



# Parental Mental Illness, Borderline Personality Disorder, and Parenting Behavior: The Moderating Role of Social Support

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## Abstract

**Purpose of Review** Parental mental disorders, particularly borderline personality disorder (BPD), impair parenting behavior. Consequently, the children exhibit an elevated risk for psychopathology across their lifespan. Social support for parents is thought to moderate the relationship between parental mental illness and parenting behavior. It may dampen negative effects and serve as starting point for preventive interventions. This paper provides a literature overview regarding the impact of social support on the sequelae of parental mental illness and BPD for parenting behavior.

**Recent Findings** Current literature highlights the increased burden of families with a mentally ill parent and associated changes in parenting behavior like increased hostility and affective dysregulation, especially in the context of parental BPD. Literature further demonstrates the powerful impact of social support in buffering such negative outcomes. The effect of social support seems to be moderated itself by further factors like socioeconomic status, gender, or characteristics of the social network.

**Summary** Social support facilitates positive parenting in mentally ill parents and may be particularly important in parents with BPD. However, social support is embedded within a framework of influencing factors, which need consideration when interpreting scientific results.

**Keywords** Borderline personality disorder · Parenting behavior · Social support · Parental mental illness · Parenting interventions

## Introduction

The quality of parenting behavior is frequently reported as the most influential environmental factor with regard to a child's development [1, 2]. According to the widely referenced and scientifically supported process model of parenting by Belsky [3], parental personality and developmental history, social network, marital relations, work, and child characteristics jointly impact on parenting behavior. Taraban and Shaw [4•] recently updated the model by adding gender, cognitions and affect, stress response, genetics, emotion regulation, family structure, and culture as further factors and clustering them into the three domains, namely parent characteristics, child characteristics, and family and social environment. Overall, the model considers parenting as a buffered system, in which a risk factor might be compensated for by another positive or supportive influencing factor (i.e., resilience factor) across domains. Therefore, e.g., a challenging temperament of the child does not necessarily

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lead to impaired parenting quality if it is counterbalanced, e.g., by a supportive relationship between the parents [3, 4•]. On the other hand, a predominance of risk factors as well as the absence of sufficient resilience factors is thought to facilitate harsh, neglectful, or even abusive parenting [3, 4•].

In line with the process model, a highly influential risk factor with respect to negative parenting behavior is parental psychopathology, particularly BPD [4•, 5–7]. They relate to almost every influencing factor proposed within the model: e.g., parental personality [7], parental developmental history [8], social relationships [9], work ability, and socioeconomic status [9], as well as cognition, affect, stress response, and emotion regulation [10]. More specifically, important cognitive, emotional, or social prerequisites for positive parenting behavior such as attention, emotion regulation, or impulse control are often restricted in the presence of a personality disorder but also mental disorders in general [7, 11–13]. As a result, parents suffering from a mental disorder have been shown to exhibit greater difficulties in establishing authoritative parenting (the careful equilibrium of parental warmth and regulatory control; [14]). In contrast, parental psychopathology is thought to tip the balance towards permissive, rejecting-neglecting, or authoritarian parenting [14, 15]. Furthermore, our work group demonstrated in a previous study (UBICA-I) that mothers with a history of depression and severe early life maltreatment (ELM) show reduced maternal sensitivity, i.e., a less accurate and timed responsiveness to and perception of the child's signals [16], when interacting with their child [17]. As maternal sensitivity appears to be especially diminished when mothers had experienced ELM and additionally suffered from a mental disorder in contrast to mothers who had experienced ELM but did not develop a mental disorder, parental psychopathology seems to be of special relevance when it comes to negatively altered parenting behavior [18]. With respect to personality disorders, maternal BPD has been associated with increased hostility towards the child, which further mediated the relationship between maternal BPD and behavioral problems in the child [19]. Additionally, parents with personality disorders like BPD report difficulties in establishing empathetic responsiveness towards the child, managing the child's behavior, and being a role model for emotional regulation [20, 21].

These negative effects of parental mental illness on parenting behavior have been demonstrated across a variety of parental diagnoses like depression [4•], bipolar disorder [22], anxiety disorders [23], substance-use disorders [24], personality disorders in general [7], and BPD in particular [25–27]. Regardless of the exact underlying psychopathology, a reduced ability to correctly infer the child's mental states such as emotions or psychological needs may additionally aggravate negative parenting behavior [6] and further heighten the risk for neglect, maltreatment, and abuse [28, 29].

For the child, the changes in parenting behavior might confer, e.g., to an increase in externalizing and internalizing problems [30–32], the development of insecure or disorganized attachment [33], depressive mood [32, 34], or dysfunctional social behavior [35], which in turn promote the risk for child psychopathology (for reviews, see [36, 37] and [38]). Changes in child functioning may in turn lead to parenting stress and altered parenting behavior due to transactional relations between child and parent variables [39]. In BPD, the formation of a healthy parent–child relationship as well as offspring emotional development have been shown to be impaired [33]. This results in a heightened risk for the children to develop a BPD themselves [33].

Taken together, parental mental illness, e.g., parental personality disorders such as BPD and the related changes in parenting behavior constitute an important factor in the intergenerational continuity of mental disorders besides genetic heritability of the individual diagnostic entities [36, 40]. Thirty-eight percent of physicians in German psychiatric hospitals report their patients to exhibit deficits in parenting behavior and roughly every second physician considers children's mental health at risk due to those deficits [41]. As approximately three million German children live in families with at least one mentally ill parent, there is a high number of parents who may require additional support in dealing with their parental role [42].

This review aims to give an overview of the current literature on the sequelae of parental mental illness, specifically parental BPD, for parenting behavior as well as the moderating role of social support regarding this influence.

Literature search has been conducted between May 2021 and December 2021 via PubMed and Google Scholar. The following search terms were entered separately or in conjunction (respective manuscript section in parentheses): parental mental illness (1,2,4), parental mental disorder (1,2,4), personality disorder (1,2), borderline personality disorder (1,2), affective disorders (1,2), parenting (1,2,3,4), parenting behavior (1,2,3,4), social support (2,3,4), pandemic (3), SARS-CoV-2 (3), COVID-19 (3), preventive intervention (4), parenting intervention (4), parenting program (4). The literature was subsequently selected according to the year of publication (2000–2021).

### **Social Support as a Moderator Between Parental Mental Illness, Parental BPD, and Parenting Behavior**

In line with the process model [3], the accumulated stress of coping with a mental disorder and caring for a child simultaneously may impede symptom amelioration and positive parenting behavior [43, 44]. In turn, factors reducing

parental stress have been observed to decrease severity of parental psychopathology as well as to promote positive parenting behavior [45•]. Social support may serve as such a factor of resilience [4•].

Moak and Agrawal [46] broadly defined social support as a psychosocial resource accessible in the context of the individual's social network and interpersonal contacts. With respect to parenting, one may differentiate emotional, informational, and instrumental social support [47]. Emotional support mainly affects parenting behaviors indirectly via its effect on parental well-being, e.g., through the reduction of parental stress [45•, 48], the provision of a sense of social integration, or the aid in emotion regulation. Instead, informational and instrumental support also directly impacts on parenting behaviors, e.g., by promoting problem solving skills, providing advice or concrete aid in the accomplishment of everyday family requirements [49, 50]. Social support may therefore reduce the risk for child maltreatment via a decrease in parental stress and symptom severity as well as an increase in positive parenting behavior [45•, 51]. Furthermore, social support may reduce the negative effect of parental mental illness on child well-being [52] and promote service use in at-risk caregivers [53]. The results of Álvarez et al. [45•] further suggest a differential impact of social support obtained by professionals and institutions (formal support, [54]) and social support delivered by family members or friends (informal support): whereas informal support was more effective in changing child-rearing attitudes, formal support predicted a reduction in parental stress.

Research further highlights beneficial effects across different diagnoses, while the majority of studies focuses on parental depression: social support is associated with reduced parenting stress and lower levels of depression among parents [55, 56]. This effect has been demonstrated even before [57•] as well as shortly after child birth [58], thus serving as a protective factor against postpartum depression and bonding failure [57•]. Social support also seems to attenuate negative effects of parental depression on confidence in own parenting skills [59]. Within a longitudinal study spanning three generations, Abraham et al. [60••] found parental major depression to be a key factor accounting for the transmission of negative parenting behavior towards the next generation. This was mainly due to a parenting behavior characterized by reduced parental care to be transmitted to the children. However, individuals within the second generation did not carry on this behavior themselves if social support was present. Thus, social support aided in breaking the intergenerational cycle of negative parenting and parental depression.

Similar positive effects were described for patients with BPD, who often lack social support [21, 61]. Accordingly, social support has been demonstrated to moderate the influence of severity of several BPD symptoms like affective

instability or identity problems on mothers' emotional availability and thus a key feature of positive parenting [62].

However, there are also studies questioning that social support can be consistently regarded as having positive effects on parenting. For example, in BPD, the beneficial effect of social support on parental emotional availability was shown to mitigate with increasing BPD severity in parents [62]. Taraban et al. [63•] found the negative effect of maternal depression on parenting quality to be strongest in mothers reporting high levels of social support. Similarly, a recent study by Lee et al. [64] reported young mothers suffering from depression to be less able to benefit from social support. The authors of these studies speculated their findings might be due to depressed mothers with high social support delegating their parental responsibilities more often to their social network, which may prevent them from learning to keep high parenting quality in case of depressed mood [63•]. Alternatively, social support might provoke feelings of inadequacy due to prevalent cognitive biases in depressed mothers [64]. The findings were further supported by Taraban et al. [65•], who found the association between maternal depression and overreactive parenting to be unaffected by own satisfaction with social support. In contrast, the higher the partner's satisfaction with social support was, the weaker the association between each parent's depressive symptoms and overreactive parenting behavior. This finding further highlights a potential inability to take advantage of social support if parental depression is present. In substance-use disorders, increased parental social support has even been associated with more frequent physical abuse of the children by their parents [66].

However, social support does not only moderate the influence of parental mental illness on parenting behavior, but its effect is moderated itself by further influencing factors: in a study by Ceballos and McLoyd [67], the positive effects of social support on parenting behavior were attenuated with decreasing socioeconomic status in the environment of the participating mothers. Furthermore, there seem to be gender differences: Leinonen et al. [68] reported single fathers to be unable to benefit from emotional support by friends or relatives with respect to parenting behavior when facing economic strain. In contrast, single mothers were able to benefit from various sources of social support.

These findings emphasize the high complexity of influences with respect to parenting and social support as proposed by the process model of Belsky [3]. Additionally, the findings shed light on the methodological problem of a lacking consistent conceptualization of social support within science [69]. This leads to findings that seem to be contradictory at first, but emerge from different aspects or types of social support that have been studied (e.g., formal vs. informal support; support by relatives vs. support by friends). Therefore, there is a high need for a precise and generally acknowledged concept of social support in future studies [69].

In summary, the majority of literature (for an overview see Table 1) points to substantial positive effects of social support on parenting behavior in the context of parental mental illness and across diagnostic categories. Unfortunately, we had to realize that research on social support particularly for parents with BPD is scarce, although parenting is severely affected in parents with BPD. Overall, social support may directly promote changes in parenting behavior or facilitate positive parenting via its effect on parental abilities and symptom severity (see Fig. 1). Therefore, it effectively hinders parental psychopathology from being forwarded to the child. However, the effects of social support may be moderated themselves by further (environmental) factors like socioeconomic status, characteristics of the social network, gender, or severity of symptomatology.

### The SARS-CoV-2 Pandemic and Its Influences on Social Support and Parenting

Since SARS-CoV-2 has emerged in the end of 2019, the following pandemic and the related public health restrictions have fundamentally impacted on every individual's social networks. Especially, regulations demanding social distancing have reduced possibilities for social support, thus withdrawing an important resource for families, especially those with at least one mentally ill parent. Studies point to long-lasting detrimental effects of the pandemic and related restrictions on mental health [72].

The loss of social support seems to be the crucial element in the exacerbated mental health burden of parents during the pandemic [73]. Correspondingly, there is already some evidence that the more social support was present, the less psychopathology increased during COVID-related lockdowns [74–76]. Social support may therefore constitute a starting point for interventions aiming at reducing the negative mental health impacts of the pandemic like a generally heightened level of psychological distress [76].

In line with the process model, this aggravation of parental symptomatology has facilitated negative parenting behaviors [77–79]. Accordingly, Sari et al. [80] reported heightened levels of harsh parenting during the pandemic and several studies have shown child mental health to decrease due in part to negatively altered parenting behaviors [81–84]. During COVID-19, parental depression has been determined to be a risk factor of negative parenting behaviors [85] which further aggravates in parents with a history of childhood maltreatment and a lack of compensatory resources such as social support [86].

As a result, Perks and Cluver [87] call for a “parenting vaccine” encompassing professional and scientifically evaluated parenting programs to buffer the negative effects of the pandemic on parental mental health, parenting behavior, and

child well-being. Such programs might not only be beneficial for the individual who is participating, but may further aid in preventing negative and long-lasting socioeconomic and societal effects. The positive effects of parenting programs are further highlighted when considering the social support they implicate: if the interventions comprise formal support, e.g., via the teaching of parenting skills as well as informal support, e.g., by peer-to-peer exchange, their effects might be strengthened.

### Preventive Interventions Targeting Parenting Behavior

Parenting interventions enable the dissemination of positive parenting skills and thus allow for a direct impact on parenting behaviors of mentally ill parents [88••]. Besides, they may constitute an important source of social support for mentally ill parents. On the one hand, such interventions may provide formal social support via their association to specialized institutions and health care professionals. On the other hand, group programs may enable the exchange of experiences among parents and thus provide a valuable source of informal social support (see, e.g., [89]).

While the sole treatment of parental psychopathology has been shown to improve parenting behavior and child mental health, those interventions have only reached medium effect sizes (see, e.g., [90]). Directly targeting parenting behavior may be more effective due to its role as a mediator between parental and child mental health. Accordingly, numerous parenting programs aiming at improving parenting behavior have been developed in order to break the intergenerational continuity of mental disorders. Meta-analyses on such parenting programs have shown these interventions to effectively improve parenting behavior and child outcomes (see, e.g., [91–93]). Moreover, parenting programs also seem to prevent child maltreatment [94].

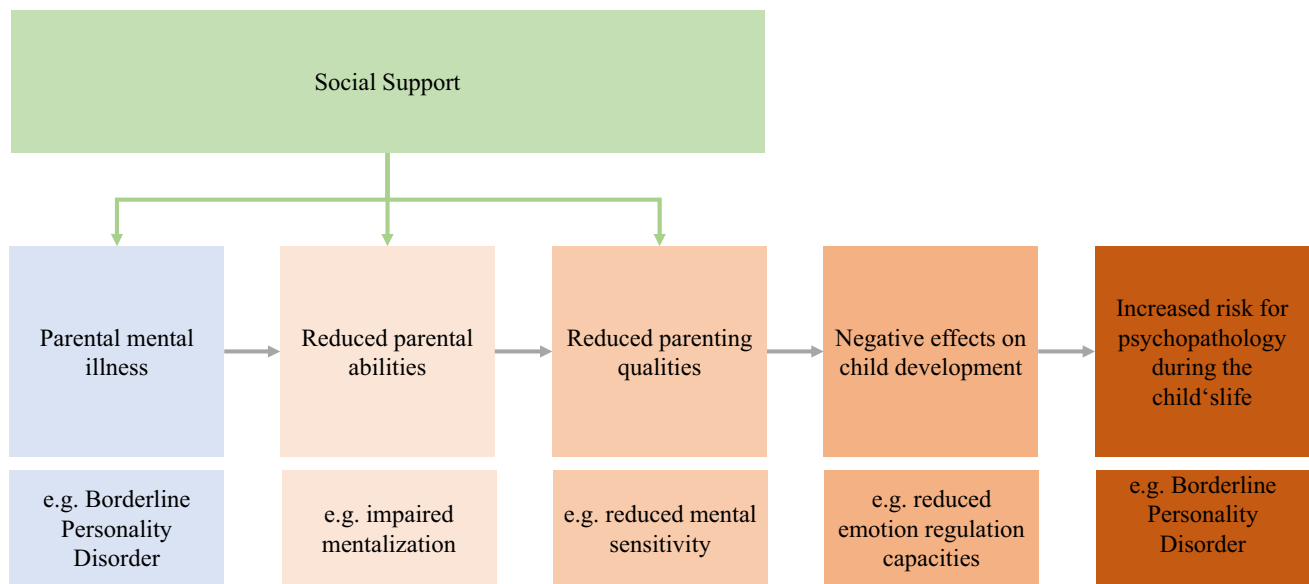
Recently, a meta-analysis by Everett et al. [88••] again highlighted that interventions targeting parenting behavior of mentally ill parents are successful in promoting positive parenting, but are especially effective in reducing child psychopathology. Furthermore, an improvement of parenting behavior diminished severity of parental psychopathology. The latter is thought to result from an improvement of parent–child interactions which account for reduced parental stress and thus facilitate symptom amelioration. The authors concluded that prevention programs not only need to address parenting behavior but also parental as well as child symptomatology to reach maximum efficacy [88••]. However, the exact pathways leading to the observed outcomes often remain unclear [95] and there is evidence that the efficacy of the programs varies significantly [96].

**Table 1** Overview of reported studies on social support as a moderator of parenting behavior

Study	Type(s) of social support	Sample characteristics	Sample size	Results
Abraham et al. [60●●]	Family & partner	Outpatients with MDD or HCs + their children & grandchildren	N=498	Social support may break the continuity of negative MDD-associated parenting styles
Álvarez et al. [45●]	Formal & informal	Mainly at-risk families referred by municipal social services	N=256	Informal support is associated with changes in child-rearing attitudes; formal support predicts reduction in parental stress
Armstrong et al. [50]	N/A	N/A	N/A	Social support as resilience factor with respect to parenting quality
Barnett et al. [47]	Perceived social-emotional support	Low-income mother-child dyads	N=59	Parenting support is inversely related to parenting efficacy in mothers with stronger depressive symptoms
Ceballo and McLoyd [67]	Emotional & instrumental	Mother-child dyads from poor, high-crime environments	N=262	Positive effects of social support on parenting behavior are attenuated in poor, high-crime environments
Cox et al. [59]	Affective	Adolescent mothers	N=168	Depression is associated with decreased parenting confidence and decreased perceived social support
Crockenberg et al. [70]	N/A	N/A	N/A	Social support as buffer for stress and generator of active coping
Dunn et al. [61]	N/A	Parents with BPD Practitioners	N=12 N=21	High need for parenting-focused support in BPD patients
Freisthler et al. [66]	Social companionship	Telephone interviews on parenting and alcohol consumption in Californian parents	N=3023	Social support may have negative effects: increased rates of physical abuse with increasing social companionship
Huang et al. [55]	Family/friends/significant other	African American or Latino/Hispanic adolescent mothers	N=180	Lack of social support associated with negative mental health status and negative impacts on child development
Kang [53]	Affective & instrumental	Caregivers (incl. Grand- and stepparents)	N=1000	Social support indirectly supports service use in at-risk caregivers
Leahy-Warren et al. [58]	Informational, instrumental, emotional, appraisal	First-time mothers shortly after childbirth	N=410	Social support by family and friends substantially reduces maternal postpartum depressive symptomatology
Lee et al. [64]	Parent figure, partner	Young, low-income African American mothers	N=192	Young mothers with depression have difficulties taking advantage of social support
Leinonen et al. [68]	Instrumental, emotional	Mothers/fathers	N=1415	Mothers are able to benefit from various sources of social support, fathers only from instrumental support
Li et al. [71]	Confidant, affective, instrumental	Elementary school children	N=405	Social support reduces the risk for child maltreatment
Liu et al. [48]	Family/friends/significant other	Wuhan medical staff and average citizens	N=506	Depression and anxiety symptoms were inversely correlated with perceived social support during the pandemic

Table 1 (continued)

Study	Type(s) of social support	Sample characteristics	Sample size	Results
Maguire-Jack and Wang [51]	Friends/neighbors	Families	N= 1045	The higher neighborhood cohesion and social support, the lower parenting stress and levels of neglect
Milgrom et al. [56]	Attachment, social integration, opportunity for nurturance, reassurance of worth, reliable alliance, guidance relationships	Depressed women	N= 54	Social support in late pregnancy as protective factor against postpartum depression
Nunes et al. [52]	Confidant, affective, instrumental	Parents	N=409	Parental affective support is predictive for child psychological adjustment
Ohara et al. [57•]	Quantity of supportive persons + satisfaction with support	Mothers shortly after childbirth	N=494	Social support aids in preventing depression and bonding failure
Taraban et al. [63•]	Intimate relationships, friends, neighborhood/ community	Mothers	N= 1096	Association between maternal depressive symptomatology and reduced parenting quality was strongest in the context of high social support
Taraban et al. [65•]	Intimate relationships, friends, neighborhood/ community	Adoptive families	N= 519	Social support satisfaction of the partner reduces the strength of association between each parent's depressive symptoms and overreactive parenting
Thompson [54]	Formal, informal	N/A	N/A	Informal support was more effective in changing child-rearing attitudes, formal support predicted a reduction in parental stress
Trupe [62]	Not specified	Mother-child dyads with and without maternal BPD	N= 70	The beneficial effect of social support on emotional availability was shown to mitigate with increasing BPD severity



**Fig. 1** Exemplary model on the moderating role of social support on parenting behavior in mentally ill parents. The model illustrates a hypothesized pathway for the intergenerational continuity of mental disorders and potential starting points for the effects of social support

This variation might depend on the exact content of the parenting interventions: with respect to specific interventions, parental mentalization capabilities have been proposed to be a relevant prerequisite for positive parent–child interactions and positive parenting behavior [97]. Mentalization is defined as the ability to infer mental states within oneself and others [98]. Furthermore, maternal sensitivity has been demonstrated to be a promising starting point for parenting interventions [99].

Irrespective of the exact content of the intervention Marston et al. [100] found psychoeducation, peer-to-peer exchange of own experiences (an important source of informal social support), and skills for positive interactions within the family to be the three crucial elements of parenting interventions. Within this context, social support and peer-to-peer exchange may be also provided via online interventions [89], which gains special relevance during the pandemic. Furthermore, the use of video feedback may facilitate the observation of the child’s as well as one’s own behavior and thus provides a vital element to enhance preventive parenting programs [101]. Even though most preventive programs comprise psychoeducation elements, only few additionally provide opportunities for peer-to-peer exchange, specific interventions targeting parent–child interactions, and the use of video feedback.

A program that combines the three elements recommended by Marston et al. [100], incorporates video feedback, and thereby focuses on parental mentalization capabilities is the lighthouse parenting program [28] which is currently conducted and investigated in a study of our work group that aims to understand and break the intergenerational cycle of abuse (UBICA) in mentally ill parents [102]. The

group program specifically focuses on social support via peer-to-peer exchange (informal social support) and further incorporates social counseling (formal social support). We test for superiority of this prevention program against pure psychoeducation and aim to identify potential mechanisms of change mediating the effects of the mentalization-based intervention on parenting behavior (for details see [102]).

## Conclusion

Parental mental illness and parental BPD influence parenting behavior in many ways with serious consequences for the offspring. The association between parental mental illness and problematic parenting behavior seems to be moderated by social support. Via its positive effect on parenting behavior, social support may also effectively aid in buffering or even preventing negative consequences for the children of mentally ill parents, and thus supports the discontinuation of mental illnesses and child maltreatment across generations. However, social support is embedded within a complex framework of influences on parenting behavior such as socioeconomic status, gender, or characteristics of the social network, that in turn moderate the effect of social support. Adding the lack of a generally acknowledged scientific conceptualization of social support, this leads to difficulties in comparing and interpreting research on social support in mentally ill parents. Future research should specify the type of social support that was investigated and consider potentially confounding factors, which may have moderated the influence of social support on their part.

In addition, specific research is needed to study the moderating role of social support within parents with BPD who seem to face aggravated problems in the context of parenting due to characteristics of their symptomatology. Especially, the increased hostility which is reported within the literature suggests a heightened need for (formal) support in those parents to improve emotion regulation and reduce negative effects on the children. This hypothesis crucially needs scientific evaluation.

Importantly, the majority of literature points to substantial positive effects of social support for families with a mentally ill parent. As the SARS-CoV-2 pandemic has isolated many families from social support, the need for structured and evidence-based parenting interventions has substantially increased. Optimally, such programs should comprise a combination of informal and formal support and should be broadly applied within standard clinical care of mentally ill parents to buffer long-term negative effects of the pandemic on parent and child mental health.

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## Declarations

**Competing Interests** The authors declare no competing interests.

**Human and Animal Rights and Informed Consent** All reported studies/experiments with human or animal subjects performed by the authors have been previously published and complied with all applicable ethical standards (including the Helsinki declaration and its amendments, institutional/national research committee standards, and international/national/institutional guidelines).

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## References

Papers of particular interest, published recently, have been highlighted as:

- Of importance
- Of major importance

1. Sanders MR, Turner KMT. The importance of parenting in influencing the lives of children. In: Sanders MR, Morawska A, editors. Handbook of parenting and child development across the lifespan. Cham: Springer International Publishing; 2018. p. 3–26.
2. Smith M. Good parenting: making a difference. *Early Hum Dev.* 2010;86(11):689–93. <https://doi.org/10.1016/j.earlhumdev.2010.08.011>.
3. Belsky J. The determinants of parenting: a process model. *Child Dev.* 1984;83–96.
- 4.● Taraban L, Shaw DS. Parenting in context: revisiting Belsky's classic process of parenting model in early childhood. *Dev Rev.* 2018;48:55–81. **The article provides an updated version of Blesky's (1984) process model of parenting including a more detailed differentiation and clustering of relevant influencing factors.**
5. McLaughlin KA, Gadermann AM, Hwang I, Sampson NA, Al-Hamzawi A, Andrade LH, et al. Parent psychopathology and offspring mental disorders: results from the WHO World Mental Health Surveys. *Br J Psychiatry.* 2012;200(4):290–9.
6. Reupert A, Maybery D. What do we know about families where parents have a mental illness? A systematic review. *Child Youth Serv.* 2016;37(2):98–111.
7. Steele KR, Townsend ML, Grenyer BF. Parenting and personality disorder: an overview and meta-synthesis of systematic reviews. *PLoS ONE.* 2019;14(10):e0223038.
8. Nepl TK, Conger RD, Scaramella LV, Ontai LL. Intergenerational continuity in parenting behavior: mediating pathways and child effects. *Dev Psychol.* 2009;45(5):1241.
9. Wittchen H-U, Jacobi F, Rehm J, Gustavsson A, Svensson M, Jönsson B, et al. The size and burden of mental disorders and other disorders of the brain in Europe 2010. *Eur Neuropsychopharmacol.* 2011;21(9):655–79.
10. Gross JJ, Uusberg H, Uusberg A. Mental illness and well-being: an affect regulation perspective. *World Psychiatry.* 2019;18(2):130–9.
11. Gross JJ, Jazaieri H. Emotion, emotion regulation, and psychopathology: an affective science perspective. *Clinical psychological science.* 2014;2(4):387–401.
12. Müller A, Rein K, Kollie I, Jacobi A, Rotter A, Schütz P, et al. Impulse control disorders in psychiatric inpatients. *Psychiatry Res.* 2011;188(3):434–8. <https://doi.org/10.1016/j.psychres.2011.04.006>.
13. Johnston C, Mash EJ, Miller N, Ninowski JE. Parenting in adults with attention-deficit/hyperactivity disorder (ADHD). *Clin Psychol Rev.* 2012;32(4):215–28. <https://doi.org/10.1016/j.cpr.2012.01.007>.
14. Chen Y, Haines J, Charlton BM, VanderWeele TJ. Positive parenting improves multiple aspects of health and well-being in young adulthood. *Nat Hum Behav.* 2019;3(7):684–91. <https://doi.org/10.1038/s41562-019-0602-x>.
15. Baumrind D. The influence of parenting style on adolescent competence and substance use. *The journal of early adolescence.* 1991;11(1):56–95.
16. Biringen Z, Derscheid D, Vliegen N, Closson L, Easterbrooks MA. Emotional availability (EA): Theoretical background, empirical research using the EA Scales, and clinical applications. *Dev Rev.* 2014;34(2):114–67.
17. Kluczniok D, Boedeker K, Fuchs A, Hindi Attar C, Fydrich T, Fuehrer D, et al. Emotional availability in mother–child interaction: the effects of maternal depression in remission and additional history of childhood abuse. *Depress Anxiety.* 2016;33(7):648–57.
18. Mielke EL, Neukel C, Fuchs A, Hillmann K, Zietlow A-L, Bertsch K, et al. The cycle of abuse: emotional availability



- in resilient and non-resilient mothers with early life maltreatment. *Psychopathology*. 2020;53(5):298–305.
19. Kluczniok D, Boedeker K, Attar CH, Jaite C, Bierbaum A-L, Fuehrer D, et al. Emotional availability in mothers with borderline personality disorder and mothers with remitted major depression is differently associated with psychopathology among school-aged children. *J Affect Disord*. 2018;231:63–73.
  20. Bartsch DR, Roberts RM, Davies M, Proeve M. Understanding the experience of parents with a diagnosis of borderline personality disorder. *Aust Psychol*. 2016;51(6):472–80.
  21. Bartsch DR, Roberts RM, Davies M, Proeve M. The impact of parental diagnosis of borderline personality disorder on offspring: learning from clinical practice. *Personal Ment Health*. 2015;9(1):33–43.
  22. Arman S, Salimi H, Maracy MR. Parenting styles and psychiatric disorders in children of bipolar parents. *Adv Biomed Res*. 2018;7.
  23. Turner SM, Beidel DC, Roberson-Nay R, Tervo K. Parenting behaviors in parents with anxiety disorders. *Behav Res Ther*. 2003;41(5):541–54.
  24. Chassin L, Hussong AM, Rothenberg WA, Sternberg A. Parenting and substance use disorder. *Handbook of parenting*. 2019:483–516.
  25. Florange JG, Herpertz SC. Parenting in patients with borderline personality disorder, sequelae for the offspring and approaches to treatment and prevention. *Curr Psychiatry Rep*. 2019;21(2):1–8.
  26. Musser N, Zalewski M, Stepp S, Lewis J. A systematic review of negative parenting practices predicting borderline personality disorder: are we measuring biosocial theory's 'invalidating environment'? *Clin Psychol Rev*. 2018;65:1–16.
  27. Petfield L, Startup H, Droscher H, Cartwright-Hatton S. Parenting in mothers with borderline personality disorder and impact on child outcomes. *Evid Based Ment Health*. 2015;18(3):67–75.
  28. Byrne G, Slead M, Midgley N, Fearon P, Mein C, Bateman A, et al. Lighthouse Parenting Programme: description and pilot evaluation of mentalization-based treatment to address child maltreatment. *Clin Child Psychol Psychiatry*. 2019;24(4):680–93.
  29. Wang X. Intergenerational effects of childhood maltreatment: the roles of parents' emotion regulation and mentalization. *Child Abuse Negl*. 2021. <https://doi.org/10.1016/j.chiabu.2021.104940>.
  30. Pinquart M. Associations of parenting dimensions and styles with externalizing problems of children and adolescents: an updated meta-analysis. *Dev Psychol*. 2017;53(5):873.
  31. Van Loon LMA, Van de Ven MOM, Van Doesum KTM, Witteman CLM, Hosman CMH. The relation between parental mental illness and adolescent mental health: the role of family factors. *J Child Fam Stud*. 2014;23(7):1201–14. <https://doi.org/10.1007/s10826-013-9781-7>.
  32. Goodman SH, Rouse MH, Connell AM, Broth MR, Hall CM, Heyward D. Maternal depression and child psychopathology: a meta-analytic review. *Clin Child Fam Psychol Rev*. 2011;14(1):1–27.
  33. Flowers AG, McGillivray JA, Galbally M, Lewis AJ. Perinatal maternal mental health and disorganised attachment: a critical systematic review. *Clin Psychol*. 2018;22(3):300–16.
  34. Beardslee WR, Gladstone TR, O'Connor EE. Transmission and prevention of mood disorders among children of affectively ill parents: a review. *J Am Acad Child Adolesc Psychiatry*. 2011;50(11):1098–109.
  35. Müller LE, Bertsch K, Bülow K, Herpertz SC, Buchheim A. Emotional neglect in childhood shapes social dysfunctioning in adults by influencing the oxytocin and the attachment system: results from a population-based study. *Int J Psychophysiol*. 2019;136:73–80. <https://doi.org/10.1016/j.ijpsycho.2018.05.011>.
  36. van Santvoort F, Hosman CM, Janssens JM, van Doesum KT, Reupert A, van Loon LM. The impact of various parental mental disorders on children's diagnoses: a systematic review. *Clin Child Fam Psychol Rev*. 2015;18(4):281–99.
  37. Rasic D, Hajek T, Alda M, Uher R. Risk of mental illness in offspring of parents with schizophrenia, bipolar disorder, and major depressive disorder: a meta-analysis of family high-risk studies. *Schizophr Bull*. 2014;40(1):28–38.
  38. Bödeker K, Fuchs A, Führer D, Kluczniok D, Dittrich K, Reichl C, et al. Impact of maternal early life maltreatment and maternal history of depression on child psychopathology: mediating role of maternal sensitivity? *Child Psychiatry Hum Dev*. 2019;50(2):278–90.
  39. Evers O, Georg AK, Wegener C, Sidor A, Taubner S. Transactional Relations between Child Functioning and Parenting Stress in the First Years of Life: A Longitudinal Study among Psychosocially Burdened Families. *Psychopathology*. 2022;10:1–12. <https://doi.org/10.1159/000524101>. Online ahead of print. PMID: 35537443.
  40. Middeldorp CM, Wesseldijk LW, Hudziak JJ, Verhulst FC, Lindauer RJ, Dieleman GC. Parents of children with psychopathology: psychiatric problems and the association with their child's problems. *Eur Child Adolesc Psychiatry*. 2016;25(8):919–27.
  41. Włodarczyk O, Metzner F, Pawils S. Bundesweite Befragung zur Versorgungssituation und -hindernissen von Kindern psychisch kranker Eltern aus Sicht der Erwachsenenpsychiatrie. *Psychiatr Prax*. 2017;44(07):393–9.
  42. Markwort I, Schmitz-Buhl M, Christiansen H, Gouzoulis-Mayfrank E. Psychisch kranke Eltern in stationärer Behandlung. *Psychiatr Prax*. 2016;43(06):318–23.
  43. Dittrich K, Fuchs A, Bermpohl F, Meyer J, Führer D, Reichl C, et al. Effects of maternal history of depression and early life maltreatment on children's health-related quality of life. *J Affect Disord*. 2018;225:280–8.
  44. Weijers D, Van Steensel F, Bögels S. Associations between psychopathology in mothers, fathers and their children: a structural modeling approach. *J Child Fam Stud*. 2018;27(6):1992–2003.
  45. ● Álvarez M, Byrne S, Rodrigo MJ. Social support dimensions predict parental outcomes in a Spanish early intervention program for positive parenting. *Child Youth Serv Rev*. 2021;121:105823. **Informal support is associated with changes in child-rearing attitudes; formal support predicts reduction in parental stress.**
  46. Moak ZB, Agrawal A. The association between perceived interpersonal social support and physical and mental health: results from the National Epidemiological Survey on Alcohol and Related Conditions. *J Public Health*. 2010;32(2):191–201.
  47. Barnett MA, de Baca TC, Jordan A, Tilley E, Ellis BJ. Associations among child perceptions of parenting support, maternal parenting efficacy and maternal depressive symptoms. *Child Youth Care Forum*. 2015;44(1):17–32. <https://doi.org/10.1007/s10566-014-9267-9>.
  48. Liu X, Shao L, Zhang R, Wei Y, Li J, Wang C, et al. Perceived social support and its impact on psychological status and quality of life of medical staffs after outbreak of SARS-CoV-2 pneumonia: a cross-sectional study. Available at SSRN 3541127. 2020.
  49. Cosco TD, Hardy R, Howe LD, Richards M. Early-life adversity, later-life mental health, and resilience resources: a longitudinal population-based birth cohort analysis. *Int Psychogeriatr*. 2019;31(9):1249–58.
  50. Armstrong MI, Birnie-Lefcovitch S, Ungar MT. Pathways between social support, family well being, quality of parenting, and child resilience: what we know. *J Child Fam Stud*. 2005;14(2):269–81.
  51. Maguire-Jack K, Wang X. Pathways from neighborhood to neglect: the mediating effects of social support and parenting stress. *Child Youth Serv Rev*. 2016;66:28–34.

52. Nunes C, Martins C, Ayala-Nunes L, Matos F, Costa E, Gonçalves A. Parents' perceived social support and children's psychological adjustment. *J Soc Work*. 2021;21(3):497–512.
53. Kang J. Pathways from social support to service use among caregivers at risk of child maltreatment. *Child Youth Serv Rev*. 2012;34(5):933–9.
54. Thompson RA. Social support and child protection: lessons learned and learning. *Child Abuse Negl*. 2015;41:19–29.
55. Huang CY, Costeines J, Kaufman JS, Ayala C. Parenting stress, social support, and depression for ethnic minority adolescent mothers: impact on child development. *J Child Fam Stud*. 2014;23(2):255–62. <https://doi.org/10.1007/s10826-013-9807-1>.
56. Milgrom J, Hirshler Y, Reece J, Holt C, Gemmill AW. Social support—a protective factor for depressed perinatal women? *Int J Environ Res Public Health*. 2019;16(8):1426.
57. ● Ohara M, Okada T, Aleksic B, Morikawa M, Kubota C, Nakamura Y, et al. Social support helps protect against perinatal bonding failure and depression among mothers: a prospective cohort study. *Sci Rep*. 2017;7(1):9546. <https://doi.org/10.1038/s41598-017-08768-3>. **Social support aids in preventing depression and bonding-failure in mothers.**
58. Leahy-Warren P, McCarthy G, Corcoran P. First-time mothers: social support, maternal parental self-efficacy and postnatal depression. *J Clin Nurs*. 2012;21(3–4):388–97. <https://doi.org/10.1111/j.1365-2702.2011.03701.x>.
59. Cox JE, Buman M, Valenzuela J, Joseph NP, Mitchell A, Woods ER. Depression, parenting attributes, and social support among adolescent mothers attending a teen tot program. *J Pediatr Adolesc Gynecol*. 2008;21(5):275–81.
60. ●● Abraham E, Letkiewicz AM, Wickramaratne PJ, Bunyan M, van Dijk MT, Gameroff MJ, et al. Major depression, temperament, and social support as psychosocial mechanisms of the intergenerational transmission of parenting styles. *Dev Psychopathol*. 2021. <https://doi.org/10.1017/S0954579421000420>. **Social support may break the continuity of negative MDD-associated parenting styles.**
61. Dunn A, Cartwright-Hatton S, Startup H, Papamichail A. The parenting experience of those with borderline personality disorder traits: practitioner and parent perspectives. *Front Psychol*. 2020. <https://doi.org/10.3389/fpsyg.2020.01913>.
62. Trupe RD. The effect of maternal borderline personality disorder and social support on patterns of emotional availability in mother-child interactions. 2013.
63. ● Taraban L, Shaw DS, Leve LD, Wilson MN, Dishion TJ, Natsuaki MN, et al. Maternal depression and parenting in early childhood: contextual influence of marital quality and social support in two samples. *Dev Psychol*. 2017;53(3):436. **Association between maternal depressive symptomatology and reduced parenting quality was strongest in the context of high social support.**
64. Lee HY, Edwards RC, Hans SL. Young first-time mothers' parenting of infants: the role of depression and social support. *Matern Child Health J*. 2020;24(5):575–86. <https://doi.org/10.1007/s10995-019-02849-7>.
65. ● Taraban L, Shaw DS, Leve LD, Natsuaki MN, Ganiban JM, Reiss D, et al. Parental depression, overreactive parenting, and early childhood externalizing problems: moderation by social support. *Child Dev*. 2019;90(4):e468–85. <https://doi.org/10.1111/cdev.13027>. **Social support satisfaction of the partner reduces the strength of association between each parent's depressive symptoms and overreactive parenting.**
66. Freisthler B, Holmes MR, Wolf JP. The dark side of social support: Understanding the role of social support, drinking behaviors and alcohol outlets for child physical abuse. *Child Abuse Negl*. 2014;38(6):1106–19. <https://doi.org/10.1016/j.chiabu.2014.03.011>.
67. Ceballo R, McLoyd VC. Social support and parenting in poor, dangerous neighborhoods. *Child Dev*. 2002;73(4):1310–21.
68. Leinonen JA, Solantaus TS, Punamäki R-L. Social support and the quality of parenting under economic pressure and workload in Finland: the role of family structure and parental gender. *J Fam Psychol*. 2003;17(3):409.
69. Geens N, Vandebroecck M. The (ab)sense of a concept of social support in parenting research: a social work perspective. *Child Fam Soc Work*. 2014;19(4):491–500. <https://doi.org/10.1111/cfs.12048>.
70. Crockenberg S Predictors and correlates of anger toward and punitive control of toddlers by adolescent mothers. *Child Dev*. 1987;58(4):964–75. <https://doi.org/10.1111/j.1467-8624.1987.tb01432.x>.
71. Li Q, Keith LG. The differential association between education and infant mortality by nativity status of Chinese American mothers: a life-course perspective. *Am J Public Health*. 2011;101(5):899–908. <https://doi.org/10.2105/AJPH.2009.186916>.
72. Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*. 2020;395(10227):912–20.
73. Vescovi G, Riter HDS, Azevedo EC, Pedrotti BG, Frizzo GB. Parenting, mental health, and Covid-19: a rapid systematic review. *Psicologia: Teoria e Prática*. 2021;23(1):01–28.
74. Seitz KI, Bertsch K, Herpertz SC. A prospective study of mental health during the COVID-19 pandemic in childhood trauma-exposed individuals: social support matters. *J Trauma Stress*. 2021.
75. González-Sanguino C, Ausín B, Castellanos MÁ, Saiz J, López-Gómez A, Ugidos C, et al. Mental health consequences during the initial stage of the 2020 Coronavirus pandemic (COVID-19) in Spain. *Brain Behav Immun*. 2020;87:172–6.
76. Yu H, Li M, Li Z, Xiang W, Yuan Y, Liu Y, et al. Coping style, social support and psychological distress in the general Chinese population in the early stages of the COVID-19 epidemic. *BMC Psychiatry*. 2020;20(1):1–11.
77. Brown SM, Doom JR, Lechuga-Peña S, Watamura SE, Koppels T. Stress and parenting during the global COVID-19 pandemic. *Child Abuse Negl*. 2020;110:104699.
78. Chung G, Lanier P, Wong PYJ. Mediating effects of parental stress on harsh parenting and parent-child relationship during coronavirus (COVID-19) pandemic in Singapore. *J Fam Violence*. 2020:1–12.
79. Whittle S, Bray K, Lin S, Schwartz O. Parenting and child and adolescent mental health during the COVID-19 pandemic. 2020.
80. Sari NP, van IJzendoorn MH, Jansen P, Bakermans-Kranenburg M, Riem MM. Higher levels of harsh parenting during the COVID-19 lockdown in the Netherlands. *Child Maltreat*. 2021:10775595211024748.
81. Westrupp E, Bennett C, Berkowitz T, Youssef GJ, Toubmourou J, Tucker R, et al. Child, parent, and family mental health and functioning in Australia during COVID-19: Comparison to pre-pandemic data. *Eur Child Adolesc Psychiatry*. 2021:1–14.
82. Racine N, McArthur BA, Cooke JE, Eirich R, Zhu J, Madigan S. Global prevalence of depressive and anxiety symptoms in children and adolescents during COVID-19: a meta-analysis. *JAMA Pediatr*. 2021;175(11):1142–50.
83. Jones EA, Mitra AK, Bhuiyan AR. Impact of COVID-19 on mental health in adolescents: a systematic review. *Int J Environ Res Public Health*. 2021;18(5):2470.
84. Samji H, Wu J, Ladak A, Vossen C, Stewart E, Dove N, et al. Mental health impacts of the COVID-19 pandemic on children

- and youth—a systematic review. *Child Adolesc Mental Health*. 2021.
85. Roos LE, Salisbury M, Penner-Goeke L, Cameron EE, Protudjer JL, Giuliano R, et al. Supporting families to protect child health: parenting quality and household needs during the COVID-19 pandemic. *PLoS ONE*. 2021;16(5):e0251720.
  86. Köhler-Dauner F, Clemens V, Hildebrand K, Ziegenhain U, Fegert JM. The interplay between maternal childhood maltreatment, parental coping strategies as well as endangered parenting behavior during the current SARS-CoV-2 pandemic. *Dev Child Wel*. 2021;25161032211014899.
  87. Perks B, Cluver LD. The parenting ‘vaccine.’ *Nat Hum Behav*. 2020;4(10):985.
  88. ●● Everett Y, Martin CG, Zalewski M. A systematic review focusing on psychotherapeutic interventions that impact parental psychopathology, child psychopathology and parenting behavior. *Clin Child Fam Psychol Rev*. 2021;24(3):579–98. <https://doi.org/10.1007/s10567-021-00355-3>. **Programs targeting parenting behavior in mentally ill parents are effective in reducing negative child outcomes associated with the presence of a mental disorder in at least one parent.**
  89. Nieuwboer CC, Fukink RG, Hermanns JM. Peer and professional parenting support on the Internet: a systematic review. *Cyberpsychol Behav Soc Netw*. 2013;16(7):518–28.
  90. Cuijpers P, Weitz E, Karyotaki E, Garber J, Andersson G. The effects of psychological treatment of maternal depression on children and parental functioning: a meta-analysis. *Eur Child Adolesc Psychiatry*. 2015;24(2):237–45.
  91. Siegenthaler E, Munder T, Egger M. Effect of preventive interventions in mentally ill parents on the mental health of the offspring: systematic review and meta-analysis. *J Am Acad Child Adolesc Psychiatry*. 2012;51(1):8–17.e8. <https://doi.org/10.1016/j.jaac.2011.10.018>.
  92. Krumm S, Becker T, Wiegand-Grefe S. Mental health services for parents affected by mental illness. *Curr Opin Psychiatry*. 2013;26(4):362–8.
  93. Bee P, Bower P, Byford S, Churchill R, Calam R, Stallard P, et al. The clinical effectiveness, cost-effectiveness and acceptability of community-based interventions aimed at improving or maintaining quality of life in children of parents with serious mental illness: a systematic review. *Health Technol Assess (Winchester, England)*. 2014;18(8):1–250.
  94. Chen M, Chan KL. Effects of parenting programs on child maltreatment prevention: a meta-analysis. *Trauma Violence Abuse*. 2016;17(1):88–104.
  95. Sandler IN, Schoenfelder EN, Wolchik SA, MacKinnon DP. Long-term impact of prevention programs to promote effective parenting: lasting effects but uncertain processes. *Annu Rev Psychol*. 2011;62:299–329.
  96. Thanhäuser M, Lemmer G, de Girolamo G, Christiansen H. Do preventive interventions for children of mentally ill parents work? Results of a systematic review and meta-analysis. *Curr Opin Psychiatry*. 2017;30(4):283–99.
  97. Rostad WL, Whitaker DJ. The association between reflective functioning and parent–child relationship quality. *J Child Fam Stud*. 2016;25(7):2164–77. <https://doi.org/10.1007/s10826-016-0388-7>.
  98. Bateman A, Fonagy P. Mentalization based treatment for borderline personality disorder. *World Psychiatry*. 2010;9(1):11.
  99. Deans CL. Maternal sensitivity, its relationship with child outcomes, and interventions that address it: a systematic literature review. *Early Child Dev Care*. 2020;190(2):252–75.
  100. Marston N, Stavnes K, Van Loon LM, Drost LM, Maybery D, Mosek A, et al. A content analysis of Intervention Key Elements and Assessments (IKEA): what’s in the black box in the interventions directed to families where a parent has a mental illness? *Child Youth Serv*. 2016;37(2):112–28.
  101. Juffer F, Struis E, Werner C, Bakermans-Kranenburg MJ. Effective preventive interventions to support parents of young children: illustrations from the Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD). *J Prev Interv Community*. 2017;45(3):202–14.
  102. Neukel C, Bermpohl F, Kaess M, Taubner S, Boedeker K, Williams K, et al. Understanding and breaking the intergenerational cycle of abuse in families enrolled in routine mental health services: study protocol for a randomized controlled trial and two non-interventional trials investigating mechanisms of change within the UBICA II consortium. *Trials*. 2021;22(1):749. <https://doi.org/10.1186/s13063-021-05653-3>.

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