

COUNT ON MOTHERS

The National Benchmark of U.S. Mothers · October 2026

Pulse Check 2026

Mothers on mental health, getting care, and the
systems around their families

A report by Count on Mothers, released with Inseparable.

Findings draw on Wave 1 of the National Benchmark of U.S. Mothers, fielded May 7 to 27, 2026,
weighted to reflect the national population of mothers.

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At a glance

These numbers come from 2,818 U.S. mothers, surveyed May 7 to 27, 2026. Mothers are who we ask. Their families are what they report on.

39% say a child needed mental, emotional, or behavioral support in the past year

53% worry about their children's mental health

MOTHERS RUNNING LOW

50% *All mothers*
say taking care of their own mental health has been difficult in the past 30 days

time is the obstacle they name most

41% of mothers who named a specific concern for their family named financial stress, more than three times the next theme

57% of mothers with a child under 4 at home say taking care of their own mental health has been difficult, against 46% with no child under 4

SCHOOLS

45% *Mothers who answered on school access*
report difficulty accessing a counselor or mental health professional at school

1st is where mothers place schools on trust to act in the best interests of children and families, ahead of the healthcare system and every level of government

THE ONLINE WORLD

77% *All mothers*
support a legal duty on social media and AI companies to protect children, across every political group

55% are very or extremely concerned about cyberbullying, and 54% about content encouraging self-harm

65% report little or no trust in AI companies, and 63% in social media platforms, to act in the best interests of children and families

COVERAGE

47% *Mothers who said a child needed support*
got it only partially, only after significant barriers, or not at all

56% of those mothers ran into at least one insurance problem, and 34% ran into two or more

22% with employer or private coverage are completely confident it covers mental healthcare, the lowest of any coverage type

Each number describes its own group, so bases differ. Worry is the share moderately, very or extremely worried. Full tables appear in the data appendix.

About this report

Pulse Check 2026 reports what 2,818 U.S. mothers said in May 2026 about their children’s mental health, what it takes to get care, and the systems their families depend on. It offers a deeper look at Wave 1 of the National Benchmark of U.S. Mothers, fielded May 7 to 27, 2026. Count on Mothers, an independent nonpartisan research firm, designed the survey and conducted the analysis.

Results are weighted so they reflect the national population of mothers on region, race and ethnicity, education, household income, and the mother’s age. The margin of error for the full sample is plus or minus 2.3 percentage points, computed on the design-adjusted effective sample.

Respondents are the mother or primary female caregiver of at least one child under 21 living in the household. Throughout, “mothers” refers to this group, and figures describe conditions as the responding mother experiences them.

2,818

mothers surveyed, in all 50 states and the District of Columbia

About this series

Conducted by Count on Mothers for Inseparable, Pulse Check is a yearly examination of how U.S. mothers experience child mental healthcare and the systems around their families. Inseparable is a founding member of the National Benchmark of U.S. Mothers, and each edition draws on a wave of the Benchmark, a recurring nationally representative survey of mothers. **Pulse Check 2025 set the baseline for the series.** It gathered 2,703 mothers in July and August 2025, on a different instrument and a different sampling design, and named four findings. Pulse Check 2026 returns to three of them with a new instrument and a fresh sample of 2,818 mothers.

COMPARING THE TWO YEARS

Because both the questions and the sampling design changed between 2025 and 2026, this report compares the two years in direction rather than in numbers. Where a 2025 figure appears, it is given as context, and the gap between it and a 2026 figure is not a measured change. Where a 2026 finding aligns with 2025, the report says consistent with. Measurement of change over time begins when the same instrument repeats in Wave 2.

WHAT 2025 FOUND, AND WHERE 2026 RETURNS TO IT

Mothers’ and children’s mental health moved together

SECTION 1
Mothers running low

Mothers named school-based support as the most effective path forward

SECTION 3
Schools as the front door

One in four mothers who sought support for a child could not get it, and mothers with private insurance reported the least sufficient access

SECTION 4
Coverage that falls short

In 2025, worried mothers named social media and screens among the top three day-to-day drivers of their children’s distress, in an open question. Section 2 measures the online world directly for the first time.

How to read the numbers

Four conventions govern every number in this report. They are repeated in the methodology appendix, where the full question wording and scales also appear.

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- 1 Every percentage is weighted. Counts shown as n are unweighted and give the number of mothers each percentage is calculated on.
 - 2 Group comparisons rely on at least 100 respondents per group. Groups of 50 to 99 are named in the text and read with caution. Groups under 50 are not reported.
 - 3 Several questions used rating scales. Findings are reported using a scale point's descriptor, for example “very worried” or “extremely worried”, rather than its assigned numerical value. The full scales appear in the methodology appendix.
 - 4 Throughout this report, “the support a child needed” means help for a mental, emotional, or behavioral concern, in the survey’s own words.
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THE RESEARCH TEAM

Research design and analysis were led by Jennifer Brailsford, PhD, Director of Research, and Melissa Lawrence, MPH, MS, Director of Data Science. Full methodology appears in the appendix.

WAVE 2

Wave 2 of the Benchmark repeats this instrument and reports in February.

The through-line

Mothers are who we ask. Their families are what they report on. Asked in their own words for their biggest concern about their family's wellbeing, mothers name financial stress first. Nearly 4 in 10 say a child needed support for a mental, emotional, or behavioral health concern in the past 12 months, 53% worry about their children's mental health, and half say taking care of their own mental health has been difficult. That difficulty rises to 70% where a child needed support, and to 78% where that support came only after significant barriers.

THE FOUR SECTIONS THAT FOLLOW

1 Mothers running low

Mothers name financial stress first as their biggest concern for their family's wellbeing, half say taking care of their own mental health has been difficult, and the strain is highest for mothers raising a young child and older children at the same time.

2 What mothers cannot protect their children from online

Majorities of mothers are very or extremely concerned about every category of online content measured, with reason: a third report age-restricted products marketed to their child, and one in five children whose mother rates the screen balance healthy saw something upsetting. 77% support a legal duty on social media and AI companies to protect children, a majority in every political group.

3 Schools as the front door

Mothers place schools first of the eleven institutions measured, and nearly half report difficulty accessing a counselor or mental health professional at school. Believing the school would notice a struggling child and believing the school is safe go together: 50% of mothers who are completely confident in the school's response rate it extremely safe, against 9% of the least confident.

4 Coverage that falls short

Children need help at the same rate whatever insurance the family has, and insurance barriers stay common at every income above the lowest. Among mothers who said a child needed support, 56% ran into at least one insurance problem, most often no in-network provider, a prior authorization delay, or a limit on covered visits, and 44% of all mothers delayed or avoided care because of cost.

SECTION ONE

Mothers running low

Asked for their biggest concern about their family's wellbeing, mothers name financial stress first, followed by mental health, physical health and healthcare, safety, and technology and social media. Half say taking care of their own mental health has been difficult.

50%

of all mothers say taking care of their own mental health has been difficult in the past 30 days

41%

of mothers who named a specific concern for their family named financial stress, more than three times the next theme

Pulse Check 2025 found mothers' and children's mental health moving together, and Pulse Check 2026 starts there. Asked in their own words what their biggest concern about their family's wellbeing is, mothers name financial stress first. Nearly 4 in 10 say a child needed support for a mental, emotional, or behavioral health concern in the past 12 months, and half say taking care of their own mental health has been difficult. This section reports what mothers carry, and what they name as standing in the way.

1.1 Financial stress is what mothers name as their biggest concern for their family's wellbeing

Every wave carries one open-ended question, asked of every mother: in your own words, what is your biggest concern about your family's wellbeing right now? Among mothers who named a specific concern, 41% named financial stress, by a wide margin. Mental health is second, followed by physical health and healthcare, safety, and technology and social media. The question asks for one concern, so the ranking shows what comes first to mind rather than how many families each concern reaches.

Financial stress leads at every income level. It is named by 58% of mothers in households earning under \$25,000 and by 25% of mothers in households earning \$150,000 or more. The concern does not disappear as income rises, it gives way to a wider spread of other concerns.

OUTSIDE THIS SURVEY

A 2020 qualitative study of 26 low-income mothers of young children in New England traced how financial strain reaches parenting and maternal mental health, describing forced tradeoffs and the harm to mental health that follows. It is a small clinical sample rather than a national one, so it shows how this happens and not how often. Marcil and colleagues, *Journal of Obstetric, Gynecologic and Neonatal Nursing*, 2020.

Nearly 4 in 10 mothers, 39%, say a child needed support for a mental, emotional, or behavioral health concern in the past 12 months. 53% worry about their children's mental health.

Financial stress is what U.S. mothers name first when asked about their family’s wellbeing

% naming each theme, among mothers who named a specific concern



Weighted, among mothers who named a specific concern. One open-ended question, asked of every mother and coded into themes. About one in seven mothers named no specific concern and are outside the base of 2,178. Wave 1 topline.

Source: National Benchmark of U.S. Mothers, Wave 1, fielded May 7 to 27, 2026. “Pulse Check 2026” COUNT ON MOTHERS

Data appendix, tables B18 and B40. Concern themes are Figure 13 of the Wave 1 topline. The income breakdown is Figure 14, among mothers who named a specific concern. The shares of mothers whose child needed support and who worry about their children’s mental health are Wave 1 topline figures.

1.2 Half of mothers say taking care of their own mental health was difficult, and time is what they name as the obstacle

Half of all mothers, 50%, say they had a difficult time taking care of their own mental health in the past 30 days. Asked what the biggest obstacle is, those mothers name time first, 49%, about three times the 16% who name cost. Not knowing where to get help follows at 11%, and a problem with health insurance coverage at 9%.

IN HER OWN WORDS

Survey question, *In your own words, what is your biggest concern about your family's wellbeing right now?*

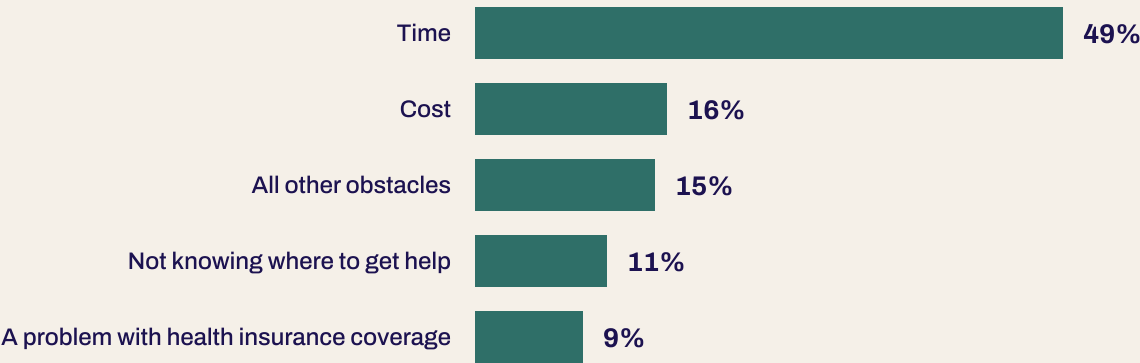
“Not taking enough time for self care due to the demands of work and school.”

— A mother in Virginia

Part of that time goes to dealing with institutions. 20% of mothers spend more than five hours in a typical week on paperwork, calls and coordination for their family's health, childcare and school needs. Among mothers of a child with a developmental or behavioral condition it is 28%, against 18% of other mothers. This is administrative work, and it sits on top of caring for children. Pulse Check 2025 found 53% of mothers reporting difficulty tending to their own mental health, measured on a different instrument. The two years are consistent in direction.

Time is what U.S. mothers name most often as the obstacle to caring for their own mental health

% naming each as their biggest obstacle, among mothers who said taking care of their own mental health was difficult



Weighted, among mothers who said taking care of their own mental health was difficult. Asked only of mothers who said taking care of their own mental health was difficult in the past 30 days. All other obstacles covers transportation, lack of access and other, each named by too few mothers to report on its own. Bars are drawn on a 0 to 60 percent scale.

Source: National Benchmark of U.S. Mothers, Wave 1, fielded May 7 to 27, 2026. “Pulse Check 2026” COUNT ON MOTHERS

Data appendix, table B16. The obstacle distribution is Figure 6 of the Wave 1 topline.

OUTSIDE THIS SURVEY

In 2024 the U.S. Surgeon General issued an advisory on the mental health and wellbeing of parents, naming parental stress a public health concern. Office of the Surgeon General, Parents Under Pressure, 2024.

1.3 Strain is highest for mothers with a child under 4

Mothers with at least one child under 4 more often say taking care of their own mental health was difficult, 57% against 46%. On feeling overwhelmed often or almost always the gap is the same size, 42% against 32%.

IN HER OWN WORDS

Survey question, *In your own words, what is your biggest concern about your family's wellbeing right now?*

“My biggest concern about my family’s wellbeing is making time for everyone. I recently had an unexpected new baby and it’s been hard managing time.”

— A mother in Pennsylvania

On difficulty caring for her own mental health, the gap belongs to mothers caring for a baby or toddler and older children at the same time. Mothers whose children are all under 4 look like everyone else on this measure, 51% against 49%, a difference that is not statistically significant. The higher rate among mothers with any child under 4 comes from mothers caring for a young child and older children at once.

Sleep loss is sharpest for mothers whose children are all under 4. 40% rarely or never get enough sleep to feel rested, against 32% of all other mothers.

Cost-driven delays in care are more common where there is a child under 4. 51% of mothers with a child under 4 delayed or avoided healthcare for themselves or a child because of cost in the past year. Among other mothers, 41% did.

Strain is highest for U.S. mothers raising a child under 4 and older children at the same time

% saying taking care of their own mental health was difficult in the past 30 days



Weighted. Mothers whose children are all under 4 are part of the first group, not a separate one. The gap between the first and third bars belongs to mothers caring for a child under 4 and older children at the same time. Bars are drawn on a 0 to 70 percent scale.

Q. Items from the maternal capacity block, cut by the age of children at home. Full wording for each item appears in the topline.

Source: National Benchmark of U.S. Mothers, Wave 1, fielded May 7 to 27, 2026. “Pulse Check 2026” COUNT ON MOTHERS

WHY THIS MATTERS

Screening for maternal mental health follows a birth and ends within a year of it. The difficulty measured here runs highest for mothers caring for a young child and older children at the same time, and a screen that follows a birth does not ask about the age span of the household.

Data appendix, tables B12 and B13.

OUTSIDE THIS SURVEY

Pediatric guidance places maternal depression screening at well-visits through the first six months after a birth. National tracking of mothers from 2016 to 2023 found fair or poor mental health rising over the period, and more than doubling among mothers of preschool-aged children. That survey asks different questions of a different sample, so its figures are not comparable with the ones on this page. American Academy of Pediatrics guidance cited in *Parents Under Pressure*, 2024. Daw, MacCallum-Bridges and Admon, *JAMA Internal Medicine*, 2025.

1.4 A child needing help shows up in the mother, and a fight to get it shows up more

Half of all mothers, 50%, say taking care of their own mental health was difficult in the past 30 days. Among mothers who said a child needed mental, emotional, or behavioral support, it is 70%. Among mothers whose child did not need support, 36%.

Within the group whose child needed support, the share climbs with how hard that support was to get. Where the family was able to access it without significant difficulty, 65%. Where it came only partially, 77%. Where it came only after significant barriers, 78%.

The survey measures these together and does not establish which came first. Both answers come from the same mother, so a mother who is struggling herself may also be more likely to notice and report that a child needs support.

IN HER OWN WORDS

Survey question, *In your own words, what is your biggest concern about your family's wellbeing right now?*

“My own mental health. I am not able to be the type of mom I could or should be because I am drowning. Trying to pay for child care, pay for health care, and run a business is driving me into the ground. I know my kids are suffering but I am working so hard already that I don't know what else to do to change our situation.”

— A mother in Colorado

Pulse Check 2025 measured a similar pairing on a different instrument. Among mothers at the highest level of worry about their children, 49% had sought care and could not get it, against 3% at the lowest level of worry. Both years describe a family's difficulty getting care and a mother's own strain moving together.

U.S. mothers whose child’s support came only after significant barriers report the most difficulty with their own mental health

% saying taking care of their own mental health was difficult in the past 30 days, among mothers who said a child needed support, by whether they were able to access it



Weighted, among mothers who said a child needed support. Charts in this report compare groups of at least 100 mothers. The 61 whose child went without support entirely fall below that, so they are not charted here. Their figures are in the data appendix.

Q. In the past 30 days, have you had a difficult time taking care of your own mental health? Cut by Were you able to access that support when you needed it?

Source: National Benchmark of U.S. Mothers, Wave 1, fielded May 7 to 27, 2026. “Pulse Check 2026” COUNT ON MOTHERS

WHY THIS MATTERS

The harder it was for a family to get help for a child, the more likely the mother is to say she had a hard time taking care of her own mental health. Difficulty getting care for a child looks like a stressor on the mother.

Data appendix, tables B4, B30, B34 and B40.

SECTION TWO

What mothers cannot protect their children from online

A majority of mothers are very or extremely concerned about every category of online content measured, and every political group supports a legal duty on the companies.

77%

of mothers support a law requiring social media and AI companies to take reasonable steps to protect children

65%

report little or no trust in AI companies to act in the best interests of children and families

Companies reach children directly. 32% of mothers report that a product that cannot legally be sold to a minor was marketed to their child, led by vapes or e-cigarettes at 18%, gambling or sports betting at 14%, and pornography at 12%. Count on Mothers and University College London, reviewing AI chatbots and children in July 2026, found that these products are frequently introduced outside the home, and that current U.S. policy sets few protections for children and places the responsibility on parents instead.

Upsetting content reaches children even where the mother rates the screen balance healthy. One in five mothers who say the balance of screen time and other activities in their home is healthy report that their child saw something online that scared or upset them. This section reports what mothers are concerned about, what reaches their children, how far they trust the companies behind these products, and what they want done about it.

2.1 The threats mothers name

Mothers' concern about the online world is broad, and it reaches the content closest to child mental health.

Majorities of mothers are very or extremely concerned about every content category measured, including the content closest to child mental health, that which encourages self-harm, 54%, and that which promotes eating disorders or unhealthy body image, 54%. Concern about sexual content inappropriate for the child's age is 63%, violent content 62%, and influence by extreme views 54%. Concern at this level holds across the full sample of 2,818 mothers.

Concern extends to how the platforms themselves work, with 55% very or extremely concerned about cyberbullying, 51% about time spent on platforms with addictive features, and 49% about companies collecting data on their child.

Concern peaks in the 8 to 12 years, the highest of any age group in the Wave 1 topline. Among mothers of boys this age, concern about violent content reaches 69% and concern about age-inappropriate sexual content 68%. Concern about violent content is higher for mothers of boys than for mothers of girls the same age, 69% against 58%.

A majority of U.S. mothers are very or extremely concerned about every category of online content measured

% very or extremely concerned, by content category



Weighted, all mothers. Every category measured clears a majority. Bars are drawn on a 0 to 70 percent scale, with a reference line at 50 percent. The two categories closest to child mental health, self-harm material and eating disorder or body image material, are named in the text. Asked of all 2,818 mothers; percentages are among those who answered each item.

Q. How concerned are you about the following, specifically, content your child(ren) might see online? and How concerned are you about the following aspects of your child(ren)'s online activity, specifically, how platforms behave toward your child(ren)?

Source: National Benchmark of U.S. Mothers, Wave 1, fielded May 7 to 27, 2026. "Pulse Check 2026" COUNT ON MOTHERS

2.2 Protection falls short even where the mother rates the balance healthy

A mother can rate her child's balance of screen time and other activities as healthy and still report that the child saw something online that scared or upset them. One in five mothers who rate the balance healthy report it, 20%. Where she says the balance is not healthy, 28% do. The rate is also 28% where the child has a mental health condition. These figures are mother reports, and they read as a lower bound of what children encounter.

Mothers place the companies running these spaces at the bottom of the same eleven-institution ranking that places schools first. 65% report little or no trust in AI companies to act in the best interests of children and families, and 63% report the same for social media platforms, against 32% for schools.

WHY THIS MATTERS

Every content category measured draws majority concern, and the categories closest to children's mental health, self-harm material at 54% and eating disorder or body image material at 54%, sit alongside sexual content at 63% and violent content at 62%. It arrives through the companies mothers trust least, and one in five children whose mother rates the screen balance healthy still saw something upsetting online.

Data appendix, tables B8, B9, B21, B22, B23 and B24. By the mother's rating of the balance, 20% where she agrees or strongly agrees, 17% where she neither agrees nor disagrees, and 28% where she disagrees, table B9.

2.3 Mothers want the duty written into law

Mothers broadly support holding social media and AI companies responsible for protecting children, and that support goes together with doubt that technology is designed with children's wellbeing in mind.

About 77% support a law requiring social media and AI companies to take reasonable steps to protect children. Support clears a majority in every political group, from 73% of conservatives to 82% of liberals, and it sits alongside a majority's concern about violent and sexual content, content promoting eating disorders and self-harm, and cyberbullying.

77%

of mothers support a law requiring social media and AI companies to take reasonable steps to protect children

IN HER OWN WORDS

Survey question, *In your own words, what is your biggest concern about your family's wellbeing right now?*

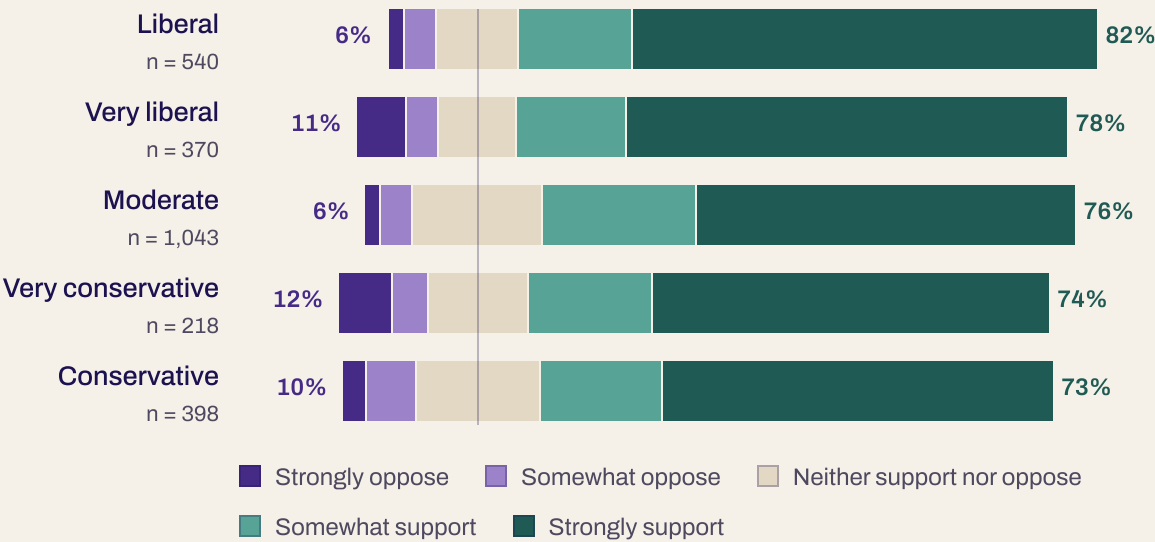
“Staying safe from online predators and teaching my boys how to navigate through this new online world. There is no playbook to go by, it’s on us as parents and I don’t want to fail them.”

— A mother in Maryland

Among mothers who most strongly support such a law, half, 50%, have little or no confidence that technology is designed with their children’s wellbeing in mind, and 22% have none at all. Support for a law and doubt about the technology run together.

Liberal, moderate, and conservative U.S. mothers all support a legal duty on social media and AI companies to protect children

% who support a law requiring social media and AI companies to take reasonable steps to protect children, by political views



Weighted. Mothers who selected another political view are included in the overall figure. About 77% of all mothers support such a law. Bars are centered on the neutral midpoint, so total support reads to the right.

Q. Would you support or oppose a law that would require social media platforms and AI companies to take reasonable steps to protect children and teens from harm when designing their products?

Source: National Benchmark of U.S. Mothers, Wave 1, fielded May 7 to 27, 2026. “Pulse Check 2026” COUNT ON MOTHERS

WHY THIS MATTERS

On protecting children online, mothers agree across political lines. Upsetting content reaches one in five children whose mother rates the screen balance healthy, and half of mothers, 51%, are very or extremely concerned about platforms built with addictive features. Support for a legal duty clears a majority in every political group, and it sits alongside measured doubt that technology is designed with children’s wellbeing in mind.

Data appendix, tables B10 and B11.

SECTION THREE

Schools as the front door

Mothers place schools first of the eleven institutions measured, and nearly half report difficulty accessing a counselor or mental health professional at school.

IN HER OWN WORDS

Survey question, *In your own words, what is your biggest concern about your family's wellbeing right now?*

“Peer pressure at schools and finding out about it much later from another person.”

A mother in North Carolina

36%

report complete or moderate trust in schools, the highest of the eleven institutions measured, and no institution reaches 40%

45%

of mothers who rated school access report difficulty accessing a school counselor or mental health professional

Mothers place schools first of the eleven institutions measured, and in Pulse Check 2025 they named school-based support as the most effective path forward. Reaching the help is where it breaks down. This section reports how hard the school's mental health staff are to reach, and how closely confidence in the school follows what a family has already been through.

3.1 Mothers place schools first of the eleven institutions measured, and trust is low across the whole list

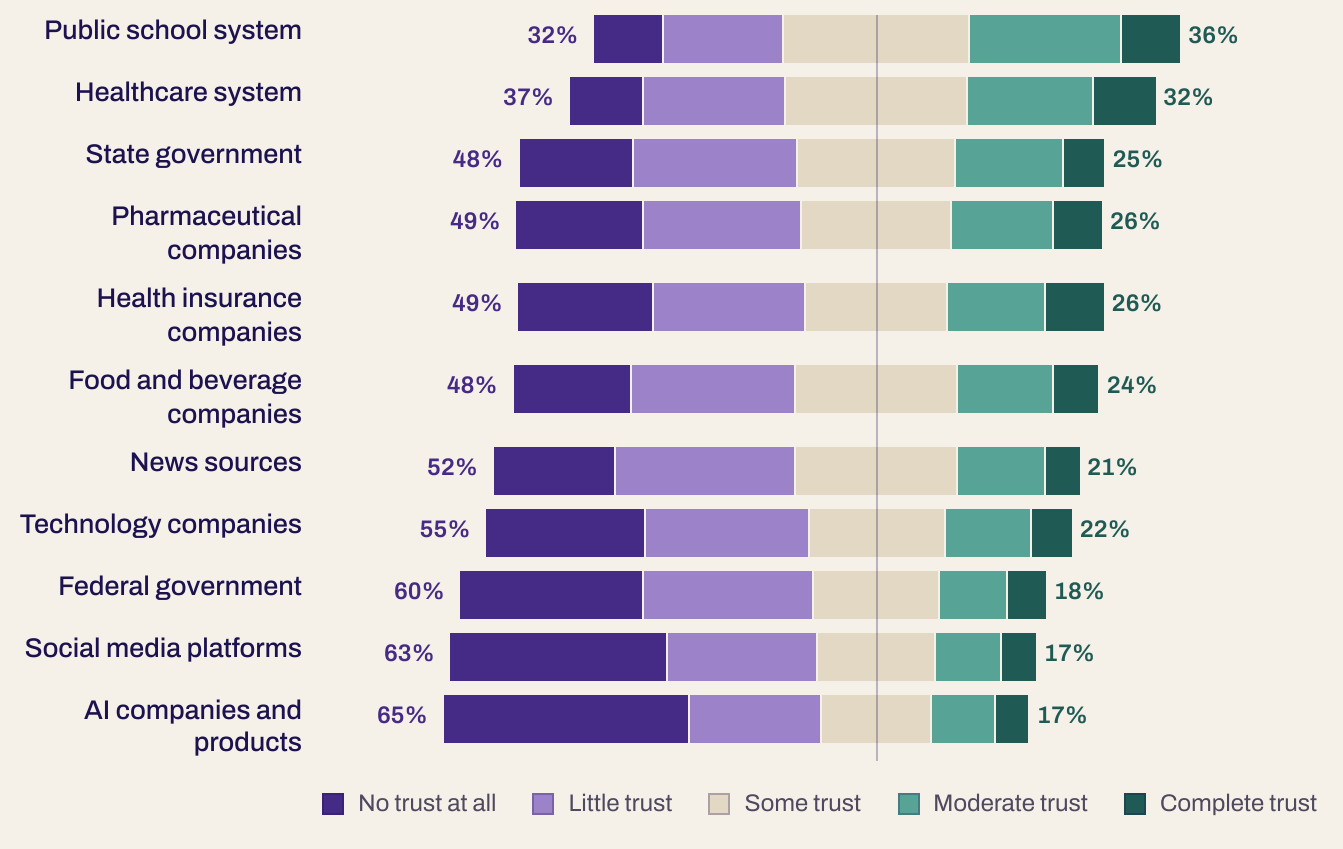
We asked mothers how much they trust eleven institutions to act in the best interests of children and families. The public school system ranks first. 36% of mothers report complete or moderate trust in schools, the highest rating any institution received. Trust runs low across the whole list. No institution reaches 40%, and the eleven range from 36% for schools down to 17% for AI companies and products.

36%

report complete or moderate trust in schools, the highest rating any of the eleven institutions received

U.S. mothers place schools first among eleven institutions, and no institution reaches 40%

% with complete or moderate trust that each institution acts in the best interests of children and families



Weighted, all mothers. Institutions ordered by average rating across the five-point scale, the same order as table B21. Bars are centered on the some-trust midpoint. Asked of all 2,818 mothers; percentages are among those who answered each item.

Q. How much do you trust each of the following to act in the best interests of children and families?

Source: National Benchmark of U.S. Mothers, Wave 1, fielded May 7 to 27, 2026. “Pulse Check 2026” COUNT ON MOTHERS

This aligns with Pulse Check 2025, where mothers named school-based support as the most effective path forward. Two years and two different questions point to the same place.

One more 2025 finding matters here. Among all mothers, school accommodation was the least named of the obstacles measured, 2%, and mothers who could not get mental healthcare for their child named it least often of every obstacle on the list. Mothers pointed to schools as the solution, and the school itself was rarely what stood in the way.

Political view separates trust in schools more than it separates the care experience. The share of mothers whose child got needed support without difficulty runs 51% to 54% from very liberal through conservative, with the very conservative group above that range at 63% on a base under 100.

Trust in schools varies by political view. Complete or moderate trust runs from 30% among conservative mothers to 43% among very liberal mothers. With political views in three groups, schools rank first among liberal mothers, 43%, and moderate mothers, 34%, and second among conservative mothers, 33%, where the healthcare system ranks first at 34%. Trust sits below half in every group, so the ordering shows where groups differ against a low shared level.

Data appendix, tables B21, B28, B32, B33 and B35.

3.2 Reaching a counselor or mental health professional at school is hard

45% of mothers who rated school access report at least some difficulty accessing a counselor or mental health professional at school, and 11% call it very or extremely difficult. The same question was asked separately about a pediatrician or family doctor, a private therapist, and a community health clinic. 13% of mothers answered that it did not apply to her family; with those who did not answer the item, the base is 2,283.

In 2025, one in three mothers reported difficulty accessing counselors or psychologists at school. The direction is the same both years, on two different instruments.

3.3 Mothers who doubt their school would notice a struggling child also doubt it is safe

Mothers who believe their school would help a struggling student also believe the school is safe. 50% of mothers completely confident in the school's response rate the school extremely safe. Among the least confident, 9% do. Confidence in the school's response is similar across political views, 47% among liberal mothers, 47% among moderates and 53% among conservative mothers.

Confidence in the school falls as a family’s experience getting support for a child gets harder. Among mothers whose child got support without significant difficulty, 58% are completely or moderately confident the school can identify and respond to a struggling student. Where the support came only after significant barriers, 32% are. Little or no confidence rises from 23% to 42% between the same two groups, and reaches 61% among mothers whose child went without support entirely, a group of 55 respondents, read with caution.

IN HER OWN WORDS

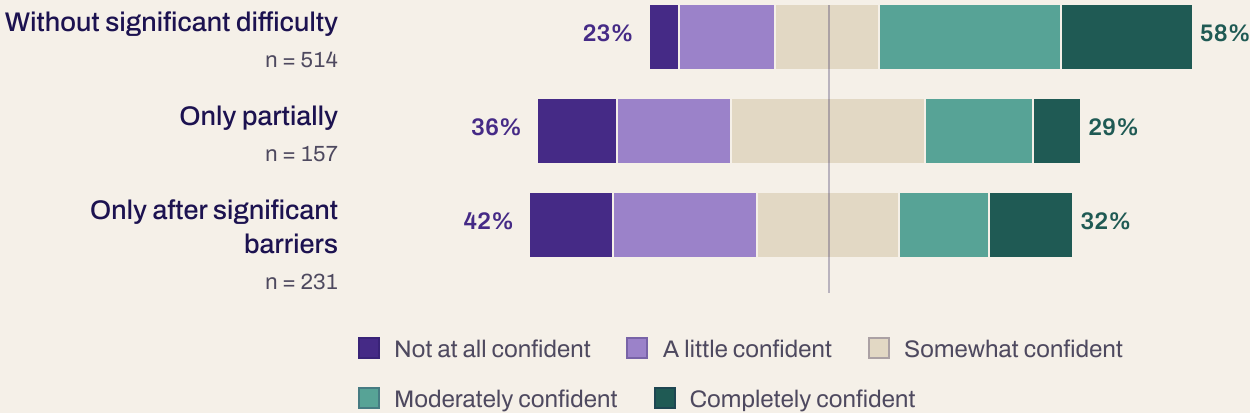
Survey question, *In your own words, what is your biggest concern about your family’s wellbeing right now?*

“Mental health and bullying are big in schools and this school does nothing to help stop it.”

— A mother in Minnesota

Confidence that a school would notice a struggling child falls as a family’s experience getting support grows harder

% completely or moderately confident their child’s school could identify and respond to a struggling student, among mothers who said a child needed support



Weighted, among mothers whose child needed support. Charts in this report compare groups of at least 100 mothers. The 55 whose child went without care entirely fall below that, so they are not charted here. They are named in the text and their figures are in the data appendix.

Q. How confident are you that your child’s school can effectively identify and respond to a student who is struggling emotionally or behaviorally?

Source: National Benchmark of U.S. Mothers, Wave 1, fielded May 7 to 27, 2026. “Pulse Check 2026” COUNT ON MOTHERS

WHY THIS MATTERS

The door mothers trust most is hard to open, and doubt that the school would notice a struggling child runs alongside doubt that the school is safe. A mother can place schools first of the eleven institutions measured and still not be confident her own child would be seen there. Nearly half report difficulty accessing a counselor or mental health professional at school.

Data appendix, tables B6, B7, B26, B29 and B35. School resources questions were asked in 2025 only; the 2026 survey asked confidence that the school can identify and respond to a struggling student.

Coverage that falls short

Mothers report similar levels of child need across every insurance type. Trust that the insurance will deliver is where the differences appear.

47%

of mothers who said a child needed support got it only partially, only after significant barriers, or not at all

Among mothers who said a child needed support, nearly half, 47%, got it only partially, only after significant barriers, or not at all. The other 53% were able to access it without significant difficulty. Counted a second way, 56% ran into at least one insurance problem and 34% ran into two or more. Mothers report similar levels of child need across every insurance type. Trust that the insurance will deliver is where the differences appear.

4.1 Employer and private coverage carry the least confidence that insurance will deliver

Mothers with employer-sponsored or private insurance are the least confident their insurance provides sufficient mental health access. Fewer than half, 48%, are completely or moderately confident, against 52% of mothers on Medicaid or CHIP and 60% with self-purchased coverage. One in four, 25%, report little or no confidence, and the share with no confidence at all is nearly double Medicaid's, 10% against 6%. The pattern holds on every summary of the scale.

IN HER OWN WORDS

Survey question, *In your own words, what is your biggest concern about your family's wellbeing right now?*

“Financial strain and lack of affordable and TRUSTWORTHY healthcare.”

— A mother in Florida

Higher earners are more likely to say they have no confidence at all in their insurance, 6% in the lowest income group and 11% at \$200,000 or more, even though higher-income families reach care more easily. On every other answer, income makes little difference. Complete or moderate confidence sits between 44% and 53% in every income group.

Paperwork and insurance approvals were as much of a struggle for families with job-based or private insurance as for families on Medicaid or CHIP.

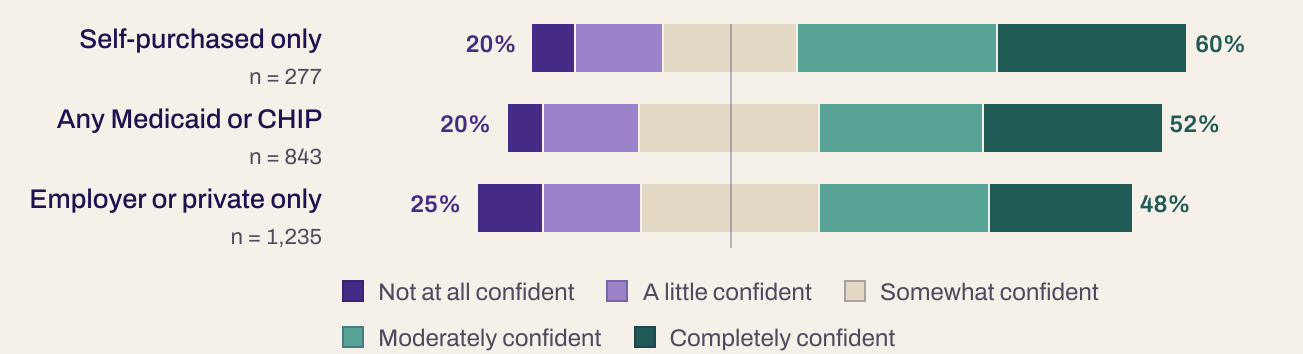
ON THE INCOME FIGURE

Income is total household income before taxes in the past 12 months, as the survey asked it.

Pulse Check 2025 found that 46% of privately insured mothers agreed their plan provided sufficient access to mental health services, and 80% of mothers lacking sufficient access held private insurance. The 2026 instrument asks about the same condition in confidence terms, whether mothers are confident their insurance provides sufficient mental health access. The answer is consistent with 2025 in direction. Confidence runs below 60% for every coverage type and lowest where coverage comes through an employer or a private plan. Two years and two instruments describe the same gap between holding coverage and being able to use it.

U.S. mothers with employer or private coverage are the least confident their insurance covers mental healthcare

% completely or moderately confident their insurance provides sufficient access to mental healthcare, by coverage type



Bars are centered on the neutral midpoint. Confidence reads to the right, its absence to the left. Weighted. Uninsured mothers are excluded under the reporting rules.

Q. How confident are you that your child’s health insurance provides sufficient access to the mental, emotional, and behavioral health services your family needs?

Source: National Benchmark of U.S. Mothers, Wave 1, fielded May 7 to 27, 2026. “Pulse Check 2026” COUNT ON MOTHERS

Data appendix, tables B2, B15, B19 and B27.

4.2 Access to support rises with income, and the insurance barriers stay

Income changes what stands in the way. At the lowest incomes the difficulty is reaching support at all. Above that, insurance barriers stay common at every level, and below \$100,000 most families are no more than moderately confident they could cover an unexpected \$500 expense without debt.

Access climbs with income. Among mothers whose child needed support, 37% of the lowest-income mothers say their child got it without significant difficulty, rising to 62% at the highest income levels.

Multiple barriers stay common at every income level above the lowest. Running into two or more separate insurance barriers is far less common in the lowest income group, 13%, than everywhere above it, where it ranges from 32% to 40%. The lowest income group reports the fewest multiple-barrier experiences, but the hardest time reaching care.

A note on what this counts. Insurance barriers are a separate measure from whether support arrived. They count what an insurer did, not what the child received. Across all mothers who said a child needed support, 56% ran into at least one insurance problem and 34% ran into two or more. This is the same group as the care-experience figures above, counted a second way.

Financial fragility eases with income. 7% of families in the \$25,000 to \$49,999 range were extremely confident they could cover an unexpected \$500 expense without going into debt, and 55% were slightly or not at all confident. Extreme confidence reaches 67% at \$200,000 or more.

Together, these patterns show that what stands between a family and care shifts with income. Middle-income families run into multiple barriers about as often as the highest earners, and are far less confident they could cover an unexpected \$500 expense without debt. Section 4.4 records where that exposure lands, 44% of mothers delayed or avoided care because of cost in the past year.

56%

of mothers who said a child needed support ran into at least one insurance problem, and 34% ran into two or more

IN HER OWN WORDS

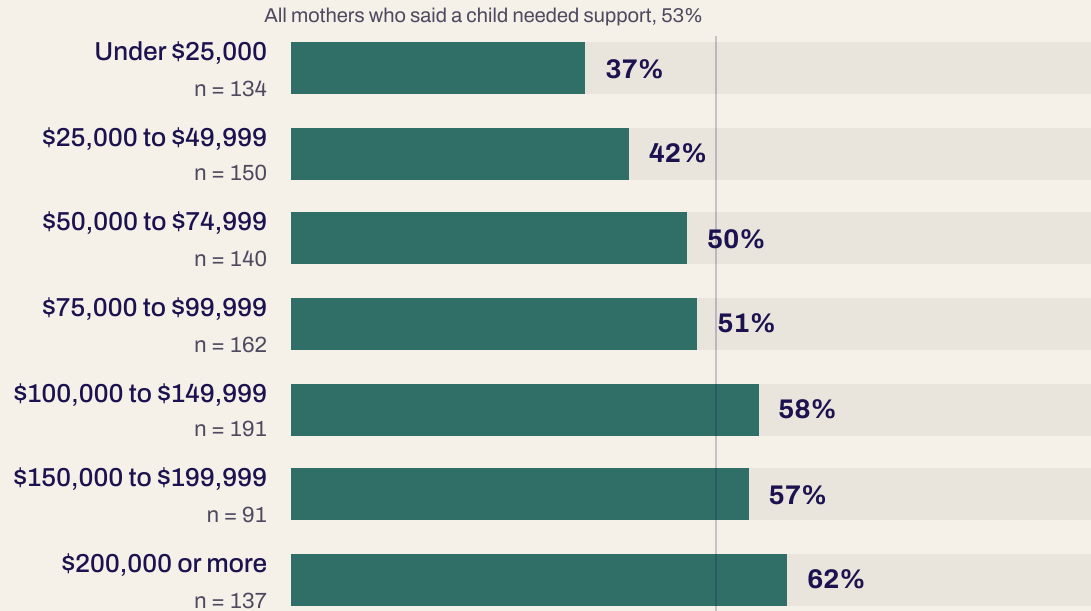
Survey question, *In your own words, what is your biggest concern about your family's wellbeing right now?*

“Our healthcare has become unaffordable. We pay huge premiums only to have unaffordable deductibles and out of pocket maximums. [...] So, now I am going without medical care I need.”

— A mother in Indiana

Children in the lowest-income U.S. households are least likely to get the support they needed without difficulty

% whose child got needed support without significant difficulty, among mothers who said a child needed support, by household income



Weighted, among mothers whose child needed support. Bars are drawn to 100 percent, so the unfilled length of each bar is the share whose child got support only partially, only after significant barriers, or not at all. The \$150,000 to \$199,999 group has 91 respondents, below the 100-respondent comparison rule, and is shown for completeness rather than compared. Insurance barriers and the unexpected \$500 expense are reported in the text.

Q. Were you able to access that support when you needed it? / In the past 12 months, has your ability to access mental, emotional, or behavioral care been impacted by the following actions from your insurance company? / If your household faced an unexpected expense of \$500 tomorrow, how confident are you that you could cover it without going into debt? Each panel is cut by household income.

Source: National Benchmark of U.S. Mothers, Wave 1, fielded May 7 to 27, 2026. “Pulse Check 2026” COUNT ON MOTHERS

WHY THIS MATTERS

A family can hold a job and insurance and still be one surprise bill from debt or skipped care. Multiple insurance barriers are common at every income above the lowest, and below \$100,000 fewer than half of families are more than moderately confident they could cover an unexpected \$500 expense without debt.

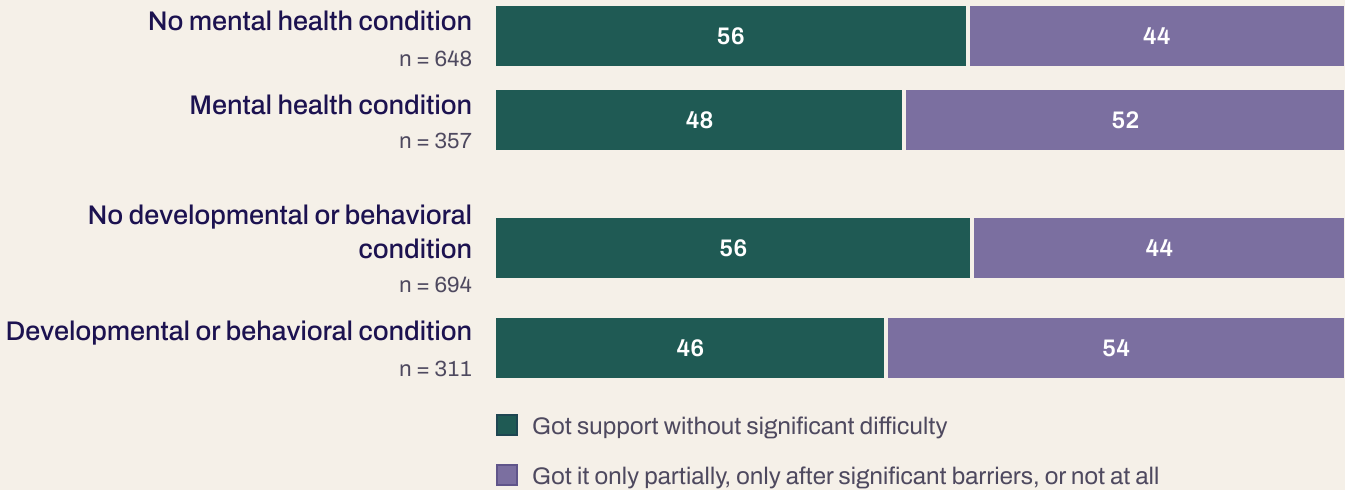
4.3 Families whose child has a diagnosed condition meet more barriers on the way to support

Among mothers who said a child needed support, 33% of children with a mental health condition got it only after significant barriers, against 22% of children without a reported condition. The 47% is not spread evenly. Among children with a reported mental health condition it is 52%, against 44% of children without one. For developmental or behavioral conditions it is 54% against 44%.

Families whose child has a diagnosed condition typically need more support across more visits, so they have more occasions to meet a barrier. This measure records how often barriers appeared along the way.

U.S. children with a diagnosed condition more often reach support only after significant barriers

% by what happened when a child needed support, among mothers who said a child needed support



Weighted, among mothers whose child needed support. In every group fewer than 50 mothers said their child went without support entirely, so that outcome is counted inside the second bar rather than shown on its own.

Q. Were you able to access that support when you needed it? Cut by whether a condition was reported at Do any of the following conditions or difficulties affect or limit your child's daily activities?

Source: National Benchmark of U.S. Mothers, Wave 1, fielded May 7 to 27, 2026. "Pulse Check 2026" COUNT ON MOTHERS

Data appendix, table B3.

4.4 Cost is the most common reason care gets skipped

In the past 12 months, 44% of mothers delayed or avoided health or mental healthcare because of cost, including 39% who delayed or avoided care for themselves. Cost-driven delays in a mother's own care reach every income level shown in the Wave 1 topline, and they are most common in the middle: 53% at \$50,000 to \$74,999, against 38% in the lowest-income group and 35% at \$200,000 or more.

44%

of mothers delayed or avoided health or mental healthcare because of cost in the past 12 months

Among mothers whose biggest obstacle to caring for their own mental health is an insurance problem, 74% delayed or avoided healthcare for themselves because of cost in the past year. The share is 69% where cost is the named obstacle and 47% where time is, so even among mothers whose main obstacle is time, nearly half put off care for themselves over cost.

WHAT THIS QUESTION ASKS

The skipped-care question covers health and mental healthcare together and asks about cost only, so these figures show how often cost stops care of some kind in each group.

WHY THIS MATTERS

Coverage does not settle the question of cost. 44% of mothers put off or went without care because of cost in the past year. The delays reach every income level and peak in the middle incomes, where multiple insurance barriers are as common as at the top, and mothers with job-based insurance are the least confident their coverage will deliver.

Data appendix, tables B17 and B25. The income breakdown of a mother’s own delayed care is Figure 4 of the Wave 1 topline.

Conclusion

This report describes the conditions mothers are managing. Four stand out.

-
- 1** Half of all mothers, 50%, say taking care of their own mental health was difficult in the past 30 days, rising to 70% where a child needed support and to 78% where that support came only after significant barriers. Time is the obstacle they name most. Asked in their own words what their biggest concern for their family is, 41% of mothers who named a specific concern named financial stress, more than three times the next theme. The strain is highest where a child under 4 is at home, 57% against 46%, and highest of all for mothers raising a young child and older children at the same time.
 - 2** A majority of mothers are very or extremely concerned about every category of online content measured, from age-inappropriate sexual content at 63% to influence by extreme views at 54%. A third report an age-restricted product was marketed to their child, and one in five children whose mother rates the screen balance healthy saw something upsetting online. 77% of mothers support a law requiring social media and AI companies to take reasonable steps to protect children, a majority in every political group.
 - 3** Mothers place schools first of the eleven institutions measured, and no institution reaches 40%. Nearly half, 45%, report difficulty accessing a counselor or mental health professional at school. Believing the school would notice a struggling child and believing it is safe go together: 50% of mothers who are completely confident in the school's response rate it extremely safe, against 9% of the least confident.
-

-
- 4** Among mothers who said a child needed support, 47% got it only partially, only after significant barriers, or not at all, and 56% ran into at least one insurance problem. Children need help at the same rate whatever insurance the family has, and 22% of mothers with employer or private coverage are completely confident it covers mental healthcare, the lowest of any coverage type. Access rises with income, and insurance barriers stay common at every income above the lowest. 44% of mothers delayed or avoided care because of cost in the past year, at every income level and most often in the middle incomes.
-

Three of these findings are consistent in direction with Pulse Check 2025, though this year they were measured on a new instrument. The online world was measured directly for the first time; in 2025, worried mothers named social media and screens among the top three day-to-day drivers of their children's distress, in an open question.

WHAT'S NEXT

Wave 2 will repeat this instrument, tracking three of these conditions directly.

- the 47% of mothers whose child's needed support came only partially, only after significant barriers, or not at all
- the 78% of mothers reporting difficulty caring for their own mental health where a child's care came through significant barriers, and
- the 45% of mothers reporting difficulty accessing a counselor or mental health professional at school

Methodology appendix

Sample and weighting

Pulse Check 2026 draws on Wave 1 of the National Benchmark of U.S. Mothers, fielded May 7 to 27, 2026 among 2,818 U.S. mothers. Respondents come from a blended panel, about 88% from Centiment's national online panel and about 12% from The Count, the Count on Mothers opt-in community, all answering the same instrument. Results are weighted to U.S. Census benchmarks on region, race and ethnicity, education, household income, and the mother's age, using raking, an iterative method that aligns the sample with national targets.

Wave 1 was fielded online. Centiment panelists opt in to the panel, are recruited mainly through social media, and are compensated for their time. Centiment screens for duplicate and automated entries using device fingerprinting and reCAPTCHA and scores panelists on their completion history. Respondents were screened at intake to confirm U.S. residency and current parenting status.

Of 3,499 raw respondents, 2,818 were retained for the analysis sample, 81%. Records were excluded where the respondent was not a mother or primary female caregiver, where a response was flagged by the integrity screen, or where a variable required for weighting was missing.

Weights were built by iterative raking, a form of post-stratification adjustment also called iterative proportional fitting, against U.S. population targets for mothers on age, race and ethnicity, education, household income, and Census region. Benchmarks are drawn from the Current Population Survey, 2023 ASEC Table A3 and 2024 ASEC Table HINC-04. Raw raking weights are trimmed to the range 0.3 to 3.0. Weighting aligns the sample with the population on these five variables and cannot remove every difference between an opt-in sample and the population.

Weighting costs precision. The design effect for Wave 1 is 1.496, which gives an effective sample size of 1,884 against an unweighted 2,818. The margin of error of plus or minus 2.3 percentage points is computed on that effective sample, not on the unweighted count. Margins of error for subgroups are larger; for a group of 100 respondents it is roughly plus or minus 12 points.

Open responses were screened for copy-paste duplication across respondents and for off-topic or nonsensical content. Because members of The Count have an ongoing relationship with Count on Mothers, their response patterns over time support anomaly detection that a single-source panel cannot offer.

A response rate in the AAPOR sense is not computable for an opt-in online panel of this kind, so none is reported. The retention figure above describes data cleaning, not response.

Reporting rules

The full topline is published alongside this report. It carries every variable in Wave 1 with its response distribution, unweighted count, weighted percentage and weighted count, together with the base for each question, so any figure in this report can be traced to the question it came from.

Groups of 50 to 99 respondents are reported with caution and their size is named, and groups under 50 are not reported. Wave 2 repeats the same instrument, so combining waves will put several of these smaller groups on a reportable base.

Percentages are reported as whole numbers throughout the report and its figures. The data appendix keeps one decimal place so any figure can be checked against the value behind it, and columns there are adjusted so complete answer sets total 100%. Percentages in the report may not total 100 because of rounding, and a combined category such as complete or moderate trust is computed from unrounded values, so it can differ by one point from the sum of the rounded figures in the appendix.

Income refers to reported household income without adjustment for household size or geographic cost of living, so the report describes income brackets rather than middle class or similar terms. Cost-of-living-adjusted income tiers are under consideration for future waves.

Scales used in this report

Care experience. Whether the child got needed support, in four steps. Without significant difficulty, partially, with significant barriers, or not at all.

Confidence and safety questions ran on five-step scales from completely confident to not at all confident, and from extremely safe to not at all safe. Worry about a child ran from not worried at all to extremely worried.

Frequency questions, such as feeling overwhelmed and getting enough sleep, ran from never to almost always.

Definitions of early motherhood

Any child under 4. Mothers with at least one child ages 0 to 3 at home, whatever the ages of other children. About 915 respondents, against about 1,860 with no child under 4; bases vary slightly by item.

Only children under 4. Mothers whose children are all ages 0 to 3. 309 respondents, against 2,458 for all other mothers.

Limitations

This survey measures what mothers report, not what happened. A mother's account of whether her child's care came easily, of how an insurer behaved, or of what her child saw online is her account. Where the report says a mother reports something, that wording is exact and should be read that way.

Wave 1 is a single point in time. It describes conditions in May 2026 and supports no claim about change, cause, or direction. Comparisons with Pulse Check 2025 are read as direction only, because the instrument and the sampling design both changed.

Several findings rest on groups near the reporting threshold. Groups of 50 to 99 respondents are named in the text and read with caution. Groups under 50 are not reported. These will be firmer once two waves can be combined.

A correlation in this report is an association, not a mechanism. Where a mother's own mental health and her child's care experience are described as moving together, the survey cannot say which came first or whether a third factor drives both.

Income was collected as one figure, total household income before taxes in the past 12 months. Exposure figures in Section 2 are mother reports and read as a lower bound of what children encounter.

Associations in this report are reported without adjustment. Where two measures are described as moving together, that is what the data shows about the two of them, with no control for income, for a mother's own mental health, or for any other characteristic. Wave 1 reports conditions as mothers experience them. Adjusted models are possible on this data and are a candidate for future waves.

Statistical testing

Group differences called significant in this report were tested using a two-proportion z-test at the 5% level, a standard check of whether two percentages differ by more than chance. Because the survey uses weighted data, each test was run two ways, once on the weighted percentages with unweighted sample sizes, and again with sample sizes adjusted for the survey's design effect, which accounts for the loss of precision that comes from weighting. The design-adjusted version is the more conservative test and is the one used to determine significance below. Key results follow.

Difficulty with own mental health. Any child under 4, 57% vs. 46%, statistically significant. Only children under 4, 51% vs. 49%, not statistically significant.

Overwhelmed often or almost always. Statistically significant for mothers with a child under 4 and for mothers whose children are all under 4.

Rarely or never enough sleep. Statistically significant for mothers with a child under 4 and for mothers whose children are all under 4, with the wider gap among mothers whose children are all under 4.

Time named as the biggest obstacle, only children under 4, 54% vs. 48%. Not statistically significant, treated as a signal worth tracking.

Own care delayed because of cost, any child under 4, 35% vs. 30%. Statistically significant.

Lacks a support network, only children under 4, 12% vs. 17%. Not statistically significant once the design effect is accounted for, treated as a signal worth tracking.

Open responses and quotations

Wave 1 carried one substantive open-ended question, shown to every mother and optional to answer: “In your own words, what is your biggest concern about your family’s wellbeing right now?” 2,559 of the 2,818 mothers answered it. Every quotation in this report comes from that question.

The question sat at the end of the substantive instrument, after the questions on technology and on a child-safety law and before the demographic questions. Answers to an open question placed there may reflect the topics just asked, so the quotations are read as illustration and the report draws no inference from how often a subject appears in them.

Quotations illustrate a finding. They are not evidence for one. The coded theme frequencies reported in Section 1.1 are weighted and are drawn from the Wave 1 topline; the quotations themselves are neither weighted nor counted. No quotation is linked to a mother's other answers, so no quotation is attributed to a mother inside a reported percentage.

Quotations appear as the mother wrote them. Spelling, spacing, capitalization and character-encoding errors are corrected silently. Words, grammar, phrasing and dialect are left alone. Where words are cut, the cut appears as [...]. Where a word is added for sense it appears in square brackets, and a quotation needing more than one such insertion was not used.

Each quotation is identified by state and by nothing else.

Quotations were chosen to reflect the political composition of the mothers who answered the question, within two percentage points on each group. Political views are reported elsewhere in this report only where the analysis calls for them, in trust in institutions, in the school measures, and in support for a child-safety law.

Roles and disclosure

Inseparable is a founding member of the National Benchmark of U.S. Mothers and commissioned this report, as it did Pulse Check 2025. Founding membership provides access to Benchmark data and supports the Benchmark itself. A commissioned report is a deeper examination of one Benchmark wave.

Inseparable identified the subject areas it wanted examined in depth, and that shaped which segments and breakdowns appear here. Inseparable also underwrote the rotating module items, including the child-safety law question reported in Section 2.3. Founding members may propose rotating module topics. The Count on Mothers research team decides whether a proposed topic is asked at all and writes the final wording, and module findings are reported on their own and are kept out of every core measure.

Count on Mothers designed the instrument, set the methods, conducted the analysis, interpreted the findings, and decided to publish. Founding members review the instrument and receive findings in advance, with no editorial role.

Comparison with Pulse Check 2025

Pulse Check 2025 was fielded July 17 to August 14, 2025 among 2,703 U.S. mothers, on a different instrument and a different sampling design, weighted on political ideology and region. Pulse Check 2026 fields a new instrument and weights on five population benchmarks. Because the questions, the sampling design and the weighting scheme all differ, point estimates from the two years are compared in direction only. Where the two years agree in direction, the report says consistent with; it does not treat the agreement as a measured change. Change over time will be measured beginning with Wave 2, which repeats the 2026 instrument.

Reading the findings

All measures are reported by mothers, and figures describe conditions as the responding mother experiences them.

Associations in this report are descriptive. They show which conditions appear together and they make no claims about cause.

The child-safety law question rotates alongside the fixed core survey and is reported separately from core measures.

It is a Wave 1 finding and carries no tracking line.

Inseparable underwrote the rotating module items. Count on Mothers approved the topic and wrote the wording, and the political-views analysis is a standing analysis plan set before fielding, applied the same way every wave.

School correlation analysis

Correlations are weighted Pearson coefficients, a standard measure of how closely two ratings move together, across four school measures, with pairwise bases of 2,163 to 2,424 respondents. A second method that ranks answers instead of scoring them, Spearman rank correlation, gives consistent results, which confirms the relationships hold regardless of how the scales are scored.

Figure sources

Section 1.1, tables B18 and B40. Section 1.2, table B16.

Section 1.3, tables B12 and B13. Section 1.4, tables B4, B30, B34 and B40. Section 2.1, tables B8, B22, B23 and B24.

Section 2.2, tables B9 and B21. Section 2.3, tables B10 and B11. Section 3.1, tables B21, B28, B32 and B33. Section 3.2, table B26. Section 3.3, tables B6, B7, B29 and B35. Section 4.1, tables B2, B15, B19 and B27. Section 4.2, tables B1, B5, B14 and B31. Section 4.3, table B3. Section 4.4, tables B17 and B25. The correlation analysis draws on table B20.

Underlying Wave 1 table numbers appear under each appendix table. Three distributions are reported in full in the Wave 1 topline rather than repeated here: the obstacle to a mother's own mental healthcare, Figure 6; the coded concern themes, Figure 13; and those themes by household income, Figure 14.

References

Findings in this report come from Wave 1 of the National Benchmark of U.S. Mothers. Where the report cites the Wave 1 topline, it means the public release below, which is Count on Mothers' own. The sources after it are published work by others, cited for context only. Their figures are not set beside Benchmark estimates, because each asks different questions of a different sample.

Count on Mothers. National Benchmark of U.S. Mothers, Wave 1: Public Release. Published July 15, 2026, updated August 9, 2026.

Office of the Surgeon General. Parents Under Pressure: The U.S. Surgeon General's Advisory on the Mental Health and Well-Being of Parents. U.S. Department of Health and Human Services, 2024.

Daw JR, MacCallum-Bridges CL, Admon LK. Trends and Disparities in Maternal Self-Reported Mental and Physical Health. *JAMA Internal Medicine*, 2025;185(7):857 to 865.

Marcil LE, Campbell JI, Silva KE, et al. Women's Experiences of the Effect of Financial Strain on Parenting and Mental Health. *Journal of Obstetric, Gynecologic and Neonatal Nursing*, 2020;49(6):581 to 592.

Acknowledgments

Research design and analysis were led by Jennifer Brailsford, PhD, Director of Research, and Melissa Lawrence, MPH, MS, Director of Data Science. Jennifer Bransford, founder and chief executive, directed the report.

Hillary R. DeLong, JD, reviewed and copy edited the full draft. Inseparable reviewed the draft ahead of co-release.

Report design, typesetting and data visualization: Count on Mothers.

Count on Mothers thanks the 2,818 mothers who answered this survey, and the Anchor Mom Advisors, who surfaced regional concerns and reviewed the Wave 1 instrument.

Data appendix

Every table reproduces the weighted results behind the findings in this report. Percentages are weighted, shown to one decimal place, and columns with a complete answer set total 100% after rounding. The row labeled n shows the unweighted number of mothers behind each column. Wave 1 table numbers refer to the companion Wave 1 data tables, a separate workbook available on request.

Table B1. Whether the child got needed support, by household income

Response	Under \$25k	\$25k to \$49,999	\$50k to \$74,999	\$75k to \$99,999	\$100k to \$149,999	\$150k to \$199,999	\$200k or more
Yes, without significant difficulty	36.8%	42.2%	49.5%	50.8%	58.4%	57.2%	62.0%
Partially	26.0%	12.2%	15.7%	20.3%	13.7%	8.8%	14.7%
Yes, but with significant barriers	28.7%	34.1%	27.1%	24.5%	24.8%	32.6%	17.1%
No	8.5%	11.5%	7.7%	4.4%	3.1%	1.4%	6.2%
n	134	150	140	162	191	91	137

Among mothers whose child needed support. The \$150k to \$199,999 column is under 100 respondents, read with caution. Wave 1 table 1.

Table B2. Insurance problems families ran into, by insurance type, among mothers who said a child needed support

Problem	Any Medicaid or CHIP	Employer or private only
Coverage denied	11.3%	9.9%
Prior authorization delay or block	21.3%	17.8%
Limited covered visits	18.5%	23.2%
Provider dropped from network	14.5%	11.3%
Medication denied	18.1%	13.4%
Paperwork or administrative burden	17.4%	18.9%
Lacked in-network providers	21.6%	22.8%
None of the above	37.8%	32.1%
n	350	499

More than one answer allowed, columns total more than 100%. The columns cover 849 of the 1,005 mothers in Table B5. Coverage groups below the reporting threshold are not shown separately. Wave 1 table 3.

Table B3. Whether the child got needed support, by child condition

Response	No mental health condition	Mental health condition	No developmental or behavioral condition	Developmental or behavioral condition
Yes, without significant difficulty	55.6%	48.2%	56.2%	46.0%
Partially	15.2%	15.3%	14.3%	17.3%
Yes, but with significant barriers	22.2%	32.8%	24.3%	29.3%
No	7.0%	3.7%	5.2%	7.4%
n	648	357	694	311

Fewer than 50 mothers in each group said their child went without support entirely, so that outcome is reported in the table and not compared across groups. Wave 1 table 4.

Table B4. Difficulty caring for her own mental health in the past 30 days, by the child's care experience

Response	Without significant difficulty	Partially	With significant barriers	Went without care
No	35.2%	22.9%	21.9%	32.6%
Yes	64.8%	77.1%	78.1%	67.4%
n	530	164	250	61

The went-without-care column is under 100 respondents, read with caution. Wave 1 table 5.

Table B5. Number of separate insurance problems, by household income

Barriers	Under \$25k	\$25k to \$49,999	\$50k to \$74,999	\$75k to \$99,999	\$100k to \$149,999	\$150k to \$199,999	\$200k or more
None	54.6%	38.0%	34.9%	45.5%	42.7%	40.9%	49.3%
Exactly one	32.5%	24.7%	25.0%	22.6%	22.8%	19.6%	14.9%
Two or more	12.9%	37.3%	40.1%	31.9%	34.5%	39.5%	35.8%
n	134	150	140	162	191	91	137

Among mothers who said a child needed support. Wave 1 table 7.

Table B6. Confidence the school can help a struggling student, by the child's care experience

Response	Without significant difficulty	Partially	With significant barriers	Went without care
Completely confident	24.3%	8.7%	15.3%	6.3%
Moderately confident	33.5%	19.9%	16.6%	18.1%
Somewhat confident	19.1%	35.7%	26.2%	14.3%
A little confident	17.8%	21.2%	26.7%	25.8%
Not at all confident	5.3%	14.5%	15.2%	35.5%
n	514	157	231	55

The went-without-care column is under 100 respondents, read with caution. Wave 1 table 9.

Table B7. Whether the school feels safe, by confidence in the school's response

Response	Completely confident	Moderately confident	Somewhat confident	A little confident	Not at all confident
Extremely safe	50.4%	20.6%	8.8%	6.9%	8.8%
Very safe	30.5%	52.2%	41.7%	27.2%	15.5%
Somewhat safe	13.5%	22.3%	38.5%	46.8%	39.5%
A little safe	3.5%	4.2%	8.8%	17.5%	17.9%
Not at all safe	2.1%	0.7%	2.2%	1.6%	18.3%
n	522	589	627	427	195

Mothers whose child is not currently in school are excluded here. Wave 1 table 11.

Table B8. Very or extremely concerned about harmful online content, children ages 8 to 12, by gender

Content type	No child in this age band	Boys only	Girls only	Mixed
Self-harm content	52.0%	60.5%	53.7%	59.8%
Eating disorder or body image content	52.7%	56.6%	55.6%	62.6%
Age-inappropriate sexual content	61.3%	67.9%	64.5%	69.0%
Violent content	60.6%	68.5%	57.7%	68.5%
Extreme views content	53.2%	55.4%	51.6%	62.5%
n	1594	505	480	116

More than one answer allowed. Wave 1 table 14.

Table B9. Children who saw something online that scared or upset them in the past year, by group

Group	Saw upsetting content	n
Child has a mental health condition	28.0%	493
No mental health condition	17.6%	1919
Child has a developmental or behavioral condition	23.8%	440
No developmental or behavioral condition	18.7%	1972
Mother disagrees screen habits are healthy	28.1%	221
Mother strongly disagrees screen habits are healthy	29.7%	66
Mother agrees screen habits are healthy	19.7%	941
Mother strongly agrees screen habits are healthy	20.9%	627
Screen-balance group	Saw upsetting content	n
Mother agrees or strongly agrees the balance is healthy	20.2%	1,568
Mother neither agrees nor disagrees	16.6%	415
Child too young for screen time	5.7%	141

The strongly-disagrees row is under 100 respondents, read with caution. The combined all-mothers rate is excluded because it mixes children too young for screen time into the base. The agree-or-strongly-agree combined rate comes from the September 2026 supplemental tables. Wave 1 table 15.

Table B10. Support for a child-safety law, by political views

Response	Very liberal	Liberal	Moderate	Conservative	Very conservative
Strongly oppose	6.7%	2.2%	2.0%	3.0%	7.4%
Somewhat oppose	4.4%	4.3%	4.2%	6.8%	4.7%
Neither support nor oppose	10.8%	11.4%	18.3%	17.5%	14.0%
Somewhat support	15.3%	15.9%	21.6%	17.1%	17.3%
Strongly support	62.8%	66.2%	53.9%	55.6%	56.6%
n	370	540	1043	398	218

A law requiring social media and AI companies to take reasonable steps to protect children. Mothers who selected another political view (72 respondents) are included in the total and shown in the Wave 1 tables. Wave 1 table 19.

Table B11. Confidence technology is designed with children's wellbeing in mind, by support for the law

Response	Strongly oppose	Somewhat oppose	Neither	Somewhat support	Strongly support
Extremely confident	18.6%	4.7%	7.9%	4.8%	11.5%
Quite confident	19.7%	37.5%	21.1%	27.6%	16.1%
Moderately confident	29.3%	35.9%	42.1%	39.5%	22.2%
Slightly confident	26.2%	15.8%	23.1%	21.0%	28.0%
Not at all confident	6.2%	6.1%	5.8%	7.1%	22.2%
n	84	122	431	464	1354

The strongly-oppose column is under 100 respondents, read with caution. Wave 1 table 19.

Table B12. Early motherhood measures for both groups of mothers

Measure	Has a child under 4	No child under 4	Children under 4 only	All other mothers
Difficulty caring for own mental health	56.6%	45.8%	51.3%	49.4%
Overwhelmed often or almost always	42.0%	31.8%	44.1%	34.2%
Rarely or never enough sleep	36.1%	30.5%	39.8%	31.5%
Time named as biggest obstacle to own care	48.9%	48.6%	54.1%	47.9%
Lacks people to count on for parenting help	15.6%	16.6%	12.0%	16.8%
n	913 to 917	1854 to 1866	308 to 310	2458 to 2473

The obstacle row is asked of mothers reporting difficulty with their own mental health, 511, 860, 161 and 1,210 respondents. Lacks people to count on combines disagree and strongly disagree. New Mother Definitions workbook, August 2026, and Wave 1 table 21.

Table B13. Health or mental healthcare delayed or avoided because of cost, by whether she has a child under 4

Response	Has a child under 4	No child under 4
No	49.1%	59.3%
Yes, for my child or children	10.0%	3.4%
Yes, for myself	35.4%	29.8%
Yes, both myself and my children	5.5%	7.5%
n	902	1816

Wave 1 table 22.

Table B14. Confidence covering a surprise \$500 expense, by household income

Response	Under \$25k	\$25k to \$49,999	\$50k to \$74,999	\$75k to \$99,999	\$100k to \$149,999	\$150k to \$199,999	\$200k or more
Extremely confident	11.1%	7.4%	13.3%	21.2%	28.4%	44.8%	66.9%
Quite confident	7.3%	14.2%	16.3%	22.3%	26.2%	27.2%	21.0%
Moderately confident	22.6%	23.4%	24.3%	23.7%	21.2%	10.8%	7.0%
Slightly confident	29.7%	32.2%	27.8%	18.8%	14.2%	11.3%	4.6%
Not at all confident	29.3%	22.8%	18.3%	14.0%	10.0%	5.9%	0.5%
n	384	431	375	455	509	247	327

Wave 1 table 24.

Table B15. Confidence insurance covers mental healthcare, by household income

Response	Under \$25k	\$25k to \$49,999	\$50k to \$74,999	\$75k to \$99,999	\$100k to \$149,999	\$150k to \$199,999	\$200k or more
Completely confident	30.3%	24.8%	25.2%	22.0%	25.7%	26.7%	20.1%
Moderately confident	18.4%	28.0%	25.2%	22.0%	25.5%	26.0%	32.6%
Somewhat confident	30.1%	25.4%	27.7%	31.1%	27.6%	25.4%	23.3%
A little confident	14.9%	17.2%	13.1%	16.9%	13.3%	13.1%	12.7%
Not at all confident	6.3%	4.6%	8.8%	8.0%	7.9%	8.8%	11.3%
n	332	387	338	426	475	236	311

Wave 1 table 26.

Table B16. Hours per week on paperwork and coordination by ability to access care

Hours	Without significant difficulty	Partially	With significant barriers	Went without care
None	1.8%	1.8%	1.3%	6.3%
Less than 1 hour	9.5%	21.0%	9.9%	15.4%
1 to 3 hours	37.0%	37.5%	36.4%	18.3%
3 to 5 hours	27.7%	16.0%	25.8%	18.6%
More than 5 hours	24.0%	23.7%	26.6%	41.4%
n	530	164	250	61

By the child's care experience. The went-without-care column is under 100 respondents, read with caution. By child condition, more than 5 hours is 28% among mothers of a child with a developmental or behavioral condition (520) against 18% among all other mothers (2,247). Wave 1 table 29.

Table B17. Health or mental healthcare delayed or avoided because of cost, by her biggest obstacle to caring for her own mental health

Response	Time	Cost	Where to get help	Insurance problem	Transportation	Lack of access
No	48.5%	14.2%	36.2%	11.5%	31.7%	25.6%
Yes, for my child or children	4.5%	17.0%	8.5%	14.1%	8.5%	12.9%
Yes, for myself	42.1%	55.9%	47.3%	56.0%	33.8%	48.0%
Yes, both myself and my children	4.9%	12.9%	8.0%	18.4%	26.0%	13.5%
n	624	226	155	121	84	54

Asked of mothers reporting difficulty caring for their own mental health. The transportation and lack-of-access columns are under 100 respondents, read with caution. Not listed is "Other" (81 respondents), which appears in the Wave 1 tables. Wave 1 table 30.

Table B18. Worry about a child's mental health, by the mother's own mental health difficulty

Response	No difficulty	Had difficulty
Not worried at all	26.0%	10.4%
Slightly worried	34.1%	24.0%
Moderately worried	24.7%	30.6%
Very worried	12.0%	24.2%
Extremely worried	3.2%	10.8%
n	1365	1335

Wave 1 table 35.

Table B19. Confidence insurance covers mental healthcare, by insurance type

Response	Any Medicaid or CHIP	Employer or private only	Self-purchased only
Completely confident	27.4%	22.0%	29.1%
Moderately confident	25.0%	26.0%	30.8%
Somewhat confident	27.5%	27.1%	20.4%
A little confident	14.6%	14.9%	13.3%
Not at all confident	5.5%	10.0%	6.4%
n	843	1235	277

"Uninsured" (59) and "Other Coverage" (91) responses fall under the 100-respondent rule and appear in the Wave 1 tables. Wave 1 table 36.

Table B20. Correlations among the four school measures

Measure	Trust in the school	Perceived safety	Trust in the response	Navigating the system
Trust in the school as an institution	1.00	0.44	0.36	0.46
Perceived school safety	0.44	1.00	0.45	0.51
Trust in the school response to a struggling student	0.36	0.45	1.00	0.44
Confidence navigating the school system	0.46	0.51	0.44	1.00

Weighted Pearson correlations, pairwise bases 2,163 to 2,424 respondents. Spearman rank correlations are consistent. School Trust Correlations workbook, August 2026.

Table B21. Trust in institutions to act in the best interests of children and families

Institution	Complete trust	Moderate trust	Some trust	Little trust	No trust
Public school system	10.1%	26.1%	31.6%	20.7%	11.6%
Healthcare system	10.6%	21.5%	31.1%	24.5%	12.3%
State government	6.9%	18.5%	27.0%	28.0%	19.6%
Pharmaceutical companies	8.4%	17.3%	25.5%	27.1%	21.7%
Health insurance companies	9.8%	16.7%	24.4%	26.0%	23.0%
Food and beverage companies	7.6%	16.3%	28.0%	27.8%	20.3%
News sources	5.7%	14.9%	27.8%	30.8%	20.8%
Technology companies	7.0%	14.6%	23.2%	27.9%	27.3%
Federal government	6.4%	11.5%	21.7%	28.9%	31.5%
Social media platforms	5.8%	11.1%	20.2%	25.5%	37.4%
AI companies and products	5.8%	10.8%	18.4%	22.6%	42.4%

Ordered from most to least trusted by weighted average rating. All rows n = 2,818. Wave 1 frequency tables, institutional trust battery.

Table B22. Concern about content the child might see online

Content type	Not at all	A little	Somewhat	Very	Extremely
Sexual content inappropriate for the child's age	8.6%	9.9%	18.0%	23.2%	40.2%
Violent content beyond age-appropriate news	8.1%	10.6%	19.4%	24.7%	37.2%
Content encouraging self-harm	10.9%	12.8%	22.1%	23.1%	31.1%
Influence by extreme views	11.1%	12.2%	23.0%	23.3%	30.4%
Content promoting eating disorders or unhealthy body image	11.5%	12.0%	22.1%	24.5%	29.9%

Ordered by weighted average concern. All rows n = 2,818. Wave 1 frequency tables, content exposure concerns.

Table B23. Harmful or age-inappropriate products marketed to the child

Product type	Share of mothers	n
At least one (any product)	55.3%	1,545
Any age-restricted product (vapes, cannabis, gambling, pornography, or alcohol)	32.3%	896
Sugary foods, energy drinks, or ultra-processed foods	34.4%	935
Vapes or e-cigarettes	18.4%	492
Gambling or sports betting	14.1%	382
Pornography or adult content	11.6%	317
Cannabis products	11.5%	318
Alcohol	11.5%	319
None of the above	44.7%	1,273

More than one answer allowed. Base is all mothers who answered, n = 2,818. Any age-restricted product, the five products that cannot legally be sold to minors, is 32% (896). Wave 1 frequency tables, harmful ads exposure, and Wave 1 table 13.

Table B24. Concern about issues related to the child's online activity

Issue	Not at all	A little	Somewhat	Very	Extremely
Child sharing personal information unsafely	8.7%	12.0%	21.8%	24.2%	33.3%
Child being bullied or cyberbullied	10.2%	13.2%	22.1%	22.2%	32.3%
Time on platforms with addictive features	11.3%	13.2%	24.5%	23.2%	27.7%
Companies collecting data on the child	6.8%	16.7%	27.7%	25.0%	23.8%
The child's reputation being harmed	14.4%	14.3%	24.2%	22.0%	25.0%

Ordered by weighted average concern. All rows n = 2,818. Wave 1 frequency tables, online safety concerns.

Table B25. Health or mental healthcare delayed or avoided because of cost in the past 12 months

Response	Weighted %	Unweighted n
No	55.7%	1,486
Yes, for my child or children	5.7%	157
Yes, for myself	31.7%	886
Yes, for both myself and my children	6.8%	189
Any yes	44.2%	1,232

Base is mothers giving a valid answer, 2,718. "Prefer not to say" (30) and missing (70) responses are excluded. Wave 1 frequency tables.

Table B26. Difficulty accessing a counselor or mental health professional at school

Response	Weighted %	Unweighted n
Not at all difficult	55.2%	1,266
A little difficult	20.3%	462
Somewhat difficult	13.2%	310
Very difficult	8.2%	172
Extremely difficult	3.1%	73
At least some difficulty	44.8%	1,017

Base is mothers who rated school access, 2,283. 375 mothers answered not applicable and 160 did not answer, and both are excluded.
Wave 1 frequency tables.

Table B27. Child needed mental, emotional, or behavioral support, by insurance type

Insurance type	Needed support	Valid n
Any Medicaid or CHIP	39.4%	832
Employer or private only	40.1%	1,241
Self-purchased only	34.9%	281

Uninsured (80) and other coverage (95) fall below the 100-respondent reporting rule. Wave 1 memo crosstabs, crosstab 2.

Table B28. Trust in the public school system, by political views

Response	Very liberal	Liberal	Moderate	Conservative	Very conservative
Complete trust	15.6%	7.3%	9.5%	9.3%	14.4%
Moderate trust	27.3%	35.3%	24.2%	20.6%	23.2%
Some trust	30.7%	34.5%	33.1%	30.7%	19.6%
Little trust	19.0%	16.2%	21.2%	24.1%	25.4%
No trust at all	7.5%	6.8%	12.1%	15.3%	17.4%
n	383	551	1,088	410	222

Wave 1, September 2026 supplemental tables.

Table B29. Confidence the school can identify and respond to a struggling student, by political views

Response	Liberal	Moderate	Conservative
Completely confident	20.7%	20.5%	27.7%
Moderately confident	26.2%	26.1%	24.8%
Somewhat confident	26.7%	28.1%	22.8%
A little confident	18.6%	18.8%	16.2%
Not at all confident	7.8%	6.5%	8.5%
n	752	895	534

Base is mothers with a school-aged child. Liberal includes very liberal, conservative includes very conservative. Wave 1, September 2026 supplemental tables.

Table B30. Whether the child got needed support, all mothers whose child needed it

Response	Weighted %	Unweighted n
Yes, without significant difficulty	53.0%	530
Partially	15.2%	164
Yes, but with significant barriers	25.9%	250
No	5.9%	61

Base is mothers whose child needed mental, emotional, or behavioral support, 1,005. Wave 1, September 2026 supplemental tables.

Table B31. Number of separate insurance problems encountered, among mothers whose child needed support

Problems	Weighted %	Unweighted n
None	43.6%	442
One	22.0%	229
Two	18.7%	176
Three	10.8%	104
Four or more	4.9%	54
At least one	56.4%	563
Two or more	34.4%	334

Counts the seven core insurance barrier items. Base 1,005. Wave 1, September 2026 supplemental tables.

Table B32. Care experience by political views

Care experience	Very liberal	Liberal	Moderate	Conservative	Very conservative
Without significant difficulty	51.9%	54.0%	51.4%	52.2%	63.0%
Only partially	11.6%	15.8%	18.3%	15.5%	9.2%
Only after significant barriers	26.5%	27.4%	24.9%	27.1%	23.3%
Went without entirely	10.0%	2.8%	5.5%	5.1%	4.5%
n (unweighted)	171	217	353	152	86

Weighted, among mothers whose child needed mental, emotional, or behavioral support. The very conservative column falls under the 100-respondent rule and is reported with caution until Wave 2 allows waves to be combined. September 2026 supplemental tables.

Table B33. Trust in institutions by political views, three groups

Institution	Liberal	Moderate	Conservative
Public school system	42.7%	33.6%	32.7%
Healthcare system	32.6%	30.9%	34.2%
Health insurance companies	21.9%	28.2%	31.9%
Pharmaceutical companies	23.9%	25.6%	30.0%
State government	27.4%	23.2%	27.9%
Food and beverage companies	21.2%	23.6%	29.7%
Technology companies	19.3%	22.6%	26.3%
News sources	21.2%	20.4%	22.1%
Federal government	15.3%	16.4%	25.6%
Social media platforms	15.1%	16.5%	22.3%
AI companies and products	14.7%	15.3%	23.2%

Weighted, all mothers. Share with complete or moderate trust in each institution. Each political group has between 632 and 1,088 respondents. Institutions ordered as in the trust chart in Section 3.1. September 2026 supplemental tables.

Table B34. Difficulty caring for her own mental health in the past 30 days

Response	Weighted %	Unweighted n
Yes	49.6%	1,374
No	50.4%	1,393

All mothers. Base is mothers giving a valid answer, 2,767. 51 did not answer and are excluded. This is the all-mothers level shown as a reference line in the chart in Section 1.4. Wave 1 frequency tables.

Table B35. Confidence the school can identify and respond to a struggling student

Response	Weighted %	Unweighted n
Completely confident	21.7%	525
Moderately confident	26.1%	596
Somewhat confident	27.0%	633
A little confident	17.5%	440
Not at all confident	7.7%	203
Completely or moderately confident	47.8%	1,121

Base is mothers with a child in school, 2,397. 247 answered that no child is currently in school and 174 did not answer, and both are excluded. Wave 1 frequency tables.

Table B40. Difficulty caring for her own mental health in the past 30 days, by whether a child needed support

Response	Child needed support: no	Child needed support: yes	Not sure
No	64.2%	29.7%	43.9%
Yes	35.8%	70.3%	56.1%
n	1,524	1,005	133

All mothers giving a valid answer to both items. Shares are the percentage within each column. Wave 1, September 2026 supplemental tables.