Mumsnet x Future Minds

Children's mental health: A decade of parent experience and discussion (2015–2025)

Foreword

The decline in young people's mental health is one of the biggest health, social and economic challenges of our time.

More than one in five children and young people in England now have a diagnosable mental health condition, yet the NHS can only support around 40% of those in need. Many still aren't getting the right care, and services are struggling to keep up, leaving millions without support. As well as the huge human cost, this crisis has serious financial and economic consequences.

This report draws on a decade of conversations among parents on the Mumsnet website about their children's mental health. It covers more than 13,000 threads and 227,000 posts from 2015 to 2025 and explores how families talk about children's distress, how they understand the pressures shaping modern childhood and what happens when they try to get support.

This research, alongside a parallel survey of Mumsnet users, was commissioned by the Future Minds campaign which brings together Centre for Mental Health, Centre for Young Lives, the Children and Young People's Mental Health Coalition and YoungMinds, with support from the Prudence Trust. Together, these findings reinforce the urgent need for the Future Minds' roadmap we published earlier this year, to transform children and young people's mental health by 2035.

The report shows how concerns around children's mental health on Mumsnet has grown steadily across the last decade. From around 2018 onwards, the volume, tone and content of posts shift. Parents start to describe more complex emotional and behavioural patterns and use diagnostic and neurodiversity related language more confidently. The pandemic accelerates this shift rather than creating a temporary spike. After 2021, discussion doesn't fall back to earlier levels. Instead, it settles into a new, consistently higher baseline, suggesting a lasting change in children's emotional landscape and in parents' willingness to name what they see. This reflects what the Children and Young People's Mental Health Prevalence Survey shows over the same time period.

Across ten years of Mumsnet discussion, parents offer a powerful, coherent narrative of what it means to care for a child who is struggling with their mental health. Their experiences show how emotional wellbeing intersects with school

structures, digital life, economic pressures and health systems that are overstretched but still crucial.

Parents' voices reveal a world where childhood has changed quickly and where support systems have not fully kept pace. They describe pressures that previous generations could not have imagined: relentless academic expectations, the permanence of online communication, a cost of living crisis that shapes daily life, and the developmental rupture of the pandemic. Set against these pressures, children's distress often feels understandable rather than surprising, and parents' emotional responses reflect both love and fear.

The dataset shows that families carry an extraordinary emotional and administrative load. They monitor risk, maintain routines, manage school negotiations, chase referrals, and create environments of safety and predictability in unstable times. When the system responds well, even small acts of recognition transform family experience. When it falters, parents describe feeling exposed, frightened and responsible for holding things together alone.

The overarching story is not one of blame but of mismatch: between the emotional realities of modern childhood and the capacity of the systems designed to help. And yet the same decade of discussion also shows resilience, creativity and community. Parents share strategies, normalise emotion, build shared language, and identify patterns that help them make sense of their children's needs. Their expertise is under recognised but invaluable.

As societal awareness grows, the opportunity is clear: to build systems and environments that meet children where they are, and much earlier to prevent the scale of crisis too many families are experiencing.

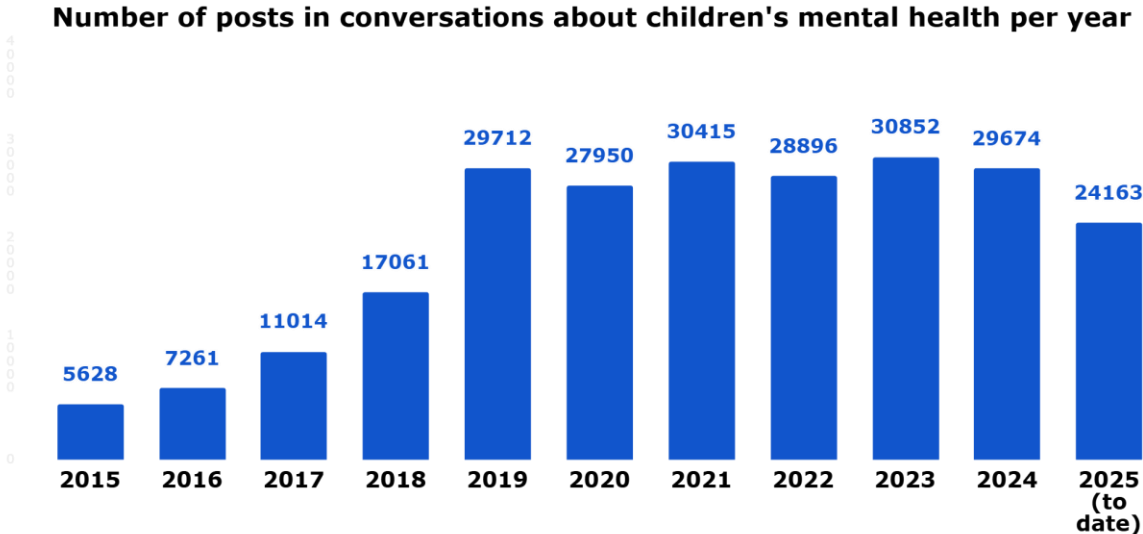
Jo Green, Co-founder and Director of Communications and Strategy, Centre for Young Lives

Setting the Scene: The Wider Landscape

Parents' discussions of children's mental health on Mumsnet don't exist in a vacuum. They sit within a shifting social environment marked by rising academic pressure, the proliferation of digital life, intensification of online risks, widening inequality, deepened economic stress, and the profound disruptions of the pandemic. This section maps the broad landscape in which families are trying to understand their children's emotional worlds, anchor routines, and secure support.

Trends in conversation volume over time

The most striking feature of the dataset is the sheer scale of growth in discussion across the ten-year period.



*2025 partial year to 11th November

The rise is mental health conversation isn't a matter of more parents joining the platform. Several more nuanced shifts underpin this expansion:

1. Greater emotional fluency.
Parents become increasingly confident naming emotions and conditions. Terms like "panic", "trigger", "shutdown", "dysregulation", "sensory overwhelm", "social anxiety", "masking" and "executive function" appear far more frequently after 2018.

> *"At school my child appears exemplary, but at home they've been very unsettled since early childhood. No trauma, no diagnosis, seemingly neurotypical, but the controlling behaviour seems tied to anxiety."*

2. Visibility of lived experience.
Posts become more narratively detailed over time. Parents move from short queries to longer, more reflective accounts that include timelines, examples, dialogue with teachers, and emotional self-analysis.

3. Pandemic intensification.
2020 is a turning point. Posters describe unprecedented change in their children's behaviour, sleep, mood and school engagement. Overall volume increased significantly in 2019, but 2020 onwards the emotional tone is heavier, more urgent and more uncertain.

> *"My 13-year-old has found lockdown incredibly hard. He's anxious, unmotivated, withdrawn, obsessively washing his hands, and torn between wanting normality back and feeling overwhelmed by returning to school."*

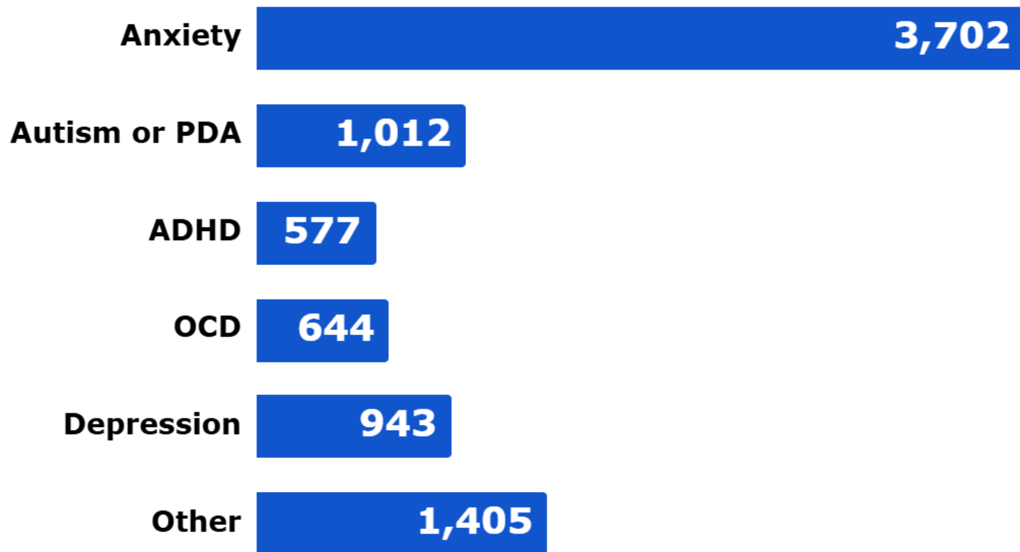
4. Post pandemic stabilisation, but at a much higher baseline.
While the impact of the pandemic and lockdowns was directly linked to a spike in posts about children's mental health, volumes are maintained and never return to the earlier baseline. This reflects a new norm: children's emotional wellbeing remains a core, ongoing concern.

Mental health conditions and emotional wellbeing

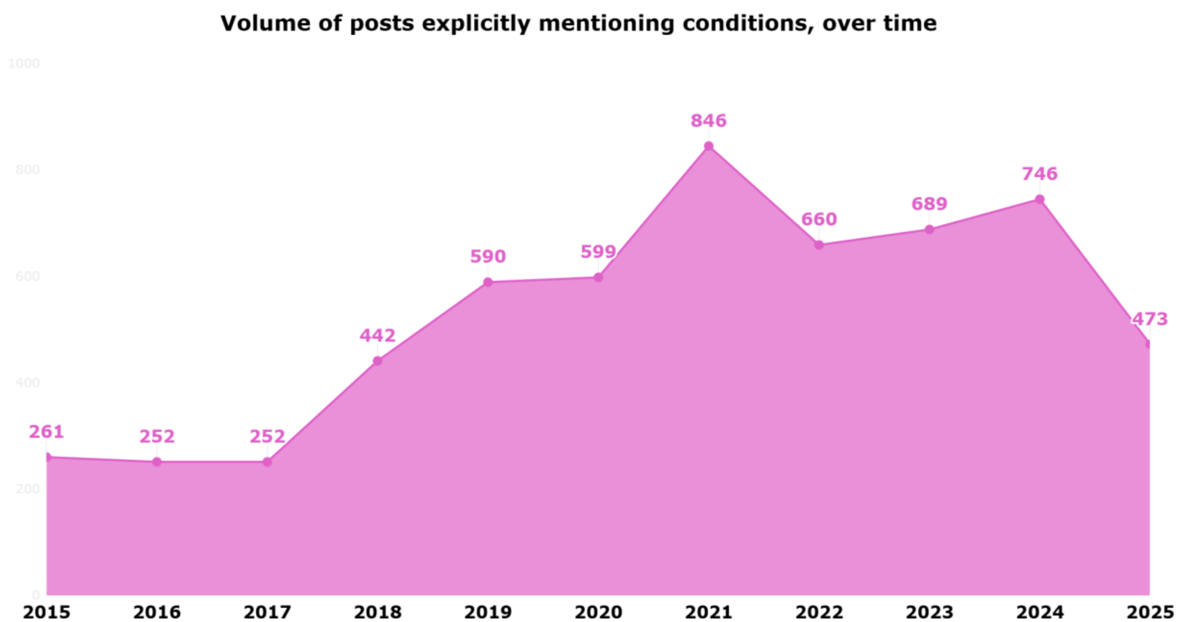
When discussing their child's mental health and wellbeing, around half (48%) of posts directly reference a specific mental health condition, with remaining posts referencing emotional wellbeing, or discussing mental health in looser terms.

When conditions are mentioned directly within parents' posts about their children's mental health, anxiety is by far the most common mental health

condition.

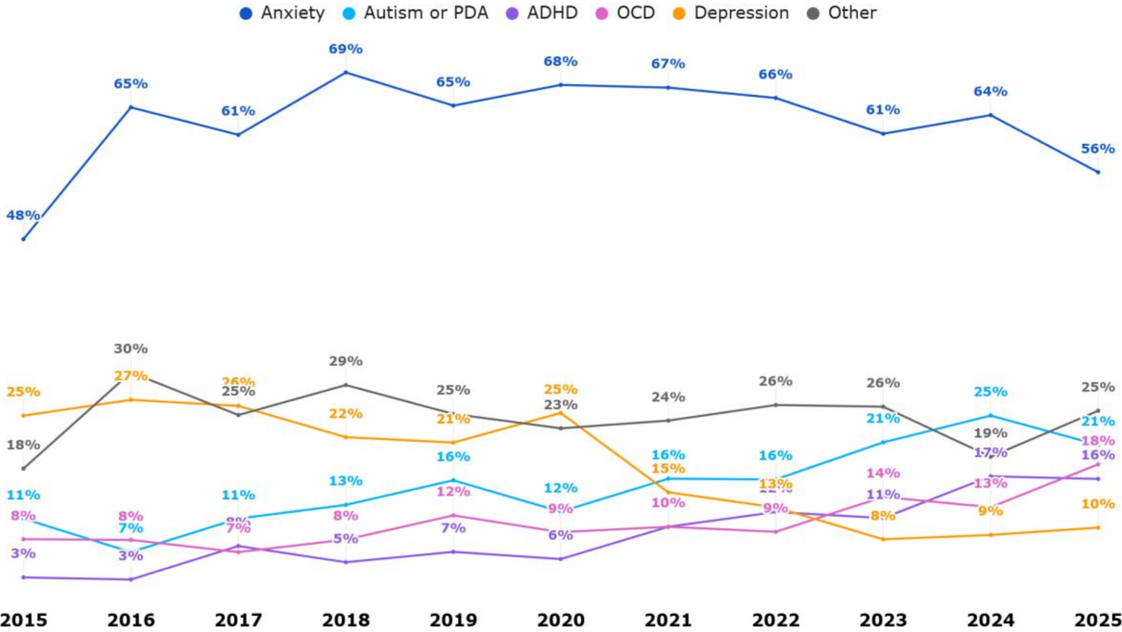


**Condition counts reflect keyword mentions (eg anxiety, depression, ASD, ADHD, eating disorders, self harm). They do not represent clinical diagnoses and may include posts where several conditions are mentioned together.*



**Condition counts reflect a NET of keyword mentions (eg anxiety, depression, ASD, ADHD, eating disorders, self harm). They do not represent clinical diagnoses and may include posts where several conditions are mentioned together.*

Relatively, anxiety is the dominant condition mentioned throughout all years of conversation, included in between 48% and 69% of posts about a child's mental health condition each year. Over time there are some shifts in relative volume, as parents mention depression in posts about their child's mental health less frequently, and begin mentioning neurodiversity more frequently as the decade progresses.



**Condition counts reflect keyword mentions (eg anxiety, depression, ASD, ADHD, eating disorders, self-harm). They do not represent clinical diagnoses and may include posts where several conditions are mentioned together.*

> *"A relative working in a school says absences due to anxiety are skyrocketing, and I know many children struggling with severe issues like panic attacks and refusing to attend."*

Peaks and turning points in the data

Three major points of note are visible across the decade.

Peak 1: 2018–2019 rising recognition

During this time, parents increasingly name:

- anxiety disorders
- sensory processing issues
- autistic traits
- difficulties with transitions
- school avoidance

This period marks a shift from uncertainty to confident identification.

Peak 2: 2020–2021 pandemic disruption

Posts surge, marking the start of a maintained uplift in conversation.

Parents describe:

- sudden behavioural changes
- extreme worry
- panic attacks
- increased meltdowns
- unexplained rage
- sleep disruption
- difficulty reintegrating into social settings

The tone becomes more urgent, more reflective, and more emotionally explicit.

Peak 3: Post pandemic stagnation (2022–2025)

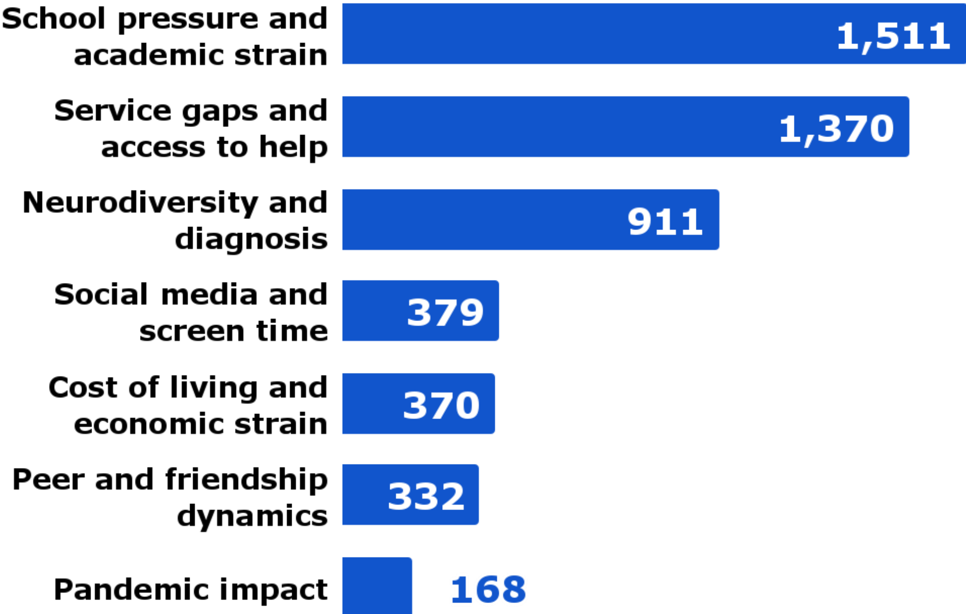
Discussion stabilises at high levels, with:

- chronic anxiety
- entrenched school refusal
- worsening wait times
- families exhausted by advocacy
- increased turning to private support
- embedded concerns surrounding social media and technology

This is not a return to pre-pandemic normality. It is a new landscape parents are navigating under a perception of lack of support.

Societal pressures and the changing landscape of childhood: How parents understand the forces shaping children's mental health

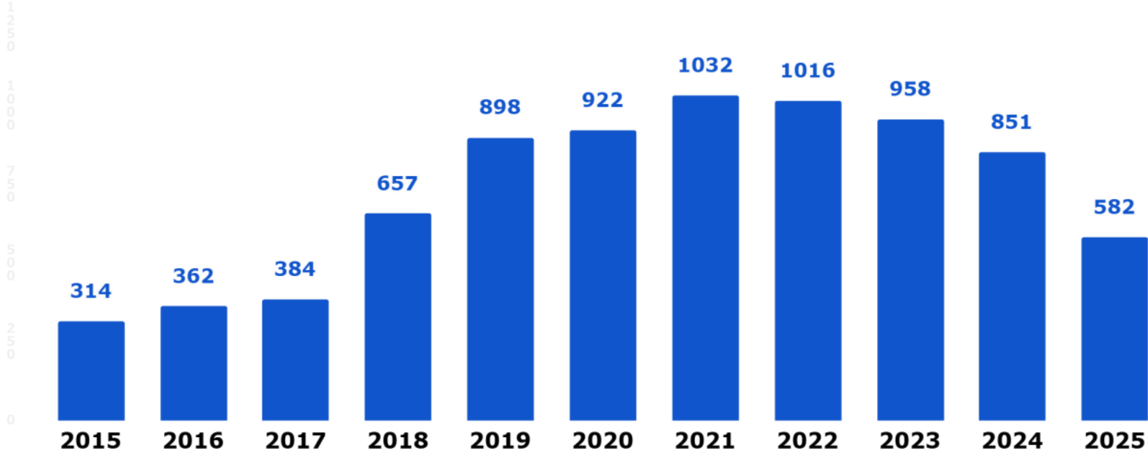
Across the last 10 years, parents describe their children's mental health not as an isolated difficulty but as something shaped by a wider cultural climate. School pressure, digital intensity, financial strain, pandemic aftershocks and rising awareness of neurodiversity all interact to form a complex emotional environment. Parents often reflect on this with a shared refrain: it did not used to feel like this. This isn't nostalgia, but an attempt to understand why childhood feels heavier and more demanding than before.



*Analysis based on ~7,900 posts from 2024–2025 where parents explicitly discuss a child's mental health; more general parenting chat touching on wellbeing, adult wellbeing, and short or off-topic replies were excluded to focus on substantive, more deeply described child-focused experiences.

School pressure and the academic environment (1,511 posts in 2024/2025)

School is the single most referenced setting across every year. Mentions rise sharply between 2015 and 2020, reflecting heightened stress and shifting norms in academic life.



**School references include any mention of school, teachers, TAs, SENCO, school refusal, homework, pastoral support and behaviour systems. Posts focused solely on adult education or workplace settings were excluded.*

Parents describe school as a central driver of anxiety, academic overwhelm, sensory strain and behavioural misunderstanding. Linguistically, they use:

- high stakes language such as dreading, meltdown or crisis point
- temporal markers signalling anticipatory anxiety such as Sunday night is always awful
- metaphors of weight such as the pressure is crushing him
- frustration with behaviour framings that overlook emotional need

While these concerns relate to individual children, parents regularly widen the lens, positioning academic stress as a societal issue rather than a personal failing. They reflect on competitive attainment culture, continual assessment, restrictive behaviour policies, limited pastoral capacity and stretched school resources.

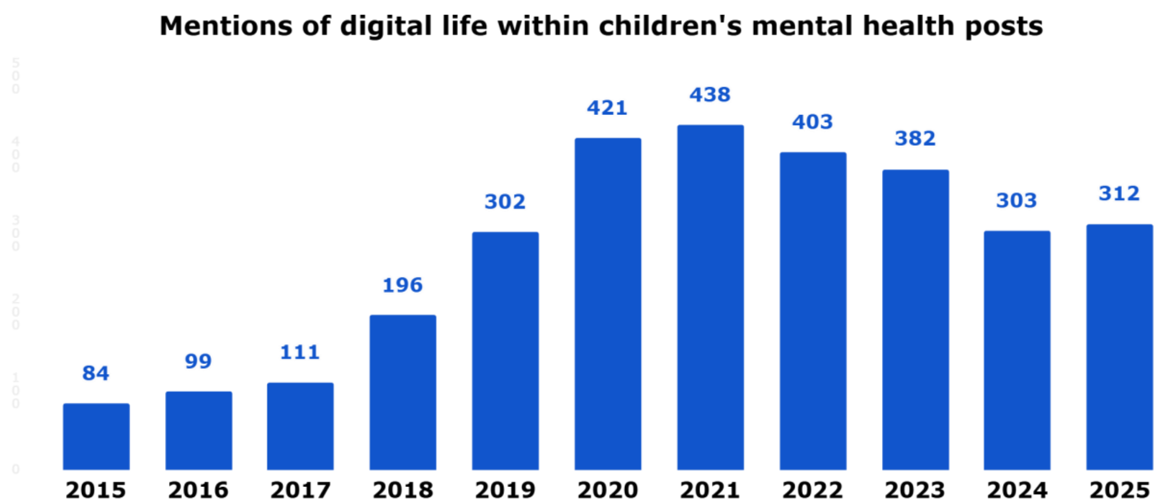
> *"My Year 8 daughter never took to secondary school. Although things briefly improved, she became extremely anxious and tearful again this*

year, with physical symptoms as well, and she still can't explain what's wrong."

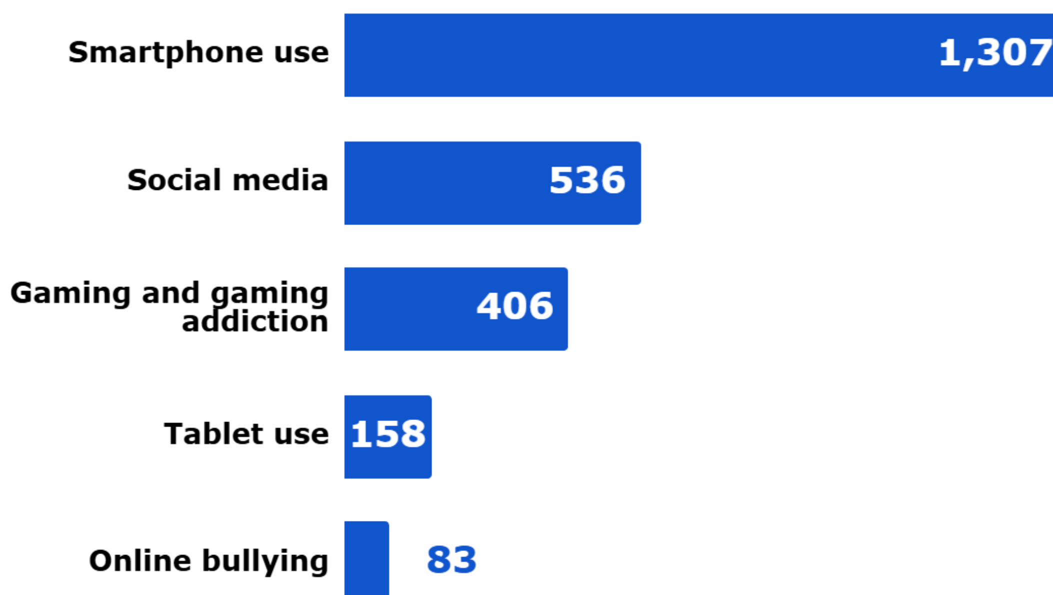
"My daughter is high achieving academically but is overwhelmed by pressure. She revises intensely for every small test and becomes distressed if she's not at the top, worrying about what others might think."

Digital life, social media and the changing social world of children (379 posts in 2024/2025)

From 2019 onwards, digital life becomes one of the fastest growing themes in mental health conversation. Parents describe screens, group chats, social media and online comparison as reshaping the nature of childhood. Quantification shows the breadth of this concern:



**Counts use a broad definition of digital life, covering social media, smartphones, gaming, group chats, tablets and general screen time. Posts were included if they explicitly linked digital activity to a child's emotional or behavioural state.*



**Count of most common themes discussed within wider discussion of digital life and children's mental health*

Parents highlight escalating loops where one comment turns into an entire pile on, a loss of control over constant messaging, sensory overload and dopaminergic cycles, and identity insecurity as things their children struggle with. The emotional labour of online life appears unrelenting, as illustrated by the continuation of bullying outside school hours:

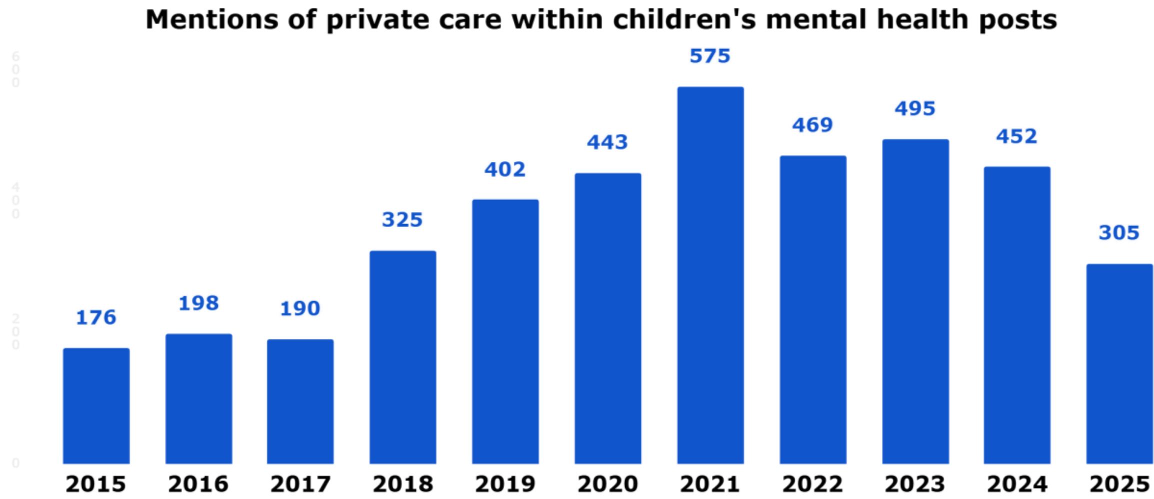
> "What worries me is that with smartphones, bullying follows children home, removing the safe space they should have."

Others note that time away from platforms makes a notable difference:

> "My daughter quit social media for a while and noticed a big improvement in her wellbeing."

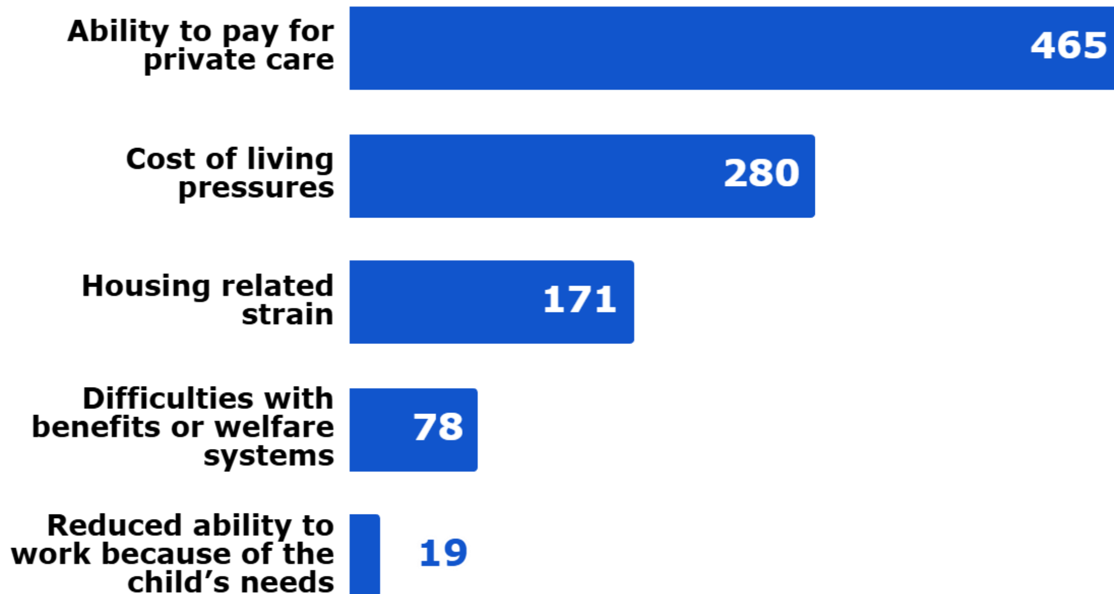
Digital life is not dismissed outright and parents recognise its social necessity, yet they repeatedly describe an "always-on" atmosphere that removes traditional boundaries around rest, privacy and peer interaction.

Cost of living, financial strain and its emotional impact (370 posts in 2024/2025)



**Counts of explicit mentions of private care (seeking, using, or suggesting) within explicit conversation about children's mental health*

Economic pressure shapes family wellbeing and children's own anxieties. Parents link the cost of living to their ability to pay for private care, reduce work hours, maintain routines or shield children from worry about finances. They sometimes recognise that there's a trade-off between having the time to fully support their child and having the funds to afford private assessment or treatment.



**Counts of top themes in posts explicitly mentioning financial strain or difficulty within conversations explicitly about a child's mental health*

Parents express this through modality such as "we cannot afford" and "I am not sure how we will manage", and status language such as "I wish I could give him what he needs". They describe household constraints that children pick up on, often internalising adult anxiety. This includes fear of going without, reluctance to ask for things and worry about being different from peers.

These narratives show that the economic climate is not a background detail but a meaningful contributor to emotional wellbeing for children and their parents.

> *"It's kinder to be upfront with children about money changes, otherwise they fill in the gaps themselves. At that age they know that losing work means less income, whether you say it aloud or not."*

Pandemic disruption and its aftershocks (168 posts in 2024/2025)

Between 2020 and 2024, the pandemic forms a defining backdrop to regressions in confidence, disrupted routines, broken sleep, separation anxiety and loss of independence. Parents consistently describe the pandemic and lockdowns not as

a temporary interruption, but as a hinge point that altered developmental trajectories for a generation.

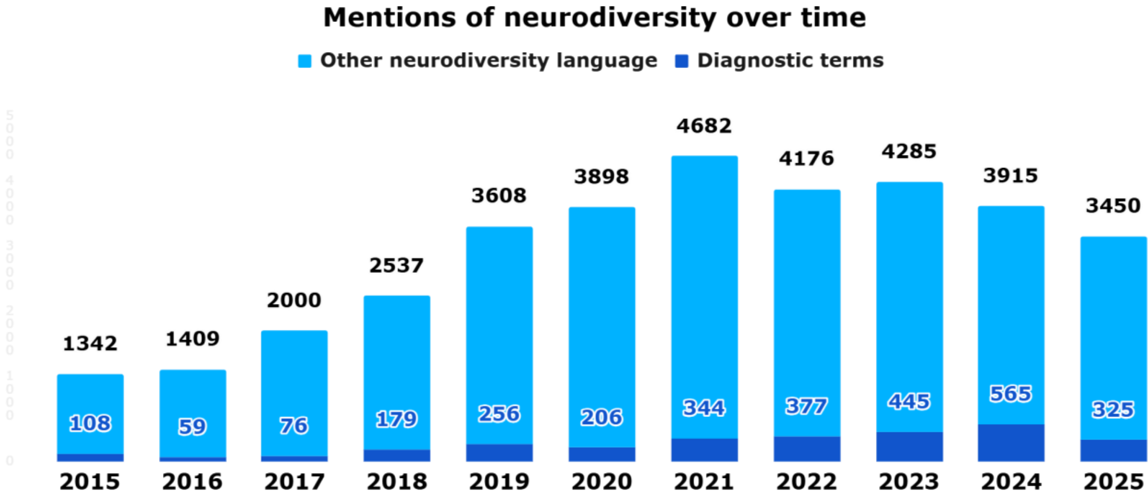
Some parents describe children who appear to have frozen in time developmentally, become less socially confident, or lost the practice of navigating daily stress. Although life has largely returned to normal, the emotional aftermath persists:

Parents aren't framing this as a medicalised anxiety surrounding COVID-19, but instead see the period as a developmental gap that continues to shape their children's wellbeing years later.

> *"My adult son is only now beginning to move past the low mood that began during the lockdown period."*

Rising awareness of neurodiversity and shared language (911 posts in 2024/2025)

A significant cultural shift emerges in the rising visibility of neurodiversity. Mentions of terms relating to ASD, ADHD, sensory profiles, demand avoidance and masking increase steadily, often linked to co-existing mental health conditions like depression or anxiety, or discussed within an overall context of mental and emotional wellbeing.

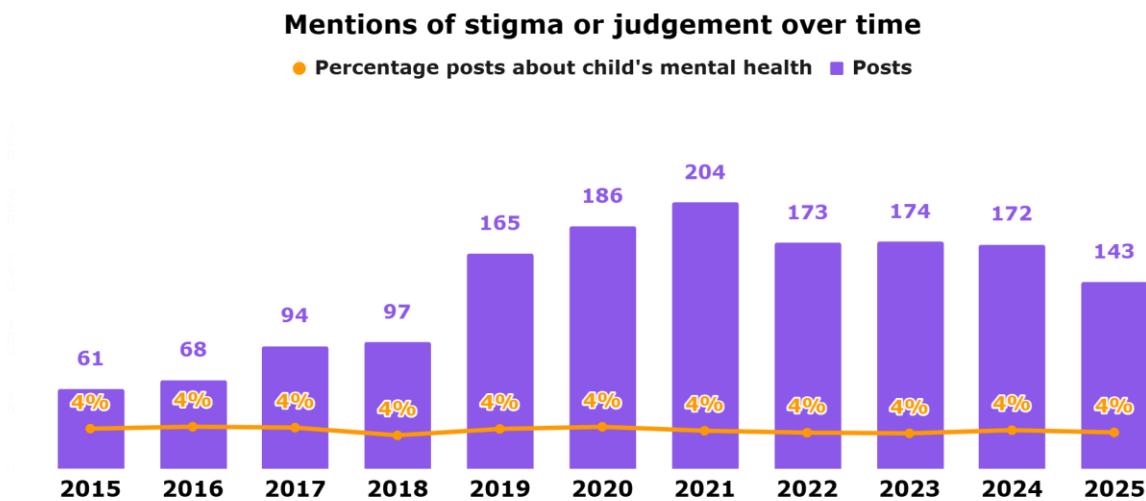


**Counts of neurodiversity mentions within conversation about children's mental health each year. Chart figures are those for diagnostic terms only, and a SUM of diagnostic terms plus other neurodiversity language.*

Parents adopt clinical descriptors like "executive function" and "processing speed", as well as therapeutic and community framings such as "unmasking at home" or "ND kids" often. This reflects not only more frequent diagnoses but broader cultural recognition. Behaviour is increasingly interpreted through sensory or emotional context rather than compliance alone, marking a substantial reframing of childhood experiences.

Openness, stigma and changing norms around mental health

Across the decade, parents become more willing to discuss emotional difficulty and to recognise patterns that extend beyond their own household, but concerns surrounding stigma remain prevalent, sitting at around 4% of posts about children's mental health each year.



**Stigma counts include terms indicating judgement, shame, being dismissed, being blamed, or being perceived as overreacting. This captures explicit references only.*

- **Decline of stigma, rise of emotional fluency**

  Earlier posts show hesitation, apology and uncertainty. Mid decade posts are more descriptive and clinical, and later posts increasingly adopt

advocacy language. This evolution creates a community in which parents speak with confidence and shared expertise.

- **Generational differences**

  Many parents describe conflict with older relatives who dismiss mental health needs using behavioural framings such as "she just needs discipline" or "in my day…". Younger parents tend to adopt emotional or neurodiversity framings instead, leading to contrasting interpretations of the same behaviours. This illustrates a cultural divide in what counts as legitimate emotional need.

  > *"Alongside managing my son's growing difficulties and refusal to go out, I'm also fielding constant judgement from others who think it's all just a discipline and parenting issue."*

- **Community and context**

  Openness varies across class identities, school cultures, religious communities and local areas. Some families describe strong support networks, while others face long travel distances to services or a lack of understanding within their community.

  > *"She could transfer to a nearby school that has stronger mental health support, but she's resisting the move even though she knows her current school exhausts her."*

The overall emotional climate of modern childhood

All of the above forces converge into a wider emotional atmosphere characterised by academic pressure, online comparison, overstimulation, climate anxiety, fear of judgement and fractured routines. Parents describe their children feeling behind, overwhelmed, lonely, frightened, overstretched or scrutinised.

For many, this climate is experienced as cumulative rather than issue specific, and it combines school expectations, digital intensity, financial constraint, pandemic aftershocks and shifting diagnostic cultures.

> “I’m seeing huge pressure on children everywhere. A friend’s nine year old was in tears over school tests because she was terrified of disappointing people.”

How parent language evolves, and what this reveals about cultural change

Parents’ language offers a detailed lens on how cultural expectations, emotional understanding and shared knowledge about children’s mental health have shifted across the decade. What begins as hesitancy and uncertainty grows into a form of fluent, community-informed advocacy surrounding children’s mental health. This evolution shows how families move from isolated interpretation to collective understanding across need, environment and system.

Phase 1: 2015–2017 — Hesitation, behaviour framing and seeking validation

In the earliest years, parents speak tentatively, often unsure what counts as concerning. Their posts carry hedging, self-doubt and a search for confirmation:

- “I am not sure if this is normal”
- “maybe I am overthinking”
- “should I be worried?”

This uncertainty is reinforced by behavioural framings such as naughty, acting out, moody or difficult. Parents remain close to individual blame. They ask variations of “am I doing something wrong?” and treat their child’s distress as a potential failing in behaviour or parenting rather than emotional need. The overall tone is one of private worry and limited vocabulary for describing internal states.

Phase 2: 2018–2019 — Growing confidence and the shift from behaviour to emotion

By the middle of the decade, parents become more confident in naming and describing difficulties. Their language moves from generalised behaviour labels to detailed accounts of what their child experiences:

- E.g. “he freezes, shakes, clings to me”

They increasingly use diagnostic or clinical vocabulary and refer to past attempts to speak to school or seek help. This sits alongside a thematic shift: parents begin reframing behaviour as an expression of emotional need. Terms such as anxiety presenting as refusal or shutdown appear more frequently, marking the start of a transition away from simple discipline narratives and towards emotional interpretation.

This is a moment of growing clarity. Parents begin to understand both what they are seeing and how to articulate it.

Phase 3: 2020–2021 — Emotional articulation, metaphor and early systemic reasoning

During the pandemic period and its immediate aftermath, language becomes heavier, more embodied and more emotionally textured. Parents describe their children as:

- “shutting down”
- “spiralling”
- “crumbling”

They also describe temporal chaos, such as “we have no routine anymore”, capturing the deep disruption of daily structure. The linguistic weight reflects both the intensity of the period and the growing emotional fluency among parents.

Alongside this, parents begin shifting responsibility away from themselves. While the language is not yet explicitly systemic, phrases such as “school will not listen” or “we are stuck” signal early recognition that challenges may lie in environment or service structures rather than in individual behaviour.

Phase 4: 2022–2025 — Advocacy, community identity and structural critique

In the most recent years, parents write with confidence, agency and a clear sense of collective identity. They use action-oriented language such as:

- “I pushed”
- “I requested”
- “I gathered evidence”

Alongside this sits explicit system critique:

- “he is falling through the gaps”
- “this is unmet need”
- “the system is overloaded”

Parents no longer describe themselves as struggling to interpret their child’s experiences. Instead, they assert knowledge, challenge institutions and share strategies with others.

A parallel linguistic expansion occurs in the vocabulary of neurodiversity. Terms such as sensory avoidance, executive dysfunction and unmasking appear frequently. These signal not only diagnostic awareness but a cultural shift in understanding how environmental factors shape behaviour.

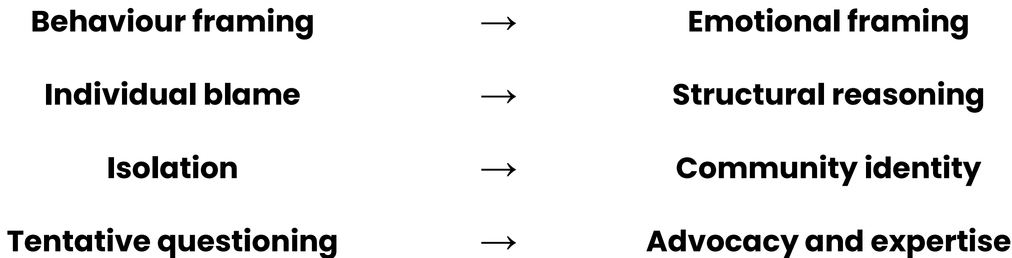
Importantly, this period also brings strong expressions of community identification. Parents refer to:

- “kids like ours”
- “ND families”
- “others here will understand”

Solidarity becomes central and parents see themselves as part of a shared landscape, not isolated households.

What this language evolution shows

Across the decade, parent language reveals a clear cultural journey:



The linguistic trajectory mirrors wider social shifts: greater awareness of mental health and neurodiversity, increased openness, the rise of online communities, and growing recognition of systemic barriers. Parents move from asking whether

something is wrong to articulating what support is needed, why structures struggle to provide it and how families can navigate those gaps together.

Summary and implications

This contextual landscape of conversation surrounding children's mental health underpins why parents express the emotions they do, why family life has changed, and why navigating support systems can feel so difficult. The wider forces shaping modern childhood, from academic pressure to digital intensity and the legacies of the pandemic, create the backdrop against which parents interpret their children's struggles.

Across the decade, parents become more confident in naming their children's emotional needs, recognising neurodevelopmental differences and articulating how external pressures interact with their children's wellbeing. This growth in emotional fluency reflects broader cultural shifts, but it also highlights the weight families carry as they try to understand and support their children.

These societal pressures shape not only what children experience but how parents make sense of those experiences. They influence how behaviour is interpreted, how distress is recognised, and how families understand the changes unfolding in their homes. As we move from this wider landscape into the intimate detail of family life, we begin to see how these cultural forces filter into daily routines, relationships and emotional dynamics. This context provides the frame within which the lived experiences of families unfold in the next section.

Emotions, family life and day to day impact

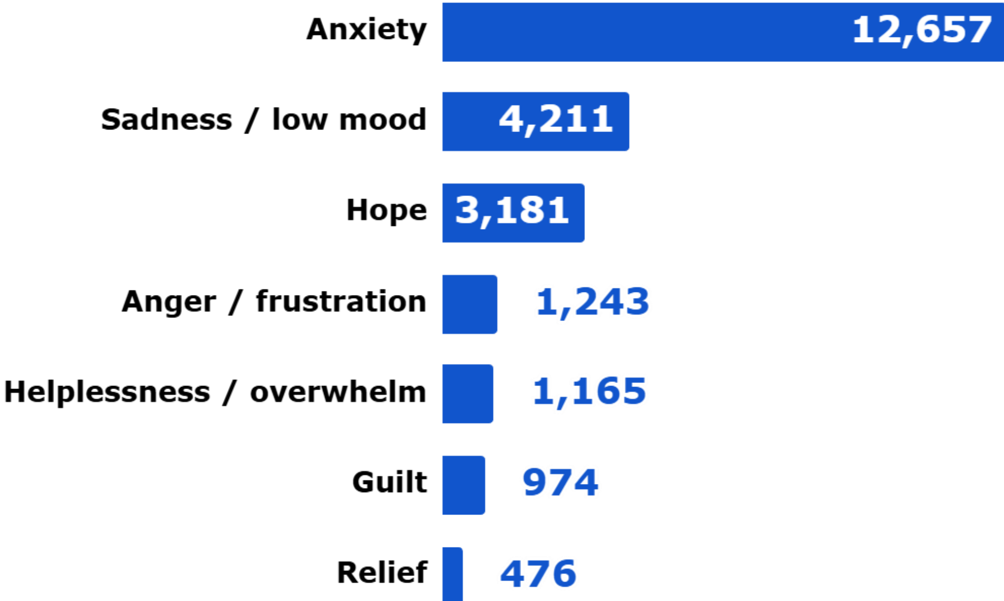
Across the decade of discussion, parents offer a continuous account of what it feels like to support a child whose mental health is deteriorating. Their posts form a textured emotional map, encompassing daily worry entwined with grief, hope, vigilance, frustration and protectiveness. These emotions appear in the language parents choose, the metaphors they reach for, and the emotional stance they take towards their child, their family and the systems around them.

Parents' emotional experience and expression

The emotional tone of posts across the decade is shaped by three core factors:

1. **the intensity of a child's distress**,
2. **the accumulated strain of long waits and uncertainty**, and
3. **the unpredictable interactions families have with systems**

Within the topic of children's mental health, parents rarely occupy just one emotional space at a time and what emerges is a pattern of mixed emotion: between worry and clarity, helplessness and agency, sadness and solidarity, fear and hope.



**Counts represent posts containing explicit emotion words or phrases. Posts that convey emotional tone implicitly, without naming the emotion, are not included.*

Worry, anxiety, and hypervigilance as a constant backdrop (12,657 posts)

Worry and anxiety is the emotional foundation of almost every discussion, appearing in varied forms: anticipatory, chronic, acute, and sometimes self-doubting. Many parents describe a background hum of vigilance that shapes daily life.

Linguistic markers of worry:

- **future orientated**: “what if…”, “I am scared that…”, “I don’t know how he will cope when…”
- **body based metaphors**: “tight in my chest”, “sick with worry”, “heart racing”
- **self checking phrases**: “maybe I am overthinking”, “I don’t want to be the parent who panics”

Parents often narrate their day in terms of monitoring their children’s behaviour, including appetite; sleep; social withdrawal; shutdowns; irritability; avoidance behaviours; and more. This monitoring is often positioned as essential emotional labour that keeps a child struggling with mental health needs afloat.

> “I’m really struggling to cope and I’m frightened about what the future holds for her, because I can’t see a way through this. It’s wearing the whole family down and I’m worried my younger child will end up affected too. I don’t feel I can face going through it all twice.”

Sadness and grief for “the child they were before” (4,211 posts)

Sadness surrounding children’s mental health surfaces most often when parents describe developmental regression; loss of confidence; missed milestones; social withdrawal or reduced friendships; and a sense that fear is replacing joy.

Some parents explicitly frame their sadness as grief for a childhood that has been disrupted. When parents discuss this feeling, they often do so using:

- **temporal contrasts**: “she used to…”, “he was always the child who…”
- **loss framing**: “we have lost him to anxiety”, “her spark has gone”

- **diminution metaphors**: “shrinking”, “fading”, “disappearing into herself”

Helplessness when support systems stall (1,165 posts)

Helplessness peaks in posts describing struggles to access care (including rejected referrals, long waiting lists, and unclear thresholds), sudden escalation in child distress, and inconsistent school responses.

When parents discuss a sense of helplessness, they do so using:

- **stalled action verbs**: “we are stuck”, “nothing is happening”, “we are in limbo”
- **passive constructions**: “we have been told to wait”, “it has been left with us”
- **pressure metaphors**: “we are holding it all together with string”, “it is all on us”

The emotional effect in these situations is a sense of suspended motion. Parents are advocating heavily for their children, but feel that they’re unable to move forward.

> *“She’s been referred to CAMHS and we’ve been told she should have a counselling appointment in a fortnight, but until then we’re just left to muddle through and we feel completely powerless.”*

Guilt and self blame (974 posts)

When parents discuss their children’s mental health, a theme of guilt emerges when they’re unable to meet work demands because of caring responsibilities, tempers fray, routines collapse, other children lose out, or the extent of a child’s struggles means that they become avoidant or shut down.

Parents often frame guilt relationally: in relation to their child, their partner, their other children, their job, or their own childhood. Guilt becomes a lens through which they interpret their experience of day-to-day life.

Anger in the face of dismissal (1,243 posts)

Many families struggle with access to support and care, and this manifests in a sense of anger among parents. They communicate anger at schools that interpret

anxiety as poor behaviour, GPs who minimise concerns, friends and family who dismiss their child's struggles, systems that aren't working, and delays that they feel put children at risk.

Parents demonstrating this sense of anger do so using highly emotive language (eg "furious", "livid", "beyond frustrated"), and use repetition for emphasis. Anger may be a core emotional catalyst for parents becoming more assertive advocates for their children.

Hope, relief and solidarity (3,181 posts)

Despite the emotional strain associated with caring for a child with mental health difficulties, parents also communicate many expressions of hope. This hope usually manifests when parents and their children are understood, listened to, or validated. They communicate this emotion in situations where teachers understand, GPs listen, therapy helps, and when their own feelings surrounding their child's struggles are validated.

Expressions of hope often co-exist with fear and worry, and parents frequently communicate hope alongside expressions of waiting, using phrases like "finally", and "for the first time".

> *"After lots of hurdles and repeated GP visits, we did eventually manage to get CAMHS to assess her."*

How emotional expression changes across the decade

Linguistic shifts reveal a move from:

- uncertainty to clarity
- hesitancy to confidence
- individual burden to shared identity

Earlier years (2015–2017):

Language is tentative, questioning, often self doubting.

Middle period (2018–2019):

Language becomes more descriptive and begins to become more clinically informed.

Pandemic years (2020–2021):

Language becomes emotionally raw, metaphor heavy and urgent.

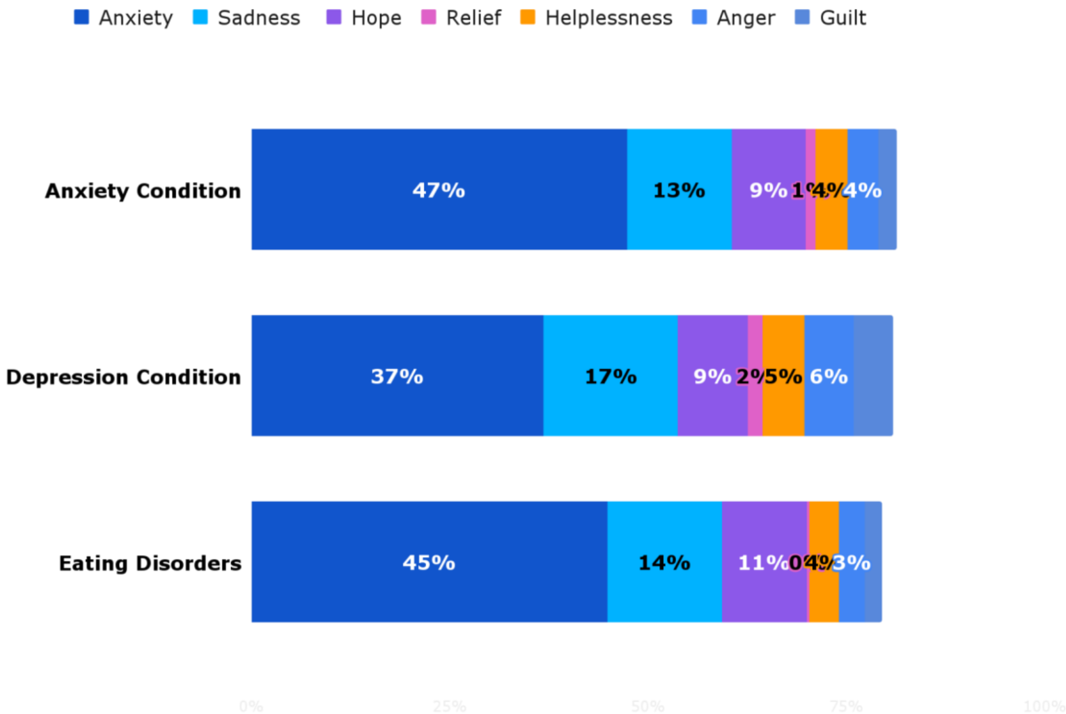
Recent years (2022–2025):

Language becomes more structurally critical, advocacy driven and grounded in neurodiversity frameworks.

This evolution reflects not just rising need, but a cultural shift towards emotional literacy, shared vocabulary and parent expertise.

Variation in Emotional Tone by Child Mental Health Condition

Parental emotional expression on Mumsnet varies substantially according to the child's mental health condition being discussed. While anxiety dominates both as a condition and an emotional tone, other common diagnostic categories carry a distinct emotional signature.



**Emotion–condition combinations reflect posts where both a condition keyword and an emotion keyword appear. These counts do not include posts where emotion is implied but not stated.*

Counts represent the number of posts containing explicit emotion words or phrases; additional posts may convey emotion implicitly through narrative or tone.

Parents discussing child anxiety

The dominant tone is worry, often described in everyday terms such as "constant fear" or "never being able to relax". Sadness and helplessness feature prominently, reflecting the strain of supporting a child with persistent distress.
Parents frequently discuss their own anxiety about "doing the right thing", creating a cycle of mirrored emotion between parent and child. Hope emerges through collective coping — parents share techniques and resources, and many find reassurance in knowing they are not alone. This condition shows the widest range of emotion overall, combining fear, empathy, and cautious optimism.

> *"My nine year old's separation anxiety is getting worse. He follows me everywhere, won't settle until I go to bed, and I'm completely worn out. I'm constantly worried about him and every time I try to get professional help I feel like I hit a dead end."*

Parents discussing child depression

Discussions about depression are more subdued but emotionally heavy. Anxiety still dominates, but sadness is more prevalent, alongside helplessness and guilt. Parents often describe grief for the "loss" of their child's previous personality or joy, and uncertainty about how to reach them. The emotional tone here is one of quiet despair mixed with endurance. Hope appears mainly in the context of professional support, small improvements, or validation from other parents. While anxiety about suicide or relapse is present, it is often expressed indirectly, using careful or understated language.

"He seems unhappy almost all the time now and it's heartbreaking to watch. I'm starting to suspect he might be depressed, with school just becoming the focus he latches onto."

Parents discussing eating disorders

Conversations about eating disorders contain more neutral, measured, logistical language. Parents often describe meal plans, hospital stays, or weight changes with clinical precision, reflecting the control-oriented nature of these conditions. Although emotional words are fewer, hope is relatively strong: many posts express relief when treatment begins or when professionals "finally take it seriously". Anger occasionally surfaces, usually directed at delays in recognition or inadequate medical responses. The overall tone is restrained but determined. Parents balance fear with vigilance, often describing themselves as "walking on eggshells" or "holding everything together".

"My daughter is beginning to slip back with her eating again and I'm just hoping we can keep things moving in the right direction."

Across all conditions, three key emotional dynamics emerge:

1. **Parent anxiety as a universal thread**
   Regardless of diagnosis, parents express persistent fear about their child's future, the adequacy of services, and their own capacity to help.

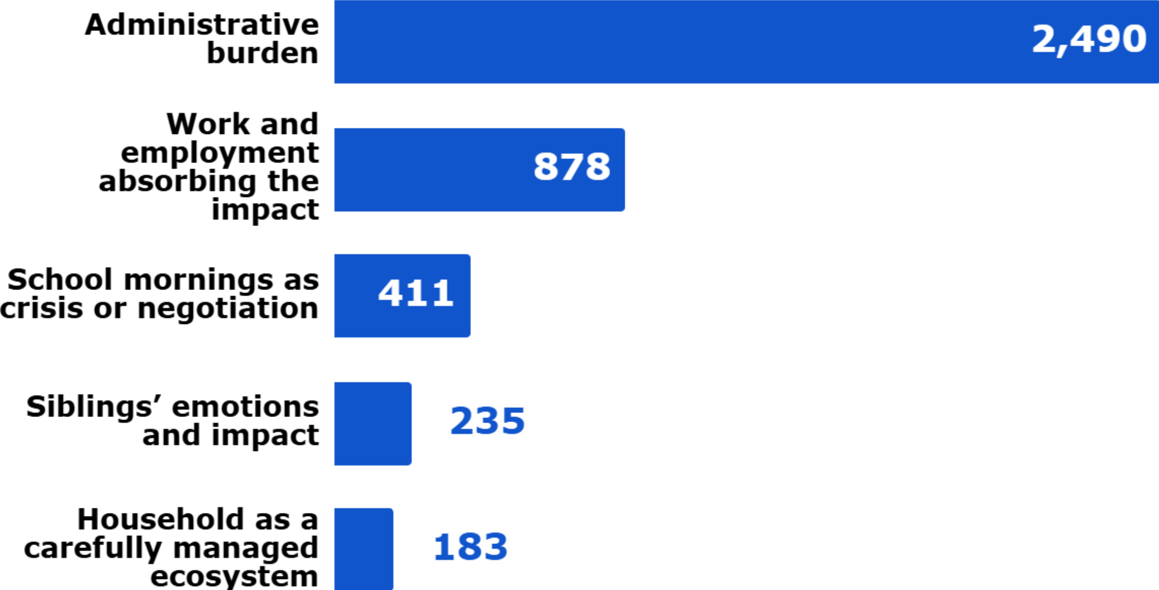
2. **Hope as an adaptive coping mechanism**
   Hope functions as emotional scaffolding. It appears not only after progress but also as a deliberate act of resilience — parents maintaining belief in improvement even in uncertainty.

3. **Emotional restraint as self-regulation**
   In conditions involving high stigma or risk, particularly self-harm and eating disorders, parents manage emotion through careful tone. The absence of overt emotion is itself revealing, reflecting both protectiveness and emotional fatigue.

The variation in emotional tone reflects differences in visibility, immediacy, and social acceptability of each condition. Collectively, these emotional profiles illustrate how parents navigate vulnerability: through practical language, shared experience, and the selective use of emotion. Mumsnet serves as a space where fear is articulated, normalised, and gradually transformed into community-based understanding.

The impact on a child's mental health and illness on family life and relationships

While emotional expression reveals the interior world of parents, the practical impact shows how children's mental health changes the very structure of family life. Families mention recalibrating almost everything: mornings, evenings, meals, school attendance, social plans, work responsibilities, household energy and emotional bandwidth.



**Counts of themes in posts about the family impact of a child's mental health, in conversations explicitly about a child's mental health*

The administrative and advocacy burden becomes a second job (2,490 posts)

Managing a child's mental health difficulties is often an administrative burden, adding to an already high mental load many parents face. Parents describe managing referrals, evidence gathering, emails to school, applications for assessment, EHCP processes, appointment coordination, and more.

Managing the administration of both care and advocacy becomes a major form of parental labour for many.

> *"I don't know how people juggle all this with work. She's calmer if I walk partway to school with her, but with three children and a part-time job I'm cramming in appointments wherever I can and it already feels impossible to manage."*

Work and employment absorb the impact (878 posts)

When faced with managing a child's mental health difficulties, parents frequently adapt their work lives: reducing hours, moving to remote roles, taking unpaid leave, turning down promotions, and struggling with their performance.

This has both financial and emotional consequences for families, with parents (most often mothers) struggling with a loss of identity as a result of reduced career responsibilities, and an increased need to budget as a family at a time that the ability to pay for private care would be welcomed.

> *"Both my children seem to be really struggling emotionally and I feel desperately low, as though I've let them down. Our life looks comfortable from the outside, but it's actually a constant rush of work, activities and household jobs. I've never felt so bad as a parent while feeling so positive about my career, and I'm torn because cutting my hours might help at home but would affect our lifestyle."*

School mornings become a site of crisis or negotiation (411 posts)

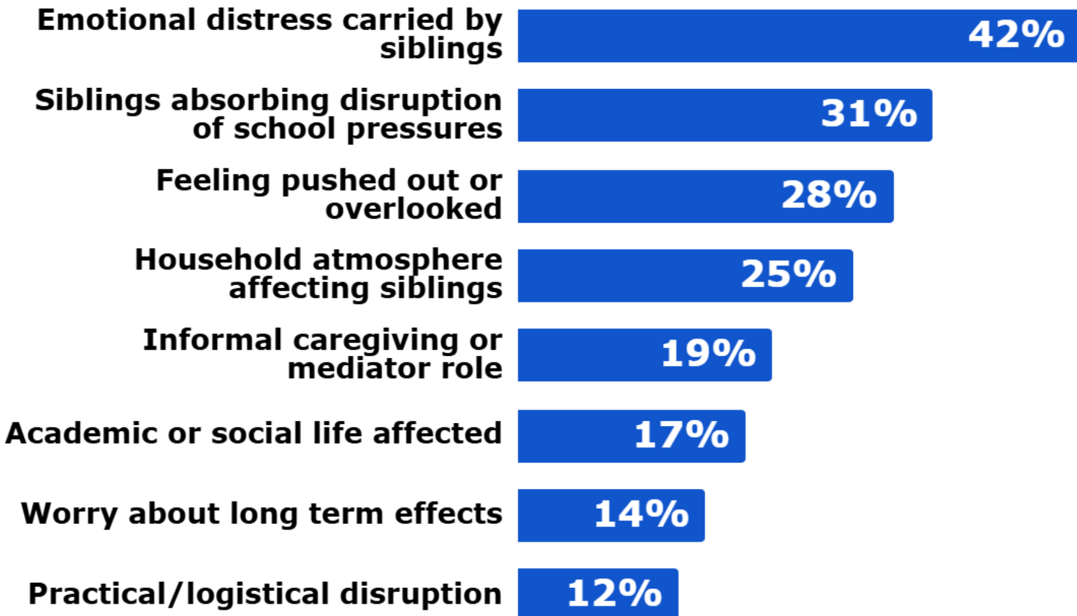
School mornings feature heavily in posts, with parents seeking advice on coping with children experiencing panic attacks, clinging behaviour, somatic symptoms, school avoidance or refusal, and tearful goodbyes.

Many parents represent the school morning as a battle, resulting in them negotiating with their child about attendance and a sense of dread that begins the day before.

> *"My son has always been on the anxious side but it has escalated a lot recently. He ended last term refusing school with 'stomach aches', spent Christmas feeling sick, not eating properly and avoiding things he used to like. Now the school refusal is full-on – he screams and cries in the mornings, even though he manages once he's actually there."*

Siblings experience their own secondary emotional landscape (235 posts)

Often it's not just the child struggling with mental health challenges that is impacted, and parents reflect on the effect on their other children. Siblings of children struggling with mental health difficulties often face their own anxieties and worries, miss out on activities or quality time with their parents.



**Split of themes of sibling impact, within posts explicitly about the impact of a child's mental health condition on other children in the household*

Some parents mention attempting to compensate for the impact, but with knowledge that their time and emotional bandwidth are finite. Parents report their other children becoming hyper responsible, frightened, resentful, or in some instances overly empathetic.

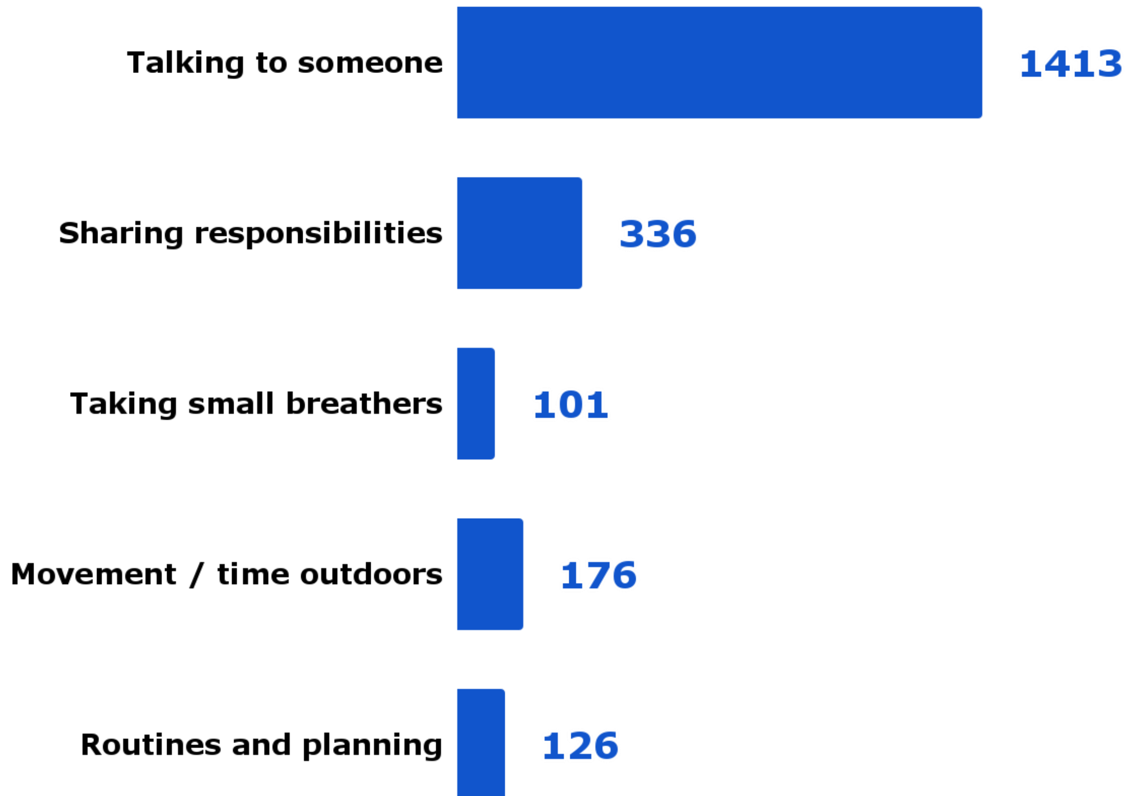
> *"What really troubles me is the impact on his younger sister. She's no trouble at all, yet she ends up sidelined whenever he has meltdowns. While we're focused on managing him, she's left to get on with things alone, and it happens a lot."*

The household becomes a carefully managed ecosystem (183 posts)

Parents often describe their home as a safe space for their children, offering them a sanctuary away from the pressures of school life, and a stabilising environment where people seek to understand. While this is the case, many parents reflect on this resulting in their children's distress becoming the most visible while they're at home. This can result in parents writing in terms of environmental control: manipulating light, noise, transitions, and pace of their home environment to allow their children a place of recovery and calm.

Coping strategies: how families sustain themselves

Parents describe strategies that are small, concrete and sustainable in their efforts to cope with children's mental health struggles effectively.



** Counts of coping strategies within posts that explicitly reference coping with children's mental health struggles*

Some strategies are functional and logistical, like sleep support tools, ensuring routines and boundaries, and sensory adjustments, but many parents reflect on the importance of taking care of their own emotional wellbeing when caring for a child struggling with their mental health to ensure they're coping and showing up for their family.

These strategies reflect a form of collective parental wisdom that evolves across the decade.

> *"Does anyone else have a child with mental health problems and want to connect so we can share experiences and support each other?"*

"The parent support group really helped because it stopped me feeling like I was going through this on my own."

Summary

Children's mental health doesn't sit in a discrete corner of family life. Instead, it permeates routines, relationships, identity, and the emotional climate of the household. Parents are attempting to navigate shifting emotional states while maintaining stability for their children and siblings. The burden is significant, and conversation often focuses on seeking and sharing advice for managing the situation with resilience.

Navigating the System

When discussing seeking help for mental health concerns, parents describe a system that is essential, often compassionate in individual encounters, but structurally unpredictable and underfunded. The journey is shaped by waits, thresholds, inconsistent messages from different professionals, regional variation, financial strain and the emotional toll of consistent advocating. Parents speak with practical wisdom about the routes that work, the routes that don't work, and the improvisation required to keep their children safe while waiting for help.

The picture that emerges is of determined parents navigating poorly signposted and unevenly resourced pathways.

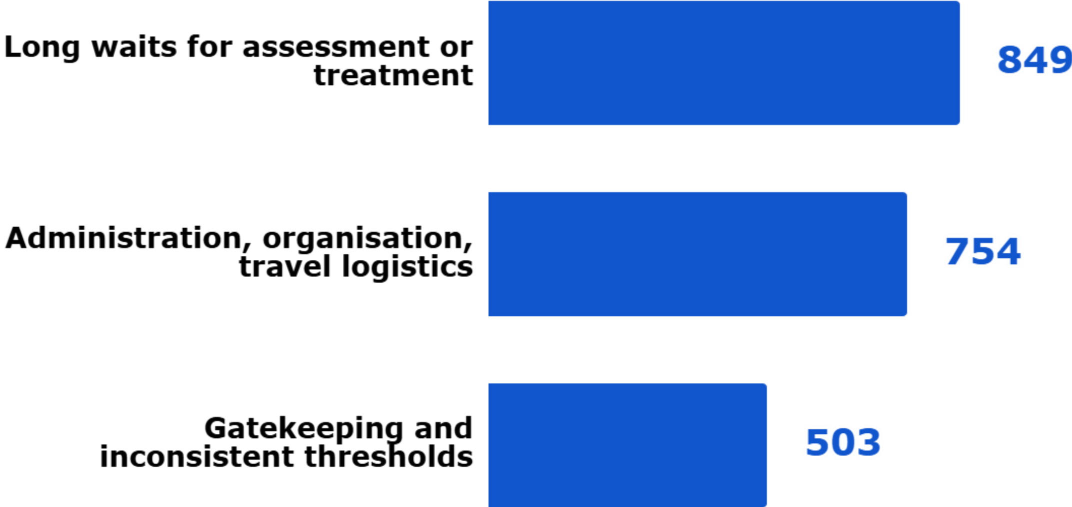
This section brings together core strands of the discussion:

1. **how families try to access help**,
2. **the barriers that delay or block that help**,
3. **what happens in interactions with schools, GPs and specialists**,
4. **how inequality shapes every step of the experience**.

Access to and barriers to care

Parents' routes into care usually begin in one of two places: school or the GP. CAMHS is the hoped for endpoint, but parents speak with knowledge that this is far from guaranteed. The stories parents tell are anchored in the detail of their difficulties: referral forms lost, missed call backs, contradictory advice, sudden crises, and months (or years) spent waiting.

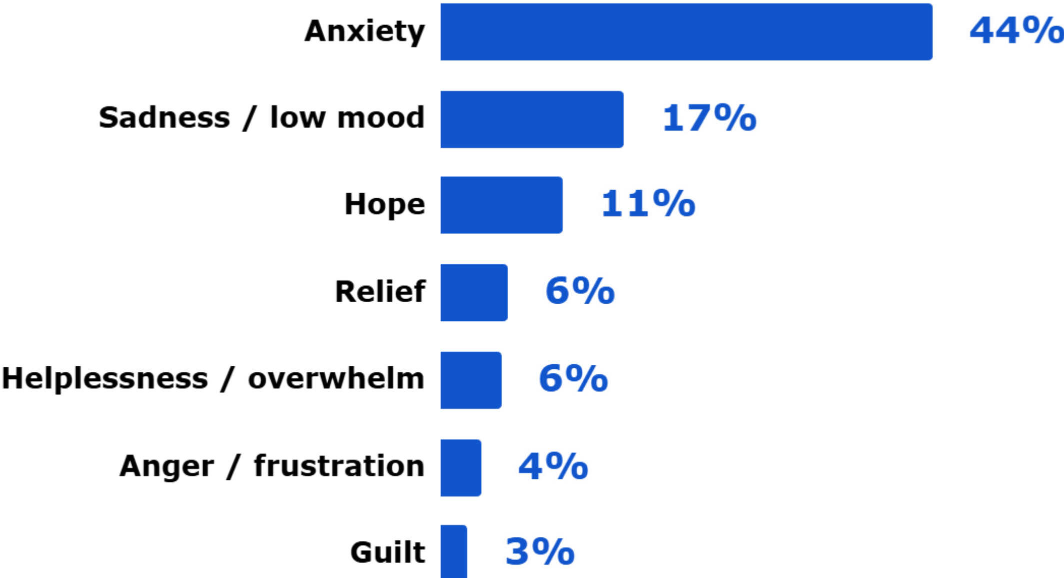
Patterns of access difficulties appear consistently across the decade.



**Counts of difficulties explicitly mentioned within conversations about accessing care for a child's mental health*

Long waits as the defining barrier (849 posts)

Long waiting lists - for both assessment and treatment - are commonly faced, and parents describe waiting not as passive time, but as the period when distress often escalates and families do most of the psychological heavy lifting. One quarter of posts explicitly about waiting times reference an emotional theme of stress, overwhelm, or despair.



**Split of emotions explicitly represented within conversations about waiting for care*

The emotional vocabulary conveys urgency, fear and exhaustion, but also determination to keep going.

> *"My daughter was finally classed as urgent after a year of trying, but she's getting worse and we still haven't heard anything. I'm trying to find out what urgent wait times actually look like."*

> *"We also ended up paying privately, which I know is a luxury, but the CAMHS wait would have completely worn us down."*

Gatekeeping and uneven thresholds (503 posts)

Families describe stricter or inconsistent thresholds depending on area, clinician or service pressure. Parents often feel that help becomes available only after escalation.

Thresholds shape not only access, but also parents' belief in the system's fairness.

> "Waiting lists and thresholds differ wildly between services, and so does what support is even available."

Inequity and the "postcode lottery"

Parents notice significant variation in access, thresholds and resource availability depending on local area, school capacity and ability to travel. Even when not naming postcode explicitly, parents describe structural inequity.

Inequality appears not only in geography but in school resources, SENCO capacity and pastoral support.

> *"CAMHS can work for some families and not others, and a huge amount comes down to where you live."*

The administrative load: families as project managers (754 posts)

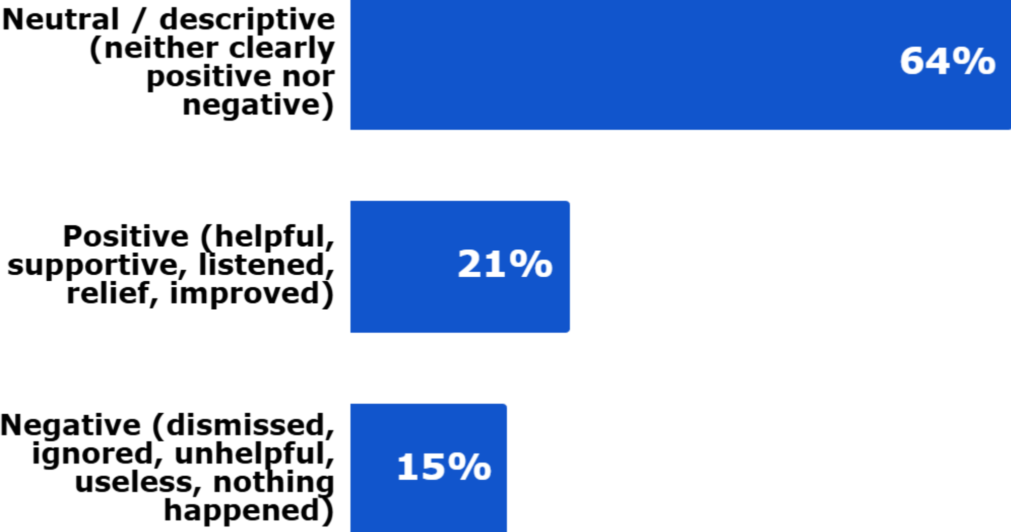
Parents often carry out the organisational labour that keeps their child in the system: chasing calls, collecting evidence, logging incidents, managing school relationships, coordinating appointments and advocating repeatedly when administrative failures from services compound emotional strain and delay help.

> *"CAMHS is so stretched that you wait forever for an assessment, then even longer for treatment, and sometimes referrals get forgotten entirely."*

Mixed experiences when first seeking help

Schools and GPs are the two settings most frequently mentioned as starting points for access to care. Parents describe both supportive and obstructive

encounters, and the difference between them shapes the entire trajectory of their experiences.



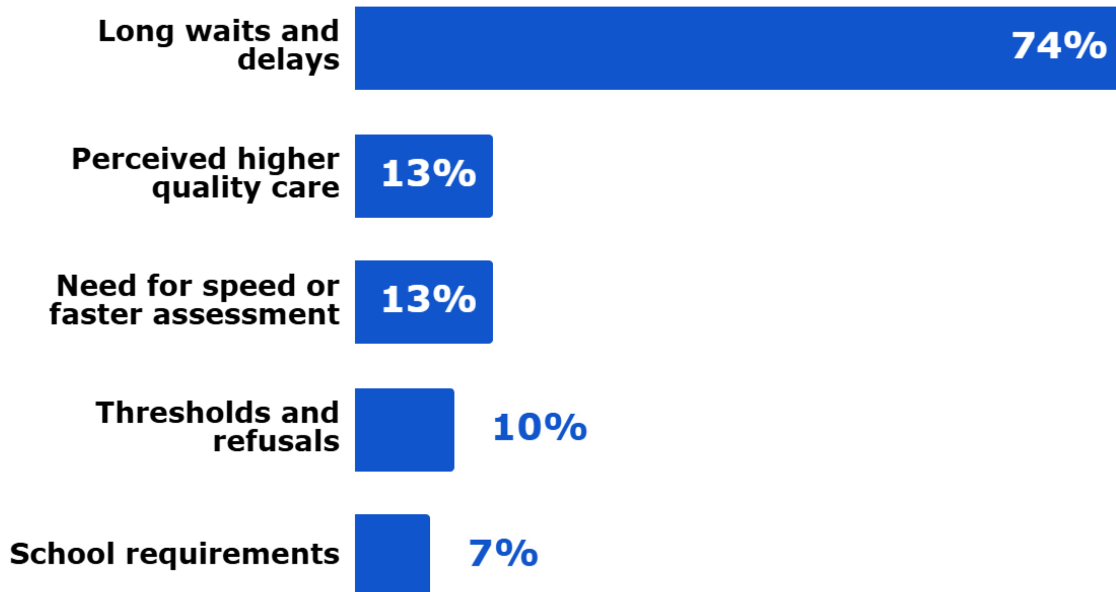
**Sentiment split within 2,137 posts directly mentioning seeking help for child's mental health*

When seeking help, the emotional tone shifts depending on whether parents are validated, listened to, and presented with action, or whether their concerns are dismissed. Supportive encounters are marked by clarity, validation and follow through, while negative encounters are typically marked by minimising language or lack of contact.

> *"The GP was very sympathetic and suggested a free local counselling service, promising to follow up soon."*

The role of private care

Parents often turn to private mental health care for their children when deterioration feels too risky to wait through. They explicitly distinguish this from preference, instead describing it as a necessity.



Analysis of 310 posts explicitly mentioning using private care for a child's mental health condition

When parents are choosing private care, it's largely because of the long wait involved when relying on CAMHS and the NHS. Some parents describe guilt about being able to pay; others describe frustration or despair at being unable to. Private care becomes the bridge between acute need and slow public provision, and parents often prioritise it despite it not being any easily affordable expense.

> *"If there's any way to pull funds together, private might be necessary, as he could turn 18 before CAMHS ever reaches him."*

The emotional consequences of stigma and judgement

Stigma is not the dominant theme in conversation about children's mental health, but when it appears it's emotionally potent and in some instances shape whether parents seek help at all. Around 4% of posts explicitly about a child's mental health mention a sense of stigma or judgement, with schools the most common setting for perceived judgement.

Parents adapt by gathering evidence, having conversations in non-judgemental and anonymous spaces, changing their language, or approaching different professionals.

> *"I do think awareness and openness about mental health have improved, even if stigma still lingers. It's not perfect but it's better than it used to be."*

Experiences with Professionals and Services

While access barriers shape the structure of care, interactions shape the emotional experience of it - for both parents and children. Across Mumsnet conversation, parents describe empathetic teachers, supportive but overstretched GPs, inconsistent thresholds, validating psychologists, and systems that work well only intermittently. Across services, once children receive access to care, the experiences they do have with professionals and services trend towards positive, with few experiences of being dismissed or needs minimised.

Experiences with GPs: validation versus minimising

GPs are the first point of contact for many families. Parents describe relief when taken seriously; confusion when they're dismissed; frustration at lack of follow up; and gratitude for referrals made quickly

Parents tend to describe their experiences with GPs as supportive or with neutrality, but when a GP minimises their child's needs or dismisses parent concerns, it shapes how and whether parents continue to seek help or lose faith in the system.

> *"The GP suggested self-referral services, but they're not appropriate for my daughter given her cognitive profile."*

Experiences with schools: where most emotional labour begins

School is both the early warning system and the site where mental health difficulties collide with attendance codes, expectations and behaviour policies. Parents describe the best schools as transformative and the worst as dismissive or overwhelmed.

Descriptions of validation and support outweigh those of dismissal by far. But, when parents do face dismissal, it can directly impact their ability to get their child the help they feel they need, with schools acting as a gatekeeper to medical care.

Parents reflect on supportive schools providing early adjustments, predictable communication, attendance flexibility, sensory accommodations, pastoral check ins, and collaborative approaches with parents.

Meanwhile, they mention that unsupportive schools frame anxiety as behaviour, misinterpret children's distress, delay access to screening, and rely on punitive approaches.

> *"The central access team sent us to the school mental health staff, but they refused to see her because of her ASD. She's low every day and her confidence is awful, so it's hard to understand why help is so difficult to reach."*

> *"My daughter has already missed a lot of school after a crisis. Tier 3 CAMHS advised arranging a school meeting to explore support options."*

Experiences with psychologists, psychiatrists and therapists: expertise, warmth, and relief

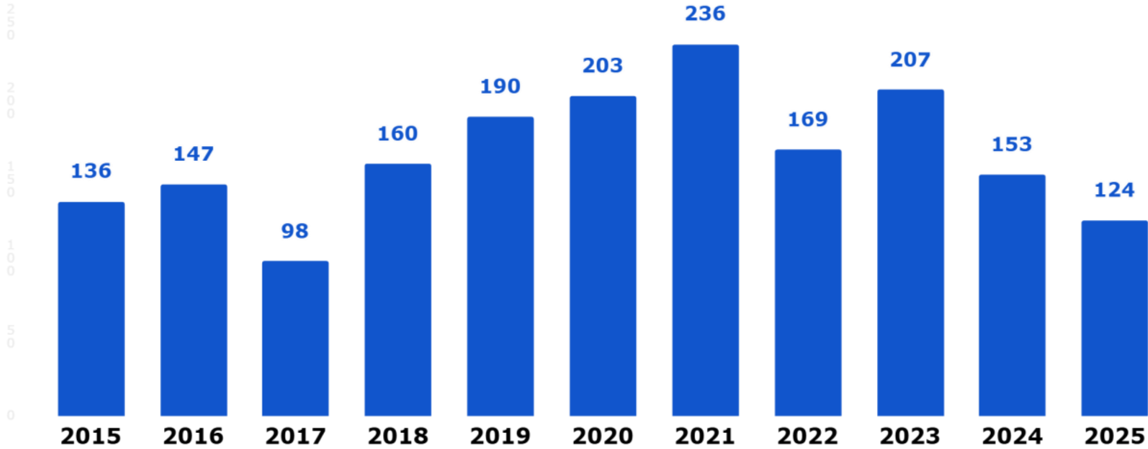
Parents who have managed to gain access to specialist support for their child describe these interactions with more warmth and specificity than any other professional group. Clarity, expertise and emotional containment are what parents value most.

> *"After raising concerns with school and the GP, we saw a psychologist and my son was diagnosed with OCD and mild tics that worsen under stress. Learning more ourselves and getting the right support from school and the psychologist helped enormously."*

Experiences with CAMHS and specialist services: relief, rebuttal and rupture

Parents describe CAMHS as essential yet overstretched, appreciating the care their children receive when they do, but feeling frustrated at long waits for it, not

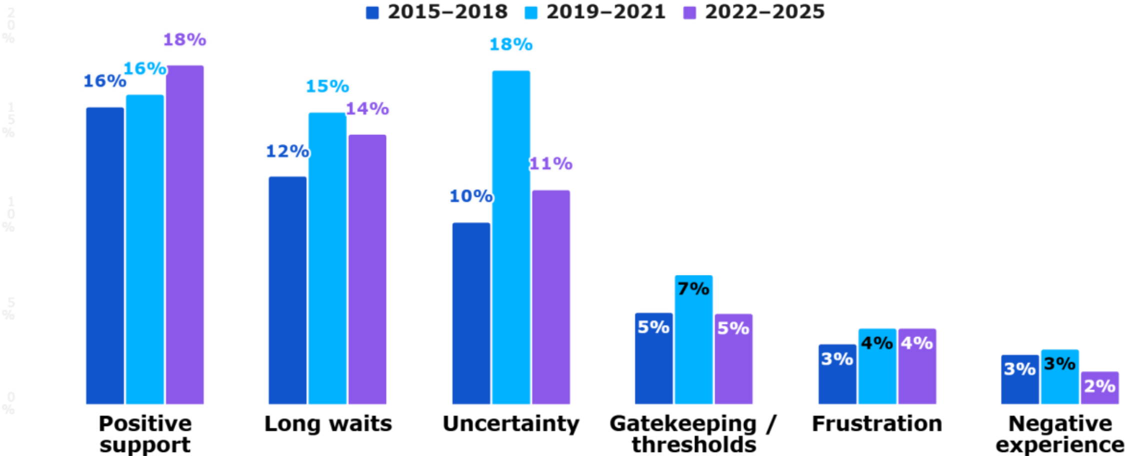
getting access at all, and care plans not lasting long enough to make an impact.



**Counts of explicit mentions of CAMHS within posts explicitly mentioning a child's mental health each year. Implicit mentions in the same conversation as explicit CAMHS mentions are not included.*

The tone of CAMHS mentions changes across the decade:

- **2015–2018:** early strain, with moderate uncertainty and mostly supportive encounters
- **2019–2021:** heightened disruption marked by peaks in uncertainty, frustration, and system barriers
- **2022–2025:** stabilisation, with more supportive experiences and fewer negative encounters reported



**Split of common expressions within mentions of CAMHS, across time periods.*

When discussing CAMHS, parents experience relief when listened to, devastation when dismissed, anxiety during transitions and waiting periods, gratitude for clear plans, and frustration at inconsistent communication and care plans not sufficiently addressing their children's needs.

> *"CAMHS saw him briefly years ago after school raised concerns, but the support ended quickly. He's now a teenager with significant anxiety and OCD layered on top of attention difficulties, and we're still being told that all they can offer is counselling we've already tried."*

> *"My ten year old, who also has dyspraxia, has become frightened of everyday things like weather and being on his own. School stress seems overwhelming. CAMHS suggested a particular book on anxiety that might help."*

> *"My 16 year old is in yet another CAMHS planning meeting and has completely lost faith in the service, and I'm not far behind her. It feels like we're stuck in a loop, and she keeps asking how unwell she has to be before anyone really acts. Support for young people's mental health feels desperately inadequate. We can't really afford private treatment, but we're starting to think about borrowing or asking family because we're running out of options."*

How families learn to navigate, work around (and with) the system

While access barriers shape the broad structure of the help seeking journey, they also generate a distinct behavioural pattern among parents: strategic adaptation. In a small but meaningful subset of threads, parents describe altering how they communicate, document or escalate concerns in order to secure help for their child.

What parents describe is not deception, it's compensatory adaptation. Families learn - and share - the unwritten rules of an overstretched system: the language that unlocks referrals, the evidence formats that carry weight, the thresholds that trigger action and the forms of explanation professionals respond to. These

strategies surface only when families have already tried conventional routes and found them too slow, unresponsive or inconsistent to meet the level of distress their child is experiencing.

This behaviour sits at the intersection of structural barriers and parental responsibility. It illustrates both the emotional cost of navigating fragmented pathways and the determination families hold in keeping their children safe.

Why parents feel compelled to adapt their approach

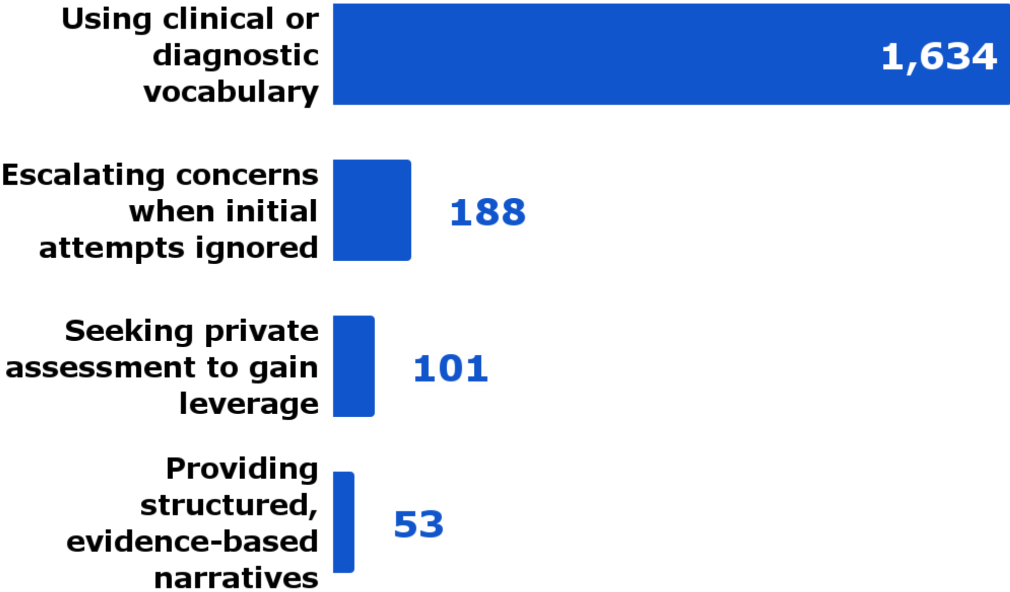
Strategic adaptation typically emerges when families encounter rejected referrals, inconsistent CAMHS thresholds, schools requesting extensive “evidence” before offering support, administrative delays, a lack of follow up from primary care, and acute deterioration during long waits. Parents frame adapting their behaviour as forced improvisation within a system that responds slowly unless distress is severe.

> *“We didn’t wait too long for CAMHS back then, but were told they could only take cases showing immediate risk and otherwise had nothing to offer, leaving us to manage alone.”*

Parents interpret these experiences not as isolated failings but as a signal that their communication must change for their child to be taken seriously.

The forms of adaptation families describe

Four patterns appear clearly in the dataset, each driven by necessity rather than opportunism.



**Conversation themes identified using thematic analysis. Counts reflect explicit use of language related to each theme within conversation relating to getting timely access to care for children.*

Adopting clinical or diagnostic vocabulary (1,634 posts)

Parents shift from everyday descriptions towards terminology they know carries clinical weight (like “panic episodes”; “shutdowns”; “executive function difficulty”; “sensory overload”; “possible ASD traits”; or “masking at school”). For many, this isn’t embellishment of experience, but an adaptation of language to gain access.

As clinical terminology becomes more used among parents, linguistic markers such as “presenting as…”, “escalating symptoms” and “unmasking at home” appear more frequently in recent years, mirroring the broader cultural shift towards neurodiversity and mental health literacy.

Escalating concerns when initial attempts are ignored (188 posts)

Parents sometimes increase the emotional intensity of their descriptions because early concerns are minimised.

Escalation is framed as **last resort action**, not manipulation.

> *"I contacted my local councillor and managed to improve CAMHS for the area. It helps to have school and the GP backing you and to raise a formal complaint with the Trust. You shouldn't need to do all that, and it isn't about blaming individual staff, but if you don't make a lot of noise you just get ignored."*

Seeking private assessment to create leverage (101 posts)

Among those able to access them, private pathways are sometimes used strategically to secure school adjustments, further NHS referrals, diagnostic clarity, and evidence for EHCP applications. Parents capable of paying do this when deterioration feels too risky to wait through.

> *"CAMHS initially turned down an autism assessment for my daughter, so we used health insurance to go private and got a diagnosis. Even then, there was no real support for her anxiety. When we went back to CAMHS they said they wouldn't see her because the anxiety was due to the autism – the same autism they'd previously insisted she didn't have."*

Providing structured, evidence based narratives (53 posts)

Parents learn that professionals respond more readily to behaviour logs, incident chronologies, teacher comments, frequency counts, and tightly structured examples. This mirrors the documentation style expected by clinical services. Parents describe this as labour intensive but necessary to access care for their children.

Emotional framing: reluctance, not opportunism

The emotional tone around these strategies is characterised by guilt, reluctance, fear of being judged, exhaustion, and anxiety about being perceived as "dramatic" or "pushy". Parents describe the process as an uncomfortable necessity.

These posts demonstrate that parents are not trying to "beat the system". They are trying to survive within it.

A structural interpretation: strategic behaviour as a symptom of system strain

Adaptations appear **only** when waiting times exceed safe limits, thresholds are inconsistent, schools lack capacity, CAMHS support is difficult to access, and children's distress is escalating without intervention.

Parents adjust their behaviour because their child's needs exceed the system's speed, not because they are attempting to exploit it. Parents aren't gaming the system: they're collectively learning to speak the system's language because the cost of not doing so is too high for their children.

Implications for services

This pattern points directly to several needs in children's mental health services:

- clearer, more transparent thresholds
- better guidance for parents on what is required for referral
- early opportunities to speak to a professional before escalation
- reduced administrative friction
- recognition of the emotional labour parents carry
- proactive communication during waits

Reducing structural uncertainty would significantly lessen the need for parents to adapt their behaviour in the first place.

What these patterns reveal

Across all stages of the system, parents describe a paradox: individual professionals often show compassion and skill, but a structure around them that is fragmented, difficult to navigate, and makes professionals difficult to access. Families adapt by taking on multiple roles: becoming case managers, advocates, evidence gatherers, emotional regulators, and administrators.

While doing all of this, they continue supporting children through school avoidance, panic, self harm risk, low mood, meltdown cycles, and the weight of daily uncertainty. Parents describe the system not as something they step into but as something they must constantly “work”, “push”, and “chase” to get access to.

And yet their determination is clear. Parents keep trying. They keep asking. They keep advocating. And they keep their children at the centre of every decision.

Summary of experiences with professionals and services

Parents understand their children’s mental health through a complex societal lens. They see rising pressures, rapid cultural change, evolving norms, increasing emotional awareness, and a system under strain. Their language reflects cultural shifts in how childhood, behaviour and emotion are understood.

Where earlier generations might have minimised or pathologised, modern parents interpret, contextualise, advocate and adapt. This broader societal context shapes every emotional and practical theme in the report. It explains why families speak the way they do, why the burden feels as heavy as it does, and why the system feels mismatched to modern childhood.

Conclusion and Recommendations

The recommendations below emerge directly from the patterns, gaps and strengths families highlight across the dataset.

Recommendations: How parents' experiences can be used to drive change

Parent conversations show a system that relies too heavily on families to compensate for gaps in provision, inconsistency between local areas, and prolonged periods of uncertainty. They also reveal where public bodies, policy frameworks and service structures fall short of meeting children's needs. For those seeking to influence those in positions to accelerate change, the findings point to a number of strategic priorities. These priorities are designed to guide campaigning, policy engagement and public messaging and to help make the strongest possible case for action. This research elevates a crucial and often missing voice in policy on children's mental health - that of parents - but it is important to note that children's voices are also vital in shaping the policy that affects them and their lives.

Earlier this year, the Future Minds campaign produced a roadmap to transform children and young people's mental health by 2035. It puts forward concrete solutions to address the concerns and struggles of children, young people, and their families, calling for:

- **A shift from hospital to community:** Stabilising specialist and inpatient services while shifting investment towards earlier, community-based support to cut the cost of crisis
- **A new digital age of treatment and support:** Moving from analogue care by safely harnessing digital tools and AI to widen access, reduce waiting times, and increase productivity
- **A new era of prevention:** Adopting an approach that embeds wellbeing support in schools, youth services, and families.

Early, localised support reduces the likelihood of crisis, eases pressure on specialist services and improves life chances for young people. The Future Minds roadmap shows that with decisive action, the Government can close the treatment gap, improve outcomes for children and young people, and reduce long-term costs to society.

Methodology and approach

Overview

This report draws on a longitudinal qualitative dataset of Mumsnet discussions relating to children's mental health, covering January 2015 to November 2025. The dataset includes **13,040 threads** and **over 227,000 individual posts**. These discussions offer continuous, naturalistic insight into how parents talk, think, feel and act when supporting a child experiencing emotional, behavioural or psychological distress.

The analysis combines quantitative content mapping with deep qualitative interpretation, with particular attention to linguistic shifts over time.

Data source and inclusion

Conversations were included if they:

- appeared in sections of the site relevant to children, education or parenting
- contained substantive discussion of children's emotional, behavioural or psychological wellbeing
- included references to anxiety, panic, depression, self harm, neurodiversity, eating disorders, regression, school refusal or access to services such as GPs, CAMHS or private assessment

Posts focusing solely on parents' own mental health were excluded from analysis.

Analytic lens

The approach integrates a combination of

1. Quantitative mapping

We coded:

- thread and post volumes by year
- frequency of references to conditions (anxiety, depression, ASD, ADHD, eating disorders, self harm)
- mentions of settings (home, school, GP, CAMHS, private therapy)
- emotional language

- references to access barriers (waiting lists, rejected referrals, thresholds, communication gaps)
- coping strategies
- family dynamics
- linguistic markers (hedging, certainty, metaphor, stance, identity language)

Counts reflect frequency of terms or concepts rather than clinical diagnosis.

2. Qualitative thematic coding

We identified patterns in how parents describe early signs of difficulty, emotional experience and expression, impact on routines, identity and relationships, navigation of systems, workarounds and self advocacy, interactions with professionals, cultural and community contexts, and changes in language, confidence and norms across the decade.

The coding relied on recurring linguistic features such as hesitation markers ("I'm not sure if this is normal"), evaluative language ("it feels like we're falling through the cracks"), agentive framing ("I pushed for a referral"), and community alignment ("others here will get this").

3. Longitudinal linguistic analysis

We traced shifts in emotional vocabulary, diagnostic and neurodiversity language, references to school avoidance versus school refusal, framing of behaviour versus need, use of evidence building language (lists of behaviours, timelines, examples), and metaphors of containment, risk, overload or shutting down

This linguistic analysis helps illuminate not just what parents say, but how they conceptualise their role, their child's experience and the systems they navigate.

4. Triangulation with contextual events

We examined how broader events shape discourse:

- curriculum changes
- pandemic lockdowns and school closures
- NHS workforce pressures
- online harms debates
- cost of living crisis

- public conversation on neurodiversity
- SEND reforms

These contexts help interpret peaks and shifts in discussion.

Quote use and integrity

Quotes within this report are paraphrased for anonymity, while preserving their original tone and meaning. An additional file containing the original quotes is available.

Ethical notes

Mumsnet is a public forum, and posts quoted here represent contributions willingly shared by users. This report avoids usernames and identifying details while preserving meaning and tone. Insights reflect the experiences of a self selecting group of parents and are not nationally representative, but they offer rich, ecologically valid understanding of how families describe and navigate children's mental health challenges.

Mumsnet x Future Minds Survey of Mumsnet Users

Mumsnet opened a three-week self-selecting survey of parents in November 2025. There were 1,009 responses from parents with a child aged 5 to 17.

Summary of key results

Mental health concerns are a central part of family life for many parents, and over three quarters (77%) shared that they're concerned about their child's mental health or wellbeing. Almost a third describe themselves as very concerned. Over half (54%) share that they've seen a decline in their child's emotional wellbeing over the past year, compared to just 15% who say they've seen an improvement.

Overall, parents believe that children of today are under increased pressure, but many also believe that they're less resilient: 87% agree that today's children face more pressures on their mental health than their own generation, and 63% agree that today's children are less resilient than previous generations. When asked to indicate up to three factors with the biggest impact on children's mental health today, 76% indicated social media and online content, 46% friendship issues and online bullying, and 44% academic pressure and school stress.

Difficulties like anxiety (61%), low confidence and self-esteem issues (60%), and school-related stress (50%) are common. Only 31% say that their child hasn't experienced any difficulties. This translates to diagnosed or suspected mental health conditions for many children, and 43% of parents responding to the survey shared that their child has a diagnosed anxiety disorder, or that they suspect their child may have one. 15% said that their child has a diagnosed anxiety disorder.

Just 29% of parents responding to the survey shared that children's mental health problems are over diagnosed these days, though this rises to 46% of those with a child they don't suspect or know has a mental health condition.

Access to mental health support is difficult for many parents, and 68% of those who have sought help describe the process as difficult, including 38% who described the process as very difficult. The most prevalent difficulties when trying to access mental health support were long waiting lists (74% of those who found it

hard to get help), feeling dismissed or not taken seriously (65%), and difficulty getting a referral or diagnosis (56%).

As a result of their child's mental health concerns or emotional wellbeing, 43% of those who are or were in work have needed to reduce their working hours, take time off, or leave a job. 42% share that their child has missed school or college because of their mental health, and 1 in 5 (19%) say that this has happened frequently.

Only 3% believe that the UK government is supporting children's mental health well, with 39% suggesting that they feel the support is very poor. When considering improvements to mental health support, parents would most like to see more school-based mental health staff (59%), and short NHS waiting times for specialist services like CAMHS (53%).