact of the disease on the psychomotor and social development of these children and the possible origin of special needs at an early and pre-school age.

The research responds to the WHO appeal included in the European Mental Health Action Plan (2004), the European Parliament Resolution on the Situation of Women with Disabilities (2018), and the National Action Plan of Mental Health 2020–2030 of the Ministry of Health of the Czech Republic that calls for the preparation of the complementary support system for the children of parents with mental disorders in the Czech Republic (2019).

**Keywords:** motherhood, mental illness, mother-child interaction, early development, care, child's needs, attachment styles, environmental conditions, special needs, support programmes, research

**Klíčová slova:** mateřství, duševní onemocnění, interakce matka-dítě, raný vývoj, péče, potřeby dítěte, styly vazby, podmínky prostředí, speciální potřeby, podpůrné programy, výzkum

### **1 Introduction**

There are many factors that can jeopardise the mental and physical development of children during the early years of their life. Stress factors occurring in a family have the most crucial effect. The conditions for the child's development, referred to as environmental conditions, include inter alia the mental states of parents and their emotional attitudes towards the child. Contemporary special education pays increased attention to the conditions in which the child is brought up, especially in the sphere of early childhood care and pre-school education. A parent's personality disorder may be understood as an environmental stressor

that can partially be predicted; therefore, its impacts on the child's development can be eliminated by a suitable intervention.<sup>1</sup>

According to psychologists, motherhood is a very complex social role that is completely different from all the other life roles of women. It involves showing the women's limits of affection and provided care.<sup>2</sup> The woman as a mother does not need to be a flawless caregiver in the practical meaning of the word but she must master, with adequate emotional interest, two fundamental skills of motherhood:<sup>3</sup>

- soothe her child when being afraid or unhappy;
- build a healthy and loving relationship with her child throughout life.

The basic prerequisite is that the woman can control her emotions without responding to the child's stress or worries negatively, excessively, cruelly, or panic. She should be able to develop an ability to assess the needs of the child while concurrently being able to set aside her own needs and tolerate her insecurity, collaborate with her partner and other adults to make sure the child receives proper care. In her mother's role, the woman must be endowed with the ability to deal with her anxiety, be able to plan and anticipate as well as emphatically respond to other person's anxiety, perceive others' vulnerability and be compassionate with them, share their troubles, and can ask for help and tolerate negative states of others (including anger, disappointment, fear, boredom, and frustration) without an impulsive response; finally, she should be able to rejoice about her child's progress, anticipate it, feel joy from her life with the child, and maintain the sense of humour.<sup>4</sup>

Instinctive responsiveness of the mother when she replays the child's expressions, holding a biological mirror up to the child and providing the child an opportunity for self-realisation, is also significant. An absence of this intuitive parenthood symptom in mothers with mental disorders can negatively affect the creation of an emotional bond between the mother and child.<sup>5</sup>

The change of the woman's identity always comes along with motherhood and includes a significant increase in personal responsibility. Many mothers can describe situations in which they are haunted by the feeling that they could do things better and that they are imperfect.<sup>6</sup> Increasingly tired mothers who take care of newborns, infants, and toddlers during the first years of their lives can more frequently lose belief in their parenting skills and self-confidence. Does the following statement *I am doing everything I can today but the child is still unhappy and keeps crying* sound familiar? Yet, only a mother with no signs of a mental disorder or mental illness can contemplate this way as she naturally focuses her attention primarily on the newborn child.

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<sup>1</sup> ADSHEAD, Gwen. Parenting and personality disorder: clinical and child protection implications. *BJ Psych Advances*, 2015, vol. 21, n. 1, p. 15.

<sup>2</sup> ROYAL COLLEGE OF PSYCHIATRISTS. *Parents as Patients: Supporting the Needs of Patients who are Parents and Their Children*. College Report CR164, 2011.

<sup>3</sup> ADSHEAD, Gwen, *op. cit.*, p. 15.

<sup>4</sup> PLATTNER, Anita (ed.). *Erziehungsfähigkeit psychisch kranker Eltern richtig einschätzen und fördern*. München: Ernst Reinhardt Verlag, 2017.

<sup>5</sup> PAPOUŠEK, Mechthild, DITTRICHOVÁ, Jaroslava, PAUL, Karel. a kol. *Chování dítěte raného věku a rodičovská péče*. Praha: Grada Publishing, 2004.

<sup>6</sup> MATĚJČEK, Zdeněk. *Rodiče a děti*. Praha: Vyšehrad, 2017.

The same situation can have a different impact on a mother with a mental disorder who has been struggling with emotions and responsiveness in the long-term. Moreover, her concerns about failure and judgment by others including professionals stop her from confiding her motherhood uncertainty to others to avoid being suspected of failure. The support of self-confidence and parental anatomy of the woman with a mental illness is therefore a crucial topic not merely for research but also for the apt choice of professional intervention that these women – mothers have not yet been receiving in the sufficient amount and quality in the Czech Republic.

## 2 Research Starting Points

The worldwide occurrence of mental illnesses in parents is 9–10 % in mothers and 5–6 % in fathers. Depressions and anxieties are among the most frequent diagnoses while less than 0.5 % of parents are diagnosed with psychotic disorders.<sup>7</sup> In 2018, a total of 2,969 thousand examinations of 650,188 patients was carried out in psychiatric outpatients' departments in the Czech Republic. Among the most frequent problems of women in psychiatric care were neurotic disorders (40 %) and affective disorders (18 %). Women accounted for more than 59 % of the total number of patients.<sup>8</sup> Foreign research provides evidence that a parent's personality disorder is often associated with non-acceptance of the child and that interactions between depressive mothers and their children are remarkably reduced.<sup>9</sup>

In hindsight, mental disorders of mothers and fathers were often detected in children who had been diagnosed with behaviour disorders or the oppositional defiant disorder. Children of mothers with borderline personality disorder are more frequently diagnosed with a psychiatric disorder than children of mothers without this disorder.<sup>10</sup> It is therefore evident that personality disorders of parents can give rise to behaviour disorders of their children that may be caused by the maladaptive behaviour of their parents. Mattejat and Remschmidt (2008) discovered the *typical problems of the parenting behaviour of mothers* with mental illness and divided them according to the ages of children these mothers take care of. Furthermore, the researchers identified how the mother's mental illness is reflected in her behaviour towards an infant or toddler:<sup>11</sup>

- the mother's empathy and her emotional availability are reduced;
- the mother's sensitivity towards the child's signals and her ability to interpret them correctly and respond to them is limited;

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<sup>7</sup> ROYAL COLLEGE OF PSYCHIATRISTS, *op. cit.*

<sup>8</sup> Ústav zdravotnických informací a statistiky ČR. *Psychiatrická péče 2018*. Praha: ÚZIS ČR, 2019.

<sup>9</sup> MATTEJAT, Fritz. Kinder depressiver Eltern. In BRAUN-SCHARM, Hellmuth (Hrsg.). *Depressionen bei Kindern und Jugendlichen*. Stuttgart: Wissenschaftliche Verlagsgesellschaft mbH, 2002, pp. 231–245; PAPOUSEK, Mechthild. Wochenbettdepressionen und ihre Auswirkungen auf die kindliche Entwicklung. In BRAUN-SCHARM, Hellmuth (Hrsg.). *Depressionen bei Kindern und Jugendlichen*. Stuttgart: Wissenschaftliche Verlagsgesellschaft mbH, 2002, pp. 201–230.

<sup>10</sup> KIM-COHEN Julia et al. The caregiving environments provided to children by depressed mothers with or without an antisocial history. *American Journal of Psychiatry* [online], 2006, vol. 163, n. 6, pp. 1009–1018.

<sup>11</sup> MATTENJAT, Fritz, REMSCHMIDT, Helmut. Kinder psychisch kranker Eltern. *Deutsches Ärzteblatt* [online], 2008, vol. 105, n. 23, p. 414.

- the interaction with the child is poorer in general: the eye contact with the child is reduced, the mother's smiles are scarcer, speaking with the child is less frequent as well as caressing the child.

Typical behaviours of mothers with mental illness towards the pre-school and early school-aged children (up to 12 years) concern the following areas:<sup>12</sup>

- mothers perceive children as hard to manage;
- the mother-child communication is limited;
- mothers find it difficult to assert their parental authority and set up the limits of the child's behaviour;
- mothers' responses are overanxious and oscillate between compromises and bans;
- mothers less often boost their children's self-confidence when communicating with them.

During the later school age (11–15 years) and adolescence, the limits related to the altered psychological state of the mother show off slightly differently:<sup>13</sup>

- children are often assigned with the adult/parent tasks and duties (parentification);
- the child is involved in the adults' problems and conflicts (the problem of generation definition);
- the identification of the child with its mother is disturbed (a limited function of the motherhood/parenthood model);
- the mother is unable to support the child in solving the age-specific tasks, especially in the achievement of competences, independence, and the development of autonomy.

The view of *the typical problems of children* taken care of by parents with mental disorders is also quite significant. Compared to the Czech Republic, German research of this area is more advanced, perhaps because there are currently 3 million parents with mental disorders. Lenz (2010) confirms and encapsulates the impacts of mental disorders of German parents on their children's development:

- the problematic child-parent bond has an impact on the children's psychomotor development;
- the low emotional involvement of the parent slows down the children's psychomotor and speech development;
- the children suffer from disorientation when unable to understand their parents' illness or behaviour which has an impact on the process of achieving independence and expanding their social bonds (children's socialisation);
- the children believe that they are responsible for their parents' behaviour, they suffer from self-blame (blaming themselves for 'having been naughty'), and are unassertive;

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<sup>12</sup> *Ibid.*

<sup>13</sup> *Ibid.*

- while it is not explicitly banned in the family, the children have a feeling that they must not disclose their problems with parents to others; the parent's illness is often tabooed;
- the children close off to others; they have a feeling that they cannot share their worries with anyone;
- the children suffer from concerns and fears for their parents and their health; they are afraid that the parent could commit suicide or die suddenly;
- the children experience the 'conflict of loyalty' which arises when they are ashamed of their parents and especially of their striking behaviour in the public;
- the children experience self-devaluation when noticing that their parents are subject to taunts, jokes, and rejection by their friends;
- the children suffer from the lack of care if parents are absent emotionally, cannot get up from bed, or leave the child at home alone.

Children are also burdened with repeating conflicts in the family, separation, and divorce of parents related to the unbearable course and manifestations of mental illness, as well as with the limited living conditions, for example, the parents' unemployment along with financial and housing problems that are indirectly and directly related to it.<sup>14</sup> Even newer research of this area provides evidence that social stressor factors have a negative impact on the development of children of mothers with disabilities: social-economic and socio-cultural aspects, poverty, insufficient material conditions, social marginalisation or direct discrimination, low level of education or unemployment.<sup>15</sup>

Although children are always biologically linked to their mothers, the relationships between the mother with a mental illness and her child can be problematic from the very beginning. John Bowlby (1969) was the first theorist who described *attachment* as the primal instinct of children to maintain the physical closeness with their caregiver to ensure their survival and emotional safety. Children benefit from the ability of the caregiver to be physically available and protect them and also emotionally respond to them. The child develops the internal representation of the caregiver who is a haven that protects the child as well as a safe emotional base to discover the surrounding world.

The neuronal connection in the child's brain develops directly via this human connection. Within the bond, the child develops the ability to think and understand its states and the states of others. Nonetheless, the ability of the parent to keep in mind the mental and emotional states of the child vary depending on their own early childhood experience with this bond and can have an impact on their ability to be emotionally and physically available for their child.<sup>16</sup>

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<sup>14</sup> PLATTNER, Anita (ed.), *op. cit.*

<sup>15</sup> ADAMČÍKOVÁ, Zdeňka, BERNOLDOVÁ, Jana, STRNADOVÁ, Iva. *Ženy s mentálním postižením v roli matek*. Praha: Karolinum, 2019.

<sup>16</sup> GRENYER, Brin F. S. An Integrative Relational Step-Down Model of Care: The Project Air Strategy for Personality Disorders. *ACPARIAN, Australian Clinical Psychologist* [online], 2014, Issue 9, pp. 1–7.

*The attachment styles* formed between children and their mothers have been previously described in the literature as organised or disorganised.<sup>17</sup> Furthermore, *attachment strategies* were defined that the children experience in relationships with the high level of the parent's unpredictable behaviour including the relationships with mothers with mental illness. Crittenden (2015) states that danger organises human behaviour even of a very small child and that it is the reason why children develop bondage to ensure their safety even in a relationship with a problematic and unpredictable mother. When this bond becomes ineffective, the child starts to show personality disorder symptoms.<sup>18</sup>

Similarly, later problems identified by research in mothers with mental illness can be categorised into four areas:<sup>19</sup>

1. Disorientation: the children are frightened and confused because they cannot understand the problems of their ill mother.
2. Feelings of blame: the children believe to have been responsible for their mother's health issues.
3. Tabooing: the children have a feeling (mostly justified) that they must not speak about their family problems with anyone. They are afraid of betraying their ill mother if they turn to people outside of the family.
4. Isolation: the children do not know with whom to solve their problems with their mother, whom to talk to.

A wide range of children's responses to these situations exists and can quickly switch from one extreme to another. No response pattern can be determined as typical for the children of parents with mental illness; there are only several response patterns to cope with the family's unfavourable situation.

In order to create an adequate special education concept to prevent behaviour disorders of children who were raised by mothers with mental illness, it is assumed that one will familiarise themselves in detail with the concrete manifestations of maternal care that these children experience from their early childhood. This will allow us to discover the mechanism that is behind behaviour disorders of children that are caused by stress factors of their life with mothers with mental disorders. The researchers often analyse the quality of the children's subjective experience through interviews, and interviews are also done with adults who grew up with a mentally ill parent.<sup>20</sup> Nevertheless, such records cannot be acquired before the pre-school age when children are capable to identify and describe their feelings to the researchers, or can depict them in drawing tests.<sup>21</sup>

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<sup>17</sup> CRITTENDEN, Patricia Mckinsey. *Raising parents: Attachment, parenting and child safety*. New York: Routledge, 2015.

<sup>18</sup> GRENYER, Brin F. S., *op. cit.*

<sup>19</sup> MATTEJAT, Fritz. Kinder mit psychisch kranken Eltern. Was wir wissen, und was zu tun ist. In MATTEJAT, Fritz, LISOFSKY, Beate (Hrsg.). *Nicht von schlechten Eltern*. Bonn: Psychiatrie Verlag, 2005, pp. 66–78.

<sup>20</sup> PLATTNER, Anita (ed.), *op. cit.*

<sup>21</sup> SVOBODA, Mojmír, KREJČÍŘOVÁ, Dana, VÁGNEROVÁ, Marie. *Psychodiagnostika dětí a dospívajících*. Praha: Portál, 2015.

Medical assessment of the needs of adults with mental disorders still prevails in the Czech consulting practice.<sup>22</sup> Moreover, the view of researchers many times does not take into consideration the ideas of these people, the family context of their lives, and the needs of autonomy in their parental role. Research in the sphere of medicine<sup>23</sup> only attests that psychosocial changes of mothers after delivery, associated with their adaptation to the new parental role, are a risk factor for exacerbation, i.e. new surge of mental illness symptoms. The research further admits the risk of a decompensated mental illness of a woman during motherhood for the establishment of an emotional bond with the child.

Research studies mostly focus on the view of women with mental illness on provided services of their involvement in the service planning and the collaboration with social service workers.<sup>24</sup> Adamčíková, Bernoldová and Strandová (2019) contributed to this subject with a complex analysis of how mentally disabled women manage to perform their maternal roles. The special education research of these authors provided evidence that mentally disabled women need specific educational support even from special educators to be able to manage childcare and everyday tasks associated with mothering. Analogously, in our view, the support and education of women – mothers with mental disorders should be grounded in the proper knowledge of their maternal needs as well as the needs of their children.

The justifiability of our interest is further confirmed by the European Mental health Action Plan of the WHO (Helsinki, 2005) that includes the formulation of appeal no. 4 to support the activities sensitive to vulnerable stages of life. It points out the fact that infants, the same as older children and adolescents, 'are especially exposed to the risk of mental, biological, and ecological factors. With respect to their vulnerability and needs, they should in any case enjoy a high priority of activities related to the support of mental health, prevention, and care in relation to mental problems. Disorders experienced during childhood can substantially precede mental problems in the adulthood. The support of mental health of children and adolescents should be viewed upon as a strategic investment that is to the benefit of individuals, society, and medical systems in the long run'.<sup>25</sup>

The action plan further appeals (p. 11) to prepare a solid platform of scientific proofs to create new models of social, medical, and educational services for these especially vulnerable groups based on the specific needs of the individual countries.

The research intention also proceeds from the European Parliament Resolution on the Situation of Women with Disabilities (2018) that is an appeal to the EU countries to provide pre-school care for the children of parents with disabilities, including those with mental disorders. The intention of early identification of the psychosocial danger of children during

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<sup>22</sup> SOCHOROVÁ, Gabriela. *Problematika potřeb osob s dlouhodobým duševním onemocněním jako východisko práce metody psychosociální rehabilitace s využitím klinické verze Camberwellského formuláře pro hodnocení potřeb (CAN C)*. Praha: Filosofická fakulta Univerzity Karlovy, 2005.

<sup>23</sup> ŠEBELA, Antonín, HANKA, Jan, MOHR, Pavel. Duševní onemocnění v porodním období: specifika a farmakoterapie část I: deprese, úzkostné poruchy, poruchy spánku a ADHD. *Psychiatrie pro praxi*, 2019, vol. 20, n. 1, pp. 21–25.

<sup>24</sup> PROBSTOVÁ, Václava, ŠELEPOVÁ, Pavla, DRAGOMIRECKÁ, Eva, KALVODA, Hynek, SOCHOROVÁ, Gabriela, PĚČ, Ondřej. *Manuál CAN: Camberwellské šetření potřeb. Komplexní metoda šetření potřeb závažně duševně nemocných*. Praha: Centrum pro rozvoj péče o duševní zdraví, 2011.

<sup>25</sup> WHO EUR/04/5047810/7 *Akční plán duševního zdraví pro Evropu. Čelit výzvám, nalézat řešení*. Dokument Evropské konference ministrů k otázkám duševního zdraví ze dne 14. ledna 2005, Helsinky, Finsko, pp. 4–5.

early childhood also corresponds with the Czech appeals included in the *National Action Plan of Mental Health 2020–2030* (Ministry of Health of the Czech Republic, 2019) that seeks to shift the reform of psychiatric care in the Czech Republic to the interdisciplinary level.

### 3 Research Design

The planned research will identify the specific aspects of motherhood of women with mental disorders aged 20–39 years during the period of postnatal adaptation and the following periods with an impact on the possible origin of the special needs of their children up to 6 years of age. The group will include women who gave birth to their children and who were previously diagnosed with a mental illness, who are in touch with the Centres of Mental Health in the Czech Republic or a low-threshold organisation, who are not currently hospitalised, and who take care of their child or children.

The research goal will be achieved by answering the following research questions:

- What experiences do mothers with mental disorders gain at the beginning and during their motherhood?
- What responses and attitudes of the outside world do mothers with mental disorders encounter during their motherhood?
- What obstacles must mothers with mental disorders overcome during postnatal adaptation and later stages of motherhood?
- Under what socioeconomic and sociocultural conditions do women with mental disorders manage to care for their children on a daily basis?
- Which psychical problems of mothers with mental disorders have an impact on the mother-child interaction and the psychomotor, speech, and social development of children during their early childhood and preschool age?

A qualitative research design will be used during the survey. This type of research is generally recommended to discover the connections between the problem aspects of the motherhood of women with mental disorders and the origin of special needs for children since it explores the researched phenomena holistically and enables them to understand the mother-child interaction under the conditions of family functioning. Furthermore, qualitative research factors in the environmental context and goes deep into social connections. The qualitative approach is based on the exploration of how people interpret their experiences and social environment,<sup>26</sup> in this case how the mothers interpret their experiences with obstacles during motherhood and how this interpretation is reflected in the interaction that conditions the intact development of the child, or more precisely the origin of the child's social needs.

22 semi-structured interviews with mothers with mental disorders will be complemented by the same number of interviews with their close reference persons who have a daily or very frequent possibility to observe their interaction with their children (family members and personal assistants, as well as other formal and informal caregivers). The selected method enables to record the statements of two groups of people and detect the interpretation structures of statements where direct observation of the mothers with mental

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<sup>26</sup> HENDL, Jan. *Kvalitativní výzkum. Základní teorie, metody a aplikace*. Praha: Portál, 2016.



disorders has already achieved its limits. The problem-centred interview developed by Witzel,<sup>27</sup> based on the grounded theory methodology, will be used for this research. At the beginning of the problem-centred interview, the introductory question is formulated as a narrative impulse based on which the structure of the interview will be further constructed. The problem-centred interview is composed of four elements that support the process of data collection within its function:

1. Orientation questionnaire;
2. An audio recording of the interview;
3. Postscripts;
4. Interview transcription.

The orientation questionnaire helps gather biographical information about the research participants: age, marital or relationship status, level of education, employment, diagnosis (F 00–F 99), length of treatment, number of children, etc. Immediately after the conversation, terrain notes (postscripts) about the non-verbal and situational behaviour of the research participants will be made which may be important for our later evaluation. The data analysis process by Graneheim and Lundman (2004) will commence with an independent coding of one interview by different coders. Subsequently, the two codes will be compared. The different proposals of codes will be joined in a collective discussion. The codes will then be synthesised, first into categories and subsequently in central topics. The research analysis will be carried out during the years 2021–2022.

#### **4 Expected outcomes and their use**

The verification of the assumption that children of mothers with mental disorders can be an endangered group from the perspective of developmental and educational needs will be significant for the special education sphere. The planned research will detect whether the risk posed to the child by the mother's mental illness determines the course of her illness during the fulfilment of her maternal role and whether the quality of the mother-child interaction during the child's early and preschool age, as well as other sociocultural factors in the family, has an impact on the child. The research outcomes will be crucial for the constitution of intervention and consulting programmes for the educational support of children and their mothers with mental illness which are known from abroad. Inspiration can be drawn, for example, from the Australian Step-Down Model of Care AIR STRATEGY,<sup>28</sup> the group programme for children aged 4–16 AURYN, and the paired educational programmes for parents and their close relatives STEP-Duo in Germany.<sup>29</sup>

The research outcomes will be used for the study support of special educators' competences during their pre-graduate preparation at the faculty of education. Furthermore, the research will be instrumental in opening an interdisciplinary discussion on the parental experience of the mothers with mental disorders and thus raise the awareness of healthcare and social care professionals that the mothers with mental disorders are parents in the first place and only then patients and clients of their services. It may also contribute to the awareness of family members in their care for women with mental illness to better cope with the role of informal caregivers.

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<sup>27</sup> PLATTNER, Anita (ed.), *op. cit.*

<sup>28</sup> GRENYER, Brin F. S., *op. cit.*

<sup>29</sup> PLATTNER, Anita (ed.), *op. cit.*

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