Community Mental Health Journal
https://doi.org/10.1007/s10597-026-01628-3

ORIGINAL PAPER

Supporting Parents with Mental Health Conditions: A Qualitative Systematic Review of Parents' Experiences with Professional Support

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Received: 8 January 2026 / Accepted: 29 March 2026

Abstract

Many people with mental health conditions are parents, and research indicates that some would value and benefit from professional support for their parenting role. Yet little is known about their experiences of accessing these services, with this information dispersed amongst studies that primarily focus on other issues. This study aimed to bring together knowledge from current literature about the perspectives of parents living with mental health conditions about accessing professional support for parenting. A qualitative systematic review was conducted following PRISMA guidelines. MEDLINE, Embase, PsycINFO, Scopus, and CINAHL were searched and the output screened by at least two reviewers. Papers relating to parents with mental health conditions were extracted for analysis. Relevant data from included studies were analysed using thematic synthesis. A total of 49 papers were included in the thematic synthesis. Professional support for parenting was included in the aims of only 10 papers, and nearly two thirds of papers contained only one or two paragraphs relevant to the topic. Nevertheless, the data indicated a range of areas in which parents felt that they needed professional support, including: access to their children; childcare and respite; structure and routine; practical tasks; managing child behaviours; stress management in parenting; parent-child relationships; educating and supporting children around mental health; and developing positive understandings and confidence around parenting. They identified a range of avenues through which they did, or could, receive support to address these needs: parenting education programs; family interventions; opportunities to talk to professionals; opportunities for peer support; advocacy; practical help; family-friendly mental health services; and respectful, collaborative and non-judgmental services. Most parents, however, reported a lack of parenting support. Many were reluctant to seek or engage with support because of a fear of being judged and reported previously negative experiences with services. When they did seek services for parenting, they were often unable to access it. The review highlights the need for service and policy recognition of parents living with mental health conditions as a priority group for the provision of tailored and respectful parenting support services.

Keywords Parenting · Professional supports · Support needs · Families

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Published online: 17 April 2026

Background

Parenting is a common, highly valued, yet challenging adult role, including for people living with mental health conditions. A review of prevalence studies identified that 12.2% −45.0% of adults accessing mental health services are parents (Maybery & Reupert, 2018). These parents have reported experiencing a range of challenges to parenting, including guilt about failure to be a 'perfect' parent, difficulty with emotional regulation, fears about the impact of their mental health on their children, stigma, managing boundaries and routines, cognitive difficulties, fatigue, medication side effects, issues with parent-child relationships, fear of custody loss, and lack of social support (e.g., Dolman et al. 2013; Harries et al., 2023b). Researchers and clinicians have also expressed concern about evidence that children of parents with mental health conditions exhibit poorer outcomes on a range of indicators including mental health and academic outcomes (van Santvoort et al., 2015), Evidence is variable, however, and outcomes are affected not only by clinical variables and access to treatment, but by a wide range of social variables such as material resources, family support and stressful life events (van Santvoort et al., 2015).

While many people living with mental health conditions thrive in their parenting role, the challenges described above suggest that some are likely to benefit from professional support. Further, preventative interventions with parents and families have been found to decrease the risk of negative outcomes for the children of parents with mental health conditions (Siegenthaler et al., 2012). Parents have also expressed the need for support from services with their parenting role (e.g., Awram et al., 2017; Chen et al., 2023; Diaz-Caneja & Johnson, 2004). Such services are also a right under Article 23 of the Convention on the Rights of Persons with Disabilities, which requires that signatories "render appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities" (United Nations, 2006).

Despite these indications of the need for services to offer parenting support, little is known about parents' experiences with accessing these services. While an increasing number of studies examine the experiences of parents living with mental health conditions, information about their experiences of professional support for parenting is usually presented as minor themes in the context of broader studies, such as those about the overall experience of parenting with mental health conditions (e.g., Honey et al., 2018; Sturgeon et al., 2023), services directed at the parent's mental health (e.g., Blegen et al., 2016), or general support needs, which include informal support (e.g., Radley et al., 2023).

These broader experiences of parents living with mental health conditions have been examined in qualitative syntheses. While not focusing on professional supports, these include some relevant information. In 2013, Dolman et al. conducted a meta-synthesis of mothers' experiences from preconception to motherhood, the findings of which included themes of "problems with service provision" and "positive aspects of service provision." Much of the findings within these themes related to issues with services provided to the parent for their mental health, such as delayed diagnosis and access to crisis help. The findings around services to directly support parenting indicated unmet service provision needs such as for information on parenting issues in the context of mental health concerns, access to peer support groups and mental health services that supported their parenting role, such as mother and baby units. Harries et al., 2023b review of parents' perspectives on parenting also included, as one of the six themes, "wrap-around support needs" and another sub-theme of "inappropriate support." While these themes encompassed both professional and informal supports, the findings indicated that parents wanted psychoeducation for themselves and their children, support that is understanding and non-judgemental, professional advice about particular parenting difficulties such as balancing control and managing emotions, and systems to support themselves and their children when they were unwell.

Neither of the reviews above, however, focuses specifically on parents' experiences of professional support for parenting. While both included useful recommendations for services to support parents, a clear understanding is needed of parents' own views of the support they need and receive. This information is currently dispersed across a wide range of diverse literature. Bringing this evidence together will assist the development of person-centred services and policies to support parents with mental health conditions. The current paper, therefore, aims to build on these reviews by answering the following research question: What is currently known about the perspectives of parents living with mental health conditions about accessing professional support for parenting?

Methods

This paper is a thematic synthesis of research addressing the experiences of parents living with mental health conditions about professional support for parenting roles. While language around mental health is contested, we use the term "mental health conditions" in this paper in line with recovery-oriented language (Mental Health Coordinating Council, 2022), to refer to people who have a mental health diagnosis. Papers were identified as part of a wider mapping review of qualitative research on the experiences of parents with disabilities or long-term health conditions

of professional support for parenting (Rider et al., 2025). Disabilities were defined as "long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (United Nations, 2006). Long-term conditions were defined as health conditions that last or are expected to last for six months or more (Australian Institute of Health and Welfare, 2024). Due to the volume and diversity of research identified, the papers were divided into condition-based group for synthesis. Methods are reported using the ENTREQ framework (Tong et al., 2012). Ethical approval was not required.

Search Strategy

Searches were developed in consultation with a research librarian. Pilot searches of two databases were conducted to identify additional keywords and refine the strategy. Because our exploration of the literature had indicated that much of the information relevant to the topic of the review was dispersed throughout qualitative literature where professional support for parenting was not the main focus, we searched the intersection of three primary concepts: parents, disabilities/long-term health conditions, and qualitative research. To ensure comprehensiveness, the full searches were conducted in MEDLINE, Embase, PsycINFO, Scopus, and CINAHL. They were performed on 12 May 2023 and updated on 24 August 2025. A sample search strategy for MEDLINE is presented in Online Resource 1.

Screening and Selection

Covidence (Veritas Health Innovation, 2024), was used to screen the identified citations. The screening was conducted in two stages: title and abstract screening, followed by a full-text screening of the remaining papers. In both stages, papers were reviewed independently by two reviewers against the inclusion criteria, and conflicts were resolved through consensus with at least two reviewers.

The inclusion criteria were:

- Text type: Peer-reviewed journal article; qualitative empirical article; written in English; no date restriction.
- Population: Parents with a disability or long-term condition who had children 18 years or younger.
- Concept: Parents' own reports of their experiences accessing, trying to access, or needing to access professional support for their parenting role. Professional support was defined as support from any formal service or service provider.

Studies were excluded if:

- It was not possible to separate parents' perspectives from others' (e.g., professionals) perspectives.
- They evaluated an intervention that was only available to them in the context of the research.
- They only discussed unwanted monitoring or regulation rather than support from services.
- It was unclear whether findings related to professional versus informal support.
- It was unclear whether the support needed or received was for parenting versus support for another issue, such as the parents' mental health or the child's medical care.

For the current thematic synthesis, a further selection process was then undertaken, with only studies of parents who experienced mental health conditions being included. Studies were excluded if they included only parents experiencing drug and alcohol-related conditions or post-partum mental health conditions, as these parents' issues and service experiences are likely to be different from parents who experience other mental health conditions.

Because the data relevant to this review were usually not the main foci of the included studies, with some studies including only one paragraph, example, or theme on the topic of this review, it was not considered useful to conduct a quality assessment of the included papers. Instead, data were analysed only where they clearly represented the experiences expressed by participants, and papers were categorised according to the amount of relevant data they provided.

Data Extraction and Analysis

Using Covidence, information about each paper was extracted independently by two reviewers and resolved by consensus with at least two reviewers. Next, data relevant to parents' experiences in accessing, trying to access, or needing to access professional support for parenting were extracted and analysed from the results section of each paper. We coded both first-order constructs (participant quotes) and second-order constructs (authors' reports, examples, and interpretations of participants' words). We were particularly cognisant of ensuring that only reports of participants' views were included rather than researchers' or others' opinions about the topic.

Data were analysed inductively using thematic synthesis procedures. Thematic synthesis is a well-established method used to bring together the findings from primary studies in a systematic way to develop new themes and understandings beyond those in the individual studies reviewed (e.g.,

Butler et al., 2016; Hannes & Lockwood, 2012; Thomas & Harden, 2008). NVivo 14 (Lumivero, 2023) was used to manage and code the data. First, line-by-line coding was conducted, where the researcher examined each chunk of data (sentence, phrase, or paragraph) and identified and named the concepts represented. These initial codes were then compared to each other, and those with underlying similarities were drawn together into higher-level categories. The categories were then organised into themes, thus aggregating the findings of the individual papers into a collective framework. Author 1 performed the primary analysis with Authors 2, 4, and 5 conducting independent coding on 8 articles. Coding between authors was compared, and any differences were discussed to enhance interpretive rigour. Final themes were agreed upon by all authors.

Results

A total of 49 papers were included in the analysis. The flow of articles into and out of the review are depicted in Fig. 1.

Papers included between three and 45 participants, with a mean of 16 participants. In total 89% of participants were mothers. Most papers ($n=30$) included participants with a variety of diagnoses. The remainder focused on those with a particular diagnosis (bipolar disorder ($n=5$); borderline personality disorder ($n=3$); depression ($n=1$); anorexia ($n=1$); post-traumatic stress disorder ($n=1$)) or diagnostic group (psychosis ($n=4$); personality disorders ($n=2$); eating disorders ($n=2$)). Further characteristics of the included papers are summarised in Table 1 and detailed in Online Resource 2.

The examination of parents' experiences with professional support for parenting was included in the aims of only 10 of the included papers (Fenwick et al., 2024; Goodyear et al., 2022; Harries et al., 2023a; Nicholson and Henry 2003; Pihkala and Johansson 2008; Shor et al. 2015; Stolper et al. 2022; Strand & Meyersson, 2020; Venkataraman and Ackerson 2008; Zalewski et al. 2015). Five of these were focused on the evaluation of a particular service, while five referred to parents' experiences with parenting support more broadly. Three additional papers examined parent experiences with services that were primarily mental health focused but designed to take into account and support parenting responsibilities (mother and baby units or home crisis care). The aims of eleven papers referred to services or supports, but these were not specific to parenting, either being broad ($n=6$) or focusing on other issues such as mental health supports ($n=2$), relationships with health professionals ($n=2$), or maternity care services ($n=1$). More than half the included studies ($n=25$) included no aims relating to participants' experiences of any services. Four of these did refer to parents' 'needs' or 'support needs', but these were not specific to parenting.

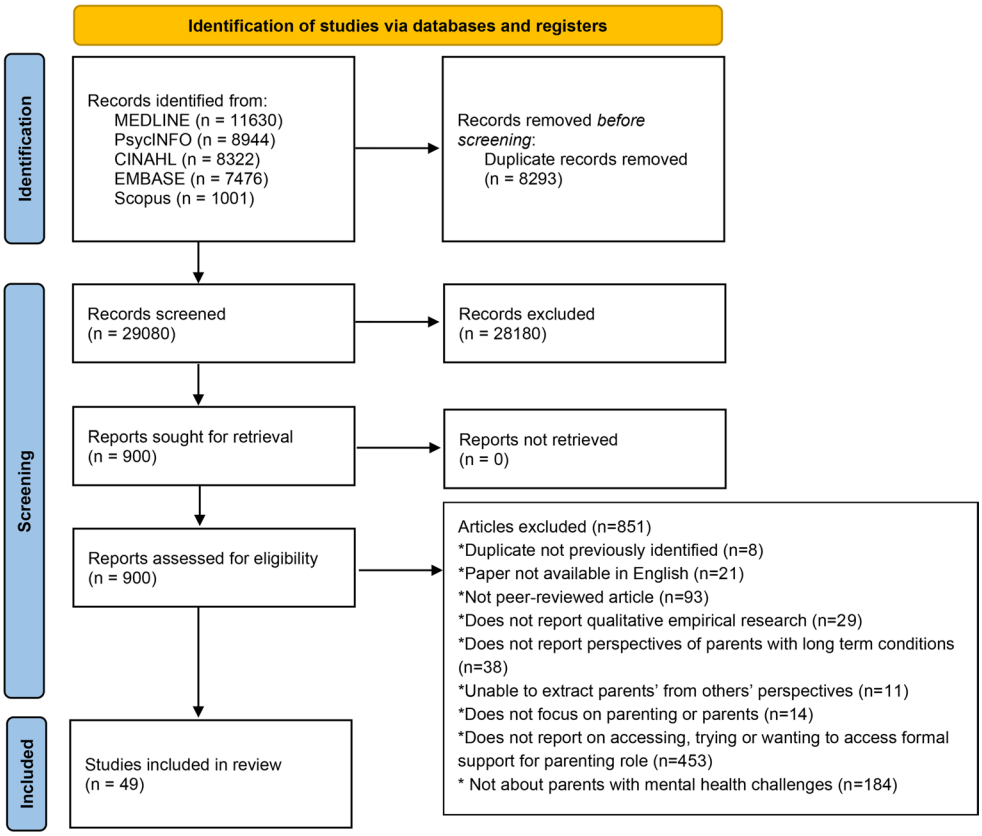

Fig. 1 PRISMA flow chart

Table 1 Summary of included papers

Characteristic	*n*
Country	15
United Kingdom	9
Australia	7
United States	3
Sweden	3
Norway	2
China	2
Ireland	2
Israel	2
New Zealand	1
Canada	1
Netherlands	2
Multiple countries	
Year of publication	0
Before 2001	5
2001–2005	7
2006–2010	5
2011–2015	15
2016–2020	17
2021–2025	
Parents included	30
Mothers only	2
Fathers only	17
Mothers and fathers	
Ages of children	3
Babies (12 months and younger)	2
Preschool (6 years and under)	2
School-aged (5–17 years)	2
Pre-adolescent (3–11 years)	1
Adolescent (11–18 years)	26
Wide range (covers multiple age groups)	13
Not reported	
Qualitative design type	11
Phenomenological	8
Grounded theory	2
Qualitative descriptive	10
Other	18
Unspecified	
Data collection methods	45
Interviews	5
Focus groups	3
Questionnaires	1
Field notes	5
> 1 method used (included above)	
Quantity of relevant text	15
One paragraph or less	14
A couple of paragraphs	13
A section or theme	7
More than a section or theme	

Data analysis indicated a range of areas in which parents felt that they needed professional support and a number of avenues by which parents did or could receive such professional support. However, most papers indicated that parents frequently experienced a lack of support for their parenting. Example quotes presented below are direct quotes from study participants. Subcategories under each theme are summarised in Table 2 and details of papers coded to each subcategory are provided in Online Resource 3.

Table 2 Summary of included papers

Areas of need	Avenues for support	Lack of support
• Access to children • Child-care and respite • Structure and routines • Practical tasks • Managing child behaviours • Emotional regulation and stress management • Parent-child relationships • Education/supporting children around mental health challenges • Sense of understanding, capability, positivity	• Parenting education programs • Family interventions • Opportunities to talk • Peer support • Advocacy • Practical help • Family friendly mental health services • Respectful, collaborative, non-judgmental services.	• Lack of formal support for parenting • Fear of judgement prevents service engagement • Experiences of being judged/stereotyped • Unable to access services • Mental health services did not consider parenting • Child services did not support parenting • Generic parenting supports did not consider mental health challenges • Particular unmet need for services when unwell or transitioning from hospital • Needing ongoing rather than crisis-driven services • Specific groups are marginalised

Areas of Need

Parents in the included studies expressed a range of support needs for which they had accessed or wished to access support from services. They were often concerned with the effect of their mental health on their children and sought ways to protect their children and prevent any negative impacts.

To be able to enact desired parenting roles, some parents, for example, those spending time in inpatient settings or who did not have custody of their children, needed support to **access their children**. Other parents reported needing support with **childcare and respite**, for example, through formal childcare services. Parents with limited social support often expressed a need for backup in case they became unwell, including respite care for children and even the ability for a brief break, as one mother described: "I could have a shower and leave [my baby] with [staff], which I hadn't been able to do, really, at home" (Griffiths et al., 2019, p.5).

Participants in a number of studies talked about needing assistance in developing daily **structure and routines**. For example, one parent described being helped by a discussion with a worker about "daily routines, how to, what to do, how to handle… well to go up in the morning, get out of bed, have breakfast, meals, and to eat together, such things" (Strand & Meyersson, 2020, p.915).

Support with **practical tasks** was also valued. This included assistance with practical baby care like breastfeeding and settling babies. While many parents require support with these issues, some needs were specific to parents with mental health conditions, such as for information about

breastfeeding and medication. Parents in a couple of studies described needing occasional support with the domestic tasks that are part of parenting, such as cleaning, cooking, washing, and shopping, particularly when they were unwell: "For times when you do need that little bit of extra help… you are not coping well and domestic tasks are really hard to do… to avoid things snowballing and getting out of control, or ending up in hospital" (Bartsch et al., 2016, p.477).

A number of parents described needing or receiving support with **managing their children's behaviours**. These included general issues like setting boundaries and providing discipline, as well as, in some cases, managing problematic behaviours such as violence or vandalism. One parent described how a parenting intervention helped her to realise that "instead of me just going off like I used to," it was more helpful to adopt the strategy of "sitting down and talking about it and getting to know why the kids are acting the way they are" (Goodyear et al., 2022, p.133).

Relatedly, parenting stress was seen as both being exacerbated by mental health conditions and having a negative impact on parents' mental health and ability to parent the way they wished to. Support with **emotion regulation and stress management** in the context of parenting was therefore seen as necessary by participants in a number of studies. As one parent queried "Let's say I get angry at my child … how can I manage that with my child? Or is it okay if I don't deal with it? If I need to deal with it, then what should I do? … What do parents in our situation need to be aware of when we are with their children?" (Chen et al., 2021, p.7).

Many parents also talked about appreciating or wanting support in **relationships** with both babies and older children. In some cases, parents were concerned that bonding and attachment were affected by their mental health conditions or inadequacies in how they, themselves, had been parented. As children got older, parents in a couple of studies mentioned appreciating help and encouragement to "let my children go" (Cooper et al., 2023, p.397) or to avoid seeking too much support from their children. Parents also talked about appreciating guidance to respond to children's emotions and emotional issues. One father, for example, talked about how a parenting program had helped him learn to let his children "have their feelings, instead of shutting them down" (Goodyear et al., 2022, p. 133).

Many parents expressed the need for help with **educating and supporting their children around their mental health conditions**. When available, this was often in the form of specific family interventions. Other parents, however, also spoke of the need for guidance and strategies in this area. Parents wanted help explaining the mental health conditions in an age-appropriate way and answering children's questions, as well as finding out how the children were feeling and experiencing it. "'They were kind of mediators … they could ask the right questions … without them it would not have happened" (Pihkala & Johansson, 2008, p.403).

Finally, many parents valued being supported to develop a sense of **understanding, capability and positivity** about their ability to be good parents for their children. This often came in the form of new ways of thinking, such as: viewing their experiences as common; developing a greater understanding of their children and the impact of their own mental health conditions and behaviour on their children; seeing their parenting behaviours as more important than their mental health conditions to children's well-being; identifying unrealistic expectations; and becoming aware of things that they had not previously noticed. One parent provided this example: "What I really appreciated was that I learned how to pick up on very small signs from my daughter, for example, that she leaned towards me. I didn't see all that. I was so negative in my mind" (Stolper et al., 2022, p.13). Parents appreciated the support that helped them to understand parenting and mental health recovery as interrelated and that, rather than focusing only on the child, parents needed to take care of themselves to allow them to be the best parents possible (Awram et al., 2017). As one parent said: "first put your oxygen mask on your own face, so next you can help your child" (van der Ende et al., 2016, p.91). Encouragement and emotional support were critical. As one parent stated, "The first thing is [letting you know] 'you're normal' and the second is 'you can do it'" (Chen et al., 2023, p.274). Another noted receiving from a support group "a lot of support and empathy that helps me overcome my difficulties" (Shor et al., 2015, p.82).

Avenues for Support

The areas of need described above were addressed or seen as addressable, through several different avenues of support. Two of the included papers evaluated specific **parenting education programs** (Goodyear et al., 2022; Wilson et al., 2018), both of which were reported to be helpful. In nine additional papers, parents reported benefiting from ($n=5$) or suggested a need for ($n=4$) parenting programs and courses. However, these were described briefly and broadly, using terms like 'skills training', 'parenting courses,' and 'parenting interventions.'

Three papers evaluated **family interventions** (Pihkala and Johansson 2008; Stolper et al. 2022; Strand & Meyersson, 2020), which included the entire family in both individual and group sessions and were also viewed positively. Participants in seven other studies also expressed a desire for a more family-focused approach, including direct support for children: "well it would've been fucking really

good for someone to realise, ah, shit, the child must need help too" (Cooper et al., 2023, p.396).

One of the most frequently mentioned types of support reported and needed was the **opportunity to talk** to service providers about their children and their parenting concerns and difficulties. This was seen as important for developing helpful perspectives (e.g., "it's okay to be an 80-point mum when I'm not well" (Chen et al., 2021, p.6), receiving advice and guidance on parenting strategies, and obtaining emotional support. This was often informal and could be conducted by a variety of health or social care professionals with whom the parent came into contact. Others needed formal counselling or in-depth psychological support, for example, to help them make sense of their own childhood experiences and how these influenced their parenting.

Parents who participated in a support group for parents with mental health concerns (Shor et al., 2015) or stayed in a mother and baby unit (Griffiths et al., 2019) reported benefits of **peer support**, such as feeling encouraged, less alone, and more empowered in their parenting through their interactions with other parents. In 11 other papers, parents indicated that they would value the opportunity to interact with other parents with mental health conditions but had not had this opportunity. As one mother anticipated, "you could share different experiences, and then maybe share things that have worked, and then also it's then sociable as well, and you may gain, sort of, friends out of it" (Radley et al., 2023, p.2438). In two studies, participants noted the importance of skilled facilitation to ensure positivity and avoid a "whinathon" (Venkataraman & Ackerson, 2008, p.403).

A few papers identified that, on some occasions, for various reasons, especially to do with access to the child, parents needed someone to **advocate** on their behalf. A positive example given was when an experienced mental health professional stepped in to allay the concerns of other professionals about the mother's ability to take care of her baby (Davies & Allen, 2007). Others, however, failed to get needed advocacy, for example around custody issues (Powell et al., 2020).

While participants only reported receiving **practical help** with parenting tasks in the context of inpatient mother and baby units (Griffiths et al., 2019; Wright et al., 2018), parents in four other studies recommended this as a service that would benefit parents. Practical help related to domestic tasks involved with parenting, such as cleaning, shopping and cooking (Bartsch et al., 2016), transport (Thomas & Kalucy, 2002), or taking over care of the child to enable parents to rest or sleep (Wright et al., 2018).

Several studies identified the importance of **family-friendly mental health services**. This involved mental health services making access to children possible during acute care, for example, providing a private and safe environment for family visits; being flexible with visiting times; providing facilities for babies to stay with mothers; or providing intensive community support to avoid hospitalisation. Mother and baby units were seen as giving mothers the chance to bond with their babies and develop their parenting skills for when they were discharged (Griffiths et al., 2019).

Study participants overwhelmingly ($n=32$) indicated that support, especially for their sense of capability and positivity, required service providers, whether in mental health services or any other health or social service accessed for the parent or child, to treat parents in a **respectful**, **collaborative and non-judgemental** way. This meant, for example, acknowledging the importance of their parental role, respecting them as parents, demonstrating understanding, compassion, acceptance and non-judgmental attitudes, being positive and encouraging, and tailoring services to their needs as a parent.

Lack of Support for Parenting

While it can be seen above that parents received support from a range of sources, parents in 40 studies described experiencing a **lack of professional support for their parenting**. Of the 6 studies that did not report this experience, three were evaluating a particular service (Goodyear et al., 2022; Shor et al., 2015; Wright et al., 2018) and three contained only a small quantity of material relevant to the review, which focused on a particular incident or issue (Higgins et al., 2016; Sturgeon et al., 2023; Wilson & Crowe, 2009).

A theme described in a substantial number of papers ($n=19$) was parents' reluctance to seek support from services with parenting or to be honest about their difficulties due to **fear of their parenting being judged** negatively, potentially leading to child removal. As one parent explained: "I think that's one of the big barriers of why parents might not go seek help at the earliest possible point because they are worried about getting their kids taken away" (Bartsch et al., 2016, p.477). This fear was likely related to past experiences. In ten of these 19 papers and an additional eight papers, parents reported experiences of **being judged and stereotyped** by health or social service professionals for being a parent with a mental health condition and blamed for any problems the child may have. One mother described how "the hardest thing, when I was in hospital, was being made to feel small and unworthy and… you know, 'What on earth are you doing? You're a parent, you've got children, how could you do this to them?'" (Chapman et al., 2023, p.7). Other negative interactions with health and support workers were also described, for example, concerns being

dismissed or being pressured to take parenting advice they did not agree with (e.g., Wilson et al., 2018). One mother noted that being honest about her mental health condition to try to get support "is what I regret the most" (Anke & Skjelstad, 2025, p.10).

Despite this fear, it was clear in most papers that parents would have welcomed and often sought support for parenting. However, they were not always successful in obtaining this support. In 38 studies, parents reported being **unable to access needed services** to support their parenting. Two examples are as follows:

> *"There is a lack of legitimacy to our needs, there are no services that can respond to our needs, and I know that most of the services that exist don't train professionals to help us, it is as though this issue does not exist… there is no attempt by professionals to help us be a parent and cope with the difficulties stemming from the mental illness; those are areas in which a person with mental illness may especially experience difficulties, but there is total ignorance of these issues" (*Shor & Moreh-Kremer, 2016, pp. 221–222).

> *"It would just to be nice to have somewhere that you could either phone or, just get that support so like my children being really fussy, the health visitor's been useless, the GP [general practitioner] is like, 'well, speak to the health visitor' and there is nowhere to go"* (Fitzpatrick et al., 2023, p.1149).

Some papers ($n = 19$) noted that **mental health services**, in particular, neither addressed parenting issues nor took people's parental status and responsibilities into account when providing mental health services. For example, one mother wished that her child had been considered, stating that she "was ill for 2 years before someone asked about my children" (Strand et al., 2020, p.623), while another stated that "they don't kind of care that you've just had a baby. It's just, they just look at the immediate presentation that they've got in front of them" (Griffiths et al., 2019, p.5). Another explained that "They give me pills, pills, pills, pills. I don't want pills. I want you all to help me with my daughter" (Fenwick et al., 2024, p.586). Similarly, **services focused on the child** were often seen as being unwilling to support parenting, as one mother described: "If I try to speak anything about it they will cut you off and say, I am not your social worker. I am the child's social worker. But I'm the child's mum" (Grant et al., 2021, p.954). In some studies, participants felt that mental health workers lacked experience in dealing with parents, while other health and social workers had limited knowledge of mental health conditions. For example, one mother reported that "I frightened the health visitor, and I frightened the midwives" (Davies & Allen, 2007, p.374). Others felt that the professionals they worked with simply could not or did not take the time to "sit and actually talk to you and find out what is going on" (Grant et al., 2021, p.955). **Generic parenting supports** did not provide specific enough supports such as "on a day when I can't get out of bed like what do you do, how do you take care of your kid" (Raouna et al., 2025, p.1318) and were sometimes experienced as detrimental to mothers' well-being due to their insistence on ideals such as breastfeeding or mothers' constant presence, which some mothers were unable to achieve (Anke & Skjelstad, 2025).

The need for, and lack of availability of support for parenting was highlighted at particular times, especially **when a parent was unwell**. One parent, for example, described how "I was alone with my children, I was manic and psychotic and we didn't get any help" (Tjoflat & Ramvi, 2013, p.84). Another illustrated the need for support when transitioning from hospital to home, where they were required to resume child care responsibilities: "I was anxious that I wouldn't be able to cope with the kids. I often felt I wanted to go back (to hospital) … I felt safe and confident there" (Thomas & Kalucy, 2002, p.47).

Alternately, in some cases, service attention to parenting seemed restricted to times of crisis, after which parents were often left on their own, whereas parents felt that **ongoing support** was needed. In some cases, failure to obtain parenting support had led to crisis or child removal. As one mother described: "I kind of feel betrayed by [child protection services] because I had already asked them for help prior to [the removal]. And they didn't care. I'd asked a mental health worker to help and she didn't care" (Honey et al., 2021, p.168). Another mother also commented that "services should give more time and provide a safety net for [parents] so that they are able to look after their children, rather than their children just being taken away from them" (Diaz-Caneja & Johnson, 2004, p.477).

Several studies pointed out a particular lack of support for **specific groups** of parents. Six pointed out the dearth of support available for non-custodial parents, emphasising that these parents were still parents and needed support. One mother, for example, lamented that social services "didn't see how difficult it was", and did not support her to "learn to be a mum" (Lever Taylor et al., 2019, p.1592). Three studies suggested that fathers were additionally disadvantaged in obtaining support because their contribution to parenting was discounted by professionals and because of their own difficulty asking for help. As one father noted: "The amount of help you get as a single dad with mental health is shocking…There's nothing there at all. Literally" (Harries et al., 2023a, p.597).

Discussion

This review is the first to examine, in detail, the literature on the perspectives of parents living with mental health conditions about accessing professional support relating to their parenting role. It brings together the findings of 49 studies that reported these perspectives.

The findings highlight the need for further research about parents' perspectives on services. First, while interest in parents' perspectives about services for parenting has increased in recent years, with a marked increase in papers reporting these from around 2016 onward, most of the papers do not focus on this issue and the relevant information often represents a relatively small proportion of the study findings.

Second, participants in the studies were overwhelmingly mothers, and most studies were conducted in Western countries. Exceptions were two studies from China (Chen et al., 2021, 2023) and two from Israel (Shor et al., 2015; Shor & Moreh-Kremer, 2016). While one study (Wright et al., 2018) distinguished quotations based on cultural background, none provided information specific to non-dominant cultural groups or compared the service experiences of cultural groups. As fathers and parents from non-Western or non-dominant cultural backgrounds are likely to have different needs and experiences than mothers from dominant cultural groups, additional research is warranted for these groups.

Third, while the requirements of parenting vary greatly over the life of the child, which is very likely to affect the services parents need, most papers either did not report children's ages or included parents with children over a wide range of ages. It has been suggested that programs should target parents of children in specific age groups (Schrank et al., 2015). Studies of parents' perspectives of services at particular child life stages would also be beneficial.

The findings identify a range of areas in which different parents reported needing support. These are consistent with but build on findings from previous broader reviews (Dolman et al. 2013; Harries et al., 2023b) and provide a coherent and detailed picture of the wide variety of supports parents value and desire and the avenues through which they would like to access these supports. Findings indicate a wide variety of needs, not only for information, but for practical and emotional support. This diversity highlights the need for a tailored approach to support, which takes into account parents' unique circumstances, wants and needs. There is also a need for a balance between assertive and respectful support. Many parents talked about being reluctant to or not knowing how to seek needed support and needing support to prevent a crisis rather than just respond to one. It is therefore important that support be assertively offered to parents, rather than waiting for them to seek it or until a crisis occurs. Yet parents described fear and reluctance to engage with support, often based on previous experiences, and evidence indicates that their fear of child protection involvement and child removal is not unfounded (Park et al., 2006). This highlights the importance of building trust and rapport, ensuring that accessing support is a parents' choice rather than feeling coerced, and taking a positive and proactive approach to supporting parenting rather than a reactive approach where perceived risk is the catalyst for service involvement.

Parenting programs and family interventions were important avenues that addressed or could address parents' needs. A diverse range of such interventions have been developed for people with mental health conditions (Radley et al., 2022; Schrank et al., 2015; Suarez et al., 2016). While findings vary, there is good evidence that these can be effective in improving child and parent outcomes (Siegenthaler et al., 2012; Suarez et al., 2016). Although there is a lack of high-quality evidence for the impact of programs for parents with psychosis (Radley et al., 2021) and serious mental illness (Schrank et al., 2015), many programs appear promising for this group and parents have described a number of the programs as helpful in various ways (Radley et al., 2022). It is also encouraging that many published parenting interventions address a range of the areas of need identified in this study. For example, some of the most frequently included program components identified in reviews were managing children's behaviour, parent-child relationships, child-development education, impact of mental health issues on the child and explaining mental health to the child (Radley et al., 2022; Schrank et al., 2015). It is important that further research be conducted to evaluate outcomes of these programs for both parents and children, especially using high-quality designs. It is also necessary to identify the effective components to develop the most effective and efficient programs (Radley et al., 2022), especially given that variation in outcomes measured makes comparisons between programs difficult (Suarez et al., 2016).

Regardless of how beneficial these programs are when tested it is apparent that many parents simply do not have access to them. The failure of many mental health services to offer such programs likely reflects over-stretched mental health systems but may also be influenced by ongoing stigma and stereotypes of people with disabilities and health conditions as people who require care rather than people who provide care (e.g., Llewellyn & Bornstein, 2019). This may lead to services failing to acknowledge or address parenting and other caring roles. This is despite global recognition of the importance of supporting and empowering parents to strengthen parenting, especially among families experiencing social disadvantage, such as poverty (e.g., Australian Institute of Health and Welfare, 2020). Parents living with mental

health conditions are amongst the most socially disadvantaged groups in the community. For example, they have high rates of unemployment and poverty (Luciano et al., 2014) and are at greater risk than other parents of experiencing loneliness, discrimination, low life satisfaction and homelessness (e.g., National Mental Health Commission, 2024). We would argue that, given the proportion of adults with mental health conditions who are parents, the importance of this role, and the potential benefit to both parental mental health and child outcomes, all mental health services should provide or have referral access to appropriate parent support programs.

Time-limited specialised programs, however, can only partially address what may be an ongoing need for support, which changes as children grow and family circumstances change. Parents also identified a range of other avenues of support. Opportunities for peer support appears to be a common unmet need, and facilitating these is congruent with the current emphasis in mental health systems on recovery-oriented practice (Hancock et al., 2013; Leamy et al., 2011). Furthermore, parenting support should not be limited to professionals who have specialised training in parenting. Instead, all health and social service professionals who interact with parents living with mental health conditions should provide support within their roles. By providing family-friendly services, encouraging parents to express their parenting concerns and issues, and interacting about parenting in a respectful, collaborative, and non-judgemental way, service providers can contribute to parents' sense of capability and positivity. Evaluation of parenting needs in a supportive rather than risk-based framework should be standard practices. This would be in contrast to reports from many parents in the included papers about their parenting role being ignored, which is also supported by other evidence. For example, a recent study in the UK, where ascertaining parental status is a clinical requirement, found that less than half of mental health workers working with adults engaged with services users' parental role and a quarter did not even routinely ask about parental status (Dunn et al., 2022). While this implies a need for wide-scale education for mental health and other professionals, not everyone needs to be an expert in the area. Practitioners without specific parenting training can still provide space for discussion of parenting, use online evidence-based resources with parents (e.g., Emerging Minds, 2025), and support parents' access to specialised services.

Finally, the findings confirm that clinical and policy recommendations drawn from research on experiences of parenting more generally as described by parents with "serious mental illness" (Harries et al., 2023b) are congruent with parents' own wishes for support and should extend across a range of diagnoses. These include preventative and long-term supports including psychoeducation, peer support, practical support, training of service providers, and appropriate funding for parenting services.

Limitations.

The exclusion of papers written in languages other than English means that most of the included studies were conducted in English speaking countries. This limited the review's ability to include the views of parents from non-Western countries. While many papers have reported qualitative or mixed methods evaluations of parenting programs (e.g., Cooper & Reupert, 2017; Maybery et al., 2019; McFarland & Fenton, 2019; van der Ende et al., 2014), these were not included if the program had only been made available to parents in the context of the research. Program evaluations were only included if they were for programs that parents had independently accessed. This was because we wished to understand parents' experiences of professional services 'in the wild' but additional information about potentially useful parent supports may exist in these studies. As with any review, particularly of qualitative studies where terminology is ubiquitous, there is a chance that, despite the comprehensive search strategies, some eligible studies may not have been identified. However, the number and variety of studies included enhances confidence that key concepts have been adequately covered.

Conclusion

By bringing together parent perspectives on accessing services for parenting from a diverse range of research studies, this review highlights the need for service and policy recognition of parents living with mental health conditions as a priority group for the provision of tailored and respectful parenting support services. Further, support for the parenting role should not be restricted to specialised programs; it is the responsibility of all health and social service professionals who come into contact with these parents.

Supplementary Information The online version contains supplementary material available at https://doi.org/10.1007/s10597-026-01628-3.

Acknowledgements The authors would like to thank Isabelle Raisin, the research librarian who assisted with the development of and ran the database searches.

Author Contributions A.H. and M.M. conceived of this study and developed the search strategies in consultation with a research librarian. All authors contributed to screening and data extraction. A.H. led the thematic synthesis with M.M., J.R., and V.O. independently coding a sample of papers and discussing the overall emerging analysis. A.H. led the writing of the article, with review and modifications by M.M., J.R., E.P., and V.O.

Funding Open Access funding enabled and organized by CAUL and its Member Institutions

Data Availability No datasets were generated or analysed during the current study.

Declarations

Competing interests The authors declare no competing interests.

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