# TIBBIYOT
# TA'LIMI & INNOVATSIYALARI

TOSHKENT DAVLAT TIBBIYOT UNIVERSITETI
TASHKENT STATE MEDICAL UNIVERSITY
19 20

- 14.00.00 - Tibbiyot fanlari;
- 14.00.01 - Akusherlik va ginekologiya;
- 14.00.02 - Morfologiya;
- 14.00.03 - Endokrinologiya;
- 14.00.04 - Otorinolaringologiya;
- 14.00.05 - Ichki kasalliklar;
- 14.00.06 - Kardiologiya;
- 14.00.07 - Gigiena;
- 14.00.08 - Oftal'mologiya;
- 14.00.09 - Pediatriya;
- 14.00.10 - Yuqumli kasalliklar;
- 14.00.11 - Dermatologiya va venerologiya;
- 14.00.12 - Tibbiy reabilitologiya;
- 14.00.13 - Nevrologiya;
- 14.00.14 - Onkologiya;
- 14.00.15 - Patologik anatomiya;
- 14.00.16 - Normal va patologik fiziologiya;
- 14.00.17 - Farmakologiya va klinik farmakologiya;
- 14.00.18 - Psixiatriya va narkologiya;
- 14.00.19 - Klinik radiologiya;
- 14.00.20 - Tibbiy genetika;
- 14.00.21 - Stomatologiya;
- 14.00.22 - Travmatologiya va ortopediya;
- 14.00.23 - Hamshiralik ishini tashkil etish;
- 14.00.24 - Sud tibbiyoti;
- 14.00.27 - Xirurgiya;
- 14.00.28 - Neyroxirurgiya;
- 14.00.41 - Xalq tabobati;
- 14.00.35 - Bolalar xirurgiyasi;
- 14.00.34 - Yurak-qon tomir xirurgiyasi

## №1-SON

2026-yil, yanvar

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tibbiyot fanlari doktori (DSc), professor

BOSH MUHARRIR O‘RINBOSARI:
Iminov Komiljon Odiljonovich
tibbiyot fanlari bo‘yicha falsafa doktori

MUHARRIR:
Sherzod Qurbonov

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Murojaat uchun telefon:
+998 97 748 70 03
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**Uraqov Shokir Ulashovich**
tibbiyot fanlari doktori doktori (DSc)

# MUNDARIJA

# CLINICAL CHARACTERISTICS OF BORDERLINE MENTAL DISORDERS IN MOTHERS OF CHILDREN WITH INTELLECTUAL DISABILITIES

**Mirzaliyeva S.A.**
Tashkent State Medical University

**Abstract:** This study addresses the limited research on the risk of mental health problems among mothers of children with intellectual disabilities. The research examines the psychoemotional condition of mothers and the clinical characteristics of borderline mental disorders. The findings indicate that mothers of children with intellectual disabilities are more likely to experience anxiety, depression, and other mental health conditions. These outcomes are associated with factors such as parental age at childbirth, income level, and access to healthcare services. Therefore, the development of targeted programs and services aimed at supporting maternal mental health is of particular importance.

**Key words:** children with intellectual disabilities, maternal mental health, borderline mental disorders, anxiety, depression, psychoemotional state, clinical characteristics.

**Annotatsiya:** Mazkur tadqiqotda intellektual nogironligi bo‘lgan bolalar onalarida ruhiy salomatlik muammolari rivojlanish xavfi yetarli darajada o‘rganilmaganligi asos qilib olindi. Tadqiqot doirasida ushbu toifadagi onalarning ruhiy holati hamda chegaraviy ruhiy buzilishlarning klinik xususiyatlari tahlil qilindi. Natijalar shuni ko‘rsatdiki, intellektual nogironligi bo‘lgan bolalar onalarida xavotir, depressiya va boshqa ruhiy holatlar ko‘proq uchrashi mumkin. Ushbu holatlar ota-onaning yoshi, daromad darajasi hamda tibbiy xizmatlardan foydalanish imkoniyatlari bilan bog‘liq ekanligi aniqlandi. Shu bois, mazkur toifadagi onalar uchun ruhiy salomatlikni qo‘llab-quvvatlovchi dasturlar va xizmatlarni rivojlantirish muhim ahamiyat kasb etadi.

**Kalit so‘zlar:** intellektual nogironligi bo‘lgan bolalar, onalar ruhiy salomatligi, chegaraviy ruhiy buzilishlar, xavotir, depressiya, psixoemotsional holat, klinik xususiyatlar.

**Аннотация:** В данном исследовании рассматривается недостаточная изученность риска развития психических нарушений у матерей детей с интеллектуальными нарушениями. В рамках работы проанализированы психоэмоциональное состояние матерей и клинические особенности пограничных психических расстройств. Полученные результаты показали, что у матерей детей с интеллектуальными нарушениями чаще наблюдаются тревожные и депрессивные состояния, а также другие психические расстройства. Установлено, что данные состояния связаны с возрастом родителей на момент рождения ребенка, уровнем дохода и доступностью медицинских услуг. В связи с этим особую значимость приобретает развитие программ и услуг, направленных на поддержку психического здоровья матерей.

**Ключевые слова:** дети с интеллектуальными нарушениями, психическое здоровье матерей, пограничные психические расстройства, тревожность, депрессия, психоэмоциональное состояние, клинические характеристики.

## INTRODUCTION

Since the dawn of humanity, various diseases have developed, including mental disorders. External influences or physical injuries can lead not only to physical damage but also to changes in mental functioning. Mental disorders may arise as a result of intense psychological stress or severe brain injury. The progressive development of psychiatric science has significantly expanded its scope and capabilities.

Modern psychiatry addresses not only acute psychotic conditions but also a wide range of mental health states, including neuroses, borderline personality disorder, emotional instability, sleep disturbances, and substance-related conditions. Specialized branches of psychiatry focus on particular types of mental disorders, examining their diagnostic features and treatment approaches. In addition, several specialized fields have emerged, such as child psychiatry, adolescent psychiatry, forensic psychiatry, and narcology.

Psychiatry actively integrates advances from related sciences, including physiology, psychology, and genetics, which enhances the effectiveness of diagnosis and treatment. Treatment options for individuals with mental disorders continue to expand. For example, since the 1950s, markaziy asab tizimiga bevosita ta'sir qiluvchi psixofarmakologik vositalar keng qo'llanilmoqda. Today, psychiatry functions not only as a clinical discipline but also as an important field contributing to the resolution of broader social and psychological challenges [1].

## LITERATURE REVIEW

In 1938, Adolf Stern proposed the term "borderline personality" in the USA (while most other personality disorders were first described in Europe). Stern introduced the term "borderline" to describe a group of patients who do not fully fit into either the psychotic or psychoneurotic group, as this condition is positioned between other disorders.

Otto Kernberg (1975) introduced the term "borderline personality structure" to describe a relatively stable pattern of activity and behavior characterized by internal instability and reflecting a disturbance in mental self-organization. Regardless of the underlying psychological structures, the cluster of symptoms and behaviors associated with borderline personality has become increasingly recognized. These include transitions from self-confidence to depressive states, instability of self-identity, rapid mood changes, sensitivity to abandonment and rejection, as well as a tendency toward self-harm. Transient psychotic symptoms, including short-term delusions and hallucinations, may also occur. The characteristics defining borderline personality disorder were described by Gunderson and Kolb in 1978 and have since been included in modern psychiatric classifications.

Borderline personality disorder is often comorbid with other conditions, including depression, anxiety, eating disorders such as bulimia, post-traumatic stress disorder (PTSD), substance use disorders, and bipolar disorder (with which it may sometimes be clinically similar). It may also co-occur with psychotic disorders. In more complex cases, individuals may experience visual and auditory hallucinations as well as pronounced delusional experiences; however, these are usually short-term and associated with periods of heightened emotional intensity. Therefore, they can be clinically distinguished from the primary symptoms of schizophrenia and related disorders [2].

Intellectual disability, also referred to as oligophrenia, is a condition that develops as a result of congenital or early (within the first three years of life) organic brain changes and is primarily characterized by limitations in intellectual functioning. Due to its relatively high prevalence among children, its study remains an important area in child psychiatry. According to statistics, intellectual disabilities occur in approximately 1–3% of cases worldwide. In recent years, an increase in this indicator has been observed, which is associated with advances in medicine that have improved the survival rate of children born with various congenital and central nervous system conditions. Some researchers have noted that this condition may be more frequently observed in boys [3].

In the scientific literature, oligophrenia has been classified into different degrees, with terms such as "debile," "imbecile," and "idiot" previously used. However, according to modern approaches, the use of such terms is considered ethically inappropriate. Currently, the International Classification of Diseases classifies intellectual disability into mild, moderate, severe, and profound forms. This approach has been introduced to avoid stigmatization and to ensure social protection.

Thus, children with lower levels of intellectual development due to various congenital or early-acquired factors are generally assessed as children with intellectual disabilities. Although they were previously referred to by the term "oligophrenic," this term is now being gradually removed from scientific use. The term "oligophrenia" derives from the Greek words "oligos" (little) and "phren" (mind), meaning intellectual limitation. In such children, due to organic changes in the central nervous system, cognitive processes develop more slowly, distinguishing them from children with other developmental conditions [4].

From an etiological perspective, oligophrenia can be congenital or acquired. Severe infectious diseases during pregnancy (e.g., influenza, rubella), parasitic conditions, as well as various prenatal injuries may contribute to this condition. In addition, parental lifestyle factors, including alcohol consumption, may play a role. Diseases affecting the central nervous system in the first three years of a child's life, such as meningitis or meningoencephalitis, are also associated with the development of intellectual disability.

If intellectual disability develops after the age of three, it is typically assessed as dementia. Dementia is usually progressive in nature, whereas in oligophrenia the condition tends to remain stable. Congenital factors include Rhesus incompatibility, chromosomal variations, and conditions such as phenylketonuria. For example, Down syndrome results from a chromosomal variation involving an extra chromosome. Children with this condition often share similar external phenotypic features, reflecting common genetic characteristics [4].

Relevance: According to a UNICEF report, the number of children with disabilities worldwide has reached approximately 240 million [7]. The global prevalence of intellectual disability is estimated at approximately 1–4%. In Uzbekistan, as of the end of in 2024, the number of children with disabilities under 18 years of age was 173,300, and as of January 1, 2025, the number of patients diagnosed with intellectual disability (F70–F79) under dispensary supervision exceeded 100,000 [8]. Research findings indicate that mothers raising children with intellectual disabilities often experience increased levels of psychological stress and a higher need for mental health support compared to other mothers [9]. In many cases, mothers demonstrate greater caregiving involvement than fathers [10], assume higher family responsibilities, and may face challenges in maintaining social activity and overall life satisfaction compared to mothers of typically developing children [11]. In this context, the development and implementation of psychological support systems and community-based approaches are of particular importance, as they contribute to improving public awareness, reducing stigmatization, and strengthening parental mental well-being [12]. Families raising children with disabilities have a specific social context shaped by multiple interrelated factors, including caregiving demands, social interaction patterns, and economic conditions. Within such families, mothers often play a central role in caregiving and upbringing, and therefore the psychological climate of the family is closely linked to the child's health status. Parents whose children are involved in inclusive education systems may experience a range of emotional states; initial feelings of satisfaction and inclusion can, over time, evolve into emotional tension due to insufficient social understanding or support, highlighting the importance of a supportive educational and social environment. Many parents may also experience a need for additional information and guidance regarding child development and effective upbringing strategies; therefore, the establishment of services such as parent counseling centers and helplines is highly beneficial. These support mechanisms help parents obtain reliable information, foster a positive psychological environment within the family, and enhance their confidence, social engagement, and self-management skills. Practical experience shows that parents are strongly motivated to support their children's socialization, communication development, and future independence; however, limited access to psychological support services, insufficient resources, and reduced coordination with specialists may create additional challenges in organizing effective care. In order to address these issues, it is advisable to implement integrated support measures, including organizing individual and group consultations with family members, applying family psychotherapy methods, conducting interactive sessions for parents and children, establishing structured training programs, developing peer-support groups based on mutual assistance, and promoting joint parent–child activities [5]. Overall, parenting a child with disabilities represents a complex yet manageable life situation that requires continuous adaptation and support, as it may influence parental mental well-being. Research indicates that such caregiving roles involve increased responsibility and attention to the child's needs [14], while also encouraging parents to develop adaptive coping strategies, acceptance, and resilience in managing psychological and social challenges [15]. The findings emphasize that early identification of changes in the mental state of mothers, along with the implementation of targeted support programs, plays a crucial role in promoting their psychological well-being and improving overall family functioning [6].

## RESEARCH METHODOLOGY

A total of 80 mothers aged 20–50 years, diagnosed with F40–F48 (neurotic, stress-related, and somatoform disorders) according to the ICD-10 classification, were included in the study. The participants were divided into two groups: the main group, consisting of mothers with borderline mental disorders who have children with intellectual disabilities (n=50), and the control group, consisting of conditionally mentally healthy mothers who have children with intellectual disabilities (n=30). The study was conducted during 2025–2026 at the 87th Special School in the Yunusabad District of Tashkent. The primary aim of the research was to investigate the clinical characteristics of neurotic and stress-related disorders in mothers of children with intellectual disabilities. To achieve this objective, a комплекс of research methods was applied, including clinical-psychopathological, clinical-anamnestic, and experimental-psychological approaches. The psychoemotional state of the participants was assessed using standardized psychodiagnostic instruments, such as the abbreviated multidimensional personality questionnaire, the Spielberger–Hanin Anxiety Scale, and the Hospital Anxiety and Depression Scale (HADS). The collected data were processed using appropriate statistical methods, allowing for the identification of significant differences and correlations between the groups.

## ANALYSIS AND RESULTS

The results of the study indicate that borderline mental disorders are relatively more prevalent among mothers of children with intellectual disabilities. According to the Spielberger–Hanin Scale, in the main group (n=50), the mean level of reactive anxiety was 46.3 ± 2.1 points, and the mean level of personal anxiety was

48.7 ± 2.4 points. In the control group (n=30), the corresponding values were 32.5 ± 1.8 points and 34.2 ± 2.0 points, respectively, with the differences between the groups being statistically significant ($p < 0.05$). According to the Hospital Anxiety and Depression Scale (HADS), the mean anxiety score in the main group was 11.2 ± 1.3 points, and the mean depression score was 9.8 ± 1.1 points, indicating values approaching the moderate and clinical range. In the control group, these indicators were 6.1 ± 0.9 and 5.4 ± 0.8 points, respectively, and the differences between the groups were statistically significant ($p < 0.05$) (Table 1).

Table 1. Prevalence of borderline mental disorders in mothers of children with intellectual disabilities[1]

| Indicator | Main group | Control group | p |
|---|---|---|---|
| Reactive anxiety | 46.3 ± 2.1 | 32.5 ± 1.8 | <0.05 |
| Personal anxiety | 48.7 ± 2.4 | 34.2 ± 2.0 | <0.05 |
| HADS anxiety | 11.2 ± 1.3 | 6.1 ± 0.9 | <0.05 |
| HADS depression | 9.8 ± 1.1 | 5.4 ± 0.8 | <0.05 |

Clinical observations demonstrated that, in the main group, 68% of participants exhibited persistent anxiety, 54% showed depressive mood, 62% presented emotional instability, 70% experienced rapid fatigability, and 58% reported sleep disturbances. In the control group, these manifestations were observed less frequently, occurring in approximately 20–30% of cases. The obtained findings indicate meaningful differences in the psychoemotional state between the main and control groups. The results of this study are consistent with previous research suggesting that parents of children with intellectual disabilities tend to experience increased psychological stress and a greater need for mental health support. Totsika et al. (in 2011) reported that mothers of children with intellectual disabilities demonstrate higher levels of stress and psychological strain compared to mothers of typically developing children [9], while Sajjad (in 2010) also observed that mothers in such families often experience higher levels of stress than fathers [10]. The present study found that 68% of mothers in the main group experienced persistent anxiety, which is notably higher than the 20–30% observed in the control group; this result is consistent with the findings of Manor-Binyamini (in 2011), who emphasized increased caregiving responsibilities and reduced life satisfaction among mothers of children with developmental conditions [11]. Furthermore, the HADS results indicated that anxiety and depression scores in the main group approached clinically relevant levels (11.2 ± 1.3 and 9.8 ± 1.1, respectively), which aligns with the findings of Fairthorne et al. (in 2015), who highlighted an increased likelihood of psychological disorders, particularly anxiety and depression, among these mothers [6]. The relatively high levels of emotional instability (62%) and rapid fatigability (70%) observed in the main group reflect the ongoing psychological demands associated with caregiving responsibilities, as also noted by Carona et al. (in 2013), who emphasized the mediating role of parenting-related stress in psychological adaptation [14]. In addition, social perceptions and societal attitudes, as discussed by Nandkisor (2018), may influence parental psychological well-being, further underscoring the importance of supportive environments [12], while Yusupov (in 2025) highlighted the relevance of structured psychological support programs for parents of children with disabilities, which is supported by the present findings [5]. The strengths of this study include the comprehensive clinical and psychometric assessment using validated instruments; however, certain methodological considerations, such as the relatively limited sample size and the cross-sectional design, suggest the value of further research. Future longitudinal studies may provide deeper insights into the dynamics of maternal mental health over time.

## CONCLUSIONS AND RECOMMENDATIONS

The results of the conducted study indicate that borderline mental disorders are notably prevalent among mothers of children with intellectual disabilities. According to the Spielberger–Hanin Scale, both reactive and personal anxiety levels in the main group were higher than those observed in the control group, with the differences reaching statistical significance ($p < 0.05$). Furthermore, the Hospital Anxiety and Depression Scale (HADS) results demonstrated that anxiety and depression scores in the main group approached moderate and clinically relevant levels, whereas these indicators remained comparatively lower in the control group ($p < 0.05$). Clinical observations further revealed that a substantial proportion of participants in the main group experienced persistent anxiety (68%), depressive mood (54%), emotional instability (62%), rapid fatigability (70%), and sleep disturbances (58%), while these manifestations were observed less frequently, at approximately 20–30%, in the control group, confirming meaningful differences in psychoemotional status between the groups. Overall, the findings suggest that borderline mental disorders are expressed at a relatively elevated level among

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mothers of children with intellectual disabilities, as reflected in psychoemotional indicators identified through clinical assessment and standardized scales, highlighting the importance of timely psychological support and preventive measures. Based on these findings, it is recommended to implement regular mental health screening in pediatric and rehabilitation settings, develop specialized psychological support programs and counseling services focusing on stress management and emotional regulation, enhance psychoeducational initiatives to improve awareness of anxiety and depression, introduce respite care services to alleviate caregiving demands, apply family-centered intervention approaches addressing the entire family system, and strengthen healthcare policies by integrating parental mental health support as a standard component of care.

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# TIBBIYOT
## TA'LIMI & INNOVATSIYALARI

**2026. № 1**

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