



BUILDING CONNECTIONS: EXPERIENCES OF PARENTING
WHILE LIVING WITH MENTAL HEALTH CHALLENGES
A NATIONAL SURVEY
Final Report April 2025



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Background to the Research and Key Findings

This research was conducted in response to an identified need among frontline practitioners to better understand the needs of parents living with mental health challenges. Some support programmes were on offer for parents and families living with mental health challenges but our experience in Co. Clare was that there was a low take up in such programmes and we wanted to get a better understanding as to why and to see if this was a national pattern. To answer this question, we agreed that we needed to ask parents with lived experience and importantly to invite parents to partner with us in conducting this research to help us gain a better understanding. Our hopes were that the findings from this study would guide service improvements and enable the services to be more responsive to the needs identified. Some of the questions we wanted to explore in the study included:

- What, if any, is the impact on parenting while living with a mental health challenge?
- Do parents talk to their children about their mental health and how do they feel about doing this?
- What supports did parents find helpful and why?
- What barriers existed for parents in accessing these supports?

As a starting point in addressing these questions we held a focus group with parents in June 2023. The purpose of the focus group was to invite parents to assist us in creating a survey that would capture these key questions. Following the focus group, a collaborative research team for this project was formed which included various stakeholders, namely practitioners from Tusla, HSE, Clarecare, researchers from Mary Immaculate College (MIC), and notably parents themselves who have lived experiences of mental health challenges and who played a pivotal role in all stages of the research. Note that 'mental health challenges' is the term agreed by all stakeholders for the target participants of the study to be inclusive of both diagnosed and undiagnosed mental health experiences. The research was very much in the ethos of research 'with' parents rather than research 'on' parents. The online survey questions used in this study were developed by the MIC researchers in collaboration with the above stakeholders including parents and were informed by transcripts from previous focus groups with parents who were experiencing, or had experienced, mental health challenges. The report was also written collaboratively with parents with lived experience.

The online survey was completed by 243 parents in Ireland. Parents responded to questions about their mental health challenges, parenting challenges and how these challenges interacted. Additionally, other questions asked about factors that acted as supports or barriers to seeking help with their parenting and mental health challenges. Findings highlighted the difficulties many parents face, when parenting with a mental health challenge. Parent's descriptions of their experiences also indicated considerable individual differences in what may be helpful, or unhelpful, for their family in seeking support.

Key findings from the survey indicated that:

- 66% of parents had more than one co-occurring mental health challenge (e.g., anxiety and depression).
- 83% of parents indicated their parenting challenges were sometimes or always more difficult because of their mental health challenges.
- 67% of parents had taken medication at some stage for their mental health challenge, but many of these parents (54%) said their role as a parent was not included in discussions around their medication.
- 46% of parents indicated they did not know where to access parenting supports.
- 61% of parents had not been able to meet and talk to other parents who had experienced mental health challenges.
- Common barriers preventing parents from access parenting supports included stigma and fear of judgement, along with practical issues like childcare, travel and money.
- 35% of parents indicated their child knew about the parent's mental health challenge, while 24% indicated that their child might know.
- 41% of parents indicated their child did not know about the mental health challenge. Parents gave a variety of reasons about why this was the case (e.g., fear of the child judging them; fear of the child worrying about them or overburdening the child; child too young to understand).
- A number of parents explicitly highlighted the need for research like this survey and welcomed the opportunity to tell their story and have their voice heard on this important topic.

The full report that follows provides an overview of previous research on the topic of parenting with mental health challenges before describing the findings of the survey in the current research in more detail. Key points for discussion arising from both previous and current research on this issue are considered, along with recommendations for future research, practice and policy.

Introduction

Previous research suggests that approximately 23% of families in Ireland have at least one parent who has experienced a mental health disorder (Mulligan et al., 2021), with adults in Ireland having the third highest incidence of mental health illness across 36 European countries (OECD, 2021). The most recent OECD report describes an increase in mental health disorders over the last decade, while also acknowledging the difficulty in establishing exactly how many people experience poor mental health. It is recognised that this increase in mental health disorders has meant there is a growing demand for services in a time when existing access to services is becoming progressively more difficult (OECD, 2023). The main disorders reported in the 2019 OECD report, were anxiety disorders, affecting 7.6% of the population, followed by depressive disorders, 5%, with alcohol and drug use disorders affecting 4.7% of the population. The report also found a link between income and depression, with individuals in the lowest income groups, three times more likely to experience depression. Research has identified particular social and economic problems that parents with mental health issues experience (Campbell & Poon, 2020; Rampou et al., 2015). Recent Irish research from a large nationally representative cohort study, concluded that any level of poverty trajectory from early to late childhood, was linked with poorer psychopathology for both Irish children and their mothers (O'Driscoll et al., 2024).

A recent Irish survey of over 300 parents/guardians by Barnardos (2024), explored the effect of mental health and well-being issues on parenting. Given the challenges/barriers for many in accessing mental health services, parents in the study did not need to have a formal diagnosis to take part in the survey. The findings indicated that 20% of parents in the survey, disclosed that they experienced poor mental health, 46% felt their mental health was ok, while 34% said their mental health was good. Feeling burnt out (31%), anxious (23%), overwhelmed (19%) or depressed (9%) were what parents described as the issues they experienced most of the time. Of the participants, 12% of parents stated that their mental health had a significant impact on their parenting, 54% that it had a moderate impact while 32% said their mental health had little impact on their parenting.

The Barnardo's report also conducted in depth interviews with fifteen parents from the original participant pool. In the survey and interviews, parents described additional challenges which impacted negatively upon their well-being. These included struggles with daily parenting tasks due to reduced energy levels, lack of motivation. Difficulty around making decisions and implementing routines. They also included decreased patience and tolerance as well as experiencing being emotionally unavailable to their children. Sixty percent of parents within this research perceived that their own mental health challenges had a moderate or considerable negative impact on their children's own mental health e.g., they reported the children experiencing increased anxiety, unhappiness and difficulties in regulating their own emotions (Barnardos, 2024).

The demands of an illness while parenting and all its responsibilities, suggest that parents with mental health challenges, may have substantial parenting challenges (Campbell

& Poon, 2020). Significant challenges for parents can include managing medication and fatigue, dealing with mental health crises and concerns about being a good enough parent. Fatigue, a common issue for parents, can be a symptom of depression for example, or a side effect of taking medication. For many parents, experiencing exhaustion intensified parenting difficulties. In a systematic review of research investigating individual's experience of parenting with mental health challenges, Harries et al. (2023) found that in all but one of the 29 studies reviewed there was evidence of magnification of challenges due to parents' medication or symptoms.

Children with a parent with mental health disorder, are known to be at higher risk for emotional, psychological, and behavioural issues. Research indicates that having a parent with a mental illness also increases the lifetime risk by 41% to 77% of the child also developing a mental illness (see Mulligan et al., 2021). For example, the links between postnatal depression and parenting stress are well-recognised (Leigh & Milgrom, 2008). Using data from a large-scale UK longitudinal study, Morales-Munoz et al. (2022) found a significant association between postnatal depression and their child's anxiety when aged 10. Hammen et al. (2012) found evidence of intergenerational transmission of depression, describing bidirectional associations between stress and depression. Considering these risks, supporting parents and considering the well-being of the whole family is essential in protecting and supporting children and their future mental health (Campbell & Poon, 2020).

Over a third of parents in the Barnardos study felt that they had to deal with all of these issues on their own. A quarter of parents felt they could not ask family for support. One in five parents were unaware of supports available locally. A lot of the supports that the parents did identify as useful in addressing these challenges, were practical supports around their own, or their children's, self-regulation and help with establishing routines. Forty percent of parents stated that counselling would be helpful to them in addressing these challenges. However, parents also reported having difficulty in getting access to counselling services. Where counselling was available, it was short term and parents often reported still feeling overwhelmed. They also felt that their wider family needs were not considered, or taken into account, when planning for their individual treatment (Barnardos, 2024).

The challenges in accessing mental health support reported by parents in the Barnardos study are unfortunately not new or unique. Research consistently demonstrates that many vulnerable families do not currently access, or receive, adequate supports. There is a myriad of reasons why this is the case, including parents own fears of negative consequences from social service and mental health providers, a lack of clear and accessible policy, and the competency and skills among professionals themselves to work with families (David et al., 2011; Mulligan et al., 2021). Boursnell (2012) found that parents had, by necessity, developed their own protective approaches for coping with their challenges and often employed their existing support networks when in need. These included services such as non-government mental health service providers. When parents did access their primary mental health services, it was generally because they were distressed and fearful of the effect of their mental illness on their families (Boursnell, 2012). Wahl et al. (2017) also found that professional help or support was often only sought when symptoms had become very severe.

Important and trusted sources of information and signposting for parents are GPs and schools. In Australia, Cowling et al. (2004) explored parents with mental health challenges help-seeking behaviours around the parenting problems they experience with their children. They found that general practitioners and schools were often the initial source of help or access point to the healthcare system, followed in third place by social workers. These findings suggest the important role that each of these services/organisations has to play as an entry point to good healthcare and support for parents and their children.

Wahl et al. (2017) identified that parents three main desires were to be good parents, care about their child's well-being and to have access to practical supports. They often felt a struggle between being a good enough parent while experiencing struggles with everyday parenting responsibilities. Additional worries for parents were around guilt and shame. Harries et al. (2023) in reviewing studies that looked at serious parental mental illness, found that parents often felt guilt or shame as their children assumed parental roles and guilt about the negative effect of their mental health difficulties on their children's development (Harries et al., 2023).

Harries et al., (2022) explored parental mental health and the impact of stigma upon feeling accepted as a parent and safety in their community. They found that parents had fears around loss and about their children been taken into care, as well as experiencing societal stigma and fear of rejection (Harries et al., 2022). Other studies have found that there is little understanding of patients as parents (Foster et al., 2012) and that parents continue to feel shame and stigma because of their mental illness (Cremers et al., 2014; Mulligan et al., 2021). Barnardo's (2024) found that one in five parents did not seek support as they were worried about stigma or being judged as a parent. A qualitative study exploring parents lived experiences of mental health in rural areas in Ireland, found that there was a narrow focus on mental health symptoms and a lack of understanding of the role of patients as parents by some psychiatrists (Cremers et al., 2014). This is common finding among service users in the mental health services and there appears to be a pervasive lack of recognition and support for the role of patients as parents (Jones et al., 2016). Foster et al. (2012) identified a range of care measures among professionals to support families of parents experiencing mental illness, for example, identifying at intake or admission that the patient is a parent and to be aware of the parent and their wider families need for support and to have supportive others in their lives.

Support for a parent experiencing mental health challenges, has been found to have greater benefits for the whole family when professionals work with and consider the wider family and community networks rather than just the individual parent (Devaney et al., 2021). Jones et al. (2016) research identified that a significant anxiety for many participants in seeking support was the fear that they might be perceived as "bad" parents if they were honest about their needs. In reality, knowing that you are in need of support, in and of itself is 'good parenting'. Parents in Jones et al.'s research indicated that despite their mental health challenges, they found their parenting role to be important and incredibly motivating. Despite some of these parenting stresses described, parenting also had significant positive benefits for both mothers and fathers experiencing mental health challenges, as they

developed skills and strengths that assisted their parenting and their own personal challenges (van der Ende et al., 2016). Research has also found that as symptoms declined, both parenting stress and nurturance improved. These findings suggest that parenting can “bounce back” when symptoms or crises end (Kahng et al., 2008). Campbell et al. (2018), found that parents with serious mental health conditions, valued their role as parent as critical to their lives and identity. When parents had greater psychosocial networks and relationships, parenting outcomes were better. They also found that the quality of parenting was linked to severity of illness and daily functioning (Campbell et al., 2018).

There have also been some positive developments to counteract feelings of parental stigma around mental health. There are many evidence based general parenting courses that are used by support services such as The Incredible Years and Parent Plus Programme. These programmes focus on specific stages such as parenting school aged or adolescence. In addition, there have been programmes developed specifically for children aged 5 to 18 whose parents have a mental health diagnosis. One such development is the Family Talk (FT) programme, a whole-family programme approach around parenting and mental illness, for parents with a formally diagnosed disorder. Family talk was selected as an intervention based on several RCTS and as a programme that involved both parents and children and that was suitable for a range of mental health issues (Mulligan et al., 2020). This study with 86 families, found that participants reported a decrease in the feeling of shame and stigma that parents with a mental illness often express after completion of the programme. Families found the programme worthwhile and liked the whole family approach but also described it as emotionally challenging. In Ireland, in contrast to other countries that participate in FT, there are few family resources available and more are necessary in order for families to seek additional supports after completing the programme (Mulligan et al., 2021).

The Current Study

While there has been much research to date on the difficulties of parenting while experiencing mental health challenges, they are often discussed from the point the view of professionals (e.g. Foster et al., 2012). Recently more studies on parents’ own experiences are gradually emerging (Cremers et al., 2014; Mulligan et al., 2021) as the importance of including parents’ own lived experience to understanding both the challenges and solutions becomes more apparent. The current study aims to explore the experiences of parents living with mental health challenges, particularly to find out more about the difficulties parents face, and the supports and barriers that are in place in terms of seeking help.

Method

The research materials, survey questions and data collection procedures were designed by the MIC researchers in collaboration with the stakeholder partners. The survey question design drew on the findings of previous focus groups conducted with parents who had lived experience on this issue. To provide a high level of anonymity to participants, given the sensitive nature of the topic and the demonstrated concerns around stigma in the extant literature, an online anonymous survey was developed. All stakeholders, from Clarecare, Tusla, the HSE, MIC, and parents, met to draft, edit and revise the survey questions in line with the aims of the study and regarding the use of language and terminology appropriate to the topic.

The Survey

The survey consisted of 31 questions in four sections. Some questions gave the participants response options to choose from (e.g. to indicate if they were a mother or a father, or if their mental health challenge was formally diagnosed or not), while other questions provided a free text box for participants to write in their own response (e.g. What would help you in having conversations about your mental health with your child?).

The first section of the survey had questions related to demographic information (e.g. around participant's first language and parenting status), while the second section asked about their mental health (e.g. Are experiences of mental health challenges current or in the past?). Section 3 asked about parenting challenges (e.g. Do you now, or have you in the past, experienced challenges in parenting? Do you feel these parenting challenges are/were more difficult to manage because of your mental health challenges?). Section 4 asked questions about communicating with their child about mental health challenges (e.g. What would stop you talking to your child/children about your mental health?).

Data Collection

The survey was launched on October 10th, 2024, World Mental Health Day, and closed on November 30th, 2024. During this period the survey was advertised to parents through social media, print media, radio interviews and posters. Additionally, over 2000 emails were sent directly to organisations nationwide mainly consisting of early years settings, primary schools, special schools and secondary schools. Other organisations that were sent emails with the survey information, link and poster included libraries, family resource centres, sporting organisations, music and scouting organisations, parenting organisations and toddler groups and GPs. The organisations were asked to share the survey information with parents.

Prior to taking part in the survey participants were advised of what the study was about and given assurance that survey responses would remain anonymous, that no identifying personal data was being collected, and that the information they provided would not be shared with any third party. Additionally, they were assured that when reporting the findings from the survey, anonymity and the confidentiality of data would be maintained. The survey questions and data collection procedures were approved by the Mary Immaculate College Research Ethics Committee (MIREC) and the Tusla Ethics Committee.

The Participants

The online survey was completed by 243 parents in Ireland (89% mothers; 11% fathers). Regarding participants first language, 88% stated their first language was English, 11% said they had a fluent level of English. Only one participant reported having limited English. Parents from all four provinces in Ireland took part in the survey. Thirteen people were excluded from the analysis as they had identified as being from outside the Republic of Ireland or did not have mental health challenges and consequently did not meet the research inclusion criteria, resulting in a final sample of 230 parents included in the analysis.

The family sizes of the participants ranged between having one and seven children (children were aged from infants to adult children), with 75% of parents indicating they were co-parenting, while 19% were parenting alone. Ninety-four percent of children were currently living in the family home, while 6% lived in other settings. These other settings (n=14), included living with the other parent, emigrated/overseas, in college, living independently, flexible access, shared custody, one participant stated their children were in care.

For 51% of parents, their mental health challenge was current, but for 41% it was in the past while 8% indicated another option (e.g., intermittent, alcohol related, menopause related). In relation to a formal diagnosis for their mental health challenge, 56% indicated they had a formal diagnosis, while 41% indicated they did not.

The Findings

Participants were asked to indicate what type of mental health challenges they experienced and the findings indicated a variety of responses (See Figure 1 below). Seventy-nine percent of parents selected anxiety, 65% selected depression, while 31% of respondents selected post-natal depression. Other responses that were indicated by participants included personality disorder, psychotic illness and bipolar disorder, ADHD, PTSD, family members been suicidal, epilepsy, neurodivergence, functional neurological disorder, and autism.

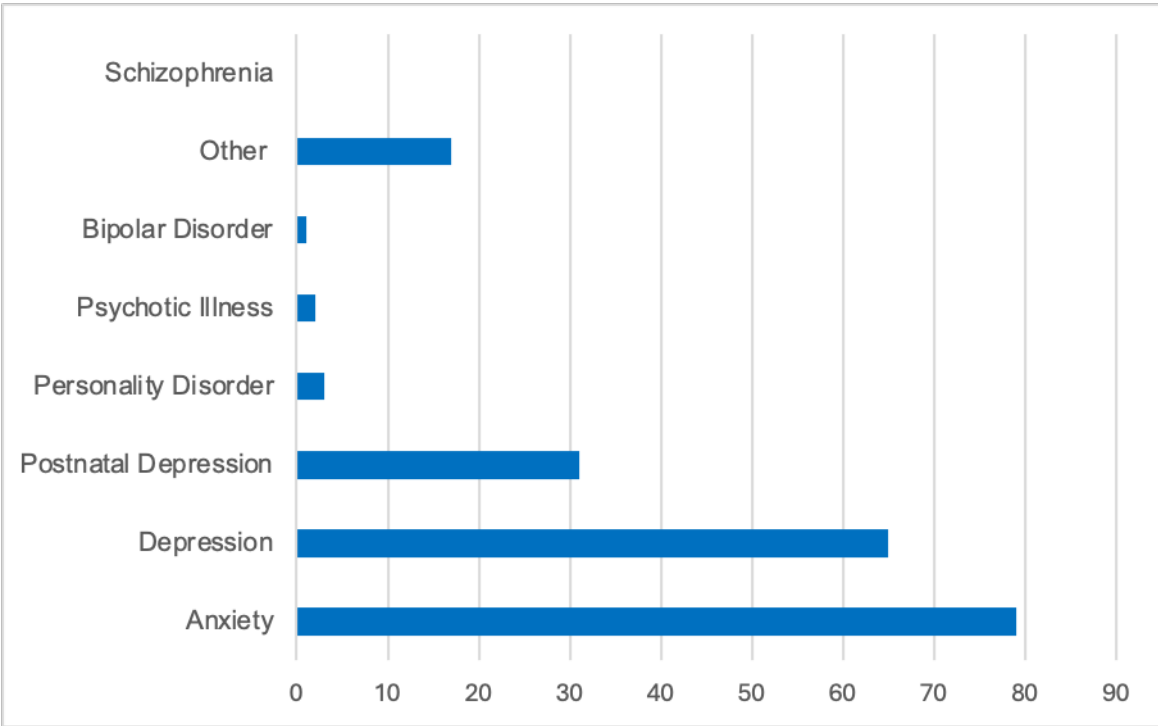


Figure 1: Percentage of parents indicating the type of mental health challenge(s) they experience

Of note, the majority of parents (66%) indicated they had more than one co-occurring mental health challenge (see Figure 2. below).

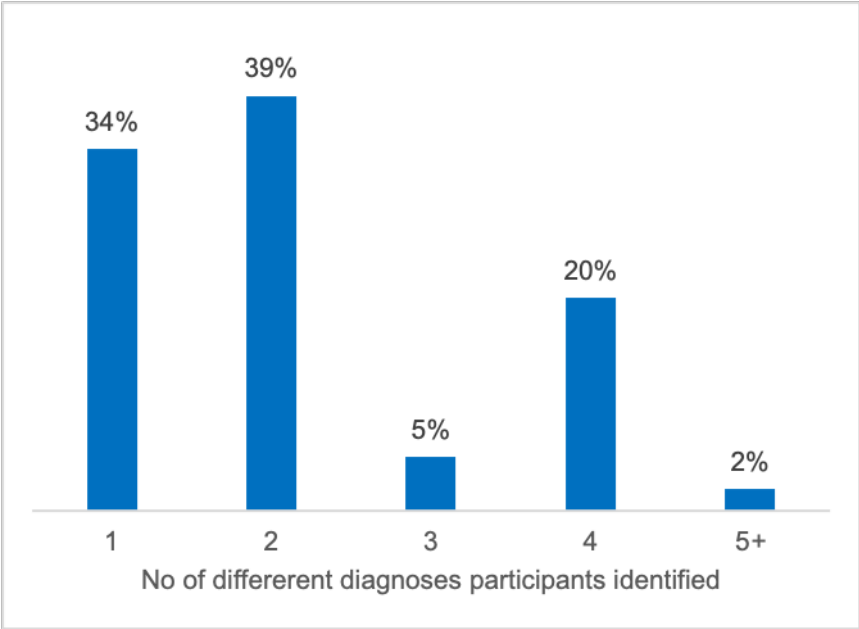


Figure 2: Percentage of parents with one or more mental health diagnoses

Participants were also asked about their parenting challenges and 72% indicated that they currently experience parenting challenges while 21% that they sometimes experienced challenges, with a minority (7%) stating that they were not experiencing any parenting challenges. As a follow on to the previous question, parents were invited to select from a list of possible areas of challenges in relation to parenting (see Figure 3 below) and to indicate as many as applied to them. Common parenting challenges experienced by parents were related to their child’s use of technology or screen time, their sleep and bedtimes, emotional difficulties (e.g., related to tantrums, anxiety, mental health challenges) and their school experiences (e.g., homework, bullying).

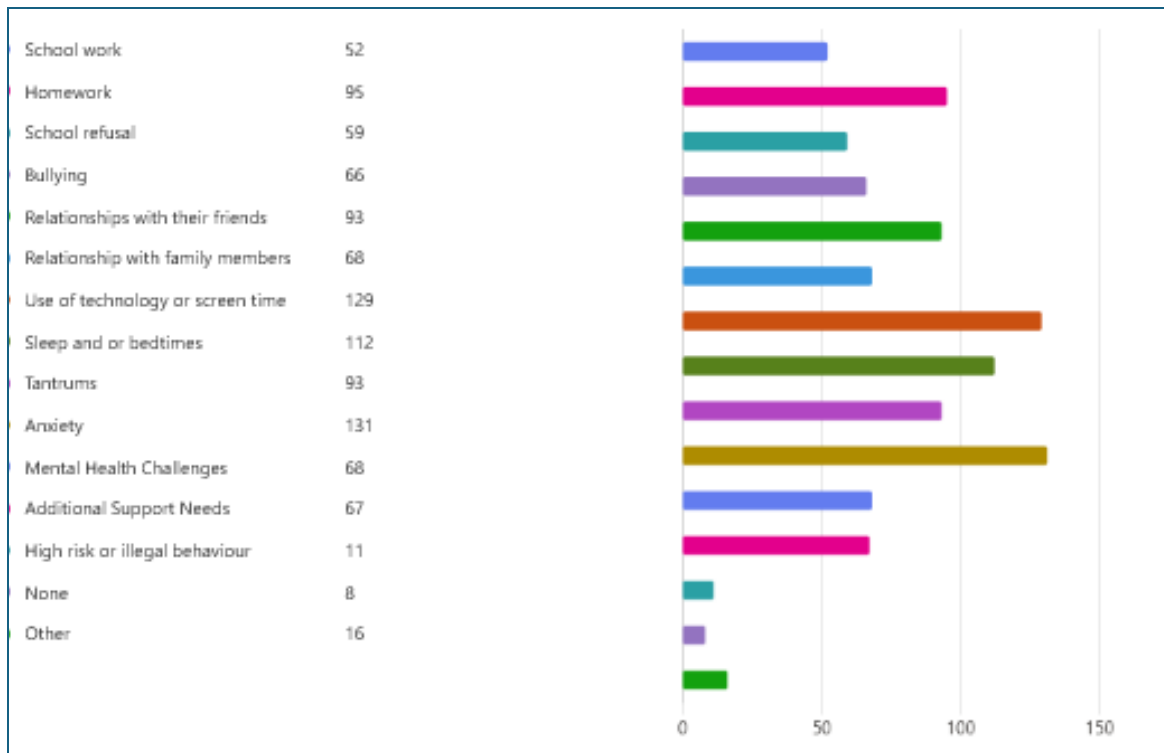


Figure 3: Number of parents indicating they have experienced a particular parenting challenges (parents could tick more than one option)

When asked if parenting challenges were more difficult because of their mental health challenges, 14% responded ‘always’, 69% responded ‘sometimes’, while 17% responded never. Parents were provided with a text box to describe their experiences of parenting with mental health challenges, if they wished to do so, and 84 parents provided descriptions of their experiences.

One parent described her challenges and her particular struggles around her family’s needs and communicating with her child’s school as follows:

I have found communicating with the school difficult as I feel there is very little understanding for my condition. We are not a regular everyday family, and we cannot function like one, simple things in life can be incredibly challenging for me and they just expect the same of me as though I were a completely sane person. I suffer greatly

with being able to go outside...getting my daughter to school every single day is a challenge. The school do not seem to understand why despite my many times trying to explain. No help has been offered to us.

Another parent discussed the complex interaction of mental health challenges and parenting:

I get overwhelmed easily, especially parenting alone it feels like a battle between my child and my mental health. I'm trying to teach my son the importance of regulating feelings in a safe way and for him to talk. But I feel like a hypocrite because I am unable to do those things when I am overwhelmed.

And a third discussed the complexity of one mental health challenge leading to another, the impact of one parent's mental health on the wider family context and co-parenting, and how mental health medication can impact upon parenting:

I developed psychosis when my child was 6 weeks old. I was admitted to a psychiatric hospital for 5 weeks. My husband had to bring my child in twice a day so I could breastfeed. Because of my mental health issues, I developed severe anxiety. This was really apparent when I came out of hospital as I didn't feel good enough as a mam, my medication caused me to be out of it so couldn't fully be present for my child which added to my disconnection with my child

The perceived stigma around being a parent with mental health challenges and fear of losing parental rights identified within the previous literature was evident with the current survey as well:

The most difficult part for me was when I entered the mental health services, I was told if we believe that you or your children are at risk we have the right to report it and at the time I was having suicide ideation, that line drove my anxiety through the roof and I shut down in fear of losing my children and bottled it and wasn't honest, which didn't help me get better. That sentence should not be said or if it is needed to be said explain it.

Further examples of the complexity of experiences reported by parents in answer to this question can be found in Table 1a in the appendices. It is clear from the answers provided that for the majority of parents who are experiencing mental health challenges there are very particular interactions between their mental health and their experiences of parenting.

Medication and Parenting with Mental Health Challenges

When asked about medication, 67% of parents indicated that they had taken medication at some stage for their mental health challenge (40% currently taking medication, 27% had taken medication at some stage in the past). Many of these parents (54%) said their role as a parent was never included in discussions around their medication (See Figure 4 below). For the remaining 39% their role as a parent was sometimes, or always, included in discussions around medication for their mental health challenge.

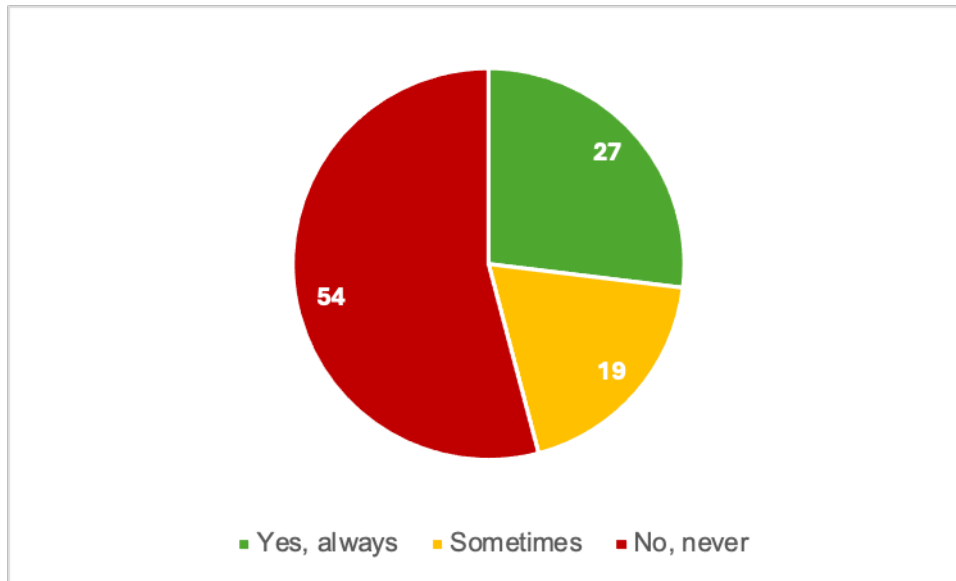


Figure 4: Percentage of parents indicating that their role as a parent was included in discussions around medication

Parents were asked for examples of how their role as a parent was considered in discussions about medication and their responses described a range of experiences. One parent described how only one of their total number of appointments ever included the role as parent in the discussion:

...after considerable time trying to engage and get help from CAMHS, years of struggle, one meeting discussed medication.

This was in contrast to another parent who said their:

...role of parent is central to all discussions on my treatment plan.

One doctor advised a parent to work on their own self-care so they could care for their children:

my doctor emphasises the importance of taking care of me so that I can continue to take care of others.

Another mother spoke about the challenges of taking medication while pregnant:

I asked about taking them (meds) when pregnant on all my kids and was advised to stay on medication as it would be harmful to baby and would be best if I stayed on medication as was told a happy mother, a happy child.

Another new mother discussed choosing medication that was suitable while breast-feeding:

Breast feeding v meds for post-natal/ PTSD, also a lot of medication I had to reduce dramatically as wasn't able to be alert enough.

Another was emphatic that medication did not stop her caring for her new infant:

Medication didn't interfere with my ability to care for my baby.

Being alert and having energy was important to parents as fatigue was a big side effect of taking medication and impacted parenting:

We agreed not to prescribe medication that made me drowsy and if it did we would try a different medication.

Other responses included practical considerations like changing medication that made a parent who found early mornings difficult feel drowsy. Another was very clear she did not want to parent while tired:

I always made it clear that I could not be sleepy, or take a medication to make me sleep.

Others emphasised the importance of taking their medication as a first priority, and shared that:

my attitude was if I don't take the medication I won't be able to parent my children.

There were also challenges when medication was not helping but the parent looked like they were doing ok, but deep down they knew they were not coping:

I struggled with trying to explain my medication wasn't helping and being classed as good because I didn't stay in bed and was caring for my children, they considered well, it's so much deeper than that and the struggle and battle to not allow yourself to fail daily results in spouts of anxiety attacks and breakdowns every few months after a build-up.

One parent discussed staying on medication long term and the challenges in changing the dosage:

To be the best mother that I can, it was agreed with my mental health team to continue the medication for life - there is no point in experimenting with lowering the dose of the medication if it is working for me and I can function as a mother on it.

Similarly, another parent described that medication for depression and anxiety allowed them to be the best version of themselves as a parent. What is clear from the findings is the diversity of needs and experiences of parents around medication that is likely dependent on the type and severity of mental health challenge and the wider support available, but what is also clear from the findings is that irrespective of the type and severity of mental health challenge, communication about their role as a parent in any discussion around medication is key.

Supports for Parents with Mental Health Challenges

Participants were asked a series of questions about supports in relation to parenting, including if they knew where to access supports, which ones they had used, which ones they

had found useful and what barriers they had experienced in access supports. In relation to knowing where to access parenting supports over half of respondents, 54%, stated they did, while 46% replied that they did not. Following on from this question, respondents were invited to select from a list of possible parenting supports they may have accessed (see Figure 5 below). Extended family (52%) and friends (51%) were the two parenting supports respondents accessed most often, with 31% of parents also identifying private family therapy/counselling as a parenting support they employed.

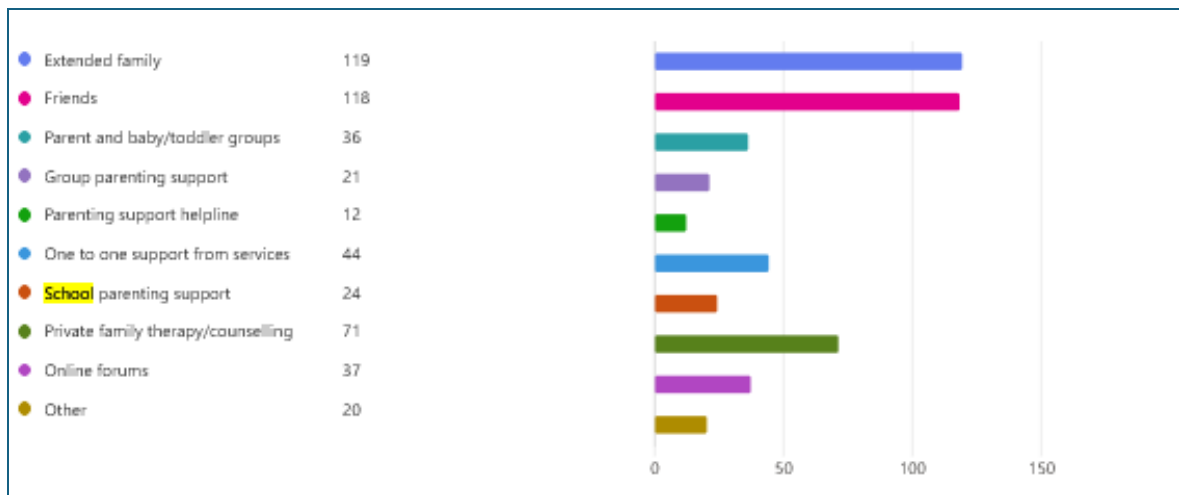


Figure 5: Number of parents indicating the types of parenting supports they have accessed (parents could tick more than one option)

One to one support from services was accessed by 19% of respondents, with parents also using online forums, parenting and baby toddler groups, school parenting supports, group parent supports or parent support helplines. Other supports which parents reported using included GPs, Pieta house, Shine peer led family support group and recovery programme, CAMHS, Foroige parents plus programme and local family support from the local resource centre, Autism support group zoom monthly call, Barnardos. Play therapy was also identified as a useful parenting support tool, as were parenting talks, online information, and information leaflets. Many respondents used some or all of the range of supports available, some used none.

Responding to which parenting supports they found useful and why, there were a wide range of responses from 63% of survey participants. Notably, 25% of respondents identified family as the biggest support.



Figure 6: Word cloud of the types of parenting supports participants found useful

Responses varied from “I didn't avail of any (support) as I was too ashamed at the time” to another response which identified a number of supports from statutory agencies and government funding:

‘X’ were helpful, an agent visited me a few times when I was struggling, and we looked at different options available. My parents have been very supportive and accommodating when I needed it. When my child was young, I found having them attend crèche was a great break and the government funding to allow this to happen was absolutely necessary.

When asked which parenting supports were not useful and why, a number of respondents felt they were being judged when they engaged in support sessions, for example one parent said:

Group session with other parents as you can feel judged by parents with less issues in their home.

Another found services were unresponsive:

service wasn't very responsive and didn't seem to follow through on points that came up in discussions - perhaps too busy or just not seen as a priority. I'm not sure. They seemed very nice.

Some respondents felt they could not turn to family as they did not have open enough relationships with them. Others found parenting groups competitive. Many were on long waiting lists for services. One person was offered a group session but due to social anxiety could not attend.

Responding to the question, do parents who are experiencing mental health challenges require specific kinds of supports and what these might be, again the answers detailed the wide diversity of experiences and needs.

- A small men's group would be helpful, as men don't usually talk openly about mental health. Small groups would be useful as some people find large groups daunting.
- Circle of security courses to teach parents particularly those with mental health challenges on importance of forming a secure bond with your child.
- Counselling is very good but it's also very expensive as well.
- Postnatal depression - would have been helpful to have formal structured meetups facilitated through the perinatal mental health service.
- Compassion and not judgement. No one wants to talk to someone who has never been on their position.
- Financial help as I really struggled paying two private therapists every week for daughter and I.

It is clear that what is required, is a diverse range of support resources and networks to suit the diversity of needs, experiences and individualities of each parent seeking support.

Respondents were asked to rate the most useful ways of informing parents about the different kinds of parenting supports available. See Table 1 below for the responses.

Table 1: Percentage of parents rating the usefulness of different methods in informing parents about parenting supports

| Rating | Most useful ways of informing parents about parenting supports. | % |
|---------------|--|----------|
| 1 | GP | 37% |
| 2 | Social media | 17% |
| 3 | Posters | 10% |
| 4 | Word of mouth | 10% |
| 5 | Schools | 8% |
| 6 | Email | 7% |
| 7 | TV ads | 4% |
| 8 | Radio ads | 3% |
| 9 | Webinar/Seminar | 2% |
| 10 | Something else | 2% |

When asked if parents had been able to meet and talk with other parents who experienced mental health challenges, 39% had, while 61% had not. Following on from this, they were asked had the conversations helped or not helped to which 35% provided open responses. Responses were primarily positive (75%). Fifteen percent of the replies were mixed with some positive and just one negative comment. Positive responses were around useful advice they received, insight they gained, having someone to really listen so that they did not feel so alone and felt it was a shared experience, experiences where they felt supported and understood. The mixed comments were around feeling mental health was still a taboo topic, or feeling judged by others in support sessions and feeling unable to have open conversations. Two participants said talking was helpful but that at the same time it was sad and sometimes an additional burden to hear of others struggles. Another respondent shared that it can be complex as some people were problem focused and not solution focused, and one participant said that they felt resentment towards others in group sessions who seemed to have it easier.

The next question in the survey explored if there were practical and/or social barriers that prevented them from accessing parenting supports. Responses are presented in Figure 7 below. Money, fear of judgment and work were the top three barriers to seeking support reported by the respondents.

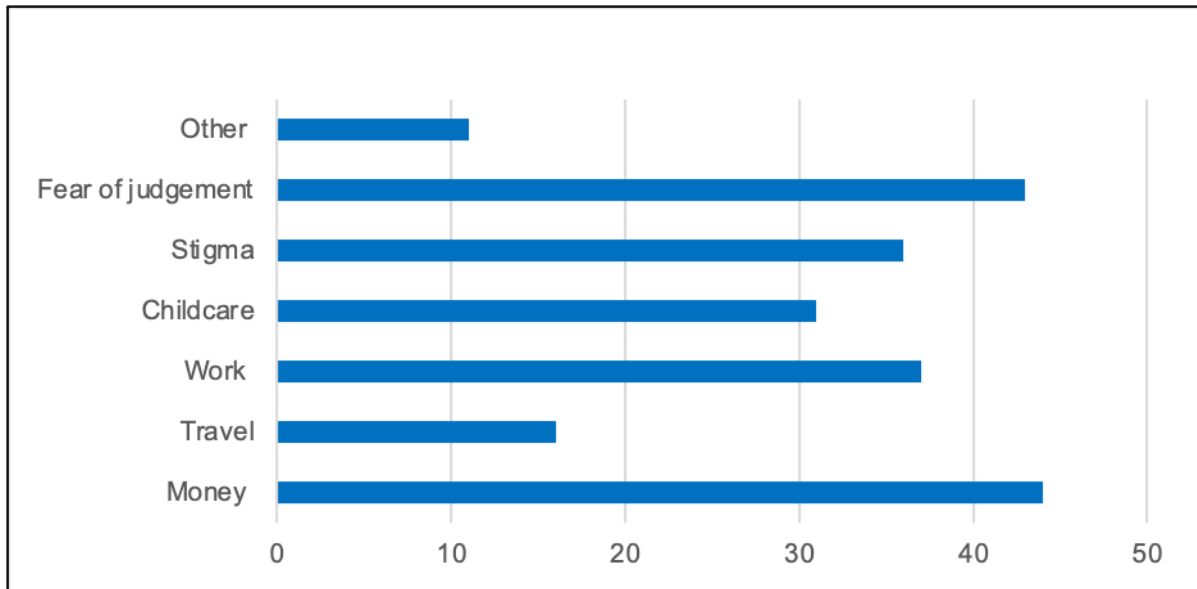


Figure 7: Percentage of parents indicating barriers to accessing supports (parents could tick more than one option)

Communicating with Children about Parental Mental Health Challenges

The final section of the survey asked parents about communicating with their child in relation to their mental health challenges. When asked if children were aware of their parent's mental challenges, 35% said their children did know of their challenges, 41% said their children did not know and 24% thought that maybe their children were aware of their challenges. As a follow up to this question, respondents were asked what would help in having conversations about their mental health with their child. Responses varied greatly on what they perceived would be helpful, ranging from open discussion:

Open communication from a young age and acceptance of difference. Teaching empathy and understanding and practicing nonjudgement of others daily will help encourage acceptance

To others feeling it was important not to share their challenges with their children:

I don't want them to know as they might start looking for symptoms in themselves. My children see me now as a happy mama and there is no need for them to know I have ADHD and dyslexia. We focus on our strengths, not weaknesses and that make us happier and stronger as a family

Information technology was also suggested as a resource, as well as family hubs with holistic supports for families:

The private play therapist I have used - she and I have had brilliant chats which are amazing. I think every town should have a children's/parent hub where there is a board including a play therapist, art therapist, kids' functional developmental physio, yoga therapist, all that kind of thing. A go to, dietician for behavioural issues, breastfeeding and postpartum support

The environment in school and the attitude to mental health were also identified as barriers to discussing mental health challenges, see Table 4 in the appendices for further examples of parents recommendations on this issue.

There were 157 open text responses to the question as to what would prevent parents talking about their mental health challenges with their children. Over a third of responses were around fear and worry:

I don't want depression to define who I am as a person or for my children to see me as a lesser person. I think it's important to seek professional advice and counselling which has really helped.

Frightening them, or them fearing that I am not strong enough to look after them regardless of the situation. Or a fear that they would hide their own troubles or feelings for fear of upsetting me

Age appropriate, lack of knowledge of how much to share, when is it okay, fear they would be upset, not wanting children to think I'm unhappy because it's not necessarily the case, lack of understanding

One respondent also talked about fear of the courts and losing custody of their children:

The courts.... Court reports such as section 32 and 47 are used against you to remove custody. You can't tell your children anything in case they show your weaknesses.

Other comments were around burdening and upsetting the child. Again further examples of parents fears and concerns around these issues can be found in Table 5 in the appendices.

Closing comments from Participants

When asked where did they hear about the survey, 61% heard about it from their child's school, 20% from 'others', which may have included libraries, family resource centres, childcare centres or their local services, 7% heard about the survey through social media, 3% through word of mouth and 2% from a poster. One respondent heard about the survey through their GP surgery.

The concluding question asked if respondents had any other comments to which almost a third of respondents provided open text responses. There was a range of responses and comments with many saying how necessary surveys like this were, how much they welcomed having the opportunities to share their experiences and needs, how valuable it was to feel like someone was interested in their perspectives and valued their voice and lived experiences and how interested they would be in knowing the findings. The stigma of mental health was still very much evident but the perception was that research like this was important in challenging that stigma. A number of participants commented on the limited mental health support services in Ireland and long waiting lists. One person said they were doing well despite their challenges. Other respondents raised the particular challenges of dual diagnoses or additional family or contextual issues and challenges were identified (e.g., child with disability, or challenges when a parent was in prison).

Discussion

Previous research shows that adults in Ireland have one of the highest incidences of mental health illness across Europe. With approximately 23% of families having at least one parent who has experienced a mental health disorder, it is important to understand the specific nature of challenges faced by these parents and how these challenges interact with their parenting experiences. The findings from the current survey highlight some of the difficulties they have experienced both in terms of parenting and their mental health, and sheds light on the supports and barriers to accessing support services.

Consistent with previous research (e.g., Harries et al., 2023; Campbell & Poon, 2020), findings from the current survey indicate that many parents who are experiencing mental health challenges find parenting more difficult and would welcome specific supports. Eighty-three percent of parents in the current survey indicated their parenting challenges were sometimes or always more difficult because of their mental health challenges, yet 46% of parents indicated they did not know where to access parenting supports to help with their needs. Common barriers preventing parents in the current study from accessing parenting supports included the stigma around being a parent with mental health challenges and parent's fear of judgement around their capacity to parent, along with practical issues like childcare, travel and money.

The findings from the current survey in relation to barriers to accessing support are consistent with previous research, with feelings of stigma and fear of judgement being indicated by many participants in previous research (Cremers et al., 2014; Harries et al., 2022, Mulligan et al., 2021). Additionally, similar practical barriers to accessing support were also noted including issues around childcare, finances and travel in previous research. The fear that parents in Jones et al. (2016) study expressed that they would be perceived as "bad" parents if they were honest about their needs was mirrored strongly within the current survey. Parents in the current study worried that they would be thought of as 'bad parents' by other parents, by teachers and schools, by support services and by their own families and children.

Where parents within this survey were receiving support for their mental health challenges, how these needs interacted with their parenting experiences was not generally discussed or considered. Sixty-seven percent of parents reported having taken medication at some stage for their mental health challenge, but many of these parents (54%) said their role as a parent was not included in discussions around their medication. Many parents in the survey indicated that the opportunity to talk to other parents who were experiencing similar challenges would be a useful source of support but 61% of parents had not been able to meet and talk to other parents who had experienced mental health challenges. The sense of feeling alone, isolated and silenced amongst parents was palpable in the open comments throughout the survey.

For some parents having the opportunity to know they were not alone in their experiences and to share advice and understanding with other parents in similar situations would be hugely valuable. However, there are complexities of ‘outing’ yourself in social groups and feeling safe to share without judgement. Sixty-six percent of parents reported having more than one co-occurring mental health challenge with a wide diversity of diagnosed and undiagnosed mental health challenges. These differences in mental health then interact with a wide variety of contextual and individual issues. This complex diversity means that the experience of parenting with mental health challenges can vary substantially between different members of a group support session to the extent that their ‘shared’ experiences may not feel recognisable to each other at all. Some parents in the survey discussed feeling judged by other parents in support sessions whose challenges were not as severe as their own or feeling burdened by hearing about other people’s challenges when dealing with so much themselves.

The insight provided within the open comments in the survey, evidence very clearly that what might be considered a useful support to some would be quite the opposite to others so care must be taken in choosing what support is offered and support options must be available to suit different needs. It is very clear from the current findings that when we are talking about parents with mental health challenges, we are talking about a very heterogenous cohort and there will not be a simple solution that fits all. Several parents in the survey explicitly highlighted the need for research like this and welcomed the opportunity to tell their story and have not just parent voices, but to have different parent voices, heard on this important topic.

When we consider the existing generational research highlighted with the introduction to this report which indicates that children with a parent with mental health disorder, are known to be at higher risk for emotional, psychological, and behavioural issues (see Mulligan et al., 2021) then parents’ answers to the current questions around how they communicate with their child about their mental health challenges are important. When asked if children were aware of their parent’s mental challenges, 35% said their children did know of their challenges, 41% said their children did not know and 24% thought that maybe their children were aware of their challenges. There were 157 open text responses to the question as to what would prevent parents talking about their mental health challenges with their children. Over a third of responses were around fear and worry. Parents did not want to burden their children

with their problems, they did not want their children to doubt the availability or reliability of their parenting and often they reported not knowing how to talk about it with their child in an age-appropriate way. Parents were asked what would help in having conversations about their mental health with their child. Responses varied greatly on what they perceived would be helpful, ranging from open discussion to a strong resistance to talking about it at all. It is clear from the answers that one practical source of support would be clear and accessible guidance for parents on how best to talk to their children about their mental health challenges and how to seek support as a whole family.

As important and rich in depth as the responses were to this survey from across Ireland, there were voices that were not included. In a desire to gain a national picture of the experience and needs of these parents and in addressing the key concerns expressed in the existing literature around stigma and parents feeling of safety in talking about these issues, a methodological decision was taken to employ an online anonymous survey. As was detailed in the methods section of the report, extensive efforts were made to reach as many parents as possible with this survey, including over 2000 emails to schools, community and sports groups, public libraries, the promotion of the survey on various social media platforms, print media and radio, and the distribution of the survey through all research partners professional networks. However, the advantages that came with an online survey in terms of ease of national distribution and confidentiality for participants in submitting responses came with literacy and technological barriers for others in accessing the survey.

We are also cognisant that in spite of the anonymous nature of the survey many parents may still have felt anxious about participating or may currently be too overwhelmed by their challenges to be in a position to participate. With all of this in mind the current findings may be an underestimation of the challenges experienced and may not capture a full picture of the barriers and facilitators currently in place. A number of important lessons in this regard were learnt, schools were most definitely the best sources of distribution of information about the survey, we repeatedly saw spikes in survey responses immediately after school emails had been sent. This was interesting as when parents in the survey were asked about their preferred way to hear about parenting supports they cited GPs.

It is worth reflecting on the role of GPs as the traditional first point of contact for mental health concerns. While they remain central in many people's minds, the mental health landscape appears to have evolved. It can be challenging to map out all the stakeholders involved and there can be a real sense of fragmentation and parents report a sense of being passed from pillar to post. This can understandably create additional complexity for service users trying to navigate the system. If you are parenting while experiencing mental health challenges, then your bandwidth for identifying and navigating services may be even more limited.

When it comes to schools, their role seems to have expanded significantly. Many teachers express the challenge of balancing their core academic responsibilities with an increasing focus on supporting students' mental health. The data here appears to reflect this change, especially as schools have facilitated many of these responses received. Schools are

playing an increasingly pivotal role in engaging both parents and pupils, often adapting more swiftly than formal services in their use of IT and communication channels.

One could argue that this transition was accelerated by the COVID-19 pandemic, but regardless, schools now seem to function as hubs for families in new and evolving ways. For example, DEIS schools have begun recruiting full-time therapists or psychologists, offering hot meals, and providing additional teacher training to address the growing spectrum of community and familial needs.

Future Directions

The online nature of the survey allowed us to access a nationwide sample which was a strong advantage in understanding the range of challenges experienced by parents and also in evidencing the consistency of challenges experienced by parents across Ireland. In addition to the benefits of a national picture, we were encouraged to see a good sample of fathers responded, 11%, as their voices are often completely absent from these discussions. However, future research might seek to encourage more fathers to participate.

It is also important to acknowledge that the Irish government has taken steps to introduce mental health lived experience initiatives, for example:

- **National Framework for Recovery in Mental Health (2018-2020):** Co-produced with service users and families, promoting recovery-oriented services.
- **Sharing the Vision (2020-2030):** Focuses on involving service users in care, prevention, and policy development.
- **Mental Health Engagement Framework (2024-2028):** Seeks to embed lived experience into service improvement and accountability.
- **National Mental Health Research Strategy (2024):** Dedicated to evidence-based policy and fostering collaboration with those with lived experience.

Alongside these national standards, grassroots movements are playing a vital role in reshaping the mental health landscape. Groups such as **AsIAM** and various **neurodivergent communities** are reclaiming language and narrative, creating spaces for individuals to advocate for themselves and each other. Their work highlights the importance of community-led initiatives in driving positive change.

While national frameworks provide essential structure and direction, there is an opportunity to strengthen the connection between policy and practice. Lived experience groups and grassroots communities are often at the forefront of innovation, responding swiftly to emerging needs and shaping more inclusive conversations about mental health. The challenge seems to be in bridging the gap between these bottom-up efforts and top-down strategies. Building these bridges are key to fostering genuine collaboration and ensuring that

the diverse realities of those with lived experience are fully reflected in national policy – the macro must marry the micro. Especially so, it seems, for the parent with MH challenges, from the findings of this research it appears they are still unsure of where to go; who to talk to; and the capacity for a service to meet their needs and support their lived experiences.

Ultimately, while progress is being made, ongoing dialogue and cooperation between services, policymakers, and grassroots groups are essential to building a mental health system that is both inclusive and effective for parents with MH challenges, their families and others in wider communities.

Conclusions

This study is unique in its parent informed and inter agency collaborative approach. Findings from the survey indicate that many parents who are experiencing mental health challenges find parenting challenges more difficult and would welcome specific supports. However, many have not accessed parenting supports to date, do not know where to access them and face a number of barriers to access. The findings highlight the need for a menu of available supports and will hopefully guide improvements to existing services as well as to the development of new and more effective interventions to help parents feel more supported in their role as parents while living with a mental health challenge.

It is important that organisations and services offering supports to those with mental health challenges identify if the individual seeking supporting is a parent, and if so that additional supports related to parenting are also offered. Supports should be tailored to individual experiences, their mental health challenges and parenting challenges, with the aim of supporting the whole family through difficult times.

It is also important that organisations and services offering parenting supports speak openly about parental mental health and encourage parents to consider and be open about their mental health and any challenges they are experiencing. There is clearly still a lot of fear, shame and guilt for parents in talking about their mental health challenges and we need to encourage open discussion and dialogue around these issues to combat the associated stereotypes and stigma.

Recommendations

Ultimately, while progress is being made, ongoing dialogue and cooperation between services, policymakers, and grassroots groups are essential to building a mental health system that is both inclusive and effective for parents with MH challenges, and others in wider communities.

On the basis of the survey findings, and in light of existing research, we offer the following recommendations:

Raise awareness

- A variety of sources for parenting support, such as schools and GPs should all be employed to highlight the importance of parental mental health and signpost to appropriate support services.
- A variety of mediums (e.g. posters, social media, radio ads, word of mouth) should be employed to advertise parenting supports and recognise parenting as an ongoing process throughout a child's lifecycle.
- Parent education and general awareness campaigns need to address stigma at a societal level to challenge stereotypes around mental health, medication and help seeking behaviours, and to address fears around judgement about parental competency and confidentiality of support services.

Staff training

- Staff training is important around the screening process for both parenting and mental health challenges, particularly around the importance of a sensitive non-judgemental think parent/think family approach.
- Parental status, and caregiving responsibilities within the family, should be considered in all discussions relating to supporting the individual with their mental health and their parenting (e.g., in relation to medication, side effects, scheduling of appointments).
- Information about additional supports for the children and wider family should also be offered when supporting a parent with mental health challenges.

Engagement with parents

- Parents need to be validated for seeking help and for this to be seen as a strength as opposed to a negative.
- Need for a diverse range of support services to address the diverse needs of different parents, including both individual and group options.
- Need to work with the parent regarding communication with their children about their mental health and explore their concerns. We must respect parent wishes in relation to this and work at the individual parents' pace.

Further work is needed on the basis of these findings in relation to research, practice and policy, to determine how best to support those who are parenting with a mental health challenge.

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Appendices

Table A1: Sample of parents' responses to the following question: Do you feel parenting challenges are/were more difficult to manage because of your mental health challenges?

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| <p>When parents cry out for help they should be urgently engaged with and not in my experience enormous efforts to blame parent and ignore what parent cry for help. I was told go home and get back to your routine</p> |
| <p>It is hard to be calm when dealing with teenagers when feeling anxious / stressed already</p> |
| <p>Managing my own stress and taking care as much as possible not to get overwhelmed. I want to be an attuned parent and I want to ensure I form a secure bond with my children to give them the best chance in life.</p> |
| <p>I get overwhelmed easily, especially parenting alone it feels like a battle between my child and my mental health. I'm trying to teach my son the importance of regulating feelings in a safe way and for him to talk. But I feel like a hypocrite because I am unable to do those things when I am overwhelmed.</p> |
| <p>The most difficult part for me was when I entered the mental health services, I was told if we believe that you or your children are at risk we have the right to report it and at the time I was having suicide ideation, that line drove my anxiety through the roof and I shut down in fear of losing my children and bottled it and wasn't honest, which didn't help me get better. That sentence should not be said or if it is needed to be said explain it.</p> |
| <p>It was impossible to function meaningfully when I was suffering from chronic depression and I am certain that it has had a traumatic impact on my children's lives</p> |
| <p>While my ADHD causes chaos in my own head it's given me a good insight into my children and their needs. I have adopted a very free and choice driven home for the children. All of the children are reaching their personal full potentials. One has left school early but with a great outlook and future plan and was fully supported by us to do so.</p> |
| <p>Mine was post natal and as a result and am taking medication which has given me confidence and less anxiety and confidence in myself</p> |
| <p>I developed psychosis when my child was 6 weeks old. I was admitted to a psychiatric hospital for 5 weeks. My husband had to bring my child in twice a day so I could breastfeed. Because of my mental health issues, I developed severe anxiety. This was really apparent when I came out of hospital as I didn't feel good enough as a mam, my medication caused me to be out of it so couldn't fully be present for my child which added to my disconnection with my child</p> |
| <p>I think my experiences with mental health challenges mean that I have a good understanding of what my child is experiencing and because of all of the help I have gotten, I am able to be a better parent for them. However, we are two years waiting for</p> |

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|--|
| diagnosis for her and I am not sure what support we will get when assessment does come so it adds to the anxiety all around. |
| Developed anxiety with menopause unable to take Hrt lead to fractured relations with my kids |
| Because of my mental health challenges I did not have confidence in my parenting ability. I did however cover up my mental health challenges from my children (as well as I could) .I am uncertain if that was a bad/good idea .I did explain my mental health challenges to my children when they reached 18-19 years .They told me they had been unaware of these challenges most of the time when they were growing up .Both of my children now have very good mental health. |
| My son is similar to me, and sometimes when he is having a tantrum/meltdown, I am also having a silent meltdown and so I may either overreact or fail to react at all |

Table A2: Sample of parents’ responses to the following question: Do parents who are experiencing mental health challenges require specific supports? If yes what kind?

| |
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| Compassion and not judgement. No one wants to talk to someone who has never been on their position. |
| Counselling. Group support. Circle of security courses to teach parents particularly those with mental health challenges on importance of forming a secure bond with your child. |
| Yes, at least some level of community support group so they can share their common experiences with a knowledgeable and sympathetic group |
| A small men's group would be helpful, as men don't usually talk openly about mental health. Small groups would be useful as some people find large groups daunting. |
| I believe the parent experiencing mental health challenges isn't the only one who requires support. As outlined, I believe it will take wider societal change which can only be done gradually, supporting both parents in the meantime. Intergenerational trauma is one term I have come across to try explain/understand what is going on. |
| acknowledgement of the difficulty of the role of parenting by GP'S, AMHS, schools etc and additional 1;1support or groups for parents who are struggling |
| Postnatal depression - would have been helpful to have formal structured meetups facilitated through the perinatal mental health service |
| Yes, what helped me the most was getting my child into Creche, this was suggested to me by my mental health team, and they helped with a list of available crèches in the area. Having someone to talk to like members of my mental health team really helped. Parents should be made aware of government supports to help pay for childcare, |

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| especially if they are experiencing mental health difficulties. |
| Financial help as I really struggled paying two private therapists every week for daughter and I. Practical support like cleaning the house which is what I was also loosing a battle with, and again family support drew up a plan at the start, but this was never implemented. I was happy to finish with that woman as a result. |
| I think all parents need a "village" to keep the mental health challenges at bay. Counselling is very good but it's also very expensive as well |
| I feel the best supports I have received have been from barnardos and really do believe it was a multi supports agency that has helped me and my children through many difficult situation and emotions. I feel as a parent, support for other services should come without fear of thinking you cannot fully express your feelings and if you are high functioning that you are still taking seriously when speaking. I struggled with trying to explain my medication wasn't helping and being classed as good because I didn't stay in bed and was caring from my children, they considered well, it's so much deeper than that and the struggle and battle to not allow yourself to fail daily results in spouts of anxiety attacks and breakdowns every few months after a build-up. |
| Yes, because they are dealing not only with their own stuff but with their children's things, making resources more available and easier to find, having resources in the first place |
| I'm not sure, I would never discuss my mental health challenges with my child's school - I don't want my kids to be labelled with having a crazy mother as I feel that I am sometimes. |
| I feel like they do. I'm not sure what could help but it is so so hard for me to deal with all my kids in the morning when they also have their own issues, and my metaphorical cup has already been overflowing since I woke up. Then when I get to school, I see happy smiling parents and I can't understand why everything is so much harder for me and I feel like everyone can see how much of a failure I am when I'm out of the car. |

Table A3: Sample of parents' responses to the following question: What would help you in having conversations about your mental health with your child?

| |
|---|
| Open communication from a young age and acceptance of difference. Teaching empathy and understanding and practicing nonjudgement of others daily will help encourage acceptance |
| My children have suffered greatly as a result of our family separation. They've seen my sleep around the clock whilst trying to live a normal life. They see me struggling financially even for basic needs like food. As they've got older in the 7 years that I've separated from their father, they developed their own mental health struggles. It's because of this, I've had to be no choice but very open and honest in order to help them deal with their struggles and understand what they/ we are all going through. |
| Short child friendly video clips, explanations need visual supports |

| |
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| The private play therapist I have used - she and I have had brilliant chats which are amazing. I think every town should have a children's/parent hub where there is a board including a play therapist, art therapist, kids' functional developmental physio, yoga therapist, all that kind of thing. A go to, dietician for behavioural issues, breastfeeding and postpartum support |
| Greater acknowledgement of mental health in schools. Why are 5-year-olds getting homework every night? How are we expected to work full-time and do homework at 7pm? Why is there no acknowledgement of the strain this puts families under? If the school acknowledged this then it would help. |
| Less stigma around mental health problems from a young age, I was embarrassed to talk about it from a young age - I didn't know what was wrong with me |
| I don't want them to know as they might start looking for symptoms in themselves. My children see me now as a happy mama and there is no need for them to know I have ADHD and dyslexia. We focus on our strengths, not weaknesses and that make us happier and stronger as a family |

Table A3: Sample of parents' responses to the following question: What would stop you talking to your child/children about your mental health?

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| Frightening them, or them fearing that I am not strong enough to look after them regardless of the situation. Or a fear that they would hide their own troubles or feelings for fear of upsetting me |
| If I was having dark thoughts such as suicide, or self-harm I wouldn't share that. Other than that I say my emotions are feeling a bit silly or sad so he can understand it's not his fault that sometimes I don't feel like the best version of myself |
| Making them feel like we are not as good as other families because stigma still exists especially in rural communities |
| I don't want them to think that they necessarily struggle with the same difficulties (all of my children neurodivergent) |
| The impact it could have on them - also, I don't want to normalise some of the situations I've been through, I want them to be shocking because they are. When we speak about mental health nowadays it needs to be more shocking or thought provoking rather than mainstream. |
| Nothing now. They've had to face stuff far beyond their years. Which has forced them to grow up way too fast in my opinion. |
| Age appropriate, lack of knowledge of how much to share, when is it okay, fear they would be upset, not wanting children to think I'm unhappy because its not necessarily the case, lack of understanding |
| my daughter is suffering with anxiety so I think telling her about my mental health issues would only add to her anxiety. |

I don't want depression to define who I am as a person or for my children to see me as a lesser person. I think it's important to seek professional advice and counselling which has really helped.

The courts.... Court reports such as section 32 and 47 are used against you to remove custody. You can't tell your children anything in case they show your weaknesses.