PULSE CHECK 2025:

MOTHERS' ON CHILD MENTAL HEALTH IMPACTS, CARE, AND SUPPORT

Released: September 22nd, 2025
Mothers' Voices Included: 2,703

Introduction

Count on Mothers provides policymakers, industry leaders, and advocates with firsthand, data-driven insights rooted in the lived experiences of mothers—those most deeply engaged in the day-to-day realities of raising and protecting children. Each issue we explore is guided by what mothers themselves have identified as most urgent and meaningful. **"Pulse Check 2025"** is an independent report developed by Count on Mothers, based on a nationally representative survey of 2,700 U.S. mothers. **Inseparable**, a national nonprofit advancing mental health policy reform, partnered with Count on Mothers to help ensure that these firsthand experiences are brought to bear in advancing solutions. The findings, analysis, and recommendations presented here are solely those of Count on Mothers.

Why This Study Matters

The mental health of children and adolescents has become an **urgent public health concern** in the United States. National surveillance data show that rates of depression, anxiety, and suicidality are elevated and, in some groups, continue to rise (Askari et al., 2024; Bitsko et al., 2022; Curtin, 2020). The COVID-19 pandemic intensified these challenges by increasing social isolation, disrupting education and healthcare, and amplifying family stressors, with rates of depression, anxiety, and suicidal thoughts remaining high in the post-pandemic period (Prichett et al., 2024; Racine et al., 2021). Professional organizations such as the American Academy of Pediatrics and the American Academy of Child and Adolescent Psychiatry have declared a **national emergency in youth mental health** (AAP, AACAP, & CHA, 2021), yet progress in expanding access to care remains uneven (Whitney & Peterson, 2019). Research consistently underscores the pivotal role of families, especially mothers, in recognizing children's distress, initiating care-seeking, and navigating complex systems (Reardon et al., 2018). However, **mothers often confront substantial barriers**, including prohibitive costs, stigma, provider shortages, and bureaucratic complexity (Waid, 2020). Importantly, prior studies that have integrated maternal perspectives highlight both the burdens families face and the innovative strategies they adopt to advocate for their children (Reardon et

al.,2018; Walter et al., 2019). These findings combined with a dearth of maternal perspective research in the United States suggests that **surveying mothers' views and experiences is critical** not only for understanding gaps in the current system but also for informing practical pathways to resilience and support.

Pulse Check 2025 builds on this foundation by pairing a large, nationally representative survey with in-depth qualitative accounts from mothers across the United States. This mixed-methods approach captures how mothers observe and interpret youth mental health needs at home, in schools, medical settings, and community spaces, where care is often first sought but not always secured. By foregrounding maternal perspectives, the study aims to elucidate both the points of traction where families access effective support and the barriers that prevent care; highlights opportunities to improve collaboration between families and institutions and allocate resources toward interventions that are both accessible and effective. In doing so, Pulse Check 2025 not only deepens our understanding of children's mental health care challenges, but also equips decision-makers with the knowledge needed to enact policies that strengthen family support systems and promote healthier outcomes for children and adolescents nationwide.

About the Study

This report explores mothers' views on child mental health, including day-to-day impacts, gaps in care, and the challenges and successes of support in their communities. Using these insights, the report offers timely, experience-based guidance for leaders across government and

commercial sectors in mental health care. From **July 17 through August 14, 2025**, a total of **2,703 mothers** shared their level of worry about their child(ren)'s mental health, firsthand experience with mental health impacts, gaps in care, ease and difficulty of access, and views on the most effective path forward to support children. By connecting mothers' observations at home, in schools, in doctors' and therapists' offices, and across everyday interactions to the national recommendations laid out by Inseparable, including fostering a mentally healthy school climate, expanding early intervention, strengthening school–community connections, and ensuring sustainable financing, this report pinpoints where federal and state policy can most powerfully respond to the urgent needs of families.

How the Data Was Collected

To ensure results reflect the broader population and perspective of U.S. mothers, the anonymous and voluntary online survey was shared publicly across social channels, and the sample was weighted using national benchmarks for political affiliation and geographic region. Responses were drawn from all 50 states, including mothers from urban, suburban, and rural areas. Mothers completing the survey were offered the opportunity to participate in a focus group or a one on one interview to share their lived experiences. A full explanation of the methodology can be found at the end of this report.

Key Takeaways

Quick Numbers

23%

of moms couldn't get the mental health support needed for their child

80%

of those who lack sufficient access to mental health care have private insurance

53%

of mothers report difficulty tending to their own mental health

1. One in Four Families Can't Get Help When They Need It

- **A quarter of moms (23%) who needed mental health support for their child couldn't get it** when they needed it most
  - Of these moms, **60% cite cost** as the main barrier to getting help for their kids.
- Despite 96% of families having insurance coverage, **cost is a widespread issue**.
  - **51%** of ALL mothers report **cost being the primary obstacle** for getting care for their kids.

2. Private Insurance is Failing Families

- Of all mothers who lack sufficient access to mental health care, 80% have private insurance; only 13% have Medicaid.

- Just 46% of privately insured moms agreed their plan provides sufficient access, while nearly one-third (30%) actively disagreed.
- **Mothers with private insurance were more likely to be worried about their children's mental health** (62%) compared with those covered by Medicaid (48%).

3. Parents' Mental Health Is Closely Tied to Their Kids'

- 55% of mothers rated their concern for their child's mental health at level 3 or higher (on a 0–5 scale).
- **53% of mothers report difficulty tending to their own mental health.**
- Among mothers worried about their children, two-thirds (65%) also struggle with their own mental health.
- By contrast, mothers not worried about their kids (score 0) are **70%** more likely to successfully care for their own mental health.

4. Even When Care Exists, Families Can't Use It

- Accessing private therapists is especially challenging: almost half of mothers (47%) described it as 'difficult' or 'very difficult.
- School-based supports are inconsistent: 1 in 3 mothers (34%) reported difficulty accessing counselors or psychologists at school.
- Pediatricians are the easiest door in — more than half of mothers (57%) found them accessible — but families say they lack the training to address complex mental health needs.
- Scheduling remains a deal-breaker: Mothers say weekday, daytime-only services force them to miss work and pull kids out of school. The lack of evening and weekend hours makes existing care functionally out of reach for many families.
- Mothers with specialized degrees working in fields related to childhood development, education, and healthcare expressed frustration and confusion navigating systems, despite their knowledge. Mothers call for better access to resources, education and continuity of care between systems.
- The clearest solution? **Mothers most often called for expanded school-based supports** as the single most effective way to meet children's mental health needs.

Findings & Mothers' Insights

Mothers' perspectives provide a unique and indispensable vantage point: they see children's mental health struggles not just in isolated moments but across all settings — at home, in classrooms, in doctors' offices, with therapists, and in the broader community.

"We're the first...the first stop, the first observers, the first people who know them best, the first people who have to be the ones to have agency and ask for help if we need it. So we need to be the most informed of what the options are and what we have and haven't tried yet and what we could try."

- Mom from North Carolina

The purpose of this study is to explore mothers' views on **children's mental health impacts and care challenges** and point toward the **most effective solutions for care and support**. The findings below show how worry, access, parental well-being, and system navigation interact – and ultimately, how mothers' own well-being is bound up in the solutions that will succeed.

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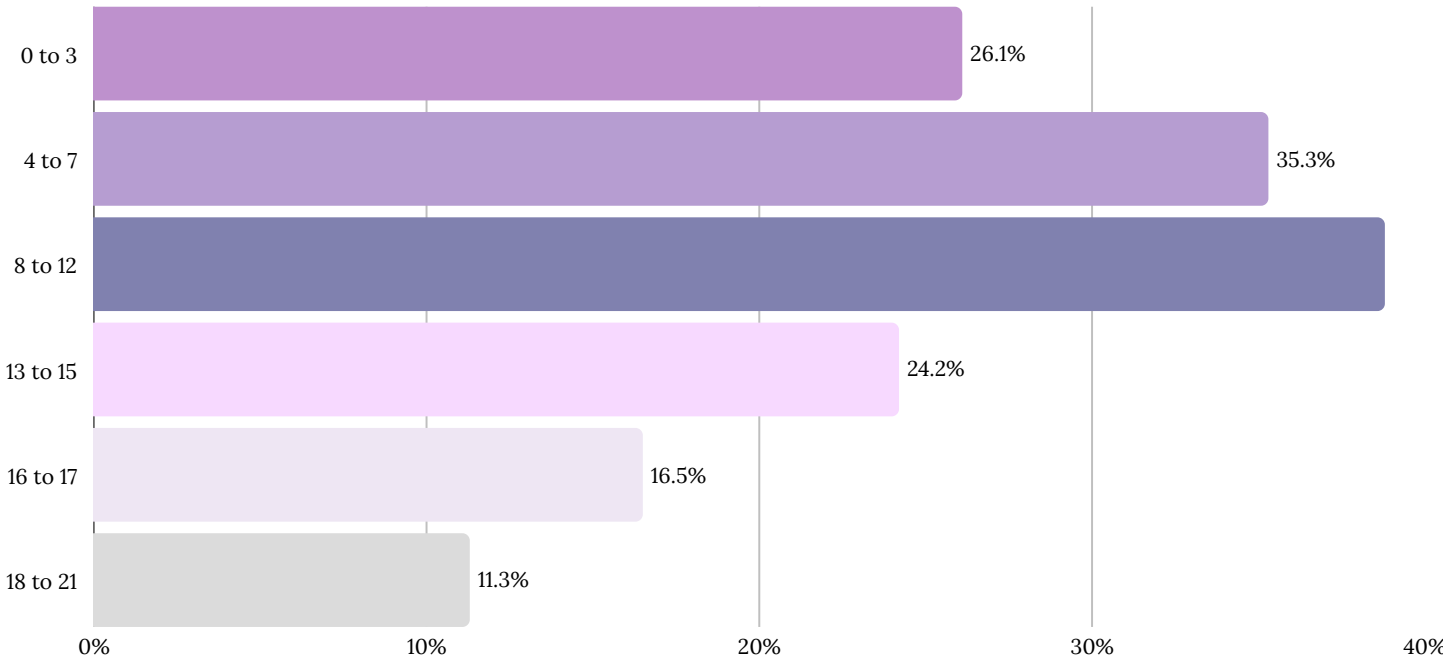
1. Mental Health Worries are Widespread

Concern about children's mental health is not confined to a subset of families — it is a majority reality. **Over half (56%) of American families are worried about their children's mental health.**

The study sampled mothers across region, background, ideology, insurance type, and children's ages. There were no segments untouched by worry. Of particular interest were the insights revealed from mothers of children 0-12, who made up most of the respondents: a quarter had children of infant and toddler age, over a third had children in grades K-2, and almost 40% had preteen children. This distribution underscores how worry is not limited to adolescence but spans every stage of childhood.

Chart 1a. What is the age range of your child(ren)? (select all that apply)

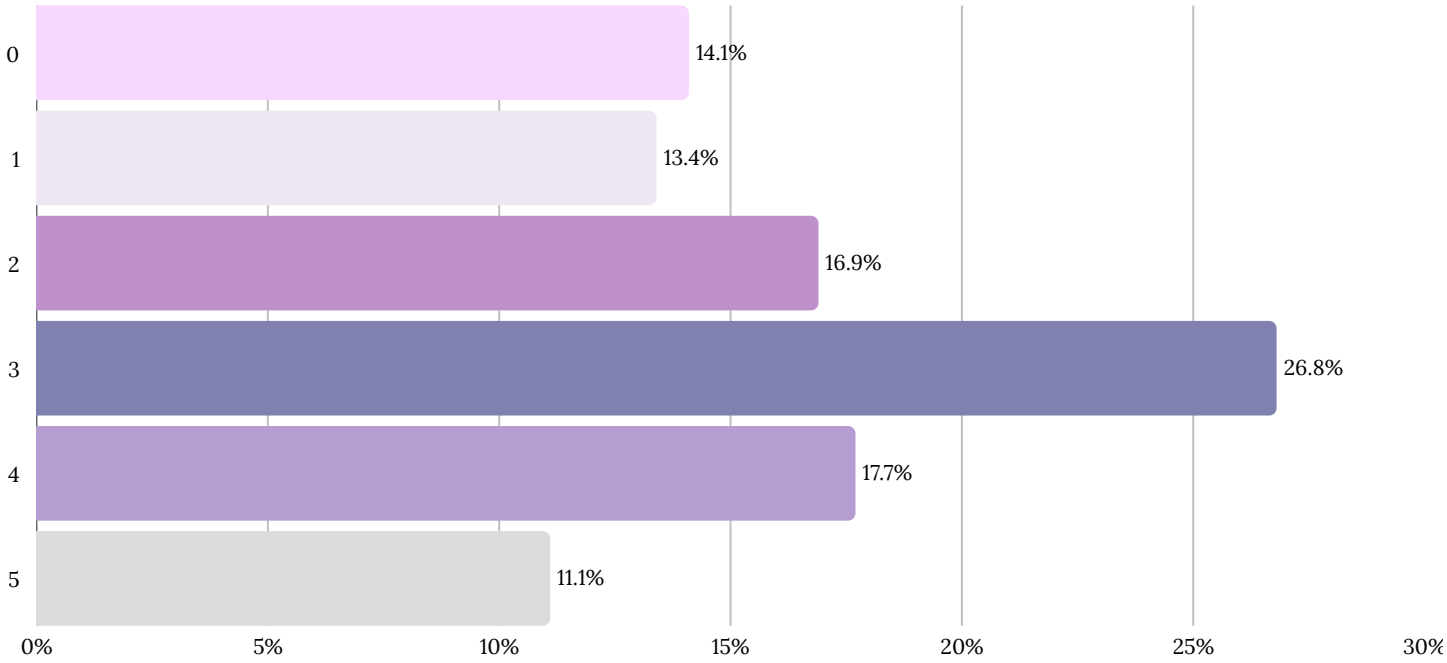


Understanding what mothers worry about most provides insight into the **root environments** where solutions may be targeted for efficacy. Most mothers experience the areas that impact their children's mental health to be: **schools**, **peer relationships**, and **digital spaces**.

> *"I worry about, I don't know that this is really a part of my kids' mental health or mine, but I do worry about school safety a lot."*
>
> *- Mom from Georgia*

Chart 1b. Mothers' Worry About Children's Mental Health

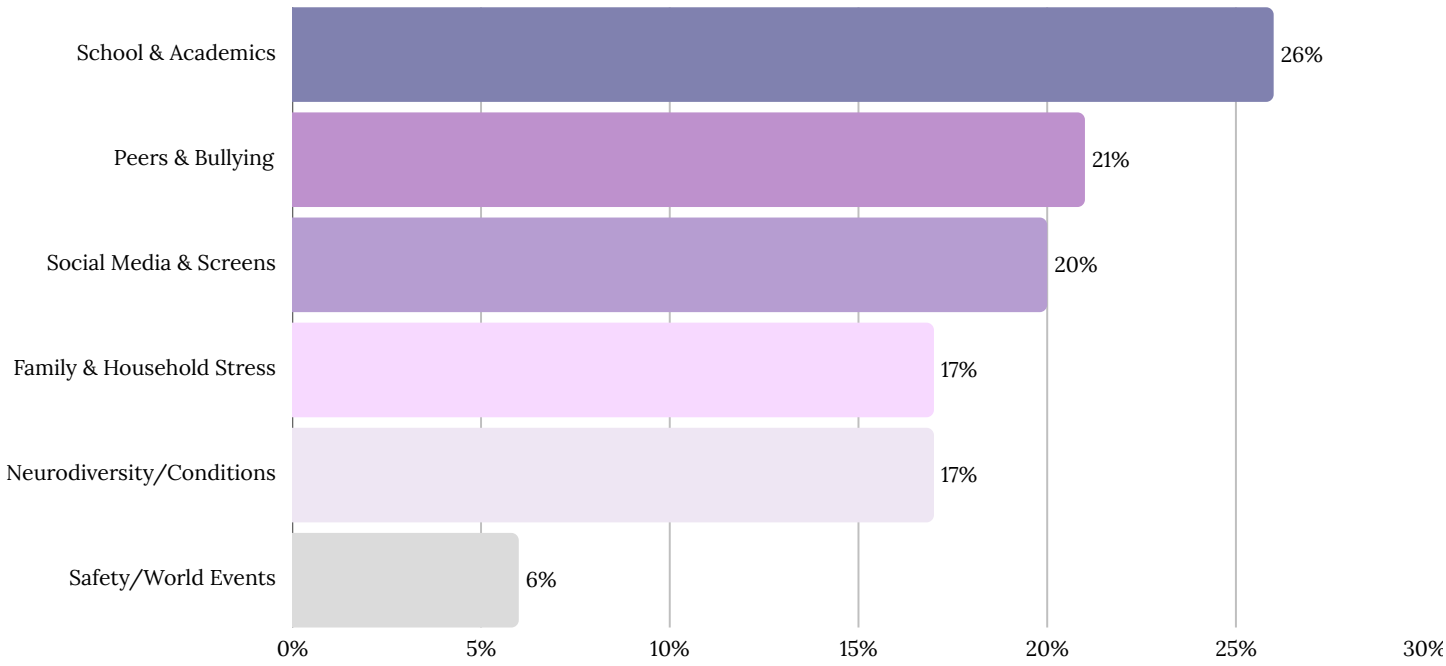
How worried are you that any of your children's mental health is at risk? With 0 being not at all concerned and 5 being extremely worried.



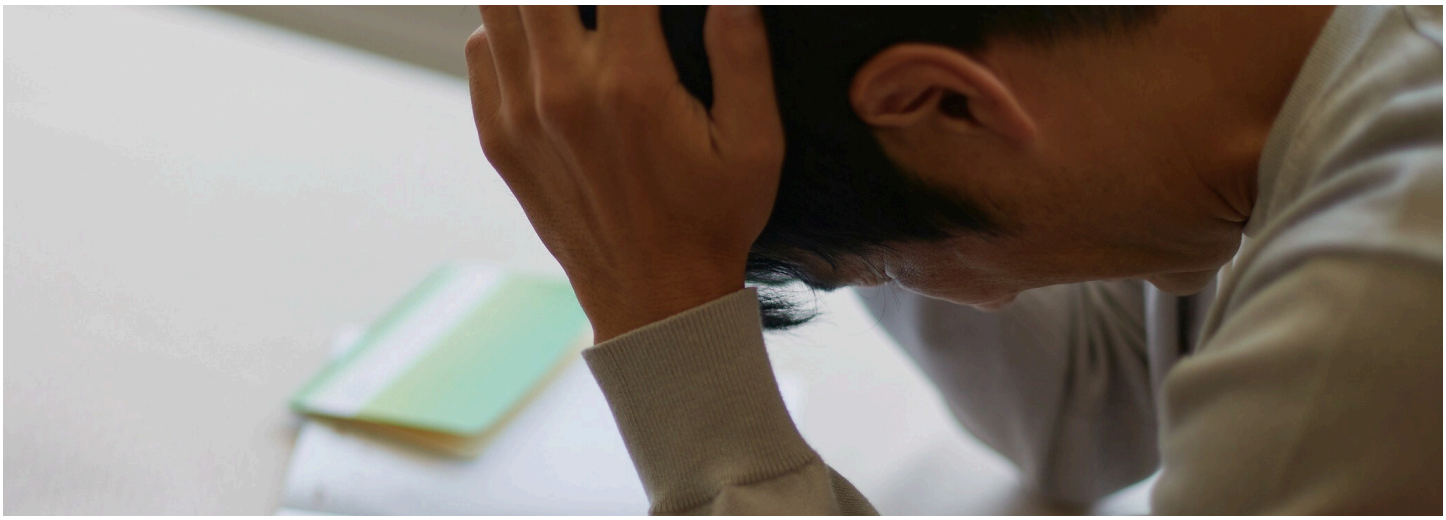
55% of mothers expressed severe concerns about their child's mental health

rating it at a level of 3 or higher on a scale from 0 to 5.

Chart 1c. Among worried mothers (3-5), the top day-to-day drivers of children's mental health challenges were:



Qualitative results echo these concerns, with mothers citing school pressures, peer influences, social media, and fear of violence (lockdown drills, active shooter drills) as major concerns for their children's current and future mental health.



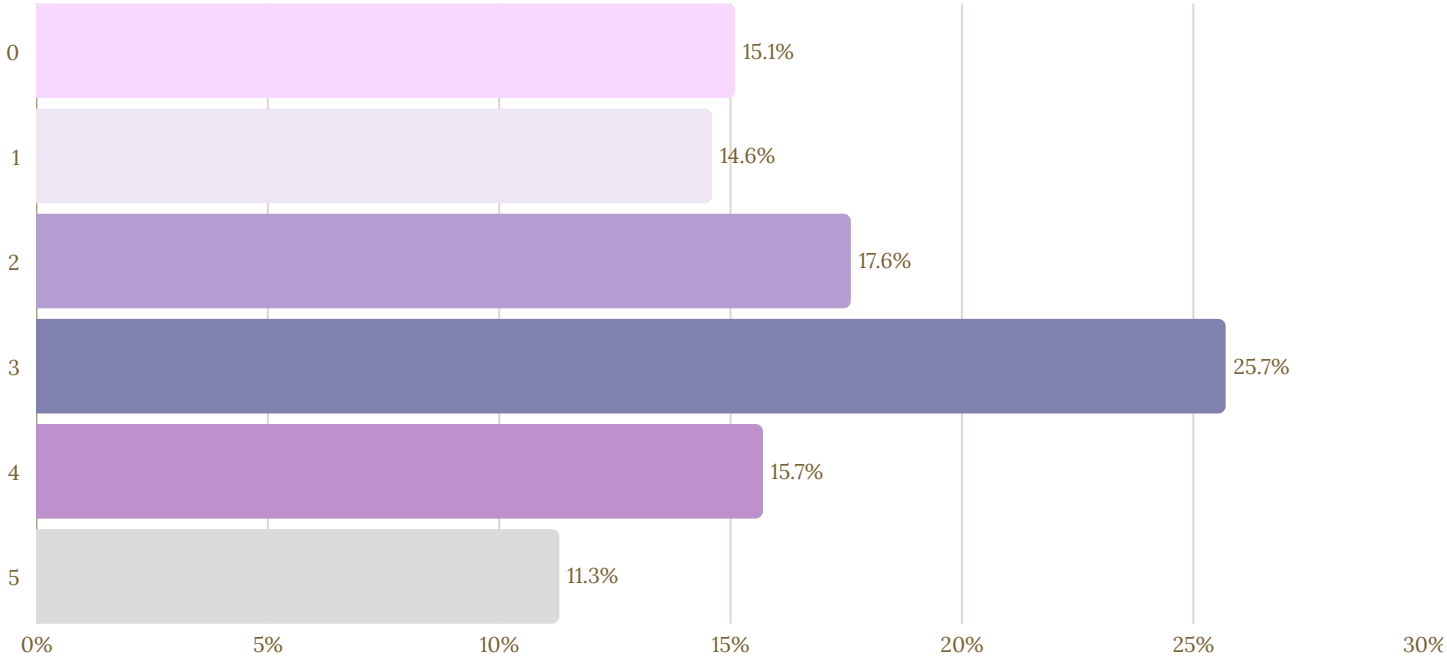
"[The day-to-day factors that most impact my child's mental health are] academic stress, social stress, political landscape, family financial stress."

– Mom from Texas

Currently, the **majority of mothers (53%) whose schools have support in place are still worried about their child's mental health**.

> *"Both [of my children] are anxious about the state of the world, U.S. politics, and the environment. My daughter, who is adopted and a U.S. citizen, worries about being deported."*
>
> *– Mom from California*

Chart 1d. My child(ren)'s school actively supports student mental health and provides accommodations (moms who said agree/strongly agree) by worry score



When exploring a mother's level of worry with the effectiveness of securing mental health support for her child, an unsurprising but critical data set appeared.

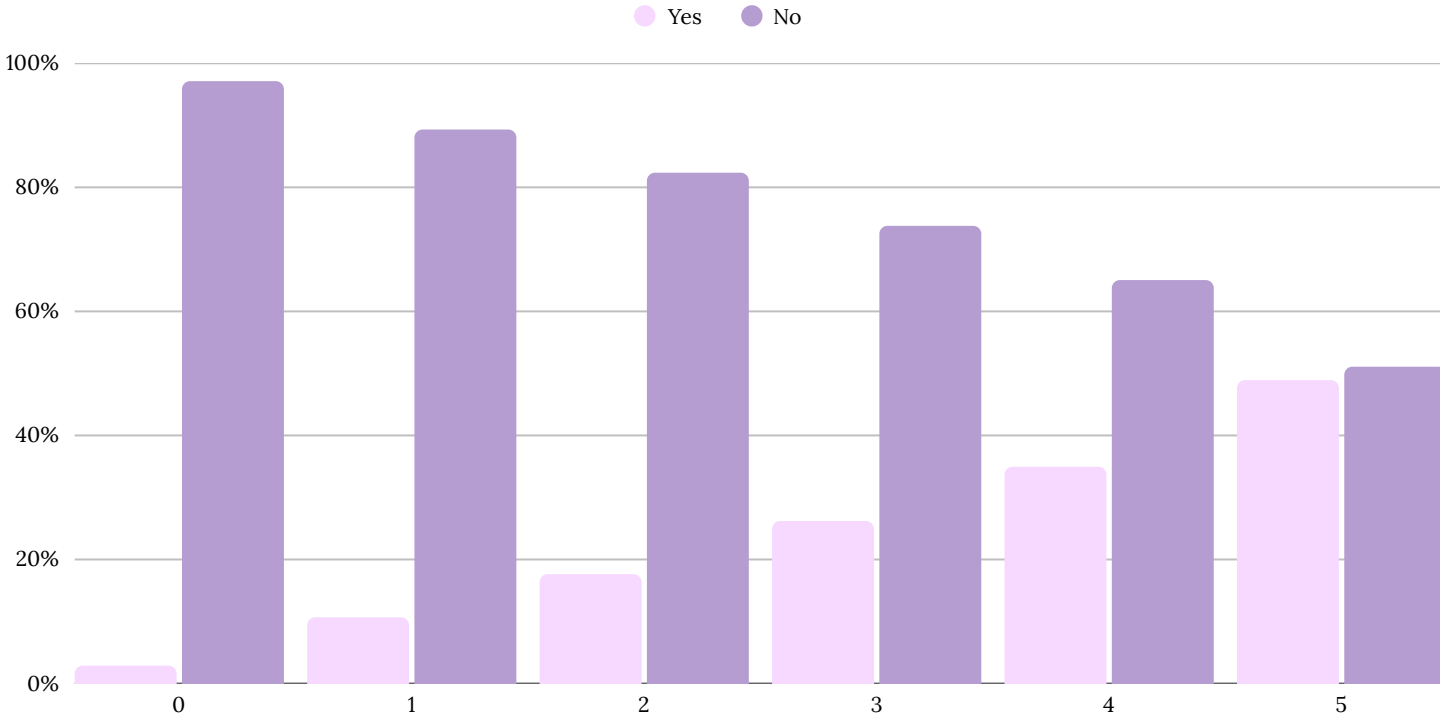
- At the highest worry level (score 5), **49% of mothers** had sought but could not access care.
- At the lowest worry level (score 0), only **3% of mothers** reported the same.

Parents in the United States already experience disproportionate levels of stress compared to non-parents, with mothers reporting the highest burdens of worry and mental health strain (Pew Research Center, 2023; U.S. Surgeon General, 2024). Against this backdrop, the Count on Mothers data reveal a compounding effect: the families most worried about their children's mental health are also those most likely to be unable to secure needed care. Nearly half (49%) of mothers at the highest worry level reported being unable to access services, compared to just 3% at the lowest

worry level. This mismatch between worry and access intensifies family stress and highlights a system failure: rather than finding relief through care, mothers' fears are deepened by waitlists, cost barriers, and the scarcity of specialized providers.

> *"I would want policy makers to know just how much of a need there is for care, but how hard it is to access. When I first called to get an appointment with a psychiatrist, I was told it would be two years until we were off the waitlist. To get the specialized care my child needed for OCD, we had to travel out of state. The waitlists are too long and specialized care is almost impossible to find."*
>
> *- Mom from Ohio, Worry Score 5 (scale of 0-5)*

Chart 1e. Worry About Child Mental Health Score vs. Have you ever needed mental health support for a child but couldn't get it?



Analysis

Moms expressed mixed feelings about schools. Some mothers expressed finding good support from teachers and counselors, but more often mothers expressed schools did not have enough resources to support mental health, did not integrate with community health or providers, and did not provide actionable insights when informing parents of problems their children were experiencing.

"Could you please talk to him about this? Was usually the email we would get. And I would say, you know, we did talk about it. What was being done in the classroom to address it? We spoke to the preschool, the school counselor, we spoke to the early learning director."

- Mom from Virginia

This theme underscores that **school climate, peer dynamics, and online environments** are the **root drivers of worry,** and schools are in a unique position to make a substantial difference in the child mental health crisis. Mothers' perspectives show that these are not fringe concerns but core realities, cutting across geography, income, politics, and children's age. Importantly, the link between higher worry scores and difficulty accessing care suggests that lack of systemic support intensifies family stress. Solutions must begin where children spend the most time — schools and digital spaces — and ensure that these environments actively support mental health instead of eroding it.

"It seems a little bit pitiful that we have to, like preserve school as some haven of mental health and blissful childhood experience against the perils of smartphones, etc. When school itself is often an aggravator and a stressor, like it's kind of the cause of and solution to various mental health problems, because there are a lot of resources there. ...School is stressful. It's not optimized for mental health. It's optimizing for a bunch of different things, and mental health is not one of the top ones, but at the same time, you know, like, what are the alternatives?"

- Mom from North Carolina

2. Access to Care Is Patchy and Unequal

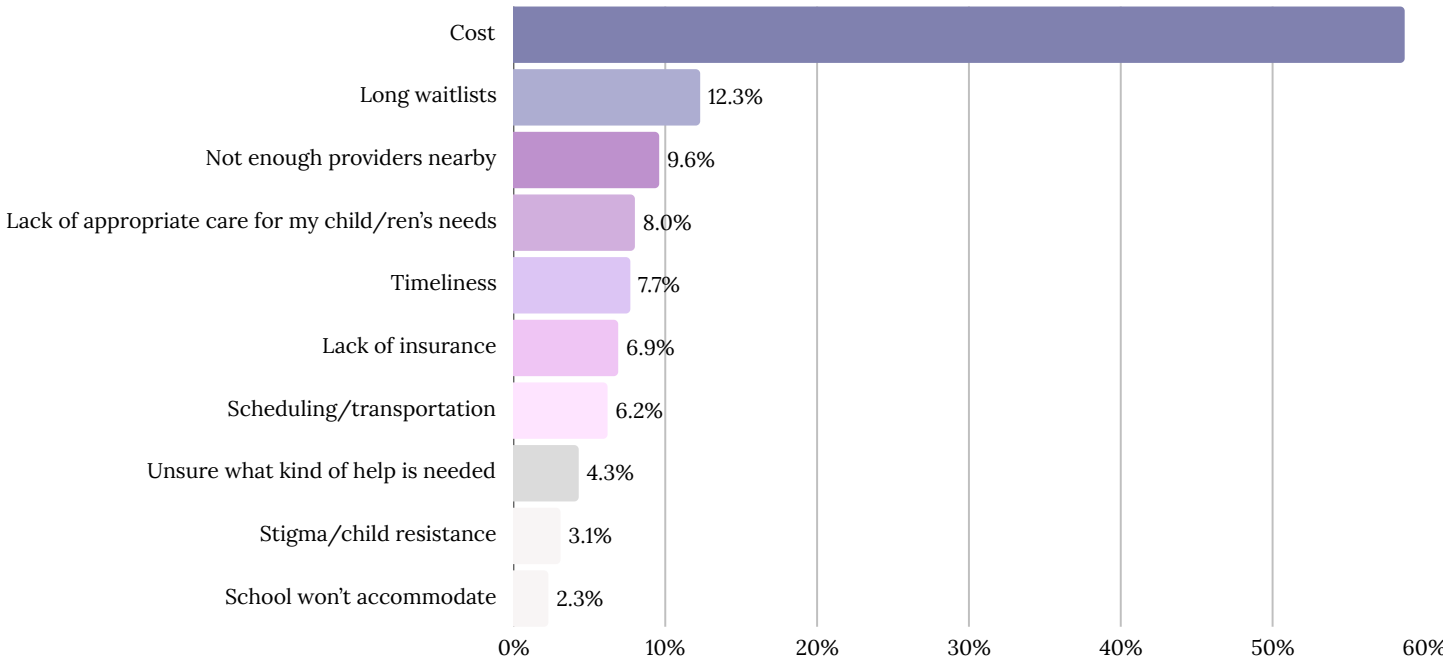
Even when families recognize a mental health need, structural barriers often block them from securing care. **One quarter of American families (23%) report that they sought mental health support for a child but could not get it.**

"There are providers, but providers who take insurance have extremely long waiting lists where we live. It's clear that the private, and we have a private insurance, and it's very clear that the way insurance is working right now is disincentivizing mental health care providers from participating in insurance, and we cannot afford to go outside of network right now, particularly with young children."

- Mom from Virginia

Among all mothers, the barriers are overwhelmingly **cost and waitlists**, followed by provider shortages. Notably, private insurance – the most common form of coverage – consistently underperformed. A very small percentage of mothers pointed to school-based support as an obstacle, only 2.3% of mothers experienced a lack of accommodation in their school. In addition to insurance, moms question if other forms of support are sufficient. One mother utilizing work-based support (employee assistance program) questioned the efficacy of assistance covering only three visits to address mental, emotional, and behavioral health.

Chart 2a. Biggest Obstacles to Care (All Moms Who Could Not Get Support)



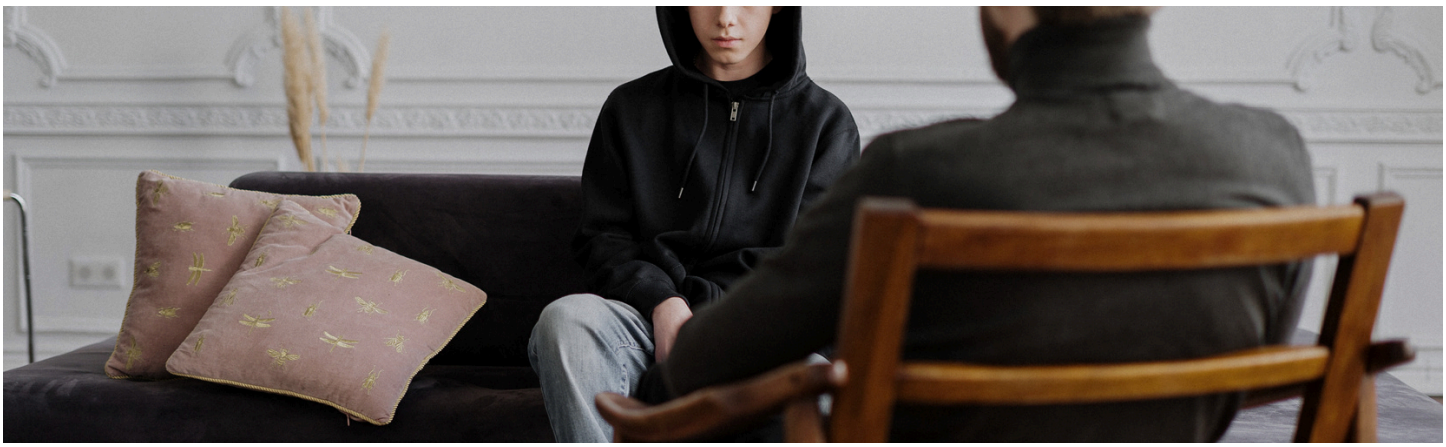


Chart 2b. Insurance type vs. My child's health insurance coverage provides sufficient access to mental health services

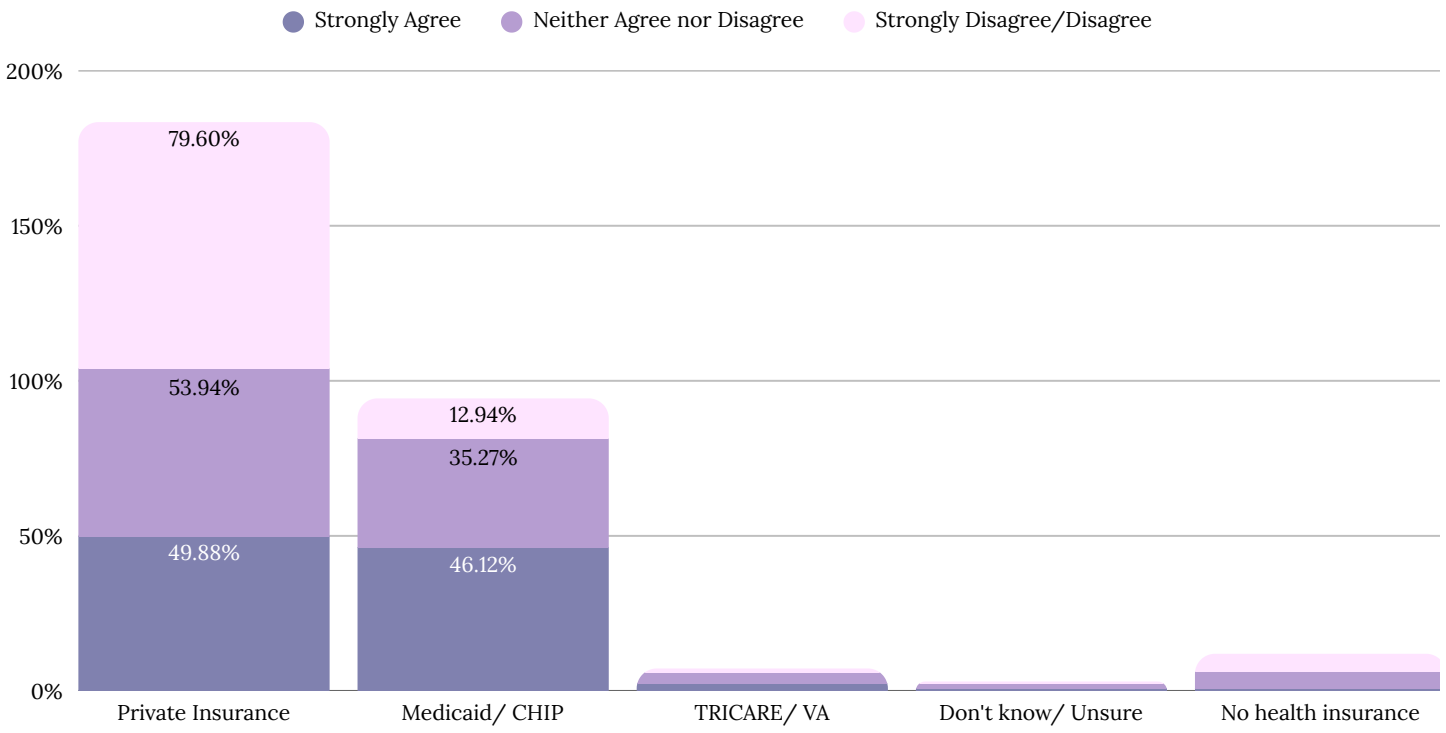
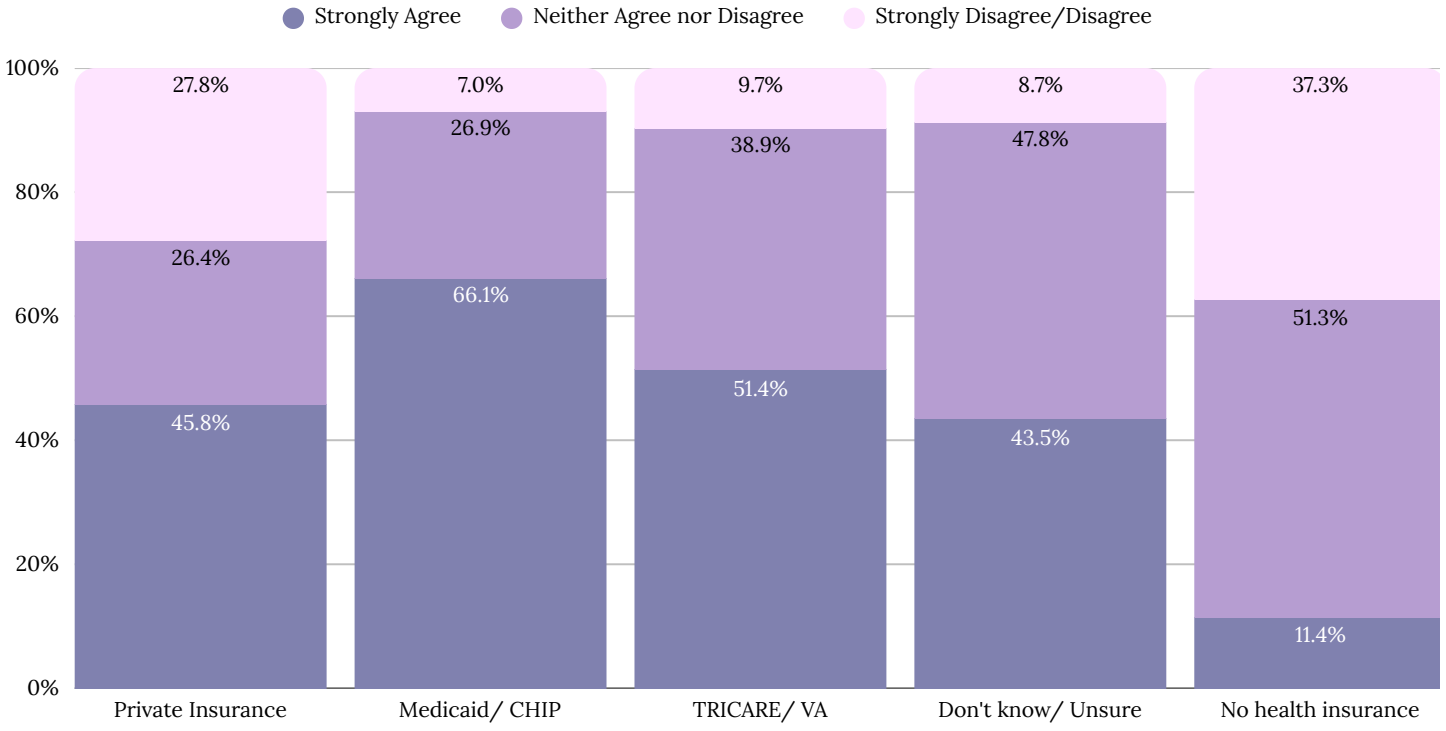


Chart 2c. Insurance type vs. My child's health insurance coverage provides sufficient access to mental health services *(Same as above but with column percent instead of row percent)*



"They helped us find a provider within our physical location to go see, but they only provided the first three visits for free...these appointments are expensive...so I needed something to alleviate the financial cost...it started out good, [it] did, but it was obvious that it would take more than three visits at the time."

- Mom from Florida

Insurance Type vs. Sufficiency of Coverage

- Only **46% of privately insured mothers** agree their plan provides sufficient access.
- By contrast, **66% of Medicaid mothers** report sufficiency.

Additionally, worry is highest among families with the least reliable access to care. Among mothers with private insurance, **62% reported being worried** about their children's mental health. Unsurprisingly, that concern rose even higher among uninsured mothers, with **78% expressing worry** compared to just 22% who were not. By contrast, mothers covered by Medicaid were somewhat less likely to report worry (48%).

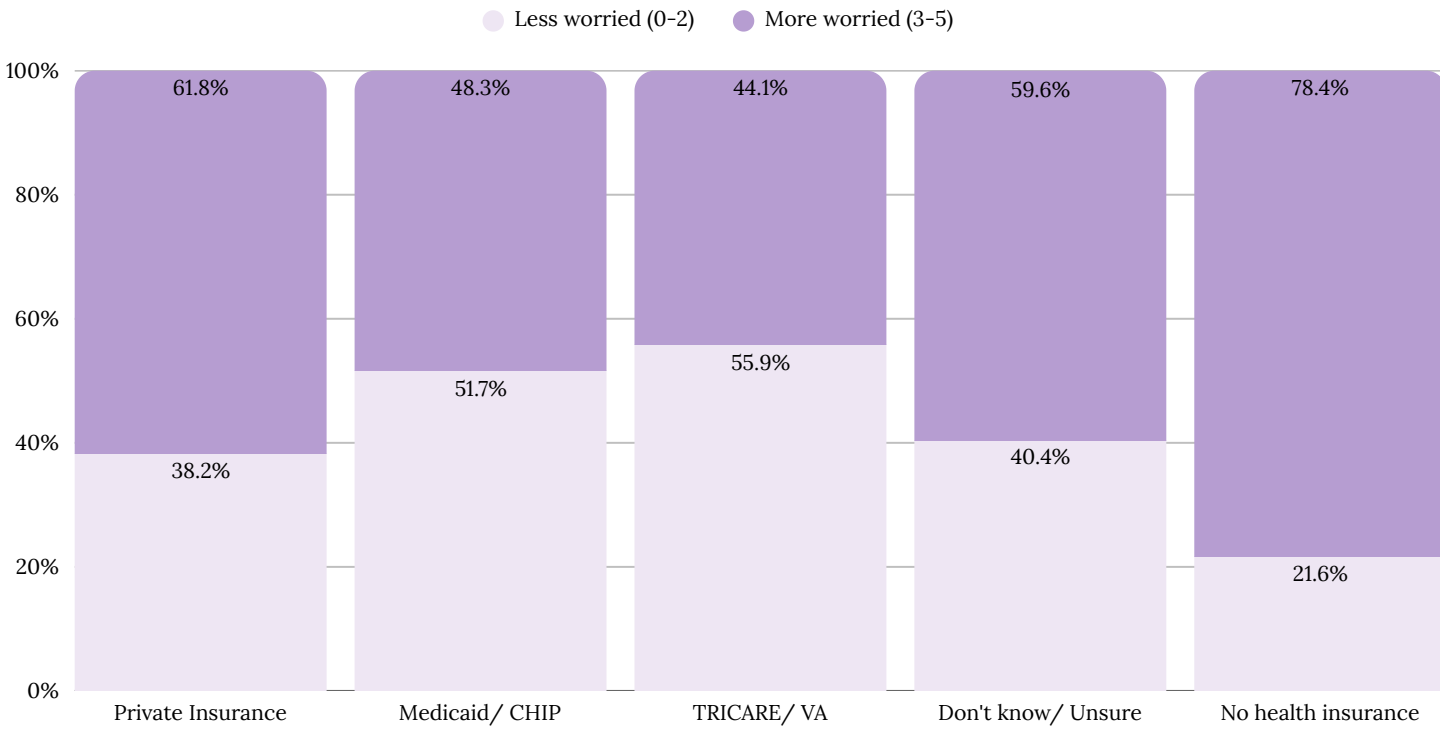
Of mothers with private insurance, only **46%** believe their plan provides sufficient coverage.

Taken together, these findings suggest a dual failure of private insurance: not only do too few families feel they have adequate coverage, but even among those who technically have access, the majority do not believe the care they receive is effective. This gap between **nominal coverage and perceived sufficiency** underscores why private insurance is falling short as a reliable pathway to mental health support for children.

Coverage DOES NOT equal care.

Access inequities reveal the limits of the current system. Private insurance leaves families exposed to high costs and long waits, while Medicaid shows somewhat stronger sufficiency. The uninsured, predictably, face the steepest barriers. This confirms that **coverage alone does not equal care**: unless affordability, provider supply, and timeliness are addressed, children will continue to go without support. Notably, of the mothers who could not get mental health care for their children, only 2.3% (lowest frequency) reported that there were barriers at their school, which suggests that schools may be the most promising arena for expanded access.

Chart 2d. Worry score vs Insurance Type



Nearly 1 in 4 mothers sought help for a child but **could not get it,** most often due to cost or long waits.

3. Help is Hard to Navigate

Families are not only blocked at the door — they also get lost inside the system. Even when services exist, **navigation challenges make care unusable**, pointing to design flaws in how mental health support is delivered. Mothers report that even when services exist, they are inconsistent, confusing, or inaccessible due to scheduling and logistics.

- **One in four mothers** said it was “difficult” or “very difficult” to access even school-based support.
- **Private therapists were rated hardest to reach**, with nearly half of mothers reporting difficulty (29% “difficult,” 18% “very difficult”).

- Pediatricians were the **most accessible entry point**, but mothers noted they often lack specialized mental health training.
- Families repeatedly cited **scheduling and availability** as barriers — especially the lack of evening and weekend hours.

Chart 3a. Ease/Difficulty of Access by Service

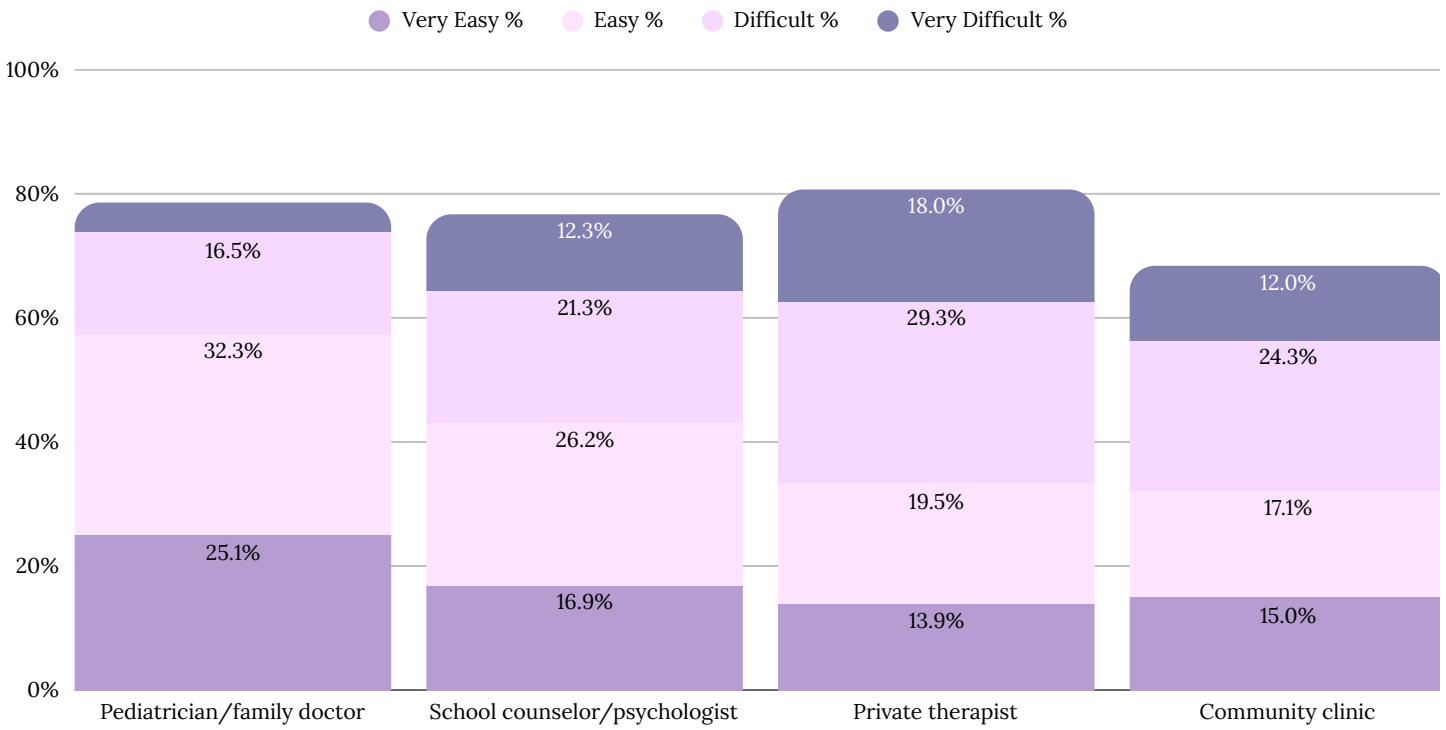


Table 3a. Ease/Difficulty of Access by Service

Service	Very Easy %	Easy %	Difficult %	Very Difficult %
Pediatrician/ family doctor	25.1%	32.3%	16.5%	4.7%
School counselor/ psychologist	16.9%	26.2%	21.3%	12.3%
Private therapist	13.9%	19.5%	29.3%	18.0%
Community clinic	15.0%	17.1%	24.3%	12.0%

Navigation itself is a barrier. Pediatricians are relatively accessible but lack specialized expertise. Private therapists are consistently the hardest to access, 47% of mothers find it difficult/very difficult to even meet with them. The repeated call for evening/weekend hours highlights how poorly the system aligns with families' lives. Schools are inconsistent: some families find support, others find it difficult – though more find school-based support easy. The takeaway: **it is not just about whether care exists, but whether families can realistically use it and rely on it.**

These findings point to solutions that focus on **usability**: embedding reliable services where kids already are, expanding hours, and simplifying referral pathways. **Moms want easier, more affordable care with shorter waits, plus support embedded where kids already are (especially at school).** Many ask for practical parent/family coaching, flexible hours/telehealth, and options that are a good fit. Integrated care with pediatricians comes up as well.

> *"Even with the insurance, no one was able to accept the referral. I called every one and they were not taking new clients."*
>
> *– Mom from California*

> *"I got the referral; that was easy from the pediatrician. It was finding a clinic that had afterschool hours that would work with my schedule. Cause I knew I'd be the one bringing him. So what we had to land on was 8 AM Thursday mornings. So I had to get permission from work to come to work late on those days. Cause I really, I was trying so hard to keep things kind of, um, good at school and really be on, on the team with the teachers. And I thought they're making this recommendation. I want to follow through."*
>
> *- Mom from Georgia*

"The daycare called me and told me [about] my child's behavior, you know, they told me about it, they gave me the problem, but, you know, help me out, like, is there somebody that you could suggest that would just have better resources and processes? I guess, to not just present the problem, but also, like, hey, here's some ways that actual real help that you can contact this person?"

- Mom from Florida

"My child's school provides support, but there aren't enough staff. The wait to see the counselor is weeks."

– Mom from Illinois

While mothers express mixed experiences with schools, they also consistently identify schools as the most promising arena for solutions. Because schools are where children spend most of their day, they represent the clearest opportunity to embed preventive support.

Describe the mental health support that would work best for your family.

Top themes in Open-Ended Open-Field Question:
School-Based Supports ~17%
Parent & Family Training ~15%
Affordable/Covered Care ~14%
Faster Access & Shorter Waits ~7%
Flexible Options (Telehealth/Better Hours/Flexible Schedules) ~6%
Community & Peer Support ~4%
Culturally Competent & Local Care ~3%

Mothers most often called for **expanded school-based supports** as the best way to **improve children's mental health.**

Schools are both a source of stress (academic pressure, bullying) and a potential solution. The high levels of worry even in schools with supports show that current resources are insufficient. Expanding staffing, improving school climate, and integrating SEL and safe and supportive school

programs would directly target the root drivers mothers identify. Investment here would also reach children universally, avoiding inequities tied to insurance or geography.

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4. Mothers' Mental Health and Children's Well-Being Are Closely Linked

Finally, mothers' well-being emerges as a critical — but often overlooked — dimension. **53%** of mothers report difficulty tending to their own mental health, with **time (46%)** as the most cited barrier.

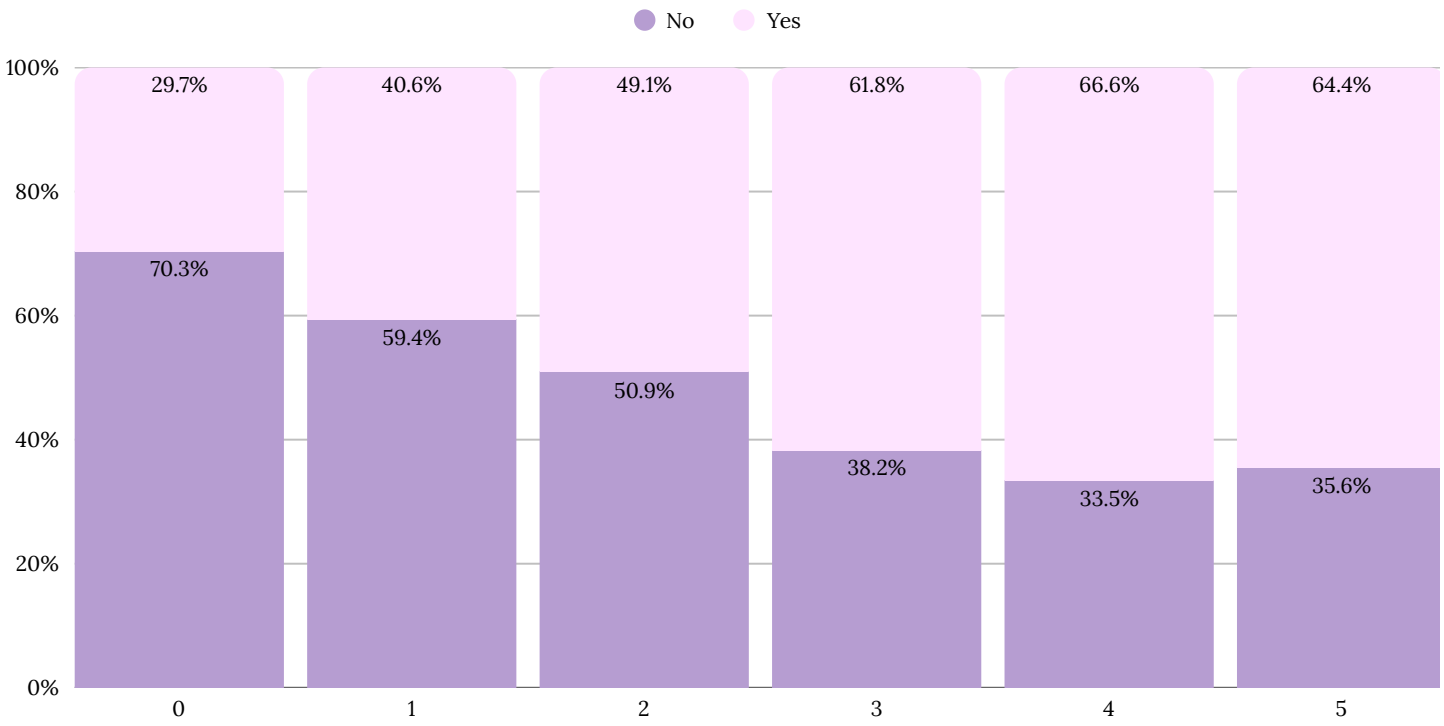
The frequency of mothers having a hard time taking care of their own mental health rises as their level of worry for their child(ren)'s mental health rises. While this study does not prove that a mother's mental health directly impacts the mental health of her children, the correlation highlights an important **indicator of system strain: when mothers are unsupported, children's mental health is more at risk.**

Worry Score vs. Mothers' Own Mental Health

- Among mothers *not* worried about their kids (score 0), **70% successfully care for their own mental health.**
- Among mothers worried about their kids (scores 3–5), **over 60% struggle to care for their own health.**

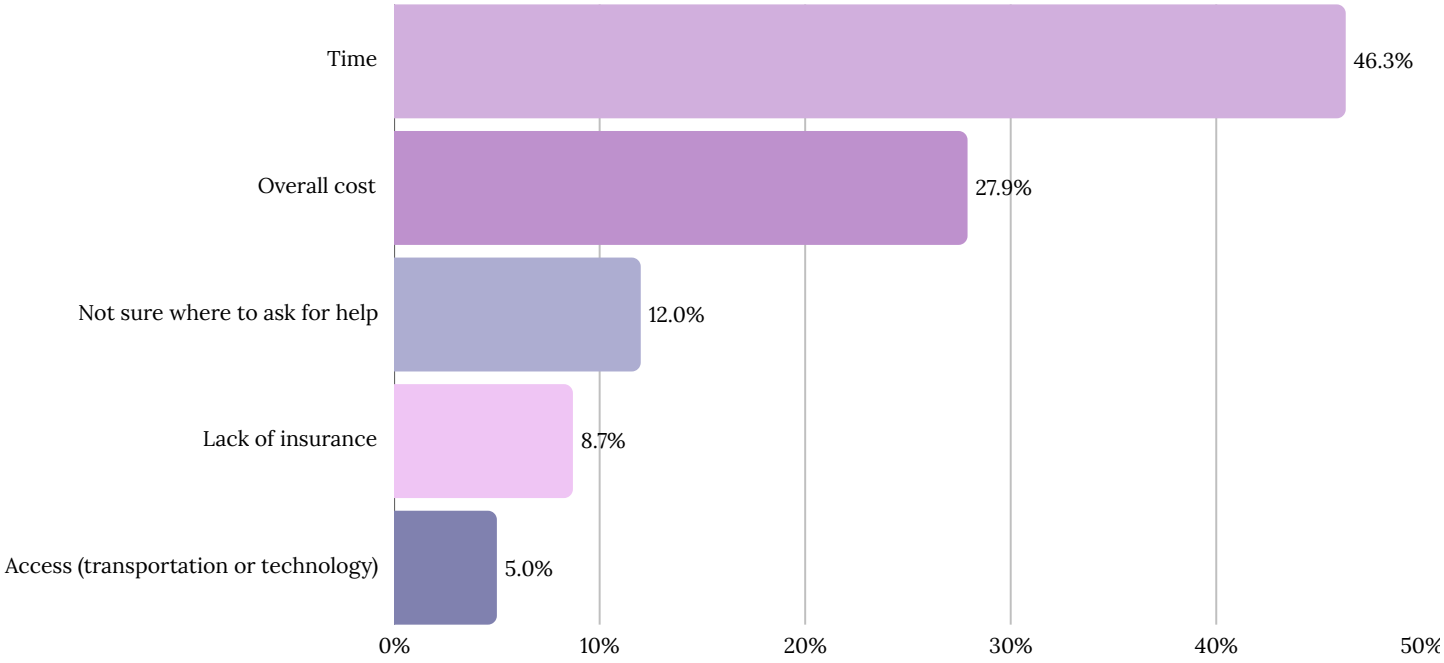
Chart 4a. Worry Score vs Mothers' Own Mental Health

Have you had a difficult time tending to your own mental health? (Y/N)



Over **60% of mothers** worried about their children also **struggle to care for their own mental health**. The overwhelming obstacle mothers face in taking care of their mental health is time, followed by cost.

Chart 4b. What is the biggest obstacle to caring for your own mental health?



"I have suffered many times in silence for lack of being able to afford healthcare."

– Mom from Mississippi

Again, this correlation does not prove causation but highlights a powerful link: when mothers cannot care for themselves, their children are more vulnerable. The correlation merits further study, i.e. How does the level of worry for their children impact their critical resources (time, money)? To what extent does their concern and worry for their children directly impact their own mental health?

Time emerges as the most significant obstacle, pointing to systemic failures around childcare, paid family leave, and flexible scheduling. The Count on Mothers February 2025 report found that 65% of mothers also struggle with excessive insurance paperwork — another barrier to accessing timely care and an unnecessary burden on mothers. **Addressing these factors is therefore not just about supporting parents; it is a direct strategy for improving children's outcomes.** In the Pulse Check 2025 focus group and interviews, mothers described delaying care because the process was prohibitively expensive and complicated unless their child was in crisis. Others shared the difficult decision to leave jobs altogether in order to provide direct care, underscoring how gaps in the system force families into unsustainable trade-offs between work, stability, and their children's well-being.

Insurance and **time barriers** don't just block access to care — they **trigger a ripple effect** that **undermines children's mental health** and **destabilizes family finances**.

"I'm in that sandwich generation. So I was caring for two elderly parents, working full time, caring for my child with disabilities, own my own home as a single mother, and like doing it all, and I couldn't even get to the doctor."

- Mom from Massachusetts

Conclusion & Recommendations

Conclusion

This study makes clear that the child mental health crisis is not confined to a small subset of families — it is a mainstream reality. Mothers across regions, backgrounds, ideologies, insurance types, and children's ages all report concern. **More than half are worried about their children's mental health, and one in four families who sought care could not get it when it was most needed.**

Mothers identify the environments where children spend their time — schools, peer groups, and digital spaces — as the **primary sources of stress** affecting mental health. Academic pressure, bullying, social media exposure, and family stress dominate their daily worries. At the same time, these very settings emerge as the **most promising opportunities for solutions**: schools can embed preventive supports, peer relationships can be strengthened through positive climate and anti-bullying strategies, and digital spaces can be made safer with stronger guardrails, online safety legislation, and regulatory oversight.

The data also reveal deep inequities in access — but not in the ways one might assume. These disparities are not primarily explained by income, education level, or other traditional predictors of disadvantage. Instead, they cut across socio-economic lines, with even middle- and higher-income families struggling to secure timely, affordable care. Private insurance, while the most common form of coverage, consistently fails families: high costs, long waits, and insufficient provider networks leave many without meaningful support. **Even when care is technically available, navigation challenges — from scheduling to provider shortages — make it unusable for many.**

School-based support stands out as a missed opportunity: while uneven in availability today, and often cited as a source of worry for parents (both for academic pressure and peer bullying), it remains the single most requested setting for expanded support. **Mothers were sympathetic to teachers and schools in qualitative feedback, knowing that schools cannot do everything, but they are eager for more team based approaches to care.** Moms wanted to know what schools could do in the classroom to help support what they were doing at home and vice versa. Additionally, they wanted more access to testing, referrals, and resources from schools.

Perhaps most importantly, mothers' own mental health is closely tied to their children's. Two-thirds of mothers who worry about their children's well-being also struggle to care for themselves, most often because they lack time. This correlation highlights a critical truth: **children's outcomes cannot be separated from the conditions facing their caregivers.** Without systemic support — childcare, paid family leave, universal pre-K, and flexible, affordable access to care — both parents and children remain at risk.

Mothers' voices offer more than a snapshot of distress; they offer a roadmap for solutions. The message is consistent and urgent: children need daily environments that nurture their well-being, families need affordable, flexible/streamlined, and timely access to care, and parents need the time and resources to tend to their own health alongside their children's. Policymakers, educators, and industry leaders now have the evidence and guidance they need to act. If we want to reverse rising rates of anxiety, depression, and suicidality among children, we must begin with those closest to the problem — and the solutions. Mothers are telling us where the system is breaking down, and where it can be rebuilt.

These insights align with Inseparable's call for stronger school climate, earlier intervention, expanded workforce, and sustainable financing.

Recommendations

At the close of the survey and focus groups, mothers were given space to speak directly to policymakers. Their responses reveal both urgency and consensus: families need systemic solutions that make care affordable, accessible, and embedded where children already are. Several clear themes emerged:

- **Affordable, accessible, quality care** across insurance types and income levels (highest frequency).
- **School-based mental health supports**, including more counselors and psychologists (highest frequency).
- **Shorter waitlists and more specialized providers** to meet children's diverse needs.
- **Support for parents as well as children**, including paid family leave, universal pre-K, therapy access, and pediatricians better trained in mental health.
- **Stronger tech safety regulations** to protect kids from harmful online environments.

Mothers' Voices:

"Access to mental health care as an early intervention/preventative measure is imperative for the health and well-being of everyone but especially children!"

– Mom from North Carolina

"It seems no one is prioritizing mental health for our kids, and we really need to be prioritizing it. They are being tucked into the social media/internet abyss and it is harming them."

– Mom from New Jersey

"I don't understand why we're not supporting our children now... There's no prevention at all for anything. It's like we're just sticking band-aids constantly on gushing wounds. If we just support our children now, they can go on to lead these wonderful, productive lives — or whatever their lives are supposed to be."

– Mom from Massachusetts (Focus Group Participant)

Takeaways

Mothers are not asking for small fixes. They are calling for prevention, parity, and systemic support that strengthens both children and parents. Their priorities offer a roadmap: put care within reach, bring support into schools, shorten waits, equip providers, and protect kids in the digital spaces where they spend so much of their lives.

The evidence from mothers points to four clear areas for action:

1. Address Widespread Worry by Strengthening School Climate and Daily Supports

Mothers most frequently cited **school pressure (26%)**, **bullying (21%)**, and **social media (20%)** as drivers of children's distress. Family stress and world events further compound children's sense of instability.

Recommendation: Invest in comprehensive **school climate strategies** that proactively nurture mental health. This includes expanding access to counselors and psychologists, strengthening anti-bullying programs, embedding social-emotional learning and academic support, and creating guardrails on harmful technology, including social media. Schools should be equipped to meet children's needs daily — not just in moments of crisis.

Root Driver Exposed: Schools and peer environments are where worry concentrates — and where systemic change can deliver the greatest preventive impact.

2. Close Access Gaps by Tackling Cost, Waitlists, and Provider Shortages

Nearly **1 in 4 mothers (23.4%)** could not access care for their children when it was needed. **Cost (51%)** and **long waitlists (36%)** were the most frequently cited barriers among all mothers, whether they had timely help or not. Notably, **80% of those without sufficient access to mental health care had private insurance**, showing that coverage does not equal care.

Recommendation: Require private insurance to **cover all medically necessary treatment** and remove bureaucratic hurdles—such as prior authorization and claim denials—that prevent families from accessing care. **Expand the behavioral health workforce** and **incentivize providers to accept insurance** by offering competitive reimbursement rates.

Root Driver Exposed: Families are blocked not by lack of awareness, but by a system that is too expensive, too slow, and too thinly staffed.

> *[The mental health support that would work best for my family are] evening and weekend hours. [Therapists] want to work when kids are at school and I'm at work."*
>
> *– Mom from Washington*

3. Support Mothers' Own Mental Health as Integral to Children's Well-Being

More than **half of mothers (53.3%)** report difficulty caring for their own mental health, with **time (46%)** as the leading barrier. Among those worried about their kids' mental health, **two-thirds (about 65%) struggle** to care for their own.

Recommendation: Treat **parent and caregiver mental health as a child well-being issue.** Expand access to affordable childcare, flexible leave, and coverage for family-based therapy. Reducing parental depletion is not just parent support — it is a strategy for protecting children's well-being.

Root Driver Exposed: Children's needs cannot be separated from their caregivers' capacity; family-centered supports are essential.

4. Simplify Navigation and Make Support Usable

Mothers report inconsistent ease across systems: **pediatricians are the most accessible (57% easy/very easy)**, **school counselors are mixed (43% easy, 34% difficult)**, and **private therapists are the hardest to reach (47% difficult/very difficult)**. Families also emphasize the lack of evening and weekend options.

Recommendation: Build **family-facing systems** that simplify navigation and reduce burden on parents. This includes real-time provider directories, warm hand-offs between schools, pediatricians, and community providers, and integrated care teams. Expanded school-based services can normalize access and reduce stigma, while flexible scheduling ensures families don't have to choose between school, work, and care.

Root Driver Exposed: Even when care exists, its design is misaligned with family realities — making usability a central barrier.

Methodology

Design: This study utilizes a mixed qualitative-quantitative research design. Cross-sectional surveys were distributed from July 17th through August 14th, 2025.

Instrument

The instrument measured mothers' sentiments and firsthand experiences with their children's mental health impacts, care, and views on effective support. The survey was conducted with a sample of over 2700 mothers across the United States, ensuring representation across education levels, political ideology, ethnicity, and number of children. Respondents answered multiple-choice and open-ended questions regarding their experiences and views. The instrument prompted mothers to provide feedback utilizing Likert scales. Two open-ended questions were employed to explore mothers' views on day-to-day impacts on their kids' mental health and to allow mothers to voice their solutions for policymakers. The survey also collected demographic indicators including mothers' political ideology, state of residence, zip code, race/ethnicity, number of children, level of education, and children's type of health insurance to better understand the sample.

Sampling Procedure

Count on Mothers employs both purposive and snowball sampling strategies. Concerted efforts were made to advertise and distribute the survey to and invite the participation of as many mothers as possible. For instance, we created Instagram-based announcements and posts in mothers' Instagram groups that consist of participants from across the political spectrum. Additionally, mothers who receive the questionnaire are encouraged to distribute the survey to other mothers who they believe would be interested in sharing their perspectives. The survey was launched on July 17th and was live on our website, social media, and launched with our partner, Inseparable, and our Centiment recruitment partner through August 14th.

Sample

2703 Mothers from 50 states completed the survey. Efforts were made to ensure that survey respondents reflected a representative sample of political ideologies. Of the 2703 mothers who identified politically, 9.8% identified as very conservative, 22.0% identified as conservative, 38.8% identified as moderate, 19.9% identified as liberal, 8.3% identified as very liberal, and 1.1% identified as other.

68.5% of respondents reported having 1 or 2 children, which is similar to the National average reported in 2023 (2023 US Census). The race and ethnicity of mothers surveyed were similarly distributed to the U.S. National distributions (2020 USCensus). Among mothers surveyed, 40% of respondents have a college degree or higher, which is less than representative of the National average of women aged 25 and above reported in 2021 (2021 US Census), there is no current data for U.S. mothers.

Statistical Analysis

Open-ended responses were analyzed for content and grouped thematically. Quantitative values are reported as counts and frequencies. For demographic characteristics, differences between groups were evaluated using chi-square tests.The statistical significance level was set at 0.05. JMP®, Version 17.0.0. SAS InstituteInc., Cary, NC, 1989–2023 was used for data analysis. With a significance level of 0.05or less, we can be 95% certain that the difference in the groups is not attributed to chance alone. The lower the p-value, the more confident we can be that there are true differences between the groups. JMP®, Version 17.0.0. SAS Institute Inc., Cary, NC,1989–2023 was used for data analysis.

Qualitative Data Collection and Analysis

This qualitative study employed a blend of focus groups and one-on-one interviews. The alternative methods were employed to account for Mothers time and availability. Offering options allowed mothers to pick the platform that worked best for them to have their voices heard. Discussion guides were developed from the quantitative survey to explore topics of children's mental health, experiences with seeking/accessing care, mothers' concerns for mental health, and potential policies. Focus groups were held virtually over Zoom. The focus groups were recorded and transcribed verbatim, and analyzed using NVivo 14 (2023). This analysis utilized a mixed inductive and deductive approach. A deductive framework was developed from the quantitative survey questions and discussion guide. A further inductive analysis allowed codes and themes to emerge from the data, ensuring stories and experiences were not missed based on the predefined codes. The inductive approach to this data elucidated several additional codes and nuances that were added to predefined themes including Mother's career impacts, Mothers as advocates, and Prevention.

Demographics

How many children under 21 do you have?

	Weighted	% of Sample
1	995	36.8%
2	1094	40.5%
3	433	16.0%
4	128	4.7%
5	35	1.3%
6	18	0.7%
Total	**2703**	**100.0%**

What is the age range of your child(ren)? (select all that apply)

	Weighted	% of Sample
0 to 3	705	26.1%
4 to 7	953	35.3%
8 to 12	1049	38.8%
13 to 15	654	24.2%
16 to 17	447	16.5%
18 to 21	305	11.3%

How many children (total, regardless of age) do you have?

	Weighted	% of Sample
1	769	30.1%
2	981	38.4%
3	474	18.5%
4	203	7.9%
5+	128	5.0%
Total	**2554**	**100.0%**

Race

	Weighted	% of Sample
American Indian or Alaska Native	17	0.7%
Asian	161	6.4%
Black	301	12.0%
Hispanic (any race)	467	18.7%
Native Hawaiian/Pacific Islander	5	0.2%
Two or more races	103	4.1%
White	1446	57.9%
Total	**2500**	**100.0%**

Political Affiliation

	Weighted	% of Sample
Conservative	563	22.0%
Liberal	507	19.9%
Moderate	991	38.8%
Other (please specify)	29	1.1%
Very Conservative	251	9.8%
Very Liberal	213	8.3%
Total	**2554**	**100.0%**

Education

	Weighted	% of Sample
Associate degree (2 year degree)	281	11.0%
Bachelor's degree (4 year degree)	626	24.5%
High school graduate	674	26.4%
Less than high school	207	8.1%
Post graduate degree	398	15.6%
Some college but no degree	367	14.4%
Total	**2554**	**100.0%**

States

	Weighted	% of Sample
Alabama	45	1.8%
Alaska	6	0.2%
Arizona	72	2.8%
Arkansas	27	1.1%
California	162	6.3%
Colorado	78	3.1%
Connecticut	31	1.2%
Delaware	8	0.3%
Florida	140	5.5%
Georgia	75	2.9%
Hawaii	43	1.7%
Idaho	19	0.8%
Illinois	107	4.2%
Indiana	63	2.5%
Iowa	26	1.0%
Kansas	21	0.8%
Kentucky	37	1.4%
Louisiana	47	1.9%

Maine	12	0.5%
Maryland	29	1.1%
Massachusetts	49	1.9%
Michigan	59	2.3%
Minnesota	50	2.0%
Mississippi	21	0.8%
Missouri	30	1.2%
Montana	4	0.2%
Nebraska	14	0.6%
Nevada	38	1.5%
New Hampshire	9	0.4%
New Jersey	61	2.4%
New Mexico	21	0.8%
New York	168	6.6%
North Carolina	89	3.5%
North Dakota	6	0.2%
Ohio	101	4.0%
Oklahoma	34	1.3%
Oregon	41	1.6%

Other	5	0.2%
Pennsylvania	95	3.7%
Rhode Island	5	0.2%
South Carolina	38	1.5%
South Dakota	11	0.4%
Tennessee	55	2.1%
Texas	258	10.1%
Utah	35	1.4%
Vermont	6	0.2%
Virginia	62	2.4%
Washington	80	3.1%
Washington D.C.	4	0.2%
West Virginia	15	0.6%
Wisconsin	33	1.3%
Wyoming	5	0.2%
Total	**2554**	**100.0%**

Virginia	62	2.4%
Washington	80	3.1%
Washington D.C.	4	0.2%
West Virginia	15	0.6%
Wisconsin	33	1.3%
Wyoming	5	0.2%
Total	**2554**	**100.0%**

Regions

	Weighted	% of Sample
Midwest	523	20.5%
Northeast	436	17.1%
South	984	38.6%
West	605	23.7%
Total	**2549**	**100.0%**

Insurance

	Weighted	% of Sample
Medicaid or CHIP (children's health insurance program)	834	36.5%
No health insurance	69	3.0%
Private health insurance through an employer or union	1107	48.4%
Private health insurance plan you bought yourself	195	8.5%
TRICARE/Military	58	2.5%
Unsure	24	1.1%
Total	**2287**	**100.0%**

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Appendix

Table 1a. What is the age range of your child(ren)? (select all that apply)

Ages	Weighted	% of Sample
0 to 3	705	26.1%
4 to 7	953	35.3%
8 to 12	1049	38.8%
13 to 15	654	24.2%
16 to 17	447	16.5%
18 to 21	305	11.3%

Table 1b. Mothers' Worry About Children's Mental Health

How worried are you that any of your children's mental health is at risk? With 0 being not at all concerned and 5 being extremely worried.

Level of Worry (0-5)	Weighted	% of Sample
0	381	14.1%
1	362	13.4%
2	455	16.9%
3	721	26.8%
4	476	17.7%
5	299	11.1%
Total	**2694**	**100.0%**

Table 1c. My child(ren)'s school actively supports student mental health and provides accommodations (moms who said agree/strongly agree) by worry score

Score	Weighted	% of Sample
0	214	15.1%
1	208	14.6%
2	250	17.6%
3	366	25.7%
4	224	15.7%
5	160	11.3%
Total	**1422**	**100.0%**

Table 1d. Worry About Child Mental Health Score vs. Have you ever needed mental health support for a child but couldn't get it?

Score	Yes	No
0	2.88%	97.12%
1	10.68%	89.32%
2	17.64%	82.36%
3	26.21%	73.79%
4	34.95%	65.05%
5	48.92%	51.08%

Table 2a. Biggest Obstacles to Care (All Moms Who Could Not Get Support)

	Weighted	% of Sample
Cost	370	58.7%
Long waitlists	332	12.3%
Not enough providers nearby	259	9.6%
Lack of appropriate care for my child/ren's needs	217	8.0%
Timeliness	208	7.7%
Lack of insurance	186	6.9%
Scheduling/transportation	166	6.2%
Unsure what kind of help is needed	115	4.3%
Stigma/child resistance	83	3.1%
School won't accommodate	63	2.3%

Table 2b. Insurance type vs. My child's health insurance coverage provides sufficient access to mental health services

	Private Insurance	Medicaid/ CHIP	TRICARE/ VA	Don't know/ Unsure	No health insurance
Strongly Agree/ Agree	**49.88%**	**46.12%**	**2.48%**	**0.85%**	**0.66%**
Neither Agree nor Disagree	**53.94%**	**35.27%**	**3.53%**	**1.67%**	**5.6%**
Strongly Disagree/ Disagree	**79.6%**	**12.94%**	**1.23%**	**0.52%**	**5.72%**

Table 2c. Insurance type vs. My child's health insurance coverage provides sufficient access to mental health services *(Same as above but with column percent instead of row percent)*

	Strongly Agree/ Agree	Neither Agree nor Disagree	Strongly Disagree/ Disagree
Private Insurance	45.8%	26.4%	27.8%
Medicaid/CHIP	66.1%	26.9%	7.0%
TRICARE/ VA	51.4%	38.9%	9.7%
Don't know/ Unsure	43.5%	47.8%	8.7%
No health insurance	11.4%	51.3%	37.3%

Table 2d. Worry score vs Insurance Type

	Less worried (0-2)	More worried (3-5)
Private Insurance	50.4%	61.8%
Medicaid/CHIP	43.9%	31.0%
TRICARE/ VA	3.2%	1.9%
Don't know/ Unsure	1.0%	1.1%
No health insurance	1.5%	4.2%

Table 3a. Ease/Difficulty of Access by Service

Service	Very Easy %	Easy %	Difficult %	Very Difficult %
Pediatrician/family doctor	25.1%	32.3%	16.5%	4.7%
School counselor/psychologist	16.9%	26.2%	21.3%	12.3%
Private therapist	13.9%	19.5%	29.3%	18.0%
Community clinic	15.0%	17.1%	24.3%	12.0%

Table 4a. Worry score vs Mothers' Own Mental Health

Worry score vs Have you had a difficult time tending to your own mental health?		
Score	**Yes**	**No**
0	29.69%	70.31%
1	40.59%	59.41%
2	49.07%	50.93%
3	61.79%	38.21%
4	66.55%	33.45%
5	64.41%	35.59%
Total	**1437**	**1254**

Table 4b. What is the biggest obstacle to caring for your own mental health?

	Weighted	% of Sample
Access (transportation or technology)	72	5.0%
Lack of insurance	124	8.7%
Not sure where to ask for help	172	12.0%
Overall cost	399	27.9%
Time	662	46.3%
Total	**1430**	**100.0%**

Where moms who are more worried (score 3-5) seek help:

(note: this was a "select all that apply" question)

	Weighted	% of Sample
School counselor/psychologist	818	51.0%
Pediatrician/family doctor	954	59.4%
Community clinic	159	9.9%
Mental health app/chat	325	20.3%
988 or other crisis hotline	86	5.4%
Private therapist	882	55.0%
Faith community	188	11.7%
Haven't sought help	167	10.4%

Where moms who are less worried (score 0-2) seek help:

(note: this was a "select all that apply" question)

	Weighted	% of Sample
School counselor/psychologist	467	43.0%
Pediatrician/family doctor	706	65.0%
Community clinic	62	5.7%
Mental health app/chat	141	13.0%
988 or other crisis hotline	28	2.6%
Private therapist	469	43.2%
Faith community	152	14.0%
Haven't sought help	315	29.1%

Of moms who were not able to get mental health care when they needed it, these numbers show how they rate access of resources they use.

	School counselor/ psychologist	Pediatrician /family doctor	Community clinic	Mental health app/chat
Very Easy	88	143	50	69
Easy	136	184	57	93
Neither Easy/ Difficult	**121**	122	107	88
Difficult	**111**	**94**	81	58
Very Difficult	64	27	40	32
N/A	86	32	252	245
	988 or other crisis hotline	Private therapist	Faith community	Haven't sought help
Very Easy	33	72	49	27
Easy	71	101	82	33
Neither Easy/ Difficult	**81**	100	97	70
Difficult	**38**	**152**	38	23
Very Difficult	25	93	13	14
N/A	334	83	303	392

Moms who said they couldn't get help, these were the biggest obstacles (Select up to 3):

	Weighted	% of Sample
Cost	370	58.7%
Timeliness	208	7.7%
Lack of insurance	186	6.9%
Long waitlists	332	12.3%
Not enough providers nearby	259	9.6%
Lack of appropriate care for my child/ren's needs	217	8.0%
Scheduling/transportation	166	6.2%
Stigma/child resistance	83	3.1%
Unsure what kind of help is needed	115	4.3%
School won't accommodate	63	2.3%

Agree/strongly agree school has supports by where they go to get support (Of the moms who said that their school actively supports student mental health and provides accommodations, these numbers show where they go for support)

	Weighted	% of Sample
School counselor/psychologist	782	55.0%
Pediatrician/family doctor	892	55.6%
Community clinic	107	6.7%
Mental health app/chat	267	16.6%
988 or other crisis hotline	58	3.6%
Private therapist	670	41.7%
Faith community	183	11.4%
Haven't sought help	231	14.4%

How mothers rate ease/difficulty of access to sources of support they have used.

	School counselor/ psychologist	Pediatrician/family doctor	Community clinic	Mental health app/chat
Very Easy	3.6%	1.8%	2.1%	2.1%
Easy	22.6%	34.6%	11.3%	12.7%
Neither Easy/ Difficult	25.2	17.8%	46.0%	46.5%
Difficult	8.6%	6.8%	5.3%	4.1%
Very Difficult	17.7%	14.8%	12.7%	11.2%
N/A	22.3%	24.3%	22.6%	23.3%
	988 or other crisis hotline	Private therapist	Faith community	Haven't sought help
Very Easy	1.8%	5.6%	1.8%	1.1%
Easy	7.9%	18.1%	11.1%	4.4%
Neither Easy/ Difficult	53.7%	26.9%	48.7%	58.9%
Difficult	2.8%	12.9%	3.6%	1.4%
Very Difficult	11.5%	14.8%	11.9%	10.1%
N/A	22.4%	21.6%	23.0%	24.1%