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"If We're Not Coping, What Chance Have we Got of Parenting Our Children Well?" Adopters' Mental Health and Help-Seeking Experiences

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ABSTRACT

Developmental and mental health challenges experienced by adopted children can manifest vicariously in adopters. Yet there is a perceived lack of consideration toward adopters' mental health throughout the adoption process. Studies exist on birth-parental mental health and support needs, and mental illness and behavioral challenges in adopted children, yet comparatively little research explores the mental health experiences of adopters. This study seeks to redress this evidence gap by presenting experiences of adoptive parents in their own words. Results highlight experiences of powerlessness, invalidation, isolation, and silence, all of which contribute to adopters' poor mental health, and prevent adopters seeking support.

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Introduction

Adoption in the UK is in crisis. The number of children in care is steadily increasing in the UK and has reached over 82,000 children (GOV.UK, 2024a), with the national adoption agency Home for Good quoting every 15 min another child is taken into care (Home for Good, 2024). The rate of adoption has decreased by 17% in the past five years (GOV.UK, 2023), creating an acute shortage of adopters in the UK (GOV.UK, 2024b), and there has been a year-on-year increase in adopted children leaving the family home prematurely (Adoption UK, 2024a). Adoption can provide much needed stability for looked after children, leading to improved child development outcomes (Hornfeck et al., 2019). An adopted child typically has better physical and mental health across their lifetime and more positive health outcomes compared to looked after children. However, care experienced children are more likely to have special educational needs and disabilities (SEND), and the majority will have experienced trauma,

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including abandonment, deprivation, and violence, leading to physiological and/or psychological needs (Adoption UK, 2024a; McSherry & McAnee, 2022; Skandrani et al., 2019). Whereas the responsibility for supporting traumatized children in care falls to social care professionals, adoptive parents are expected to assume this role for adopted children, providing ongoing support for the management of their children's additional needs, which poses considerable challenges for adopters without the correct training or support mechanisms in place.

Adopters' experiences and well-being

Various sources contribute to mental health challenges among adoptive parents, encompassing emotional, relational, and systemic factors. That adopters may suffer with poor mental health has been discussed as far back as Kirk's Shared Fate Theory (Kirk, 1964). Kirk highlighted the propensity for adopters to suffer poor mental health in their transition to adoptive parenthood and adjustment to a new identity, noting this may be particularly strained if adopters do not acknowledge the unique distinctions between biological and adoptive families. Similarly, adopters' mental health may be influenced by perceived stigma associated with infertility (a frequent motivation for people choosing adoption as a family building option), while societal perception of adoption can lead to feelings of shame and self-doubt among adoptive parents (Drustrup, 2016; Weistra & Luke, 2017). Furthermore, adoptive parents often face systemic challenges, including inadequate post-adoption support and fear of judgment from professionals, which can exacerbate mental health issues (Kohn et al., 2024).

Post-adoption depression (PAD) is widely acknowledged and is estimated to affect up to 32% of adoptive parents during the early stages of their adoption (Foli et al., 2016). Consequently, information on symptoms may be disseminated by social workers to prospective adopters during their adoption preparation training. Post-adoption depression is typically acquired by prospective adopters during the adoption process or soon after a child has been placed with them (McKay et al., 2010). Symptoms may be consistently present for several years post-placement and typically decline toward the later years (Anthony et al., 2019; Kohn et al., 2024). As noted by Kohn et al., the prevalence of PAD over potentially many years, highlights the importance of professional awareness of adoptive parents' mental health beyond the first year. Yet beyond these noted mental health challenges, many of which are experienced in the early stages of adoption, little more is routinely discussed with adopters during their training.

Beyond the inherent stress of the adoption process and adjustment to parenting, other risks to adopters' mental health are associated with caring for children with trauma. For traumatized children in foster care, support

and therapeutic care remain the responsibility of social care professionals. For traumatized adopted children, it is the role of the adoptive parents to support the child in their ongoing management of, and recovery from, their trauma (Clifford et al., 2022). However, caring for children who have experienced early-life trauma, and have associated complex care needs, poses some formidable challenges that, without adequate support provision, can have a significant negative impact on adoptive parents' mental health (Schofield et al., 2013). Such risks are well documented, including anxiety and depression (Anthony et al., 2019), and primary and secondary trauma (Cairns, 2008; Duncan et al., 2025; Skandrani et al., 2019). More recently, research into adopters' mental well-being has begun to highlight the prevalence of burnout (Roskam & Mikolajczak, 2023) and compassion fatigue (Agius et al., 2024) among adopters, all of which may lead to symptoms of Post Traumatic Stress (PTS) (Duncan et al., 2025).

Yet despite knowledge and awareness of the mental health challenges associated with parenting a child with trauma and early adverse experiences, such challenges are rarely openly discussed and prospective adopters lack awareness and insight into the mental health challenges they may face. Consequently, many are reluctant or even scared to disclose their challenges with adoption professionals, family, and friends out of shame or fear of disapproval or disruption (Gibson, 2020; Lyttle et al., 2024). While the full scale of adoption-related mental ill health for adopters is unknown, a comparison with foster carers illustrates that approximately 75% of foster carers have experienced compassion fatigue (Ottaway & Selwyn, 2016). Foster carers receive training and therapeutic support to help manage their own mental health, including secondary trauma and compassion fatigue, i.e., through respite, yet adopters do not (Cairns, 2008).

A recent Adoption UK report (2024a) highlighted some of the struggles facing adopters in England, with 75% of adopters feeling they were in a "continuous battle" to get the appropriate support for their child; 69% expressing negative feelings about their family's future; and 38% feeling they were facing severe challenges or at crisis point. For families that had faced crisis, a lack of early, responsive support was a critical factor (Adoption UK, 2024b), leading to additional stress, anxiety and exhaustion for adopters.

Adoptive parents' mental health challenges can adversely affect the wider family dynamics and significantly influence the well-being of adopted children (Duncan et al., 2021). A lack of timely and ongoing support for adopters and families further compounds adopters' susceptibility to suffer mental ill health and is cited as a risk factor in adoption breakdowns, when a child returns to care (Agius et al., 2024). Therefore, addressing the challenges faced by adoptive parents is crucial for the well-being, resilience and long-term stability of adoptive families to ensure better

outcomes for both parents and children (McSherry & McAnee, 2022). Better supported adopters will have greater resilience and be better positioned to support their children. However, despite adopters' mental health playing a key role in the UK adoption crisis, as noted by Kohn et al. (2024), the issue of adopters' mental health remains largely underrecognized. Consequently, little research has been completed exploring adopters' mental health needs, and adoptive parents are often reluctant, ashamed and scared to discuss their feelings, meaning their voices are seldom heard. Duncan et al. (2021) note the paucity of research focusing specifically on the mental health challenges faced by adoptive parents, while Kohn et al. (2024) call for further research into the mental health of established adopters. Adopters are crucial stakeholders within the adoption system. It is therefore imperative that their voices are heard and that challenges they face are understood from an adopters' perspective. Regrettably, the silence that surrounds adopters' mental health makes it hard for adopters to influence and inform policy, procedures and practices in a way that supports them (Anthony et al., 2019).

In response, this paper aims to improve the knowledge, awareness and understanding of adopters' mental health, to better understand these dynamics, and to inform interventions that support both adoptive parents and their children, asking:

1. How do adopters describe their mental health during the adoption process and following placement?
2. What are the challenges that adopters face when attempting to access support for their mental health?

Although not used as an analytical framework, Social Verification Theory (Hillman et al., 2023), which highlights the critical role of invalidation and the importance of social interactions in mental health, emerged inductively from the analysis and offered a useful lens for interpreting the study results, as addressed later in the Discussion section.

Methods

Study background/participant characteristics

This project consisted of ten two-hour semi-structured focus groups with a total of 47 adopters that took place *via* Microsoft Teams, plus one email participant who was unable to attend a focus group but who was keen to contribute to the study. The email participant was given an outline of the same questions and discussion points posed in the focus groups and they replied by email. Each focus group comprised between three and eight participants, with an average of five participants per group, and discussion

centered on participants' experiences of the UK adoption process, their mental health support needs as adopters at different stages of the adoption journey, and their experiences of accessing support for their mental health. Focus groups were structured to allow adopters to share ideas, highlight shared experiences, and to illuminate areas of potential need for the community. In order to take part, participants had to be aged over 18 years of age, spoke fluent English, and had self-declared experience as an adopter of the UK adoption process, regardless of whether that experience was recent or historic. Table 1 provides demographic data of study participants.

Ethical approval

Ethical approval was obtained by Faculty of Health and Medicine Research Ethics Committee (approval number FHM-2023-3859-RECR-1) prior to project commencement. Informed consent was gained from each participant prior to the focus group, and from the email participant, and they confirmed they were happy for the focus group to be recorded for later transcription. To ensure privacy and confidentiality was upheld, each participant was pseudonymized and no identifiable data is included in this article.

Recruitment

Participants were recruited *via* advertisement through personal and professional networks including on social media such as LinkedIn, and *via* gatekeepers including adoption agencies and moderators of Facebook groups, with the aim of reaching potential participants across the UK. All were self-declared adoptive parents with varying lengths of experience of the UK adoption system, ranging from those who had adopted within the previous 12 months, to those who had adopted 20+ years ago.

Table 1. Sample demographics.

Demographic	Number of participants	% of participants
Male	15	31.25
Female	33	68.75
Single	11	22.92
Cohabiting	5	10.42
Married	32	66.67
Heterosexual	38	79.12
LGBTQ+	6	12.5
Other/prefer not to say	4	8.33
White British ethnicity	36	75.00
Black African	0	0
Mixed Asian & white	2	4.12
Other White Background	1	2.08
Other Asian Background	1	2.08
Asian or Asian British	2	4.12
Other/prefer not to say	6	12.5

Data collection

As the study aimed to explore adopters' experiences of the UK adoption system, online rather than in-person data collection was selected to enhance participation and convenience while reducing the need for childcare arrangements. Demographic data was collected *via* the software Qualtrics, where informed consent and the registration process also took place. The semi-structured focus groups were held online between October and December 2023 and were recorded and subsequently transcribed verbatim by a professional transcriber, after signing a confidentiality agreement.

Data analysis

The transcribed data were uploaded into the software NVivo 14. Reflexive thematic analysis took place whereby codes were generated after immersion within the transcripts to identify patterns of shared understanding and consensus between adopters (Braun & Clarke, 2021a, 2021b). Thematic analysis followed the six-recursive-phases of Braun and Clarke (2013). First, familiarization was performed through reading the transcripts a minimum of three times and annotating them with initial ideas. Second, initial codes were generated and collated individually for each transcript. Third, all codes were collated into a table and potential themes elicited. Fourth, these potential themes were reviewed to ensure fit with the extracts and overall dataset. Fifth, the themes were refined, and associated sub-themes were developed, which were presented in a thematic map (see Table 2). Sixth, final analysis was performed, including selection of suitable extracts for discussion in this manuscript.

Data was coded primarily by the lead author and verified by two researchers within the team who were familiar with the dataset, one of whom has experience of the adoption process, and one who does not.

Table 2. Thematic map defining the themes and sub-themes identified as key challenges to adopters' mental health.

Themes	Sub-themes
Power dynamics	Vulnerability
	Lack of Control
	Information Asymmetry
	Mental Health Weaponized
In/Validation	Invalidation of the Self
	Invalidation through Blame
	Invalidation through Silence
	Importance of Validation
	Seeking Validation
Isolation	Isolation through Silence
	Isolation through Distancing/Avoidance

*This has been removed from the start of the Results section, as per Reviewer 1 advice, but may still be used elsewhere if required.

Analysis was an iterative process led by the lead author, with codes and emerging themes discussed with the research team at each stage of the process to test emerging analytical findings. Additionally, this collaboration supported researcher reflexivity through the critical examination of emerging findings informed by the diverse perspectives of co-researchers, and thus enhanced research validity.

Results

The thematic analysis supported the development of three inter-related themes (and eleven associated sub-themes) that encapsulated the key challenges to adopters, which compounded and exacerbated their mental health, and reflected adopters' experiences when attempting to access support for their mental health. The key themes were Power Dynamics, Invalidation and Isolation. Each theme and sub-theme are explored in detail below.

Power dynamics

There is an imbalance of power presented by the adopters throughout the adoption process, both as a source of mental ill health, and as a barrier to seeking help. This was created by a number of factors, including the vulnerability of the adopters' position within the adoption system; the lack of control over the adoption process by adopters; an asymmetry of information flow from professionals to prospective adopters, including lack of information or silence on the topic of mental health; and the weaponization of adopters' mental health that served as a barrier to speak openly for fear of disruption to the process or the adoption post-placement.

Vulnerability

Participants had come to adoption as a family building option, with the majority either experiencing infertility or being within a same sex couple; however, there were also single adopters and couples who had purposefully chosen to adopt rather than have their own biological children. With the former group of participants in mind, adoption was often the final step in what had been a long process, after having explored other routes to starting or expanding their family. Consequently, as Adopter 3 explains below, through their longing for a child and the journeys they had been on prior to adoption, many adopters perceived themselves as feeling in a vulnerable position at the start of their adoption journey:

> Adoption was a point, but it wasn't the whole journey and all of that is present then I think in our parenting and our experience of all that impostor syndrome about being a 'real parent' and all that kind of stuff and bringing that to the table. (Adopter 3)

Without exception, and regardless of the length of time the child or children had been with the family, or how far back in the past the adoption had taken place, all participants had consistency in their stories and experiences. All had experienced some form of mental ill health related to their adoption experiences, a scenario that participants reported being widespread among other adopters within their networks, as Adopter 34 relays:

> I mean most adopters I know are on antidepressant medication, most of them are fairly regularly in a complete state or closed off, you know, and it's just like this is what this is what we have to do really just to get by. (Adopter 34)

Experiencing adoption-related mental ill health created further vulnerability among adopters. Some had experiences of historic adoption-related mental ill health (e.g. anxiety, depression, post-traumatic stress (PTS) from the adoption process before the placement), as Adopter 13 explains:

> You start off with euphoria and really excited to heartbreak and dissolution 'cause you've not got any control in the situation… there was a hearing every month for six months, so it was five hearings. Five times we were told that it hadn't gone through. It was just like heartbreak that's the only way to describe it, I guess. (Adopter 13)

Others were experiencing poor mental health at the time of data collection (either originating during the placement or after the adoption order was granted). In particular, the majority of adopters found the adoption process prior to child placement highly stressful, as Adopter 26 comments, "I felt that my mental health really suffered throughout the process," which led to many feeling more vulnerable as a result:

> I felt that when I adopted the process ground me down to the point where I was probably my lowest emotional ebb before the children arrived. (Adopter 29)

Many participants described their mental health challenges over the time as a "roller-coaster" with "ups and downs" and "highs and lows", demonstrating the often enduring or recurrent nature of their adoption-related mental ill health across the entire journey, including beyond the adoption order. Adopter 4 summed it up as, "It's just stress, constantly."

Lack of control

For most participants, the adoption journey was marked by significant stress and anxiety, much of which, as noted above, arose early in the process (e.g. initial training and assessment, family-finding, and matching stages), and stemmed from a sense of limited control, as expressed by Adopter 46 below, who described feeling "helpless" as a result:

> But yeah, the matching process was kind of helpless, totally out of my control, you know? (Adopter 46)

This lack of control was evident in key challenges adopters faced, such as the unpredictability of the matching process, prolonged delays, and insufficient communication and support from professionals. Many adopters felt pressured to make decisions they felt were either inappropriate or based on inadequate information, while others struggled with unrealistic expectations placed upon them:

> I just think they expect so much of prospective adopters. I think they just expect that you're just OK to stand there while all of this stuff goes on around you. You're supposed to be the one who just waits patiently, patiently, without saying anything, for everything to fall into place and like it doesn't. (Adopter 12)

Compounding this, some adopters felt unfairly perceived as being so eager for a child that they were expected to accept any situation presented to them without question, leaving them with little agency to express hesitation or advocate for their own boundaries. Adopter 28 provides an example of the pressure they felt and their sense of a lack of autonomy during the matching stage:

> My [child] was eight when she was adopted and I was told I was her last chance at adoption so it was a lot of pressure and I just felt like they pushed me into 'right you need to adopt them now'. (Adopter 28)

Information asymmetry

The position of power held by social workers and adoption professionals was evident from the beginning of adopters' journeys. Adopters felt there was information asymmetry, uncertainty, and that adopters were not being given all the information that they needed to make informed decisions. In essence, the withholding of the full details made some adopters feel they had been lined up to fail. Furthermore, some adopters discussed instances where they felt adoption professionals were dishonest with them, which significantly reduced the trust adopters had in professionals. Adopter 3 and Adopter 33 speak of the "deception" they felt, believing that information concerning their children's needs was deliberately withheld from them prior to placement:

> Got to be honest, people outright lied to us. Outright lied to us. And I think I find that so horrendous because I think it's disingenuous and it meant that potentially we were being encouraged and pressured to, and in the case of the match that didn't go ahead, for us to take on a child who had so many additional needs. (Adopter 3)

> I should say that our social… all the social workers, no one told us the extent of [child's] violence, no one told us, and I specifically asked, 'How aggressive is she?' And they were like, 'Oh no, no, it's fine', and so no one… we felt very deceived and that that contributed, I think, to my sense of hopelessness because I felt so angry that we've been tricked and that's not to say we would have said no to the matching, but we need to be prepared and have our eyes wide open. (Adopter 33)

Across the country, there was great variation in pre-adoption training and education from social workers during the early stages of the adoption journey, particularly regarding adopters' mental health. Some adopters felt the training was not fit-for-purpose and did not adequately prepare them for the placement. For the majority of participants, post-adoption depression (PAD) was discussed as part of the pre-adoption training, although to varying degrees, with little meaningful emphasis on the mental health impact that might occur from looking after a traumatized child. Discussing reference to PAD in pre-adoption training, Adopter 42 and Adopter 43 demonstrate the lack of standardization on this subject:

> Literally from our first ever assessment meeting it was mentioned, and then throughout the process it's been mentioned a number of times. (Adopter 42)

> It was mentioned in our training right at the beginning, but there wasn't really much emphasis put on it. (Adopter 43)

It was also evident, through accounts such as those from Adopter 45, Adopter 28, and Adopter 46 below, that even for adoptions that had taken place as recently as during the year prior to the study, the risk of post-adoption depression was not routinely emphasized during adoption training:

> No… they mentioned quite a few things that happen very commonly after the adoption, but not post-adoption depression. (Adopter 45 – adopted within the 12 months prior to the focus group)

> I hadn't heard of any of them [adoption-related mental health challenges] and I think definitely people should be informed… so you're dealing with their trauma, your own trauma, and nobody tells you that. (Adopter 28 – adopted 6 years prior to the focus group)

> I've just heard of it now, today, it's the first time. (Adopter 46 – adopted 16 years prior to the focus group)

Furthermore, the potential to experience other mental health conditions knowingly associated with adoption were not widely discussed during the adoption process. Examples of these mental health conditions include anxiety, blocked care, burnout, compassion fatigue, PTS from the adoption process before placement commenced, and secondary trauma acquired from the traumatized child/children. As Adopter 46 discusses above, for some adopters, attending the focus groups was the first time that they had heard of such conditions.

Where participants were aware of adoption-related mental health conditions, other than post-adoption depression, it was often not through the adoption training, but rather through their own research, previous work experience (participants' professions were not routinely collected, but were referred to by participants in discussions, and included child psychologist, community police officer, teacher, head teacher and social worker) or

inadvertently through other professionals providing support for their children, as the adopters below demonstrate:

> I wasn't told about it, but I read as much as I could… I did actually do training as a child counsellor as well… so I came quite prepared. (Adopter 9)

> I was a nurse, so I'd had years of exposure to people who are traumatized. And what I witnessed as a mother and adoptive mother was trauma. (Adopter 1)

> I kind of have [heard about post-adoption depression and other mental health conditions] but also 'cause I was training to be a clinical psychologist when I adopted. (Adopter 34)

Mental health problematized and weaponized

Fear of being judged was a barrier to many adopters discussing mental health during the adoption process. Some participants felt that initiating discussions around mental health would lead to judgment by adoption professionals, but that any mental health challenges that were disclosed were problematized by professionals, as Adopter 29 explains:

> The idea that you have someone who is both judge, jury, and executioner in a way in terms of both wanting to help you get up to speed and understand how you'll be triggered, and whilst at the same time using those things against you in judging whether you can adopt is a contradiction too far and that that for me with, you know it was never really properly outlined to us the very contradictory nature of that whole process. (Adopter 14)

Rather than encouraging open dialogue, some adopters felt that professionals shifted the blame of any mental health issues onto them, through being labeled as lacking resilience, and that this would ultimately be used as a factor that could jeopardize or disrupt the adoption. Adopter 26 explains their experience of discussing their historic mental ill health with professionals:

> My husband and I had both been through counselling because we went through IVF before we went into adoption and I really, really struggled with that and we both had counselling (and my husband has been on sertraline) and I felt that we were kind of made to feel that the fact that we've had these problems could be seen as a weakness. (Adopter 26)

This fear of the weaponization of adopters' mental health led adopters feeling they could not talk openly about their struggles, as Adopter 24 reflects, "I also feel that especially when I was adopting my [child] and there was lots of things that I didn't want to say about mental health that I thought might jeopardize me."

In/validation

Adopters experienced invalidation from various professionals throughout the adoption process, which continued beyond child placement in the

forms of silence and blame. Adopters received further invalidation from friends and family when sharing concerns over their mental health or how they were coping with being an adoptive parent.

Invalidation of the self

Adopters talked of the invalidation they experienced of them as human beings in the adoption system. Participants frequently felt that the adoption process was dehumanizing:

> You might be going up against other families for the child that you want, you know, how destroying is that just soul destroying to have them come back and say we haven't gone with you we've gone with the other family. You know what I mean? And you know, good luck next time. (Adopter 24)

Adopters reported that their emotional needs were not taken into consideration during the adoption process. Participants unequivocally agreed with the child-first approach in adoption, but were dismayed at the lack of consideration for adopters too, as Adopter 14 explains, "We felt having just recently completed the process that there was zero consideration for the convenience, feelings, funds, or resources in general of adopters in the process, erm you know the social workers took, you know, at pains to say how very child centric it was, and quite rightly so, but there was nothing, you know, nothing in the way of support or guidance or anything for us and that's bonkers."

Others felt the lack of consideration extended to a lack of support for adopters, as noted by Adopter 28, "I wasn't supported. It was very much the children came to me and that was it. You get your meetings that they have to have, but I wasn't supported, it was all about them and not about how was I feeling, how was I coping, was there anything they could do to help me? And it has been a huge struggle."

While for some, dehumanizing behavior was apparent through a lack of recognition of adopters' emotional wellbeing. Adopter 11 recalled an event during the pre-adoption stage where they felt they were not treated with empathy or compassion:

> There was just an absolute lack of sensitivity… I remember one day they came down and said, oh, you've got some unanswered questions that we need to run through with you, and I was like, 'Alright, OK.' So they came down and sat down and she went, 'Right, erm your miscarriages, how did you feel about it?' And you know there was no preparation for that, that conversation erm, so I took like half a day off work, you know, had my lunch raced home sat there with my husband and it was like there was just, you could have asked me where I was going on holiday that was like the tone. It was just nothing there's no empathy around it. Yeah…you could have absolutely floored me. (Adopter 11)

Following child placement, for most adopters, the first people they discussed their mental health challenges with were with friends and family. Adopters described how a lack of understanding from people outside of

the adoption community often garnered responses such as ‘that’s just what kids do’ or ‘it’s what you wanted’, when participants spoke about their challenges, as discussed by Adopter 35 and Adopter 41:

> I remember when both of mine were placed, they came home and, obviously separately, and people say, ‘cause I waited two years for [child], it took a long time, and they would say, ‘Oh wow, you must be so happy, you’ve finally adopted, you must be so happy, happy’. And then like, [dubious expression] ‘Yeah, so happy’ and then say, ‘Oh, well, actually I’m finding it really hard’, they’re like ‘Oh, but this is what you wanted, this is what you asked for.’ (Adopter 35)

> People are like, ‘But you wanted this,’ and you’re, ‘But it’s really hard sometimes,’ and you kind of feel like, I feel with some people, I can’t say that, because they’re like, ‘Well, that’s what you wanted.’ (Adopter 41)

Such responses from those close to them, but from those beyond the adoption community, led to feelings of invalidation and that participants were not being listened to or their struggles were not understood. Adopter 17 expresses their experience of invalidation from non-adopters, “The stress of being an adopter is different. When you reach out to another non-adopters, all you ever hear is ‘oh, that’s just being a parent’ or ‘that’s just kids.’”

Invalidation through blame

Rather than adoption professionals demonstrating compassion in their response to adopters’ mental health challenges, adopters felt they were blamed and not supported. Adopter 32 explains, “I was not getting any support, I was exhausted physically and mentally. I was just on the floor. I’m quite strong person, but this actually just nearly killed me and then I was called into a meeting which I thought was to finally get some support… and they basically turn around and blame me for everything.”

Participants described how they were made to feel that their struggles were not related to the adoption process, but rather to their own personalities, including a focus on weaknesses, unrealistic expectations or their parenting practices, as recalled by Adopter 21, “We knew that something was intrinsically wrong with the children… through a long process that we found that they had FASD, ADHD, and autism and it was very evident from the medical records as well. But for a long period of time we were being blamed and we were told that if the placement breaks down it was because of your expectations and your bad parenting.” Invalidation of adopters’ challenges through blame appeared to be a common experience supported by other participants’ recollections, including Adopter 17, who said, “There’s a complete and utter lack of support, and when you ask for support it’s, ‘Well, what are you doing wrong?’ Not, you know, ‘What do you need to help you manage the kid’s behavior?’”

As part of the blame culture of adopters’ parenting being the source of their problems, adopters reported that much of the support offered included

suggestions of parenting courses to attend, parenting books to read, and even better self-care. Professionals were often perceived by adopters as being unable or unwilling to provide advice on how to manage difficulties with the child's/children's behaviors. Accounts from Adopter 27 and Adopter 40 below, demonstrate situations that the majority of participants reported or reported being familiar with:

> Don't get me wrong, she's [social worker] lovely, but she's like, 'Yeah, so we'll get some assessments in place and then part of those assessments you'll get some training' and I'm just like, oh my God, I literally just wanna bash my head against the wall. You're not listening to me. Sending me on a training course is not… I don't know what the answer is but I sure as hell know that sending me on a training course is not the answer. (Adopter 27)

> I went to post-adoption support for support. And then, you know, they keep telling me to buy some books, 'Go and buy this book, go and buy that book,' and I'm like, 'I don't want a bloody book, I want some advice'. (Adopter 40)

Participants felt that the professionals placed the responsibility on them as adopters to 'fix' themselves and preemptively deflected away any recognition of the impact of the child's/children's mental and physical health (and resulting behaviors) on the mental health of adopters.

Invalidation through silence

The silence surrounding adopters' mental health that many experienced in the early stages of the adoption process continued to post-adoption. Many adopters described how they were met with silence when they raised issues concerning their poor mental health. When seeking support from adoption professionals, as Adopter 33 explains, adopters were frequently met with little to no acknowledgement of their struggles. "I was quite clear on what I was experiencing, but it came with a lot of frustration because there was very, very little help and acknowledgement."

A number of adopters, as demonstrated by accounts from Adopter 9 and Adopter 39 below, felt professionals did not wish to know because they would then be required to provide support, and in effect become an involved stakeholder in the placement (necessitating significant time and effort on their part), instead of merely a 'detached' observer:

> I have [spoken about mental health with their social worker] and my social worker told me that I needed to remember my parental responsibility, and what could she possibly do to help? (Adopter 39)

> Nobody wants to hear that story. They don't. They just don't want to know about it, and that that's really hard, really hard, really hard for these people that are, you can hear upsets me quite a lot for them that that nobody wants to know about it so therefore it doesn't happen, so therefore we don't have to help them. (Adopter 9)

Importance of validation

Reassuringly, there were examples of good practice being implemented by adoption professionals, including some creativity around the framing of support by professionals, who may have been working within and around particular constraints. Regardless of the type of support, those participants that received support of any form expressed gratitude for recognition of their challenges. The buddy scheme, for example, that Adopter 7 below talks of, may have incurred very little financial or time cost to social workers, but nevertheless had a positive impact on the adopter:

> Our social worker offered this when it was really tricky, an adoption buddy, so I could speak to somebody, and I think that's what there's a lack of really. I mean, sometimes I don't even want a trained therapist, I want someone to speak to and the and the time to speak to them. (Adopter 7)

Accounts, such as those of Adopter 2 and Adopter 23 below, demonstrate the importance of validation and compassion toward adopters, through tailored professional support, and the subsequent benefits that may be experienced as a result:

> And it's interesting because although we kind of went with problems about different issues with our children, actually they're very much what we realized is very much the focus of the discussions we have is about us and our mental health, how we're coping because if we're not coping, what chance we got of, you know, parenting our children well,… We were a bit surprised at first, but actually you know on reflection we've realized it's absolutely what's required for us, it's our mental health after ourselves…. Maybe we're just, we're lucky or we've got a very good local social services, but when we've needed it, we've asked for help and it's generally been available and that's been for help either for our one of our [children] saw someone psychotherapist kind of thing for a while, but also for us as you know us going to see them as well. (Adopter 2)

> We've got a really good social worker at the moment for the first time so we're, both my kids, we're getting therapy through the Adoption Support Fund for the kids… but I'm also getting therapy… we've got a good social worker who's called it 'parenting sessions' but actually it's a counsellor, we, me and my partner are getting weekly counselling sessions paid for by the Adoption Support which is amazing and everyone should have that. (Adopter 23)

Adopters that were fortunate to receive such compassion, appreciated the help that they had received, noting they felt supported, listened to, treated with understanding, and were able to access appropriate help.

Seeking validation - mitigating behaviour

Finally, as a response to the dissonance felt as a result of their experiences of invalidation, adopters actively sought support and validation elsewhere, beyond the post-adoption support services. For some, this meant seeking help through their GP. However, despite the

often-significant financial cost, many ultimately paid for therapy privately to get help for their mental health issues, rather than continue to pursue support through adoption services, which Adopter 1 and Adopter 3 recall:

> We said, 'Where is the support from the social services?' We then had we paid for a couple's therapy, but again we asked for it. We realized that we needed someone to talk to. (Adopter 1)

> I actually sought and paid for I can't even think about how much, I don't wanna think about it it'll upset me, loads of private therapy, which helped me get through. (Adopter 3)

The majority of participants described how they experienced validation among other adopters and stressed the importance of peer support. Many participants regularly attended social groups and events for adopted children, for both the benefit of their children, as well as for their own mental health. Adopters actively sought opportunities to join groups and social networks to meet other adopters and many have remained in contact for several years. Adopter 26 explains, "We attend post-adoption events and they're just… it's so nice, not just for my [child], but for me to go in a room full of people that I know is just completely safe is nice." The sense of being in a non-judgmental 'safe space' was one that many participants could relate to, as Adopter 37 reflects, "So I think sometimes if you're in a group of people where you feel safe and you feel understood, topics that seem really taboo can potentially… I mean, still people obviously have the choice not to share and not to be in part of that and that's absolutely fine, but what my experience has been is that often people sort of, once they're given permission, are able to go there in a safe place and it does feel amazing to know that you're not alone with that."

Accounts from participants, such as Adopter 6 and Adopter 41 below, describe finding "solace" with other adopters, feeling safe, understood, accepted, and as though they were "speaking the same language":

> People don't get it and I'm lucky that I have met somebody through my course who is also an adoptive parent. She's amazing. So she's somebody [who] really gets it. And I've made a couple of friends who don't live near me, who are also adoptive parents who I think kind of talk to and get it really…. Yeah. Yeah, they get it. You know, just gonna say, 'Oh, all 16 year olds do that' and then we're going, 'No, it's not the same.' (Adopter 6)

> I think that there are different people I find it easier or more difficult to talk about how I'm feeling about things. I'm in a WhatsApp group with a lot of adopters, and sometimes that's so easy to offload to: they're people I've never met, but because everyone's kind of going through the same things, it's OK to be like, 'Oh my goodness, what is going on? Like, how could this happen?' (Adopter 41)

These positive affirmations gained from peer support helped mitigate the negative emotions generated by the dissonance they felt through the isolation,

feelings of powerlessness and invalidation that they had experienced. Participants felt validated and a sense of belonging in the presence of other adopters.

Isolation

Due to the sensitivity and confidentiality regarding the adoption process, the journey for many was isolating. Isolation was experienced both by not being able to talk to others outside of the process, as well as not being able to discuss their emotional state during the process. The enforced isolation-inducing requirements of the process exacerbated adopters' mental health, as Adopter 32 experienced:

> I really struggled with anger and frustration, lack of communication, lack of support. I had no support from my social worker, and I think going through it as a single parent, you're not allowed to access your support network. They make this massive focus about like, you've got to have this massive support network, 'Oh, but you can't take anyone with you to panel, you can't have anyone with you, you can't tell anyone, you can't show anyone this documentation, you can't tell anyone what's happening, you can't take anyone with you to meet your children'. (Adopter 32)

Isolation through silence

As discussed above, through feelings of powerlessness, lack of autonomy, information asymmetry, lack of compassion, and isolation, adopters frequently developed a mistrust of professionals, which further compounded feelings of isolation. Consequently, when adopters began to experience mental health challenges, particularly in the early stages of the process, adopters described how they were reluctant to speak up for fear that they would be judged or that it would disrupt the adoption process. The accounts of the three adopters below highlight the emotional strain and reluctance that adopters experienced:

> You don't know how long it's gonna take to match, you feel like you're on the starting line, braced in the ready position, but the gun hasn't fired and you kind of like, waiting, waiting and waiting for the go and I actually, but when I first started the process, I felt alright, but as it went on, I got more and more and more depressed and I just couldn't tell anybody how depressed I was feeling because I felt like if I told anybody, even my mum, it might get back to someone. They might stop the process. They might. And I definitely felt like I couldn't get the doctor because, and I felt like it could get back to somebody. (Adopter 12)

> I also feel that especially when I was adopting my daughter and there was lots of things that didn't want to say about mental health that I thought might jeopardize me. I'm, you know, a potential parent and I think it puts you under a lot of mental strain. (Adopter 24)

> There is a fear of, much as I think my social worker is pretty good… there was always that little bit of, 'Oh, I'm going to be a little bit careful about what I say, because it might go back or be misinterpreted'. (Adopter 41)

A minority of adopters felt that they could have an open conversation about their mental health. Adopter 47 recounts their positive experience of speaking openly, "[historically – 15 years previously] I had a really fairly major episode of mental ill health around depression and anxiety… when I went through the adoption process with my partner, who's also had his own mental health issues, I think I thought early, early on that that would be an obstacle in adoption, which it's not: I think it's not an obstacle, it's just that they want to know and see that it's something that you're aware of and that you address."

However, the majority of participants felt they could not talk openly about mental ill health. The child-first rhetoric alongside the foundations laid in the early stages of the journey, such as feelings of isolation, powerlessness, and mistrust, continued after the child or children had been placed and the adoption order had been signed.

The silence around mental health alongside the feeling of being judged and that adopters' poor mental health was considered problematic and used as a tool against adopters was reinforced by adoption professionals. One adopter described how they were actively discouraged by their social worker from talking openly about their mental health challenges:

> I remember saying to our social worker, the same social worker in the second year, 'Look, we're struggling. We are struggling', and she just said, 'Don't tell me that. Don't tell anyone that, you will not be considered for the second child if you say how much you're struggling'. So, we didn't. We didn't tell anyone that we were struggling, and we were struggling. (Adopter 23)

Consequently, the culture of silence reinforced adopters' reluctance to seek help. Adopter 27 explained that "Although we'd had our adoption order come through, I was still so scared that if any social worker found out they'd try and take him away." It was often only when adopters were in crisis that they began to speak openly and ask for help, as Adopter 30 reported:

> It's only when all of a sudden you can't cope anymore that you go, 'OK, we do have a problem and now I do need help'. So yes, I'm engaged with the mental health aspect of adoption now, but previously I would have been in denial. (Adopter 30)

Isolation through distancing and avoidance – mitigating behaviors

The fear of speaking up and placing the process in jeopardy further reinforced the isolation adopters experienced through distancing or avoidance strategies used by adopters as mitigating behaviors to the invalidation they experienced.

Many adopters felt that their parenting experience was very different to birth parenting, and therefore the challenges were different too. As

Adopter 35 explains, "I think a lot of parents don't understand the sort of situations that you encounter when you're adopting children. It's not always the same sort of issues that come up if they were your birth children and a lot of people just don't understand so I feel that can affect and it's isolating as well."

Experiences of invalidation from friends and family led adopters to refrain from talking to their close contacts about their struggles, and to distance themselves from certain social groups, as a form of mitigating behavior. Adopter 38 talked of the loneliness they experience as an adopter, "I'd love to share a lot more than I do. I find that I don't share. I think as adoptive parents, you don't share stuff that other people do which is normal to them. I feel that you want to, but you can't, you're not involved. You do, when you're talking about certain things in the playground, you do remove yourself or you don't have a thing. And then it cuts you out of such a big social circle. I think adoptive parents, it's a very lonely place to be."

For participants, it became clear that friends and family neither understood the stresses involved in the adoption process, nor wanted to hear how the child's/children's challenges were impacting adopters' mental health. As a result, adopters' support networks became diminished, resulting in their risk of greater isolation, and their mental health challenges becoming further compounded. Both Adopters 23 and 26 discussed the demise of certain friendships once they became adoptive parents:

> I think who I don't turn to is my friends in [city], who are not adopters and I tend not to speak to them which is really sad because they're nice… I don't even attempt to have those conversations with anyone who's not an adopter now. (Adopter 23)

> I felt that I lost a lot of friends during the process because they just didn't understand and I'd had enough. (Adopter 26)

Feeling judged and fearful to disclose mental health challenges for concern that they may disrupt their adoption process led to frustration and greater mistrust of adoption professionals. Adopters thus began to distance themselves from professionals, and in effect continue with their journey by trying to keep below the professionals' 'radar' until the adoption order was granted. Once granted, they could, if they wished, sever contact with adoption professionals, whose practices they felt compounded their mental health issues. Adopter 24 summed up this sentiment, explaining, "I know quite few adopters now, and I know a lot of them go like soon as that paper's… soon as I get that adoption… get that I'm done with the whole system, and I think that's unhealthy. I think you should be open and not feel it used against you, and I think the process does that. I think the process makes you feel that everything you say you feel scrutinized… I think it stems from the whole process from starting your

journey on being an adopter and then it carries on and you want to get rid of all that you just want to become a parent and forget about all the struggles, you know. I know one girl who recently just said, 'I can't wait never to see that social worker ever again'. And that's quite sad to feel like that."

Discussion

Our study aims were to understand adopters' mental health during the adoption process and post-placement and understand adopters' experiences when attempting to access support for their mental health. The findings from our study highlight the ubiquitousness of poor mental health among adoptive parents, the unique nature of adopters' mental health challenges, and the difficulties experienced by adopters when attempting to access support. Through thematic analysis of focus group data three primary themes developed, revealing the power dynamics, the invalidation and isolation experienced by adopters over the course of their adoption journeys, and the challenges faced by adopters when attempting to access support for their mental health.

Our study set out firstly to understand adopters' mental health during the adoption process and once a child has been placed. Findings indicate that every participant had experienced some form of mental ill health associated with adoption. The process itself frequently induced anxiety due to uncertainty, information asymmetry, and a pervasive sense of powerlessness. Adopters reported profound feelings of vulnerability and isolation when they started their adoption journey, feelings that endured once a child had been placed with them, and depicted the adoption process as posing additional risks to their mental health. These findings align with existing literature on the powerlessness and isolation experienced by adopters, particularly early in their adoption journey, as revealed by Kohn-Willbridge et al. (2021) study of new adoptive mothers. These findings further highlight a systemic lack of discussion around mental health during adoption.

The full extent of adopters' mental ill health is not known as it remains largely invisible. It is rarely discussed with adopters, both during the adoption process and post-adoption, and is often not acknowledged by professionals during preparation and post-placement. Accordingly, prospective adopters lack awareness and insight into the potential mental health challenges they may face. We find that across the UK there is great variation in adoption training and preparation, and many programs omit mention of the full extent of known psychological risks, leaving many adopters unaware of the potential and propensity to develop such conditions, including post-adoption depression (Foli et al., 2016; McKay et al.,

2010), burnout (Roskam & Mikolajczak, 2023), primary and/or secondary trauma (Cairns, 2008; Duncan et al., 2025; Skandrani et al., 2019), compassion fatigue (Agius et al., 2024), and PTS (Duncan et al., 2025). This lack of preparation constitutes a serious gap in safeguarding adopters' well-being. Adopter preparation must be standardized and expanded to include open discussions of the full range of mental health risks, and policy frameworks should integrate mental health risk assessments for adopters as standard for both pre- and post-adoption care.

The silence and lack of transparency around adopters' mental health is continually reinforced by adoption professionals, leaving adopters fearful to speak openly when they experience challenges for fear of jeopardizing their adoption chances, i.e. not being matched with a child or a child being removed even after the adoption order is granted. Supporting findings of Gibson (2020) and Lyttle et al. (2024), we find adopters felt judged, unheard, or not trusted by professionals, and were therefore reluctant to disclose their challenges with adoption professionals, or even with family and friends, out of shame or fear of disapproval and disruption. In our study, many adopters found the adoption process isolating, feelings that were exacerbated by the powerlessness they felt during the process. A prevailing culture of silence around mental health that started in the early stages and continued post-placement led adopters to mask their struggles and not seek help, often only doing so at the point of crisis. Discussions around adopters' mental health must be normalized by adoption professionals to remove the fear and silence that inhibit such conversations and disclosure for adopters. Furthermore, to encourage open dialogue, mental health support services need to be proactively offered and embedded within adoption pathways, not as an add-on in moments of crisis, but as an integral, preventative measure.

Our study secondly explored adopters' experiences when attempting to access support for their mental health. In response, our findings underscore how invalidation, silence, and blame profoundly shape adopters' experiences when seeking mental health support. These findings can be understood through the lens of Social Verification Theory (Hillman et al., 2023), which highlights the role of invalidation in mental health. Integrating several established social-psychological theories, such as cognitive dissonance (Zanna & Cooper, 1974) and self-verification (Swann et al., 1989), Social Verification Theory (SVT) provides a novel framework to explore the relationship between individuals' perceptions and external shared realities (Hillman et al., 2023). Human beings share a universal need for social verification; a need for connection, to feel understood, and ultimately for social belonging. Social verification fuels a sense of validation and belonging that can mitigate and negate negative emotions (Agius et al., 2024; Benitez et al., 2022; Hillman et al., 2023). Conversely, invalidation gives

rise to feelings of distress and negative emotions, which if prolonged, can lead to poor mental health and well-being (Hillman et al., 2023). Drawing on the concept of invalidation and SVT highlights the importance of social interactions and the influential role of invalidation in adopters' poor mental health, the feelings of isolation that invalidation creates, and the behaviors adopted to help mitigate those experiences.

Social Verification Theory emphasizes the importance of social alignment and the need for consistency between individual and group perceptions as crucial for maintaining an individual's sense of belonging, achieving consistency with the social context. According to SVT, humans have epistemic and relational needs: the need to understand their experiences and to feel socially accepted. Conversely, social inconsistency is a distressing experience that motivates actions to resolve or mitigate this through behaviors such as avoidance, alteration, validation-seeking, affirmation, or distancing from the source, which if prolonged or unresolvable is associated with both adverse physical and mental health outcomes (Hillman et al., 2023).

Our study found overwhelmingly that adopters experienced invalidation from multiple sources in both social and professional settings when seeking support for their mental health, exacerbating their struggles and leading to distancing from social networks and disengagement from professional services, as a form of self-protection. This finding compliments Agius et al. (2024) who find that adoptive parents feel isolated due to differences in parenting styles, leading to distancing from certain family or social groups to protect their mental health. We extend this further by demonstrating that distancing as a form of mitigating behavior for mental health, as posited by SVT, extends to distancing from both social groups as well as from professionals whose responses are invalidating, in the form of disengagement from adoption professionals.

Moreover, adopters who sought help for their mental health challenges experienced invalidation through blame. Adopters were often blamed for their difficulties, with any issues they sought help for being directly attributed to their parenting style, rather than understood within the context of their children's early trauma. Rather than receiving appropriate support, many were directed to generic parenting courses or self-help materials. In essence, highlighting that the individual is personally held accountable for their symptoms and is responsible for correcting this, reflects the neoliberalist influence upon the way that health and social care is administered in the United Kingdom, including the adoption process (Becker et al., 2021; Zeira, 2022). To address this, professionals should receive training on adoption-specific mental health challenges faced by adopters to prevent misattribution of difficulties and to foster supportive, nonjudgmental relationships with adopters.

The pervasiveness of silence was interwoven throughout adopters' accounts as a source of mental ill health and as a barrier to seeking support. Silence was enacted by both adopters and professionals for different reasons. Fivush (2010) explains that silence often functions within power dynamics, noting that marginalized voices or those that express alternate perspectives to the dominant narrative often withhold information or refrain from seeking help, i.e., remain silent, for fear of repercussions. In the context of adopters' mental health, silence also acted to tip the power balance through adoption professionals either withholding vital information from adopters, or by implying negative consequences should adopters disclose mental health concerns, particularly during the assessment process. The silence associated with a lack of open dialogue and standardization in adoption preparation training served as a form of preemptive passive invalidation, and discouraged adopters from help-seeking for fear of repercussions. Silence assisted in invalidating adopters' experiences by being ignored by professionals when seeking help, and served to isolate adopters from seeking support from professionals and existing social groups as a form of mitigating behavior from the social inconsistency. Our findings align with those of Kohn et al. (2024), who cite adopters' silence exhibited through a reluctance to discuss mental health challenges for fear of judgment and potential consequences. Extending this, we propose an additional explanation that adopters' silence is also perpetuated through fear of invalidation and its associated negative emotions for adopters and manifests in a reluctance to seek help and speak openly.

The pervasiveness of silence, as both cause and consequence of invalidation, was particularly damaging and raises some important considerations. The current response to adopters' mental health is insufficient, reflecting a systemic silence around these challenges, which in turn perpetuates a cycle of silence, feeding into adopters' reluctance to speak up. Professionals must normalize these discussions, removing the fear and silence that inhibits such conversation and disclosure. Open dialogue and adopter-led research are essential to designing effective mental health support. In support of the work of Anthony et al. (2019), addressing the silence around adopters' challenges will begin to break down barriers to adopters' ability to shape policies, procedures, and practices that may better support them.

The silence and lack of validation adopters experienced when seeking help led to cognitive dissonance (Zanna & Cooper, 1974) and social inconsistency. SVT posits that when one perceives a threat to one's sense of belonging, individuals are motivated to take action to resolve or mitigate this (Hillman et al., 2023). As SVT proposes, this dissonance - between personal experiences of distress in their subjective reality and the narrative

of the social reality that ignored, dismissed, or effectively silenced those experiences - prompts avoidance, masking, and disengagement as mitigating behaviors to reduce the dissonance (Hillman et al., 2023). In the context of adopters' mental health, we found greater evidence of avoidance and distancing as mitigating behaviors, evidenced in the form of masking or silence of adopters' mental health challenges (for example for fear of adoption disruption). However, while SVT proposes affirmation as a mitigating behavior, our study found less evidence of this in this context. Furthermore, adopters frequently turned to alternative sources of validation. Some sought support from private therapists or peer networks of other adopters. Peer groups in particular offered a shared reality more aligned with adopters' lived experiences, facilitating a sense of belonging and understanding not available through professional adoption networks. This finding aligns with those of Kambouri et al. (2024) who stress the importance of peer support for adopters' emotional well-being. In addition, our study sheds light on these mitigating behaviors. Our findings demonstrate that distancing (from friends and family), disengagement (from professionals), and seeking solace and validation through peer support occurred regardless of the source of the invalidation, demonstrating that invalidation occurs at multiple levels and from multiple sources. In the context of adopters' mental health, experience of invalidation from both social groups and adoption professionals both exacerbate adopters' mental health challenges and trigger a similar response, regardless of the source of invalidation.

Adopting Social Verification Theory (SVT) has aided explanation of the culture of silence around adopters' mental health that lays the foundation of invalidation. Lack of professional recognition of the existence or prevalence of these challenges creates the social reality that prospective adopters must 'face'. When they do experience challenges, the culture of silence surrounding the existence of adopters' mental ill health generates inconsistencies between the subjective reality of adopters and the social reality of professionals in the adoption community. This dissonance is compounded by the invalidation adopters experience at multiple levels when they seek help, both informally through family and friends, and formally through professionals. As advised by Hillman et al. (2023), "invalidation always impacts individuals negatively". SVT aids our understanding that this invalidation and dissonance are perceived as a threat to adopters' universal need for connection, feeling understood, and ultimately for social belonging (Benitez et al., 2022). Experiences of invalidation further exacerbate adopters' mental ill health and motivate adopters to resolve this threat through the mitigating behaviors of distancing and disengagement, a reluctance to seek help from adoption professionals, and instead seeking validation elsewhere, particularly in the form of seeking and finding solace in peer support.

From a policy and practice perspective, these findings stress the need for a system-wide shift. The current model, which frequently isolates and invalidates adopters, must be replaced with one grounded in empathy and trauma-informed care, informed by co-production, to foster supportive, nonjudgmental relationships with adopters. Designing mental health support systems with input from adopters will ensure that interventions are relevant and effective, ultimately helping to address the growing shortage of adopters, while at the same time ensuring that prospective adopters enter the adoption process better-informed.

Adoptive parents care for the most vulnerable children in society. Our study has shown this can have a profound impact on the mental health of adopters, often leading to feelings of isolation and stress. By openly discussing adopters' mental health challenges, being transparent about adopters' realities, and acknowledging adopters' struggles, we can begin to normalize their experiences, reduce the stigma around adopters' mental health in the adoption community and in health and social care settings, and create an environment where adopters feel less isolated and better supported.

Moreover, given the worrying increase in the number of adopted children leaving the family home prematurely (Adoption UK, 2024a) and the knowledge that a lack of support for adopters compounds adopters' mental ill health and is a risk factor in adoption breakdowns (Agius et al., 2024), it is imperative that the challenges faced by adopters are acknowledged by those in positions of power. Better supported adopters can provide better care and a more stable home environment for their children. To foster real change, there must be more open conversations and thorough research to understand what support looks like from the perspective of adopters themselves. Policymakers need to openly recognize the mental health struggles of adopters and prospective adopters and ensure that support systems for adopters' mental health are evaluated and tailored at local, regional, and national levels. Understanding the experiences and needs of adopters is critical so that any strategic ambitions for the future direction of adoption are feasible, sustainable, and responsible.

Limitations and directions for future research

There are a number of noteworthy limitations. Firstly, our study sample comprised focus group participants totaling 47 adopters and one email participant. While the number of participants may be considered by some as modest, it is encouraging to note that participants were located across the United Kingdom. This geographic diversity suggests that the issues raised resonate across regions, highlighting the widespread nature of the issues and their impact. Future research may examine challenges and

service provision in particular geographical locations to identify similarities and variances that may be used to inform good practice and policy development.

Secondly, our study focused solely on the views of adoptive parents and did not include those of other stakeholders in the adoption community. Although adopters' voices are seldom heard in practice and policy debates around adoption, it is nevertheless important to consider the experiences and perspectives of all stakeholders for triangulation and holistic debate. Future research may examine the issues surrounding adopters' mental health from the perspectives of others within the adoption community, to inform interventions that better support adoptive parents, and that are feasible from a practitioner perspective, too.

Thirdly, the aims of our study were to explore the range of adopters' mental health experiences during the adoption process and following placement, and to explore the nature of challenges that adopters face when attempting to access support for their mental health. We considered the responses of participants as a collective and did not explore the intersectionality or diversity of participants and how themes may be informed by diverse experiences within our sample. Future research may build on our initial findings and explore how such mental health challenges and experiences in help-seeking as raised in this paper may vary across different demographics, including gender identities, single adopters, or LGBTQ+ adopters, where additional layers of stigma may heighten concerns around mental health.

Finally, we did not set a time limit in terms of participants' adoption experiences. In our study, adopters' experiences ranged from very recent to decades ago. However, the similarities across experiences, regardless of time, reveal how long standing the challenges surrounding adopters' mental health have been. Our findings demonstrate that the need for adopters' mental health support is across the lifetime of being an adoptive parent, not an acute issue as is suggested by post-adoption depression.

Conclusion

The silence around adopters' mental health means a lack of timely and appropriate support for adopters. Yet, better supported adopters will have greater resilience and be better positioned to support their children. Dedicated support for adopters' mental health from health and social care professionals is frequently lacking, and not widely recognized or easy to access, with adopters experiencing invalidation, isolation, and powerlessness, when they do ask for help. Not having an open dialogue surrounding adopters' needs only perpetuates the feelings of isolation, powerlessness, mistrust, and invalidation that lead adopters to distance themselves from friends and family and disengage with adoption professionals.

This study raises awareness and improves knowledge and understanding of adopters' mental health by presenting the experiences of adoptive parents in their own words and has the potential to inform and generate positive change in health and social care policy and practice. This study demonstrates that the adoption system may be the source of many problems, but it is also the potential solution. An understanding of the sources and compounding factors in adopters' mental health and barriers to adopters' help-seeking can be used by adoption agencies and adoption-focused organizations to improve their post-adoption support and lead to real-world impact.

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