

PSYCHIATRIC DISORDER OF JAMAICAN WOMEN WITH CHILDREN: POST COVID-19

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Abstract. Mental illness among mothers is a global issue that requires addressing myths, stigma, and discrimination. This study examines the impact of perinatal depression on Jamaican women with few or more children and promotes mental health sensitivity in the Caribbean. A web-based survey questionnaire was used to collect data from 1067 females across Jamaica. Mothers with fewer children may be better equipped to provide adequate care and meet their children's needs, reducing the likelihood of developing psychological stress related to financial constraints. Half (50.5%) of the women reported having difficulty providing necessities for their family, while the remaining 49.4% responded that they had no trouble providing. Balancing various aspects of life can be challenging for some. Nearly half of the respondents (45.5%), or 485 individuals, reported having difficulty balancing motherhood with work and social life. The findings suggest that a person's child count does not affect their likelihood of acquiring a mental illness. The study highlights the need for effective coping strategies and reliable support networks for mothers. The results indicate that balancing motherhood with work and social life is a significant challenge for many mothers, and support groups can help alleviate the burden.

Keywords: *psychiatric disorders, Jamaican women, children, post Covid-19*

Introduction

Mothers are an essential part of any society as they are responsible for the growth and development of their children. Unfortunately, many mothers worldwide suffer from mental illnesses, which can impact not only their lives but also the lives of their families and society. The Pan American Health Organization has identified psychiatric disorders as a significant burden on individuals, families, society, and the economy (PAHO, 2020). The World Health Organization (WHO) considers mental health to be a crucial aspect of well-being, where an individual realizes their abilities, copes with stress, works productively, and contributes to their community. Research suggests that while women tend to live longer than men, they are more likely to suffer from mental health problems, with mental health issues being concentrated around menses, childbirth, and menopause (Kohen, 2013). There is growing evidence that childbirth can compromise women's mental health, with some women experiencing psychiatric illnesses (Kohen,

2013; Chandra et al., 2009). Although there is limited information available in developing countries like Jamaica and the Caribbean, research has shown that mental illness in mothers can affect attachment formation and the cognate of their children's cognitive, emotional, social, and behavioural development (Manning and Gregoire, 2006).

Theoretical framework

The Biopsychosocial model proposed by George Engel is currently the dominant paradigm in the medical field for understanding, diagnosing, treating, and possibly preventing the onset of mental illnesses (Allen, 1998). This model acknowledges the role of biological, psychological, and social factors in mental illness diagnosis, treatment, and prevention. It allows researchers to explore how physical, psychological, environmental, and social factors interrelate to impact women's mental health, contributing to psychiatric disorders in women with children. The Biopsychosocial model has three components: the biological, psychological, and social perspectives. The biological perspective links psychological disorders to biological phenomena, such as genetic factors, chemical imbalances, and brain abnormalities (Wittchen et al., 2014). Psychology addresses normal mental functions and behaviours and how they can become dysfunctional, focusing on thoughts, emotions, and behaviours. Sociological perspectives focus on how life events, social conditions, social roles, social structures, and cultural systems of meaning affect states of mind (Scheid and Brown, 1999). This research will use the Biopsychosocial model as its theoretical framework, incorporating the five major perspectives in psychology, which are biological, psychodynamic, behavioural, cognitive, and humanistic approaches.

Literature review

This literature review will provide readers with the background of earlier investigations conducted comparably to this study. It aims to increase awareness of the myths, stigma, and discrimination associated with mental illnesses, thus adding to the limited information available in the Caribbean territory. Furthermore, it will provide insight into psychiatric disorders in females with few or more children. "What is a psychiatric disorder?" According to the Pacific Health System Web Portal (2021), a psychiatric disorder refers to a broad range of problems that disturb a person's thoughts, feelings, behaviour, or mood. Psychiatry is the branch of medicine that focuses on mental, emotional, and behavioural disorders. The term, "psychiatric disorder," refers to a broad range of problems that disturb a person's thoughts, feelings, behaviour, or mood. Many persons who suffer from mental illnesses may be reluctant to discuss them. Mental illness can affect anyone, regardless of age, gender, social status, race, ethnicity, or religion. According to the American Psychiatric Association Depression, "major depressive disorder is a common and serious medical illness that negatively affects how you feel, the way you think and how you act" (American Psychiatric Association Web Portal, 2023). Depression often causes feelings of sadness and loss of interest and as such when mothers are depressed, they tend to lose interest in activities they once found enjoyable and decreases their ability to complete tasks, for example taking care of their children. Anxiety is the body's natural response to stress. It's a feeling of fear or apprehension about what's to come (Holland, 2022). However, if the anxiety lasts more than 6 months it is considered an anxiety disorder. Expecting mothers may become

anxious about becoming a parent and the stress that might come with responsibility is as great as that. Obsessive-compulsive disorder (OCD) is a mental illness that causes repeated unwanted thoughts or sensations (obsessions) or the urge to do something over and over again (compulsions). Some people can have both obsessions and compulsions (Fields, 2023). Having a baby changes your life and can be very stressful. It's normal to have some worries and anxieties about your baby's well-being.

Women are often expected to be caregivers for their children and the pillars of the foundation of a healthy household, leading to the disregard for their own needs. Society expects women to follow the roles that have been traditionally set in place for them, leading to criticism and derision when they prioritize the needs of others before their own. This pressure can negatively impact women's mental health, leading to depression and other psychiatric disorders. Society expects women to be honest about their mental health problems, but the minute they do so, women are labelled as weak and inadequate (Kohen, 2013). There have been studies conducted to examine the impact of the number of children on a mother's mental health. Some studies suggest that having more children increases the risk of developing mental health problems, such as depression and anxiety, while other studies suggest that the number of children does not have a significant impact on maternal mental health. One study conducted by the National Institute of Child Health and Human Development found that women with more than two children had a higher risk of depression than women with two or fewer children. Another study by the University of Kansas found that women with three or more children had higher levels of stress and lower levels of life satisfaction than women with one or two children.

However, a study conducted by the University of Michigan found that the number of children did not have a significant impact on maternal mental health, but rather the age of the mother, her education level, and her income. It is important to note that each mother's experience is unique, and various factors can affect maternal mental health, such as social support, financial stability, and access to mental health resources. Therefore, it is crucial to provide adequate support and resources to mothers with mental illness to ensure they receive the necessary treatment and can care for their children effectively. Concerning mental health, there arises the stigma that a mother with mental illness is unable to properly care for a child. Women with mental illness are the victims of stigma and societal attitudes even before they become pregnant (Nicholson et al., 1998). The normal desire to bear and raise children is undermined by negative societal attitudes. One mother commented:

"I guess I feel that if I got pregnant, my child would be taken away from me because I have a mental illness. I feel like I'm sterilized by the Department of social services and have no rights." to give birth, people immediately assume they cannot care for the child." (Nicholson et al., 1998)

Furthermore, mothers who struggle with mental illness experience added pressure to justify being good mothers. Some people are motivated by this stressor while others are demotivated (Nicholson et al., 1998). Women with mental problems must establish their ability to parent, unlike other mothers who may be given the benefit of the doubt that they are good mothers. Additionally, given the stigma and misconceptions surrounding mental illness, people may be quick to blame a child's behaviours on the mother's mental illnesses. Even if the conduct is typical of adolescents, moms may be concerned

that it will be blamed on them. Outsiders may assume that mothers with mental illness will abuse their children even though there is no evidence to support their judgment. In an article titled “Mothers with Postpartum Psychiatric Disorders: Proposal for an Adapted Method to Assess Maternal Sensitivity in Interaction with the Child” it was reported that about 15% of mothers suffer from postpartum psychiatric disorders, such as depression, anxiety, or psychosis (Heinisch et al., 2019). Let us further examine if a mother’s mental health is affected by the number of children they have. The current study examines the research objective from a quantitative perspective using a self-administered questionnaire.

Materials and Methods

A systematic review was commenced to investigate if the number of children a woman has is a related factor in developing a psychiatric disorder. The following are the various aspects of the methodology used in the completion of this survey research. The data collection commenced on October 10, 2022, and ended on November 30, 2022. The survey’s goal was to collect quantitative data, using 15 questions, survey consisted of 12 closed-ended questions and 3 open-ended questions. Questions included to inquire about age, gender, parish, marital status, employment status, number of children, coping mechanism, diagnosis of mental illness, sleep, and family history. The questionnaire was converted into a Google Forms document and distributed via various social media platforms and face-to-face interviews to gather the responses from individuals, females ranging from ages 18 years-45+ years aiding in the discovery of the above-mentioned topic. A systematic probability sampling technique was used to draw and collect data from the female respondents. The data were collected by computing a sample based on a population of Jamaican females 18-45+ years using the probability of population in each parish in Jamaica. The sample size was 1,067 participants spanning the 3 counties of the island: Cornwall, Middlesex and Surrey. The collected data was saved from Google Forms and transferred to a Microsoft Excel document and imported to IBM SPSS Statistics 29.0.0.0 where the data was analyzed.

Results and Discussion

Table 1 shows that the majority of respondents were within the 25-35 age group and accounted for 350 responses. Most women were single accounting for 504 responses, while most were employed accounting for 590 responses, and women mainly attained secondary level education with 620 responses. Kingston had the largest responses of 231. *Table 1* indicates that most women have 2 children of 29.9%, 19.5 had 3 children and 0.1% had 15 children. *Table 2* shows that 45.5% of mothers were unable to balance motherhood with other responsibilities, 26.1% balanced by seeking family support while the least number of mothers stayed at home and did not work. Next, the results show that 280 mothers have had mental illness since becoming a parent. Depression accounting for 11.5% of answers was the leading mental illness. 784 mothers were not diagnosed with a mental since becoming a parent. *Figure 1* shows that a greater percentage of persons have no history of mental illnesses in the family 40.8%, 37.5% reported not being sure while 21.7% have a family history of mental illness. This table shows that most women 23.4% cry, 16.4% pray while the least number of women 0.1% self-harm. The results show 94.7% had a good relationship with the child/ren while

5.2% answered no. The main reason was “they blame me for their father leaving” and accounted for 0.2% as 2 persons gave that answer. Results in the *Table 2* indicate that 50.5% of women answered having difficulty providing necessities for their family while 49.4% responded having no struggle in providing. And also, it reveals that 649 people do not have an emotional problem while 418 persons had emotional issues with depression accounting for 14.7% of those responses. 0.1% had work-related stress. This *Table 2* reveals that 35.6% of respondents' relationships were affected not so often, 31.7% not at all, 23.6% somewhat often and 9.1% very often. *Figure 2* shows that most persons with an average of 48.4 % per cent get 4-6 hours of sleep, 41% get 7-9 hours of sleep while the least number of persons of 4.2 % responded getting 9 or more hours of sleep.

Table 1. Demographic characteristics of the Sample of respondents (N=1067).

Category	Percentage [%] (Frequency, N)
Education level	
Primary	6.6 (70)
Secondary	58.1 (620)
Tertiary	35.3 (377)
Parish	
Westmorland	5.3 (57)
St. James	6.1 (65)
Hanover	2.7 (29)
Trelawny	2.8 (30)
St. Mary	4.2 (45)
St. Elizabeth	4.9 (52)
Clarendon	9.3 (99)
Manchester	7.1 (76)
Kingston	21.6 (231)
St. Andrew	2.8 (30)
Portland	3.5 (37)
St. Thomas	3.4 (26)
St. Ann	6.4 (68)
St. Catherine	19.6 (208)
Ages	
<18	5.9 (63)
18-24	24.6 (236)
25-34	31.9 (340)
35-44	37.6 (286)
45+	10.8 (115)
Union status	
Divorced	5.6 (60)
Married	35.8 (382)
Seperated	47.2 (504)
Widowed	3.4 (36)
Employment status	
Employed	55.3 (590)
Self-employed	18.7 (190)
Unemployed	17.0 (181)
Student	9.8 (105)
Children status	
1	22.6 (241)
2	29.9 (319)
3	19.5 (208)
4	19.2 (205)
5	7.2 (77)
6	1.1 (12)
8	0.4 (4)
15	0.1 (1)

Table 2. The descriptive analysis of mother’s mental health is affected by the number of children they have.

Category	Percentage [%] (Frequency, N)
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Have you been diagnosed with any mental illnesses since becoming a parent, for example, depression?	
Yes	26.2 (280)
No	73.5 (784)
If you answered yes, please state which mental illness:	
ADHD	0.1 (1)
Anxiety	3.7 (40)
Bipolar disorder	4.2 (45)
Depression	11.5 (123)
Major depressive disorder	0.7 (8)
OCD	0.2 (2)
Post-partum depression	2.1 (22)
Post-traumatic stress disorder	0.1 (1)
Schizophrenia	0.2 (2)
How do you balance being a mother with work and social life?	
Family support	26.1 (279)
No social life	11.0 (117)
Other	5.4 (58)
Prioritize	6.6 (70)
Stay-at-home mom	5.2 (56)
Unable to balance	45.5 (485)
How do you handle stress?	
Avoid the issue	1.0 (11)
Cry	23.4 (250)
Do housework	1.5 (16)
Eat	5.8 (62)
Exercise	2.2 (24)
Focus on the problem and try to resolve it	1.3 (14)
Go out and treat self	1.9 (20)
Listen to music	7.0 (75)
Positive affirmations	1.5 (16)
Pray	16.4 (175)
Self-harm	0.1 (1)
Sleep	8.7 (93)
Spend time with family	3.4 (36)
Substance abuse	12.7 (136)
Take medication	0.3 (3)
Take time for myself	2.2 (24)
Talk to someone	10.4 (111)
Do you have a good relationship with your child/children?	
Yes	94.7 (1010)
No	5.2 (56)
If you answered no, what are the factors influencing this and does it affect you as a parent?	
Both my children are girls and I try to protect them from certain things, but they believe I am overprotective and paranoid	0.1 (1)
Can talk to them	0.1 (1)
Distance and time	0.1 (1)
Dont seem to connect with them can give them what they need	0.1 (1)
Ever since my husband died I have been very depressed, it has strained our relationship	0.1 (1)
Everyone feels they are grown so we dont communicate well	0.1 (1)
Father have them most of the time	0.1 (1)
He is somehow influenced by his father that I am not a good person	0.1 (1)
I abandoned them when they were young	0.1 (1)
I am frustrated, they dont listen and I curse a lot	0.1 (1)
I am not the one raising her	0.1 (1)
I did not care for them properly and they hate me for that	0.1 (1)
I do not communicate well	0.1 (1)
I don't see the older ones as much but we still talk about the relationship is not just as close as it was before	0.1 (1)
I have been closed off since their dad died	0.1 (1)
I have issues with their father which I take out on them sometimes	0.1 (1)
I have not been around her a lot, my mother takes care of her and I am busy getting my life together so I will be a good mother to her	0.1 (1)
I have to work	0.1 (1)
I kind of hate that her father left me after she was born	0.1 (1)
I left her from birth, my mother is the one that's been with her	0.1 (1)
I love my kids but I was not ready to be a mother	0.1 (1)
I pressured them too much growing up	0.1 (1)
I was not ready for kids	0.1 (1)
My children want more than I can provide	0.1 (1)
My daughter hates that I leave her to raise the youngest and that I am always gone	0.1 (1)
My depression makes it hard to have a good relationship	0.1 (1)
My kids say I am short-tempered and do not communicate well. We argue a lot	0.1 (1)
My son thinks I am too miserable and that I had the other son as a favourite	0.1 (1)

No, haven't talked much since their father died	0.1 (1)
Poor time management on my part, stress from providing for them, the pressure of trying to be the best mother but falling short	0.1 (1)
Social media	0.1 (1)
Social media and peers	0.1 (1)
Sometimes I overdo the drinking, they call me an alcoholic	0.1 (1)
Stress	0.1 (1)
They are getting older and not having any manners	0.1 (1)
They blame me for their father leaving	0.2 (2)
They feel like they want to run me and my house	0.1 (1)
They say that I don't speak to them well and I'm not understanding or showing love	0.1 (1)
when I'm in my depressed state I don't tend to them as a mother should	0.1 (1)
<hr/>	
Do you find it difficult to provide necessities for your family such as acquiring personal items, school fees and utility bills?	
Yes	50.5 (539)
No	49.4 (527)
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During the past month, have you had any problems with work or daily life due to any emotional problems, such as feeling depressed sad or anxious?	
Yes	39.2 (418)
No	60.8 (649)
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If you answered yes, please state the emotional problems you may be facing.	
Anxiety	3.6 (38)
Depressed	14.7 (157)
Financial stress	1.4 (15)
Mood swings	1.4 (15)
Overwhelmed	2.2 (23)
Sadness	6.8 (73)
Stressed	7.1 (76)
Unhappy	0.4 (4)
Work stressed	0.1 (1)
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During the past two weeks, how often has your mental health affected your relationships?	
Not at all	31.7 (338)
Not so often	35.6 (380)
Somewhat often	23.6 (252)
Very often	9.1 (97)

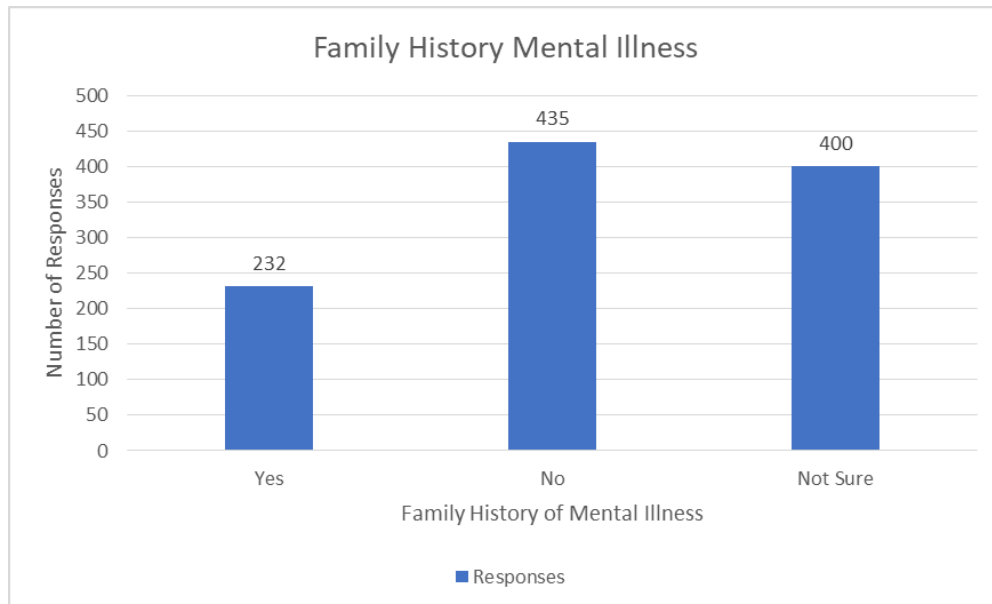


Figure 1. Family history mental illness.

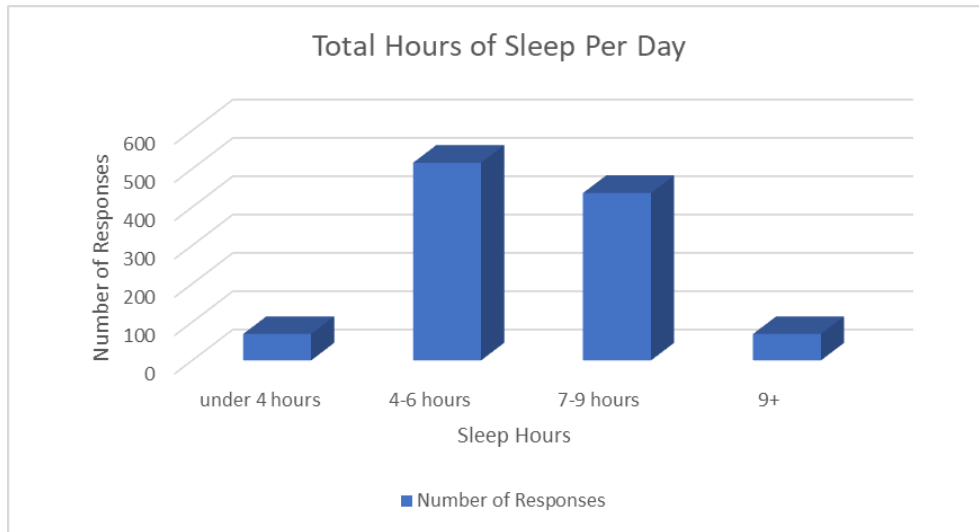


Figure 2. Total hours of sleep per day.

Parental experiences can unknowingly compromise their health. However, their experiences may change due to difficulties in coping with work and managing changes in priorities and responsibilities. Hormone fluctuations, changes in routine, waning finances, and sleep deprivation are factors that can impact brain functions, resulting in emotions, behaviours, and physical health problems. Motherhood is a dynamic, life-altering process that can greatly impact a woman's state of mind and mental well-being, as evidenced by perinatal health records showing mental health problems such as depression and anxiety. Although motherhood is often viewed as meaningful, humbling, precious, fulfilling, rewarding, gratifying, and wonderful, it can also be taxing, with high demands on a woman's resources. Affection, warmth, intimacy, and interdependence are exemplified in the mother-child pair throughout motherhood (Wilson and Finch, 2021). Of the respondents to the questionnaire, 37.6% were aged 24-35, and the next highest age range was 35-44, accounting for 31.7% of responses. Single women made up the largest proportion of the 504 responses at 47.2%, while only 3.4% of the sample of 1067 was widowed. Previous studies suggest that single mothers experience higher levels of stress in their daily lives, which may be why they face greater psychological hardship compared to women in other circumstances. Single parenting should be viewed as a risk factor for exposure to stress, rather than an indicator of personal susceptibility (Kuipers et al., 2021).

Research conducted in France showed that unemployed women experienced more psychological distress compared to employed women (Avison, 1997). In this study, 55.5% of women were employed, and 17% were unemployed. Similarly, a study by the Health Foundation in the United Kingdom in January 2021 found that 43% of unemployed people had poor mental health, compared to 27% of people in employment. The respondents were asked to indicate their level of education as primary, secondary, or tertiary, with most respondents having secondary education (58.1%) and the fewest having primary education (6.6%). Individuals with higher levels of education were more likely to seek psychiatric, medical, and psychological help when compared to those with lower levels of education (Saurel-Cubizolles et al., 2000). It may be assumed that some of the respondents in this study had mental health problems, but their academic achievement may have influenced their decision to seek diagnosis and treatment from a mental health professional.

Most respondents (29.2%) had two children, while only 0.1% had 15 children. A survey conducted by Care.com in the United States of America showed that 51% of parents spent more than 20% of their household income on childcare, and 72% spent 10% or more. Mothers with fewer children may be better equipped to provide adequate care and meet their children's needs, reducing the likelihood of developing psychological stress related to financial constraints. Half (50.5%) of the women reported having difficulty providing necessities for their family, while the remaining 49.4% responded that they had no trouble providing. Balancing various aspects of life can be challenging for some. Nearly half of the respondents (45.5%), or 485 individuals, reported having difficulty balancing motherhood with work and social life. However, 26.1% had family support, 11% had no social life and 6.6% prioritised self-care. Positive relationships can provide great support, as people can learn from and assist each other. The study examined the prevalence of mental illness among mothers and the coping mechanisms used to manage stress. Of the respondents, 26.2% had been diagnosed with a mental illness since becoming a mother, with depression being the most commonly reported diagnosis. Additionally, 60.8% of respondents reported having emotional problems that affected their daily lives. Sleep deprivation was found to be a significant factor affecting mental health in mothers.

Conclusion

The study highlights the need for routine screening and timely referral for mothers experiencing mental health difficulties. Screening during the antenatal period and postpartum visits can aid in the early detection and treatment of mental illness. It also emphasizes the importance of effective coping mechanisms and supports systems for mothers to manage the demands of motherhood. Recommendations include the formation of support groups for mothers to provide a safe space for them to discuss and manage their responsibilities. The results indicate that balancing motherhood with work and social life is a significant challenge for many mothers, and support groups can help alleviate the burden.

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Conflict of interest

The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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