Supporting the mental health and well-being of children and families in primary care

Summary of survey findings 2026

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Ospedale Niguarda
Sistema Socio Sanitario
Regione Lombardia
CONTATTO
per la promozione delle Reti Sociali Naturali
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- How is family well-being currently discussed, and what happens when support is needed?
- What are the main barriers, and what support do professionals need?
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The 22-question survey was conducted within an Erasmus+ project and distributed through professional associations' mailing lists

Target group

The survey targeted family doctors, family nurses, mental health nurses and midwives.

Survey structure

The survey had 22 questions, mostly multiple choice, covering four areas:

- respondent background
- current practice
- challenges and resources
- opportunities for development

Survey period and platform

Responses were collected in May and June 2026 using SurveyMonkey.

Survey distribution

The questionnaire was distributed through the Estonian Society of Family Doctors, the Estonian Midwives Association and the Estonian Nurses Union.

Project

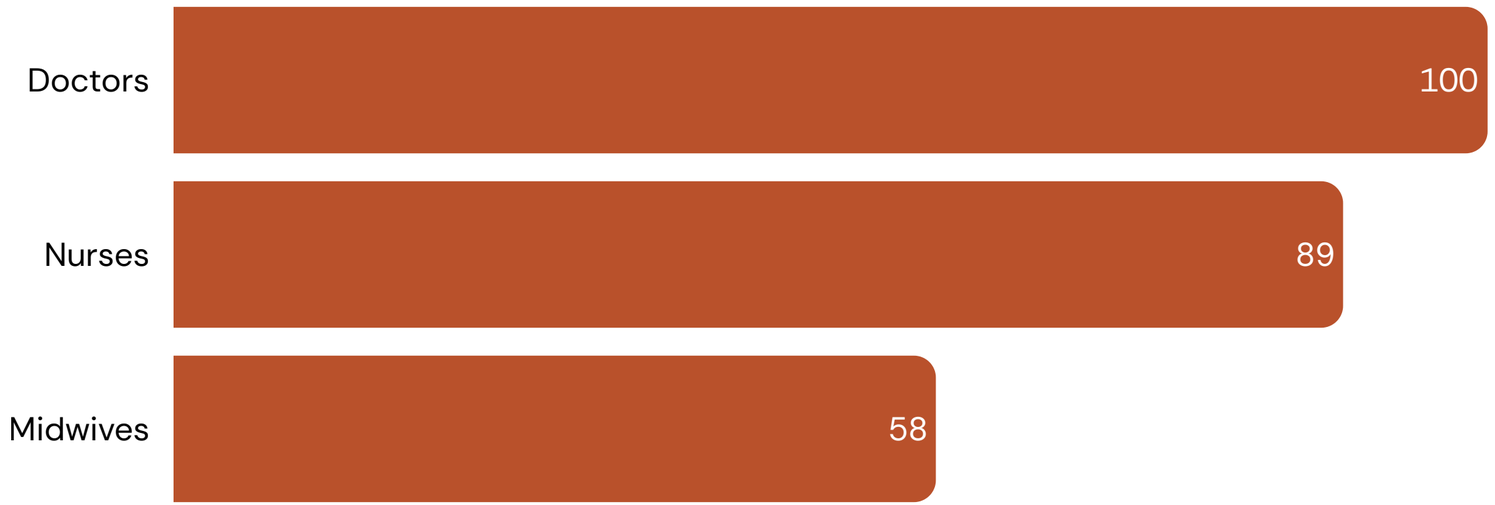
The questionnaire and analysis were developed within the Erasmus+ project Children & Family Mental Well-being in Healthcare, co-funded by the European Union.

The project partners are Stories For Impact OÜ, MTÜ Peaasjad, the University of Turku (Finland), Niguarda Hospital and Associazione Contatto (Italy).

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248 professionals responded to the survey; around three quarters completed it

Respondents by profession



73%

of respondents completed the survey.

Completion rates across professional groups were 72–74%.

The doctors included 98 family doctors and 2 non-specialist doctors or residents.
The nurses included 69 family nurses, 19 mental health nurses and 1 school nurse.
One trainee was included in the overall analysis but excluded from comparisons between professional groups.

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Many respondents have extensive professional experience and work mainly in health centres and solo practices, most often in Northern Estonia

Setting

38%

in health centres

25%

in solo practices

Doctors and nurses mainly work in solo practices and health centres, while most midwives (78%) work in hospitals.

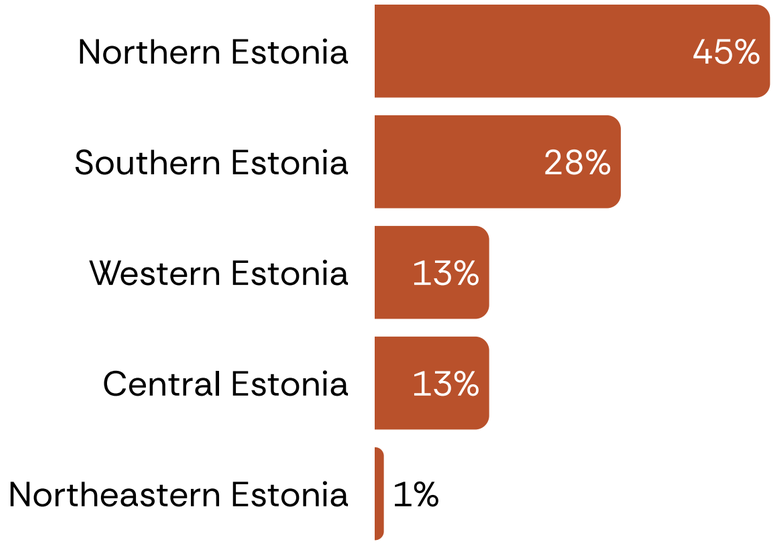
Experience

46%

have over 20 years' professional experience.

Doctors are the most experienced respondents: 66% have over 20 years of experience.

Region



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For most respondents, asking about family well-being is not routine, and family circumstances are not consistently assessed or documented

Is asking about family well-being a routine part of the role?

51% ask in some cases, not systematically

33% say it is routine

10% say it is not routine

This practice is most common among doctors and less common among midwives.

Assessment frequency

31% do so sometimes

29% rarely

23% often

11% almost always

6% never assess

Differences between groups are up to 6 percentage points.

Documenting family circumstances

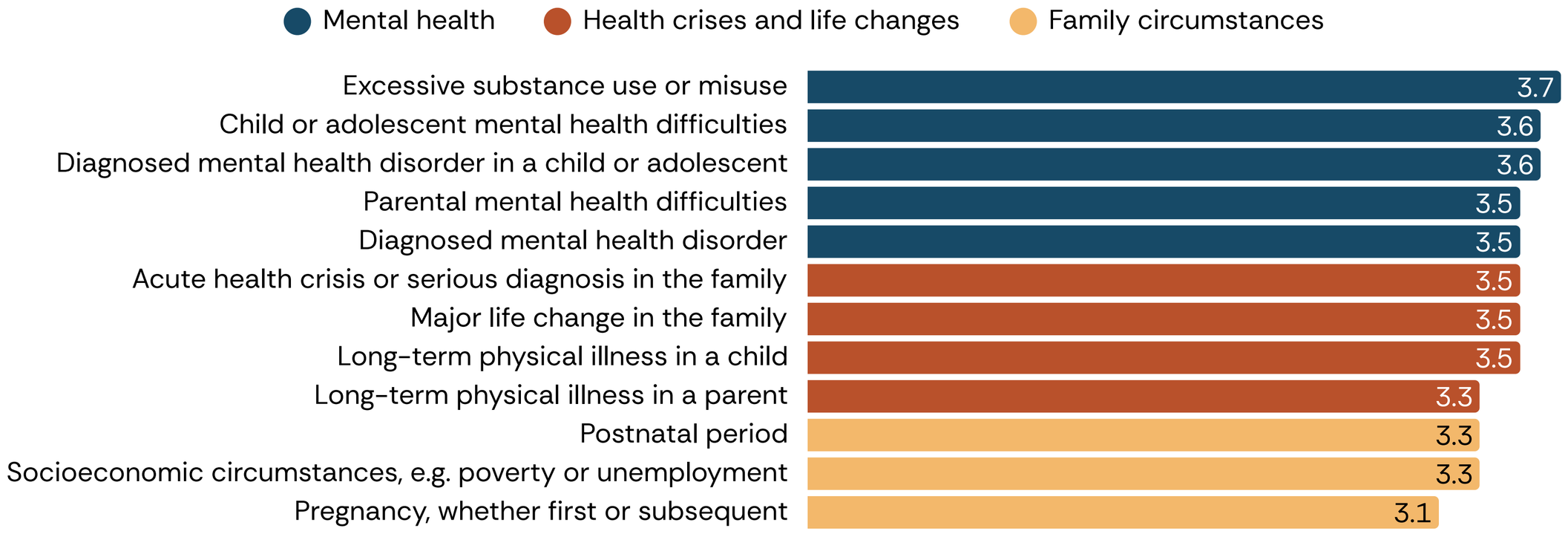
48% report inconsistent documentation at work

2% consider it very systematic

22% say family circumstances are documented very or fairly systematically; 17% say they are generally not documented.

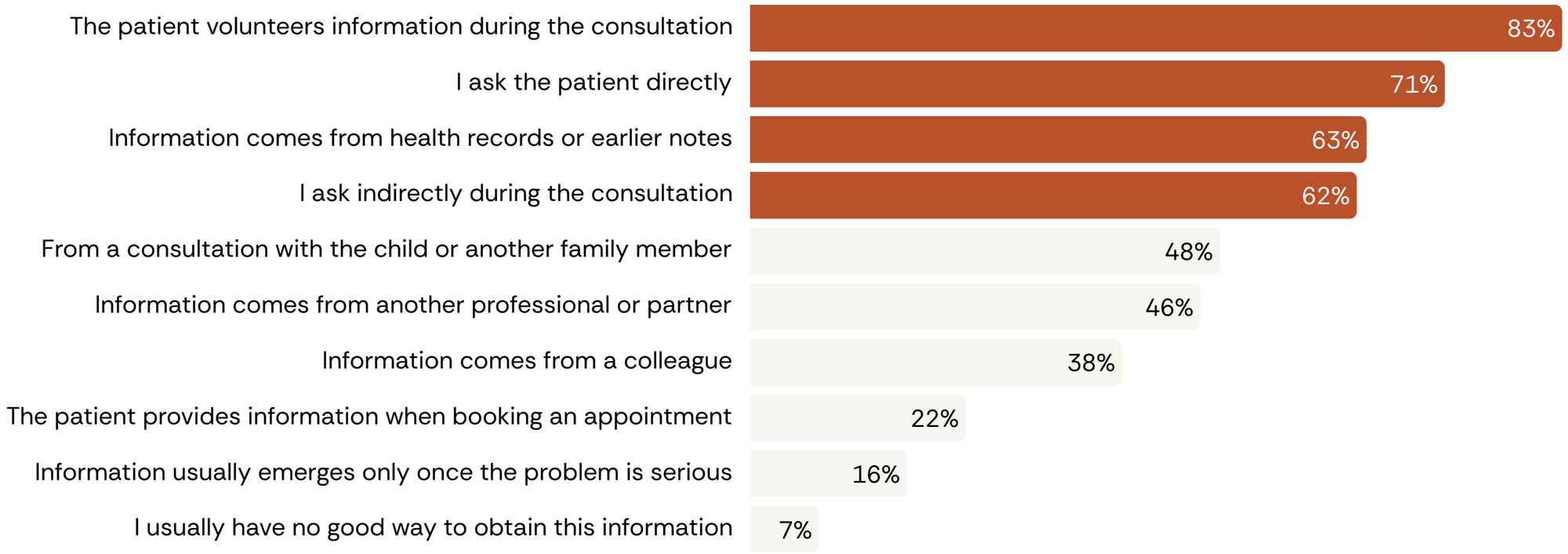
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Asking how families are coping and about children's well-being is seen as necessary in every scenario, especially with excessive substance use or misuse, or mental health difficulties in a child or adolescent



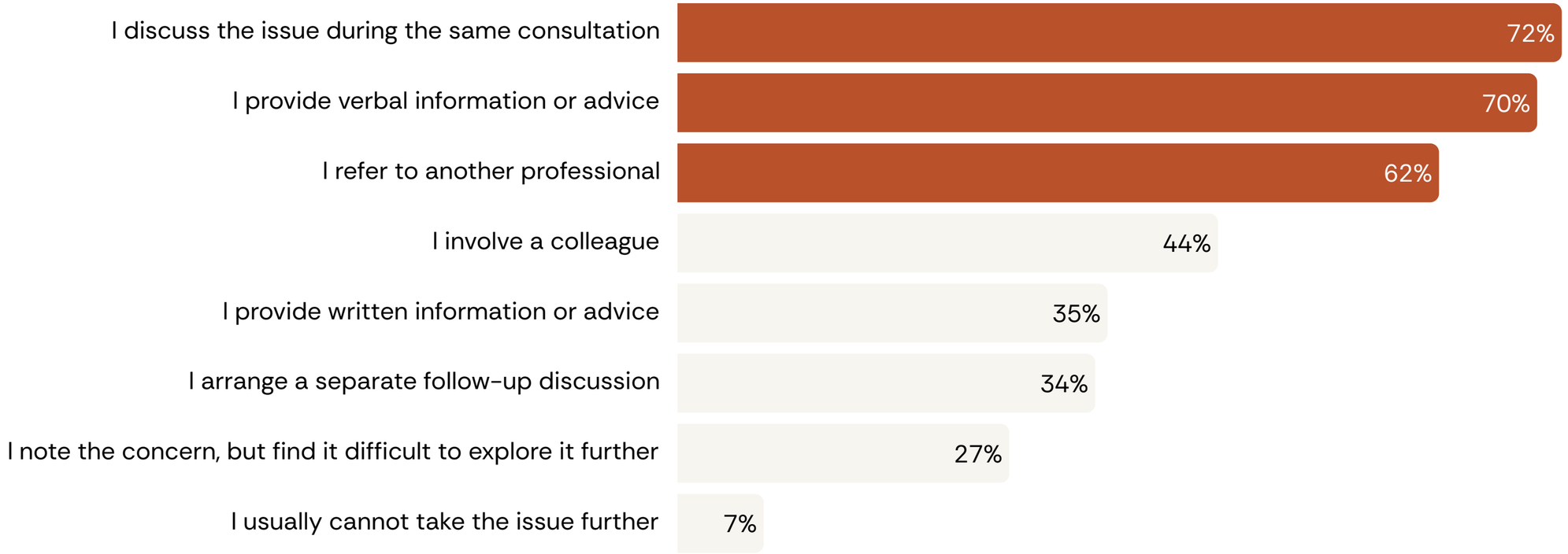
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Information about children and families usually emerges at the initiative of the patient or healthcare professional, but 16% report only learning about problems once they are serious



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Family well-being is usually discussed during the same consultation, with verbal advice or referral to another professional; follow-up discussions are arranged less often



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Referrals emerge as both a barrier and an area of lower confidence: options are seen as limited, and respondents feel relatively unsure about referring families

Barriers to addressing family well-being

an average score of 3.2

Scale of 1–4: 1 – no influence, 4 – main influencing factor

workload and limited professional networks and referral options

Other significant factors include lack of time, **limited training and knowledge of referral options, patients' reluctance to discuss issues, and complex cases.**

Personal uncertainty and unclear roles and responsibilities are seen as smaller barriers.

Confidence in addressing family well-being is relatively low

an average score of 2.2

Scale of 1–4: 1 – not at all confident, 4 – very confident

raising the topic of family well-being, recommending next steps and referring families

Confidence is highest in identifying support needs and asking supportive questions: 2.5/4.

Midwives are most confident in identifying support needs (2.6), and doctors in asking supportive questions (2.6 out of 4). Differences between professional groups are small.

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Respondents value clearer referral options and brief practical tools; their preferred support format is guidance they can use independently

Useful tools

95% find useful:

- clearer care pathways
- an overview of local referral options

91% find useful:

- a brief questionnaire
- a brief guide to addressing the difficulty raised

Needs

63%

want clearer care pathways

55%

want practical tools

Doctors most often emphasised care pathways, and nurses practical tools. Midwives more often highlighted the need to develop communication and counselling skills.

Support format

67%

want guidance materials for independent use

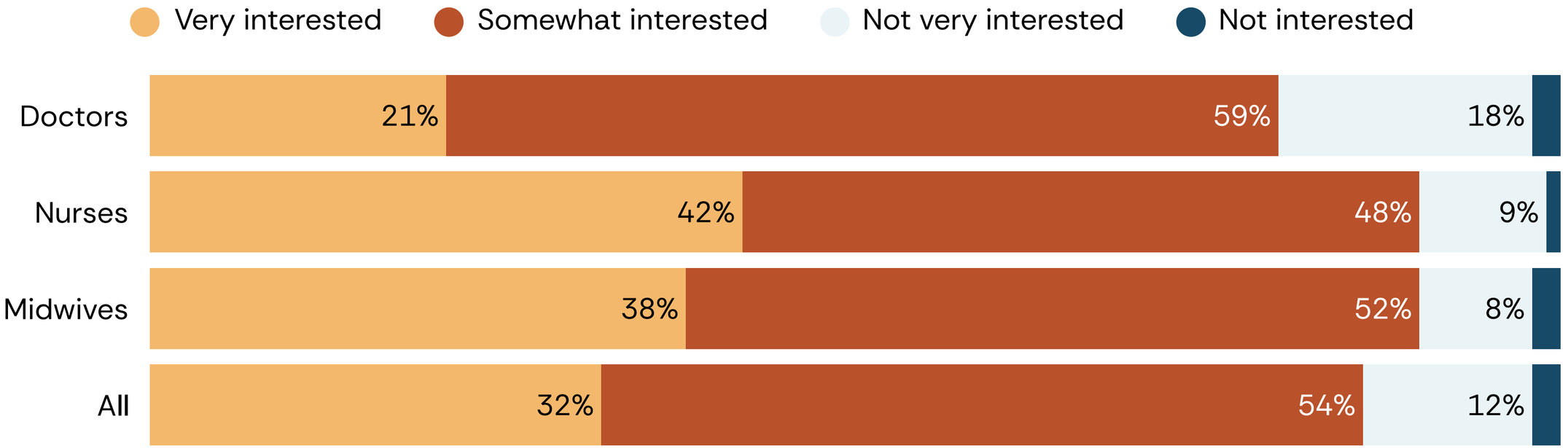
40%

want a webinar

Around a third are interested in a shorter or longer online course, or 1–2 days of practical training.

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Nearly nine in ten respondents are interested in using Let's Talk about Children, with particularly strong interest among nurses and midwives



Not interested: doctors 2%, nurses 1%, midwives 2%, all respondents 2%.

Let's Talk about Children empowers parents and helps prevent mental health difficulties in children through a structured discussion that supports parents and children.
Further information: https://peaasi.ee/en/raagime-lastest/

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How could you organise your work to ask about how families are coping and about children's well-being?



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Respondents see scope to ask how families are coping and about children's well-being during routine consultations, using clear questions and allowing enough time

Shared expectations: structured questions, an effective referral pathway and enough time for discussions and documentation

Doctors

saw scope to ask how families are coping and about children's well-being during routine consultations or child health checks.

Some doctors saw their main role as identifying support needs and referring families, and felt that family nurses or other professionals could provide more in-depth support.

Nurses

suggested asking how families are coping during child health checks or other consultations with a nurse.

They wanted brief questionnaires, discussion guides and training, along with enough time and collaboration with doctors and other professionals.

Midwives

saw scope to discuss how families are coping during antenatal and postnatal consultations, including home visits.

They wanted consistent enquiry, supported by clear questions, training and knowledge of where to refer families when needed.

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What would a good, realistic care pathway look like in your workplace when a child or family needs support with their well-being?



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The care pathway described by respondents starts with identifying support needs, followed by referral to appropriate help when needed and subsequent follow-up

1. Identify and assess the concern
The professional identifies a child's or family's support needs.

2. Initial support and next steps
They advise within their competence and assess whether to involve others.

3. Refer to appropriate support
The family sees a suitable healthcare, social care or other professional.

4. Follow up and obtain feedback
Check whether the family received help and its support needs were met.

What makes the pathway work
Clear guidance and contacts • Accessible professionals • Collaboration and agreed responsibilities • Time to support families and follow up

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What would help most to make this way of working more routine in healthcare?



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Respondents say training, clear guidance, enough time and access to further help would make support for children's and families' mental health and well-being more routine

Training and awareness
Knowledge and practical training are needed to identify families' support needs and address issues sensitively.

Clear guidance and tools
Respondents want simple questionnaires, guidance and a clear process for taking action once a concern is identified.

Work organisation and funding
This approach must be built into professionals' working arrangements, with dedicated time and funding.

Time and staffing
This way of working requires enough time, lighter workloads and additional staff where needed.

Accessible support
Families must be able to access an appropriate professional within a reasonable time.

Collaboration and responsibility
Effective professional contacts and information sharing are needed, with clear responsibility for the family's ongoing support.

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Is there anything else you would like to add about supporting children's and families' mental health in healthcare?



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Respondents highlighted access to help, collaboration and support for healthcare professionals as key to supporting children's and families' mental health

Access to support

Long waiting times, high costs and shortages of professionals make support harder to access. Respondents want more remote and anonymous counselling options and better access to specialists in primary care.

Collaboration and prevention

Early identification of problems and the role of families and the education system are seen as important. Information sharing between healthcare, education and local government also needs to improve.

Staff capacity

Professionals report heavy workloads and considerable responsibility. Growing bureaucracy and lack of time are concerns, and healthcare professionals also need psychological support themselves.

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Summary



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Supporting family well-being is seen as important and interest in Let's Talk about Children is high, but consistent practice requires support at system level: enough time, clear guidance and effective referral options

- **Family well-being is seen as important, but professionals do not yet ask about it consistently**
- Lack of time and difficulties referring families are the main barriers
- Respondents want clear guidance, practical tools and effective care pathways
- Nearly 9 in 10 respondents are interested in using **Let's Talk about Children**
- **The main problems are systemic: shortages of professionals, fragmented professional networks and a lack of continuity after referral**



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Recognising needs, offering support and working well together in primary care!

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