

RESEARCH ARTICLE

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The Reality of Mental Health Among Mothers of Children with Autism A Field Study at the Pedagogical Center for Mentally Disabled Children in Arzew, Oran Province (Algeria)

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Abstract:

Mental health is one of the variables that has received attention since ancient times, and it is closely linked to an individual's adaptation to themselves and their community. Accordingly, this study aims to identify the reality of mental health among mothers of children with autism. To achieve the objectives of this study, the researchers used the descriptive method. To obtain the necessary data, the Mental Health Scale was used, which consists of 90 items divided into 10 dimensions (somatic symptoms, obsessive-compulsive disorder, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoia, psychoticism, others). The scale was applied to a sample of 30 mothers, selected intentionally from the Pedagogical Center for Mentally Disabled Children in Arzew, Oran Province (Algeria). The collected data were processed using the statistical software SPSS 20.

Keywords: mental health, autism, autism spectrum disorder, neurodevelopmental disorders.

Study Problem:

Autism spectrum disorder is one of the neurodevelopmental disorders characterized by persistent or long-term difficulties in communication and social interactions observed in various contexts, in addition to difficulty in nonverbal communication used during social interaction, impaired eye contact, body language, and difficulty understanding and using gestures, extending to a complete absence of facial expressions and nonverbal communication (DSM-5, 2016). Frith (1993) stated that autism is a disability resulting from severe impairment in the social, communicative, and imaginative domains (Suhail, 2014: 28).

Patterns of autistic behavior begin in childhood or during the early years of life. Regardless of the terminology used to describe this early condition, it represents a form of unusual emotional disturbance and a type of disability in emotional development (Al-Jabbali, 2010: 14–15).

In contrast, the birth of a child with autism has a negative impact on the family, leading to psychological, social, and economic disruption, regardless of the degree to which the family accepts

the child. Several studies focusing on the psychological aspects of families with autistic children have indicated that most of these families experience severe psychological stress. Many behavioral manifestations may appear among parents, such as feelings of guilt, persistent rejection of the child, overprotection, keeping the child at home and not showing them to others, feelings of loss, withdrawal from social life, feelings of inferiority and inadequacy, escapism, inability to accept or face reality, and lack of psychological harmony between the parents and the rest of the family (Al-Jabbali, 2015: 36).

The study by Bougtaf Aqila and Hafdallah Fiqa (2023), as well as the study by Afraa Ibrahim Khalil Al-Obaidi (2021), indicated high levels of psychological stress, low marital adjustment among mothers of autistic children, and fear for their children's future.

This neurodevelopmental disability also affects the quality of life among mothers of autistic children. The study by Naima Bouamer and Amal Abdulrahman (2021) indicated a low level of quality of life, while the study by Foulahi Sorour and Moqaddam Fatima (2024) showed a moderate level of quality of life among families of autistic children. Accordingly, the researchers sought to shed light on this topic to understand and examine the suffering of families of children with autism, how they cope with them, and the extent to which this affects their mental health, particularly among mothers. Based on this context, the following question can be posed:

- What is the level of mental health among mothers of autistic children?

- **Study Hypotheses:**

- Since the question is exploratory, it does not require a hypothesis.

2. Theoretical Framework of the Study:

2.1.1. Definition of Mental Health:

Mental health refers to an individual's ability to adapt to themselves, their satisfaction with themselves, their harmony with the society they live in, their freedom from internal conflicts, and their ability to adapt to their environment and the physical and social variables surrounding them (Mansi, 2001: 20).

The 1946 Constitution of the World Health Organization defined mental health as a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity (Hegazy, 2004: 27).

Psychologists have taken several approaches in defining the concept of mental health, based on holistic personality theory and the descriptive approach. Some defined it as achieving balance within the human body or between individual demands and societal demands. Others defined it as achieving psychological adjustment with society, while others saw mental health as being achieved through acquiring pleasure, joy, and happiness (Al-Mutairi, 2005: 21).

According to the cognitive school, it is defined as the ability to interpret experiences logically, enabling the individual to maintain hope and use appropriate cognitive skills to face crises and solve problems (Al-Khawaja, 2010: 16).

Khoud Hanan Asaad, citing Ahmed Abdel Khaleq, defines it as a relatively stable state; it is not static, achieved or not achieved, but rather a dynamic and changing state. It is relative and varies from one individual to another, and within the same individual over time. Its criteria also differ depending on the developmental stages the individual goes through, and they change according to the passage of time and differences among societies (Khoud, 2010: 38).

Al-Asadi Saeed Jassim and Attari Mohammed Saeed define it as a state of complete happiness physically, mentally, and socially, and not merely the absence of disease or disability (Al-Asadi & Attari, 2014: 24).

• **Manifestations of Mental Health:**

Among the most important manifestations of mental health are:

- **Social adjustment and social relationships:** Since the human being is a member of a group, their mental health is measured by the extent of their adjustment within that group, their ability to build successful social relationships, and their capacity to interact within this social atmosphere. A mentally healthy person is generally liked by others, and their opinions are accepted and respected.
- **Feeling satisfied with oneself:** A lack of self-satisfaction results in a mismatch between abilities and ambitions. The best way to achieve psychological stability is for a person to attain goals that align with their material and moral capabilities.
- **Good morals:** This refers to a set of values such as honesty, loyalty, sincerity, and trustworthiness. These are not theoretical traits but must be demonstrated in daily life, in interactions with others, and reflected consistently in one's general behavior.
- **Strong will and clear goals:** These enable an individual to resist challenges. Volitional behavior differs from impulsive behavior, as volitional behavior is preceded by vision and thought, making it generally healthy behavior. In contrast, impulsive behavior is reckless and prone to error.
- **Self-adjustment and emotional balance:** Self-adjustment complements the feeling of self-satisfaction, while emotional balance is the mechanism that harmonizes the demands of the different psychological forces within the individual.
- **Love, optimism, and enthusiasm for life:** This is reflected in viewing others with affection; it reflects the soundness of personality.
- **Adequate productivity and success at work:** A person who enjoys mental health is productive and achieves outcomes proportional to the effort exerted.
- **Self-confidence and confidence in others:** An individual must view themselves with confidence, without hesitation or excessive doubt, except to the extent required by the nature of seeking knowledge.
- **Independence and consistency in attitudes:** Among the manifestations of mental health is non-dependence, the individual's independence in forming opinions, defending them before others, and supporting them with logic rather than chaos.
- **Emotional balance and mental health:** This distinguishes healthy individuals from unhealthy ones. It is also a manifestation of social adjustment and interacting with society realistically and clearly (Khoud, 2010).

• **Approaches to Mental Health:**

- ❖ **Developmental Approach:** A constructive approach that includes increasing happiness and adjustment among healthy individuals. It is achieved through studying individuals' potentials, guiding them, and nurturing their developmental aspects.
- ❖ **Preventive Approach:** Involves preventing psychological problems and disorders. It focuses on healthy individuals before patients, protecting them from the causes of mental illness by educating them about these causes and removing them.
- ❖ **Therapeutic Approach:** Involves treating psychological problems and disorders to restore psychological adjustment and mental health. The concerns of mental health focus on psychological and environmental factors, not on organic and physiological factors, which are addressed by another field closely related to mental health psychiatry (Al-Khawaja, 2010: 31).

- **Second Autism:**

Autism is one of the most complex neurodevelopmental disorders and is characterized by overlap with many other various disorders and disabilities. It has recently emerged in the field of special education, and the first to introduce this term was the American child psychiatrist Leo Kanner, who is considered the pioneer in studying autism and classifying it independently from other psychological pathological conditions experienced by children. He pointed to the syndrome of symptoms that include the inability to develop relationships with others, delayed acquisition of speech, and deficits in communication and stereotyped play. Researchers and specialists have agreed that autism is a lifelong disorder that affects the individual's communicative abilities, social interaction, and interests, leading to isolation from the surrounding community (Suhail, 2014: 21).

2.2.A Brief Overview of the Term Autism:

The word autism is translated from Greek and means isolation or withdrawal. Autism does not mean introversion; rather, it is a condition that does not only express isolation but also the inability to interact with others, with varying symptoms. Bleuler (1911) used the term autism to describe deficits in social communication and the individual focus on personal interests among people with schizophrenia. However, L. Kanner was the first to use this term to describe a group of children who clearly showed the same behaviors and characteristics (Suhail, previously cited: 22).

2.3. Definition of Autism:

It is a term applied to one of the pervasive developmental disorders characterized by deficits or a halt in the development of sensory perception and language, and consequently, deficits in communication, speech, learning, and cognitive and social development. This is accompanied by a tendency toward withdrawal, introversion, self-absorption, and emotional and affective rigidity (Al-Sharqawi, 2018: 11).

The World Health Organization (1982) defines autism as a developmental disorder that appears before the first three years of a child's life and leads to impairments in the use of language, play, communication, and social interaction. The American Psychiatric Association (2000), in the DSM-IV-TR (2000), provided a definition that identified three main criteria for diagnosing autism:

- Qualitative impairment in social interaction.
- Qualitative impairment in communication and language.

- Stereotyped behaviors and engagement in limited and repetitive activities and interests. (Suhail, 2014: 23).

Marika (1990) defines it as a syndrome of behavioral symptoms characterized by self-withdrawal, deep absorption in one's own thoughts, weak attention abilities, impaired ability to communicate and form relationships with others, in addition to hyperactivity (Al-Qamash, 2011: 22).

In the same context, Al-Muqabala cites Jamal Khalaf from Al-Rousan in defining autism as a developmental behavioral disorder that manifests as difficulty in social interaction, difficulty in verbal communication, and repetitive stereotyped behavior, appearing before the age of three (Al-Muqabala, 2016: 18).

• Types of Autism:

Numerous terms have been used to refer to this disorder, such as early childhood autism, childhood autism, childhood schizophrenia, childhood psychosis, and other labels.

According to the ICD-10 (2007) classification of pervasive developmental disorders, these disorders are defined as a group of conditions characterized by qualitative differences in social interaction, communication mechanisms, and repeated, stereotyped, and restricted activities and interests. These disorders are considered complex in nature and include the following:

- Autism Disorder Kanner Syndrome:

The essential characteristics of autism disorder are a clear and severe delay in social interaction and communication, along with evident limitations in activities and interests. It is sometimes referred to as early childhood autism.

- Asperger Syndrome:

It is one of the developmental disorders and a subtype of the autism spectrum. It is more common than classical autism and occurs more frequently in males than females. It is characterized by impairments in communication and social development, with restricted interests and repetitive stereotyped behaviors. Unlike classical autism, individuals with Asperger syndrome do not suffer from delayed language development or cognitive growth. These symptoms are milder and less severe, as children with Asperger syndrome possess normal levels of intelligence and do not experience delays in acquiring speech either vocabulary or grammar or in their ability to be self-reliant. However, they encounter difficulties in complex skills related to visual-motor delays, are disorganized, and cannot maintain focus and attention on activities.

- Childhood Disintegrative Disorder:

It shares some characteristics with Asperger syndrome and autism and affects males more than females. The child exhibits normal development for a long period, typically during the first two to four years of life, and sometimes up to ten years. Later, the child develops difficulties in receptive language and social skills, along with possible challenges in adaptive behavior and motor skills. The child may lose bladder and bowel control, exhibit repetitive stereotyped movements, and show signs of late-onset developmental regression (Suhail, 2014, adapted).

3. Applied Framework:

• Study Method:

The descriptive-analytical method was used due to its suitability for the nature of the present study, as it relies on collecting and analyzing data to reach conclusions that help understand and interpret the phenomenon.

• Geographical Scope of the Study:

This study was conducted at the Pedagogical Center for Mentally Disabled Children in Arzew, Oran Province (Algeria).

Characteristics of the Study Sample:

The study tool was applied to a purposive sample of mothers of children with autism.

• Study Tool:

The study relied on the revised Mental Health Scale SCL-90-R, which consists of 90 items divided into 10 dimensions:

- Somatic Symptoms
- Obsessive-Compulsive Disorder
- Interpersonal Sensitivity
- Depression
- Anxiety
- Hostility
- Phobic Anxiety
- Paranoia
- Psychoticism
- Other dimensions

• Scoring Method of the Scale:

The following weights were used in scoring the questionnaire:

- Weight 4: Suffer from it a lot (04)
- Weight 3: Suffer from it a little (03)
- Weight 2: Suffer from it moderately (02)
- Weight 1: Suffer from it slightly (01)
- Weight 0: Do not suffer from it at all (00)

Accordingly, the minimum score of the scale is 90, the maximum score is 360, and the hypothetical mean is:

$$180 = (90 \times 02).$$

• Statistical Methods Used in the Study:

The study relied on the following statistical methods:

- ◆ Arithmetic mean and standard deviation to determine the levels of the studied dimensions.

4. Presentation and Analysis of Results:

- Presentation of the result related to the question examining the level of mental health among mothers of children with autism:

To verify this, the arithmetic means and standard deviations of each item in the questionnaire were calculated by determining the range of the mean scores of the study participants' responses, as follows:

Range = Highest value – Lowest value

$$\rightarrow 04 - 00 = 04$$

Then the range is divided by the number of points (categories) of the Likert scale:

$$\rightarrow 04 / 05 = 0.80$$

After that, 0.80 is added to each point (category) of the Likert scale so that the intervals become equal, as follows:

Table (03) shows the range of the arithmetic means.

Description	Mean Range	Classification
Very High Degree	Between 3.21 and 4	Severely suffer from it
High Degree	Between 2.41 and 3.20	Suffer from it slightly
Moderate Degree	Between 1.61 and 2.40	Suffer from it moderately
Low Degree	Between 0.81 and 1.60	Suffer from it weakly
Very Low Degree	Between 0.00 and 0.80	Do not suffer from it at all

The previous table shows how to determine the levels for the mental health variable based on the cutoff score. For example:

The score 0 for the response “Do not suffer from it at all” is then followed by adding the cutoff value:

$$0 + 0.80 = 0.80,$$

which means we obtain a category ranging between 0.00 and 0.80, classified as a very low level.

The same procedure applies to the remaining categories accordingly.

Table (04) shows the arithmetic means and standard deviations of the levels of the mental health dimensions.

Level	Rank	Standard Deviation	Mean	Statement	No.
Low	86	1.357	1.23	Persistent headache	1

Low	48	1.306	1.53	Nervousness and trembling	2
Moderate	4	1.159	1.97	Having bad thoughts	3
Low	68	0.968	1.40	Dizziness with yellowing	4
Moderate	10	1.177	1.83	Loss of sexual desire or interest	5
Moderate	20	1.236	1.70	Desire to criticize others	6
Low	85	1.073	1.23	Belief that others control my thoughts	7
Moderate	34	1.217	1.63	I think others are responsible for my problems	8
Moderate	18	1.104	1.77	Difficulty remembering things	9
Moderate	19	0.868	1.73	Annoyance due to neglect and lack of cleanliness	10
Moderate	8	0.995	1.90	I am easily provoked	11
Moderate	9	0.950	1.83	Chest and heart pain	12
Moderate	26	0.295	1.67	Fear of public places and streets	13
Low	56	1.167	1.50	Feeling slow and lacking energy	14
Low	67	1.070	1.40	Thoughts of ending life	15
Low	78	1.088	1.30	Hearing voices others cannot hear	16

Low	77	1.241	1.33	I feel trembling	17
Moderate	1	1.194	2.23	Lack of trust in others	18
Low	88	1.167	0.87	Loss of appetite	19
Moderate	17	1.194	1.77	Crying easily	20
Low	42	1.104	1.57	Shyness and difficulty dealing with others	21
Low	51	1.074	1.53	I feel constrained or restricted	22
Low	43	1.040	1.57	Sudden fear without reason	23
Moderate	6	1.311	1.93	Inability to control anger	24
Low	82	0.971	1.23	Afraid to leave the house	25
Moderate	11	1.085	1.83	Self-criticism for certain actions	26
Low	62	1.040	1.43	Lower back pain	27
Moderate	21	1.208	1.70	Things are not going well	28
Moderate	33	0.964	1.63	I feel lonely	29
Low	59	1.196	1.47	Feeling sad (depression)	30
Low	36	1.037	1.60	Highly bothered by things	31
Moderate	12	1.243	1.80	Loss of interest	32
Low	47	1.252	1.53	Feeling afraid	33
Low	71	1.133	1.40	Feeling easily hurt	34

Low	64	1.165	1.43	Others can access my private thoughts	35
Moderate	24	1.124	1.67	Feeling misunderstood	36
Moderate	25	0.994	1.67	Feeling others are unfriendly	37
Moderate	5	1.048	1.93	Doing things very slowly	38
Moderate	28	1.124	1.67	Increased heartbeat	39
Low	38	1.303	1.60	Nausea and stomach upset	40
Low	37	1.003	1.60	Feeling inferior to others	41
Low	46	1.042	1.53	Muscle spasms	42
Low	40	1.406	1.57	Feeling watched	43
Moderate	32	1.326	1.63	Difficulty sleeping	44
Moderate	31	1.273	1.63	Checking things repeatedly	45
Moderate	2	1.159	2.03	Difficulty making decisions	46
Low	73	1.159	1.37	Fear of traveling	47
Very Low	90	1.073	0.77	Difficulty breathing	48
Low	87	0.834	1.17	Hot and cold sensations	49
Low	84	1.006	1.23	Avoiding certain things	50
Low	55	1.042	1.50	Difficulty thinking	51

Low	66	1.133	1.40	Numbness and tingling	52
Low	79	1.112	1.27	Throat tightness and trouble swallowing	53
Low	72	1.159	1.37	Loss of hope	54
Low	39	1.165	1.57	Difficulty concentrating	55
Low	50	1.137	1.53	General body weakness	56
Moderate	16	1.165	1.77	Feeling tense	57
Low	80	1.143	1.27	Heaviness in hands and legs	58
Moderate	29	1.273	1.63	Fear of death	59
Low	69	1.070	1.40	Oversleeping	60
Low	66	1.248	1.40	Discomfort when watched by others	61
Low	54	1.333	1.50	Having strange thoughts	62
Low	60	1.251	1.43	Desire to harm others	63
Moderate	30	1.245	1.63	Waking up early	64
Low	53	0.974	1.50	Repeating things many times	65
Low	61	1.104	1.43	Fragmented sleep	66
Low	63	1.135	1.43	Desire to break things	67
Low	49	1.306	1.53	Thoughts others do not have	68
Low	58	1.074	1.47	Excess sensitivity with others	69

Low	61	1.163	1.40	Fear of crowds	70
Moderate	27	1.373	1.67	Everything requires effort	71
Moderate	7	1.213	1.90	Feeling fear and fatigue	72
Moderate	14	1.331	1.77	Fear of public places	73
Low	44	1.137	1.53	Frequent arguments	74
Moderate	22	1.179	1.70	Nervousness when alone	75
Moderate	13	1.215	1.80	Others do not appreciate my work	76
Low	89	0.874	0.83	Feeling lonely even around people	77
Low	41	1.165	1.57	Distress and hyperactivity	78
Low	81	1.040	1.23	Feeling unimportant	79
Low	57	1.196	1.47	Feeling something bad will happen	80
Low	45	1.224	1.53	Screaming and throwing things	81
Low	35	1.192	1.60	Fear of fainting in public	82
Low	52	1.042	1.50	Feeling others will exploit me	83
Low	83	0.971	1.23	Annoyance thinking about sexual matters	84
Low	75	1.273	1.37	Thoughts of deserving punishment	85

Low	76	1.028	1.33	Strange fantasies and thoughts	86
Low	74	1.098	1.37	Thinking something is wrong with my body	87
Moderate	23	1.295	1.67	Feeling distant from others	88
Moderate	3	1.203	2.00	Feelings of guilt	89
Moderate	15	1.223	1.77	I have a mental problem	90

The theoretical (expected) mean of the variable and its dimensions will be compared with the arithmetic mean as follows:

To do this, the range of the means for each mental health dimension is calculated as follows. For example, the somatic symptoms dimension consists of 11 items, where the lowest possible score is 00 and the highest possible score is 44.

Thus:

$$44 - 00 = 44$$

This range will then be divided across three levels (high, medium, low) as follows:

$$44 / 3 = 14.66$$

Accordingly, this interval will be added in the following manner:

Level	Result	Mean Range
Low	$00-14 = 14$	00-14
Moderate	$15-14 = 29$	15-29
High	$30-14 = 44$	30-44

The remaining dimensions will be calculated in the same manner, taking into consideration the number of items in each dimension. The results will be presented in the following table:

Table (05): shows the arithmetic means and standard deviations of the mental health dimensions.

Mental Health Dimension	Number of Items	Mean	Level Range	Level	Rank
Somatic Symptoms	11	15.57	00–14	Moderate	3
			15–29		
			30–44		
Obsessive-Compulsive	10	17.33	00–13	Moderate	2
			14–27		
			28–41		
Interpersonal Sensitivity	09	14.23	00–12	Moderate	5
			13–25		
			26–38		
Depression	13	20.97	00–17	Moderate	1
			18–35		
			36–53		
Anxiety	10	15.63	00–13	Moderate	4
			14–27		
			28–41		
Hostility	06	9.53	00–08	Moderate	10
			09–17		
			18–27		
Phobic Anxiety	07	10.10	00–09	Moderate	9
			10–19		
			20–29		
Paranoia	06	10.27	00–08	Moderate	8
			09–17		
			18–27		
Psychoticism	10	13.70	00–13	Moderate	6
			14–27		

			28–41		
Other	08	11.87	00–10	Moderate	7
			11–21		
			22–33		
Overall Variable	90	139.20	00–120	Moderate	/
			121–241		
			272–363		

From this table, it becomes clear that the level of mental health among mothers of children with autism is moderate, due to the moderate level of the indicators associated with it. The results show that in the first rank comes the depression dimension with a mean of 20.97, followed by obsessive-compulsive disorder in second place with a mean of 17.33, then somatic symptoms with a mean of 15.57. In fourth place appears the anxiety dimension with a mean of 15.63, followed by interpersonal sensitivity with a mean of 14.23.

In sixth place comes the psychotism dimension with a mean of 13.70, and in seventh place appear the other statements with a mean of 11.87. The paranoia dimension has a mean of 10.27, followed by phobic anxiety (phobia) with a mean of 10.10, while the hostility dimension ranks last with a mean of 9.53.

All these dimensions and indicators fall within the moderate-range means, which collectively resulted in an overall moderate level of mental health, with an overall mean score of 139.20, which lies within the range of 121–241.

Discussion of Results:

The results of the field study conducted on a sample of mothers of children with autism show a moderate level of mental health, based on the revised Mental Health Scale SCL-90-R. This may be explained by the mothers' ability to adapt to the situation of having a child diagnosed with autism spectrum disorder.

This adaptation could be due to the availability of psychological assessment methods, psychological examination of these children, the diversity of therapeutic programs, and support methods. Parents have increasingly realized that this neurodevelopmental disorder can be addressed through correcting language difficulties, improving sensory-motor skills, modifying social interactions, and integrating autistic children with their neurotypical peers.

Additionally, involving parents in psychological and pedagogical intervention programs and their commitment to improving their child's condition plays a crucial role in the child's progress and the possibility of gradually recovering developmental skills lost due to the disorder.

The results also indicate variations in the type and severity of autism symptoms, which contribute to reducing the intensity of psychological stress among mothers of autistic children. This explains why

their mental health levels did not appear severely affected. Moreover, recent changes in classifying this neurodevelopmental disability from childhood psychoses to neurodevelopmental disorders have helped reduce parental anxiety and fear regarding the future of their autistic child. Therefore, early therapeutic interventions and early diagnosis are essential steps to ensure the success of psychological and pedagogical intervention programs.

These findings are consistent with the results of the study by Fellahi Sourour and Moqaddam Fatima (2014) on the quality of life of families of children with autism integrated in primary schools in Sétif, which also found a moderate level of quality of life.

However, the results of the current study contradict those of Souad Belkhirat and Yasmine Bacha (2024) regarding anxiety and its relationship to psychological resilience among mothers of children with autism spectrum disorder; their findings revealed low psychological resilience levels and high anxiety.

The present results also differ from the study by Boutaroua Ryan and Al-Zahraa Fadloun (2024) on parenting styles among mothers of school-integrated children with special needs (autism spectrum as a model). Their results showed the presence of dysfunctional parenting methods such as punitive discipline, withdrawal of affection, and directive parenting indicating difficulty in accepting the child's condition.

Contrary to their findings, our current study showed a moderate level of mental health, reflecting the absence of significant relational difficulties that could negatively affect mental health among these mothers.

Conclusion:

Neurodevelopmental disabilities are among the barriers that affect a child's overall growth and development, appearing early in life and making diagnosis and detection somewhat difficult, especially during the first months of the child's life. Therefore, the involvement of the family in the early detection of this neurodevelopmental disability (autism spectrum disorder) is of great importance for rescuing the child and restoring lost abilities and developmental skills.

A child's diagnosis with autism spectrum disorder affects the psychological and emotional balance of mothers, making them vulnerable to various psychological difficulties. This results from the interplay between individual factors (mothers' psychological experiences) and environmental factors. The greater the availability of family, social, medical, pedagogical, and psychological support, the more capable mothers become in coping, adapting, and providing continuous psychological follow-up for their children.

Accordingly, the researchers included the following recommendations:

- Organizing awareness and training sessions for mothers on how to deal with a child diagnosed with autism.
- Providing psychological and social support for mothers of children with autism.

- Conducting counseling sessions for mothers of autistic children to help them overcome negative emotions.

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