REVIEW ARTICLE

SUICIDE AND SUICIDE ATTEMPTS AMONG MOTHERS OF CHILDREN WITH DISABILITIES: AN INTEGRATIVE REVIEW

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Highlights: (1) Mothers of children with disabilities face high levels of stress and depression. (2) The transition into adolescence increases the emotional burden on mothers (3) Health care acess and a support network are essential for maternal well-being. (4) Financial support and inclusive policies improve family life quality

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SUICIDE AND SUICIDE ATTEMPTS AMONG MOTHERS OF CHILDREN WITH DISABILITIES: AN INTEGRATIVE REVIEW

ABSTRACT

Objective: to gather scientific evidence on suicide attempts and suicides among mothers of children with disabilities. **Methods:** this is an integrative review conducted in five databases, using the research question: “What is the scientific evidence on suicide attempts and suicides among mothers of children with disabilities?” The descriptors “Mothers”, “Suicide”, “Attempted Suicide”, “Suicide Attempt”, “Children with Disabilities” and “Disabled Children” were used. Four studies from different countries were included, published between 2018 and 2024, were included. The critical analysis and qualitative synthesis of the selected studies were carried out descriptively and organized into two categories. **Results:** mothers of disabled children face high levels of stress and depression, aggravated by marginalization and lack of support. The transition into adolescence of their children intensifies this emotional burden. It is essential to offer psychological support and practical resources to improve their quality of life. Psychological and financial support and support networks are essential to reduce stress. **Final considerations:** ensuring access to health services and flexible working conditions, as well as including families in policy formulation, can improve the life quality of these families and promote a more inclusive society.

Keywords: Mothers; Suicide; Suicide Attempt; Disabled Children

INTRODUCTION

Discovering that a child has a disability is a deeply affecting and often traumatic experience for families, regardless of the severity of the child’s condition. Disability, which encompasses a broad spectrum, from speech, visual, and auditory impairments to orthopedic and intellectual disabilities, often results in the child becoming significantly dependent on their parents, thereby creating a considerable source of stress within the family unit[1].

It is important to note that disability is a permanent condition requiring continuous adaptation, frequently resulting in limitations in the parents’ lives. The repercussions extend beyond those directly experiencing the condition, significantly affecting daily activities and, consequently, altering family dynamics[2].

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A cross-sectional study conducted in Brazil evaluated the quality of life and caregiver burden among primary caregivers of children with disabilities (CWDs), revealing a significant negative impact in both domains. The results indicated that married, unemployed mothers with low educational attainment and pre-existing health conditions were the most adversely affected. Furthermore, older mothers experienced a greater caregiving burden, further diminishing their quality of life[3].

This scenario is largely explained by the active role assumed by mothers in managing the multifaceted challenges associated with caregiving, which often include behavioral and emotional difficulties, with depression being particularly prevalent. These challenges may impair interpersonal relationships and are influenced by psychological, financial, educational, and lifestyle factors[4].

Consequently, feelings of hopelessness may arise, contributing to negative expectations about the future and a perceived lack of control over one’s life. These psychological states are associated with a heightened risk of adverse health outcomes, including cardiovascular disease, depression, and suicidal ideation[5].

Given this context, assessing the mental health of mothers who serve as long-term caregivers for children with disabilities is essential. Such assessments can inform the development of targeted interventions aimed at improving the well-being of both mothers and their children[6]. Accordingly, the present study aims to gather existing scientific evidence on suicide attempts and completed suicides among mothers of children with disabilities.

METHOD

This study is an integrative literature review, structured into six main stages. Initially, the research question was defined, followed by the establishment of inclusion and exclusion criteria. In the third stage, relevant information was extracted and assessed for the quality of the included studies. The penultimate stage involved interpreting the results, which culminated in the synthesis of the collected data, providing a comprehensive and critical overview of the investigated topic[7].

The research question was formulated using the PICo strategy – Population, Interest, and Context[8]. The structure adopted was as follows: P – mothers; I – suicide and suicide attempts; Co – children with disabilities. Accordingly, the research question was posed as: "What is the scientific evidence regarding suicide attempts and suicides among mothers of children with disabilities?"

The search for studies was conducted in October 2024 through the CAPES Journal Portal, accessed via the Federated Academic Community (CAFe). The studies were retrieved from the following electronic databases: BVS, Scopus, EMBASE, Web of Science, and the US National Library of Medicine (PubMed).

Search strategies were tailored for each database using the following Health Sciences Descriptors (DeCS) and their English equivalents based on the Medical Subject Headings (MeSH): "Mothers," "Suicide," "Attempted Suicide," "Suicide Attempt," "Children with Disabilities," and "Disabled Children" (Table 1).

The inclusion criteria for articles were as follows: full-text availability online, published in Portuguese or English, open access, no date restrictions, and the inclusion of the term "disability" or "disabilities" in the title. To ensure greater precision, only manuscripts that used these terms in a central and contextualized manner within the scope of the study were selected, restricting the analysis to articles that directly addressed disability as a core theme.

Exclusion criteria comprised non-primary studies, such as opinion pieces, letters to the editor, brief communications, editorials, and review articles, as well as studies that did not meet the review question. Duplicate manuscripts were counted only once.

Table 1 – Search Strategies in Databases Embase, Scopus, Web of Science, PubMed, and BVS.

Database	Search Strategy	Publications
Embase	('mother':ab,ti AND 'suicide':ab,ti OR 'suicide attempt':ab,ti) AND 'children with disabilities':ab,ti OR 'disabled child':ab,ti	443
Scopus	(ALL (mothers) AND ALL (suicide) OR ALL ("attempted suicide") OR ALL ("suicide attempt") AND ALL ("children with disabilities") OR ALL ("disabled children"))	867
Web of Science	mothers (Title) AND suicide (Title) OR "attempted suicide" (Title) OR "suicide attempt" (Title) AND "children with disabilities" (Title) OR "disabled children" (Title)	474
PubMed	(((("mothers"[Title] AND "suicide"[Title]) OR "attempted suicide"[Title]) OR "suicide attempt"[Title]) AND "children with disabilities"[Title]) OR "disabled children"[Title] AND "open access"[filter]	68
BVS	(mothers) AND (suicide) OR (attempted suicide) AND (children with disabilities) OR (disabled children)	211

Source: The Authors.

The selection of articles was conducted by a researcher, according to the eligibility criteria. The third stage consisted of representing the characteristics of the studies. For this purpose, information to be extracted was defined: country, year of publication/reference, objective, design, level of evidence, participants, and main results.

To categorize the level of evidence, the following classification was considered: level I, meta-analysis of controlled and randomized studies; level II, experimental study; level III, quasi-experimental study; level IV, descriptive/non-experimental study or qualitative approach; level V, case report or experience; level VI, consensus and expert opinion[9].

The selection of articles was conducted based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)[10], as shown in Figure 1.

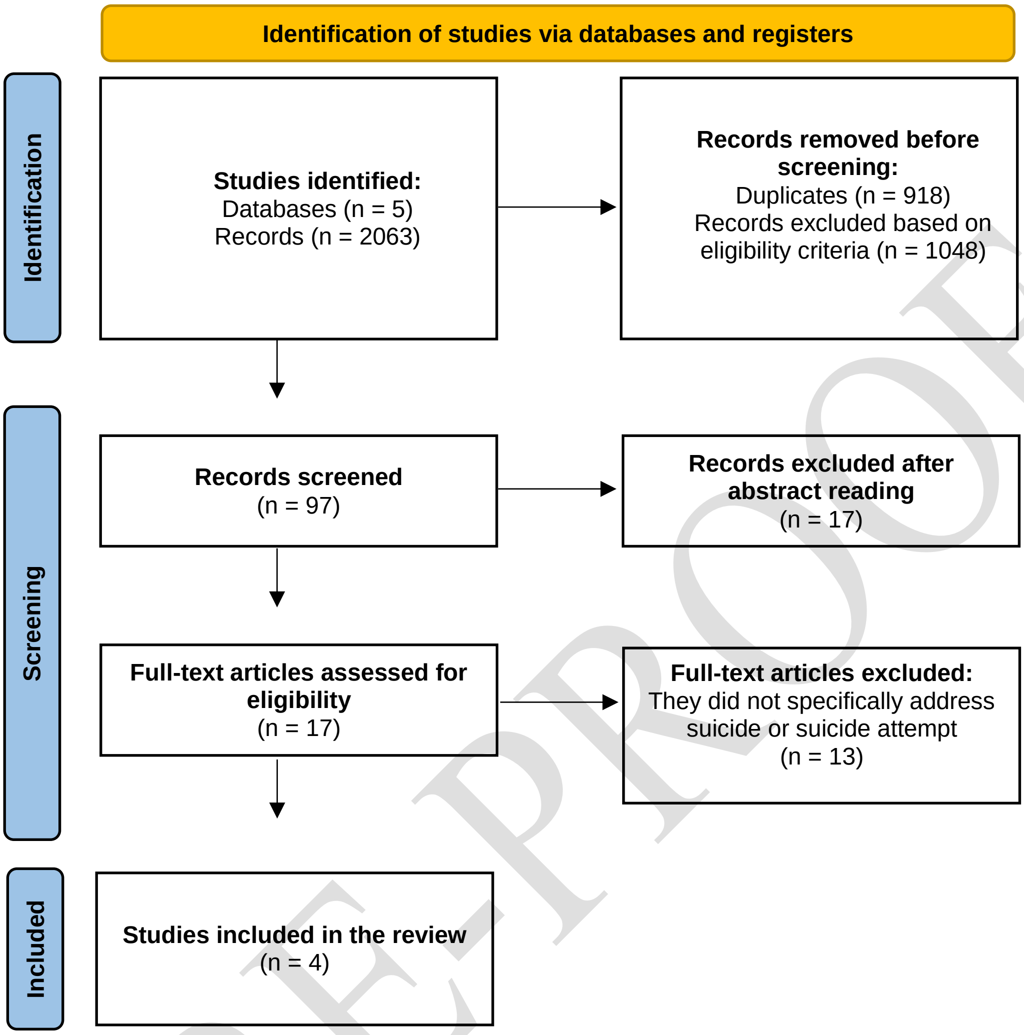

Figure 1 – Summary of the article selection process according to the PRISMA flowchart.
Source: The Authors.

The critical analysis and qualitative synthesis of the selected studies were conducted descriptively and organized into two categories. As this research is an integrative review, it was not submitted to a Research Ethics Committee. Nevertheless, the ideas and contributions of the authors of the publications used in the development of this study were duly preserved.

RESULTS

Four articles were selected for this review, all of which were published in international journals: two retrieved from Embase, one from BVS, and one from Scopus. The articles originated from countries such as Australia, South Korea, Japan, and England, covering the period from 2018 to 2024. Regarding the level of evidence, all were classified as Level IV (Table 2).

Table 2 – Presentation and synthesis of the main findings from the studies included in the review.

Title$^{(n)}$	**Year/Country /Journal**	**Study Objective**	**Study Design**	**Findings**	**LoE***
Mental health care needs and preferences for mothers of children with a disability[11]	2018/ Australia/ "Child Care Health Development".	To describe the mental health care needs and support preferences of mothers of children and young people with disabilities aged 0 to 25 years.	Qualitative study that explored the support experiences of mothers of children with autism and sensory processing difficulties.	The study showed high rates of mental health problems among mothers, with 44% experiencing clinically significant depression, 42% suffering from anxiety, and 22% reporting suicidal thoughts in the past 12 months.	IV
Phenomenological study on the lived experiences of mothers caring for their pubescent children with developmental disabilities[12].	2023/ South Korea/ "Asian Nursing Research".	To explore and reveal the lived experiences of mothers caring for pubescent children with developmental disabilities	Phenomenological study conducted with mothers caring for adolescents with developmental disabilities.	The study emphasizes the importance of recognizing and addressing the complex needs of these mothers, promoting interventions that can enhance their quality of life and that of their children.	IV
Association of child's disability status with father's health outcomes in Japan[13]	2021/ Japan/ "SSM - Population Health"	To understand the association between children's disability status and parental health outcomes.	Quantitative study assessing the psychological health of parents by categorizing their subjective health status.	The study concludes that parents of children with disabilities in Japan experience greater psychological distress and report poorer subjective health compared to parents of children without disabilities.	IV

Suicidal thoughts and behaviors in parents caring for children with disabilities and long-term illnesses[14]	2024/ England/ "Archives of Suicide Research"	To investigate suicide risk in parents caring for children with disabilities and long-term illnesses.	Cross-sectional study conducted with parents or caregivers, 93% of whom were mothers of children with chronic illnesses or disabilities.	Mothers accounted for 92.7% of participants and faced high levels of stress, depression, and feelings of entrapment, contributing to increased rates of suicidal thoughts and behaviors.	IV

Source: The Authors.

LoE*: Level of Evidence.

DISCUSSION

The following section discusses the emotional burden experienced by mothers of children with disabilities (CWDs), who face unique challenges that significantly affect their psychological well-being. The reality of these women is marked by daily hardships, ranging from managing their children's special needs to seeking adequate resources, which contributes to stress, anxiety, and suicidal ideation. Additionally, this section addresses the promotion of quality of life for these mothers through comprehensive support that includes both emotional assistance and practical resources, with the aim of improving their overall well-being.

1. The Emotional Burden of Mothers of Children with Disabilities

This section highlights the prevalence of mental health issues among mothers who assume the responsibility of caring for children with disabilities (CWDs), with particular emphasis on the stress and depression that permeate their daily lives.

A study about mothers of CWDs mental health reported alarming data: 44% of mothers exhibited clinically significant levels of depression, while 42% reported anxiety, underscoring the emotional burden these women face on a daily basis[11].

Additionally, high levels of psychological stress were identified, with nearly half of the participants (48%) acknowledging this condition. Among the mothers interviewed, 22% reported having experienced suicidal ideation, and 4% mentioned prior suicide attempts, further emphasizing the gravity of their situation[11].

The transition to adolescence in their children represents a particularly complex period, involving not only physical changes but also behavioral and emotional shifts, which often give rise to intense feelings of hopelessness and the perception that both their own lives and those of their children lack optimistic prospects. In this cycle of despair, mothers often feel a loss of control over their lives, which can lead to serious mental health consequences, including depression and suicidal thoughts[5].

In this context, mothers tend to feel overwhelmed by the demands of caregiving and personal hygiene, particularly when additional concerns arise, such as obesity or resistance to medical treatments. These challenges are often exacerbated by feelings of marginalization, social scrutiny, and lack of support from partners and healthcare professionals[12].

Tragic cases of mothers who have died by suicide alongside their children reveal extreme desperation and highlight the urgent need for emotional support and practical resources[12]. The deterioration of psychological well-being among these mothers often results from the inability to develop healthy coping strategies, coupled with profound emotional exhaustion. Feelings of loneliness and reluctance to seek help, compounded by the lack of effective support networks, contribute to a persistent cycle of emotional distress[15].

It is important to note that the transition from pediatric to adult care is fraught with challenges such as fragmented services and discontinuity in care. Additionally, the psychological and social changes of adolescence reduce treatment engagement, often due to the absence of support systems that facilitate the development of self-management skills[16]. The lack of preparedness among healthcare professionals to address these unique needs further compromises the effectiveness and integration of care models during this transitional phase[15].

Another significant aspect addressed in this review concerns the stigma, social isolation, and financial hardship experienced by mothers of CWDs. The stigma associated with disability not only influences behavior but also exacerbates psychological well-being, intertwining with cultural beliefs about disability[17].

For many people, caregiving is perceived as an emotional and financial burden, leading some to consider suicide as a viable means of escape from ongoing suffering[15,18]. Several predictive factors for maternal distress further increase emotional strain, including low socioeconomic status and limited knowledge about the disability, which may paradoxically heighten anxiety by focusing attention on negative aspects. Moreover, a lack of confidence in managing the child’s care, a heightened perception of caregiving burden, and the absence of psychological support are all key elements that warrant urgent attention[19].

The significant stress faced by mothers also hinders their ability to manage daily demands, often straining interpersonal relationships and, in many cases, resulting in social isolation—an aggravating factor for loneliness and resistance to seeking help[15]. This sense of isolation is frequently reinforced by a perceived lack of empathy and societal understanding, leading to the feeling of being marginalized. As a result, stigmatization and judgment often dissuade mothers from participating in social contexts, adversely affecting their self-esteem. Furthermore, limited access to specialized services intensifies this isolation[20].

Decreased social engagement, driven by fear of negative reactions, compels many mothers to restructure their priorities around environments they perceive as safe for their children[12]. The process of accepting a child’s condition often involves multiple stages, shock, guilt, financial strain, which intensify emotional pressure within families[21].

The perception of inadequacy and feelings of parental failure can become overwhelming, as reflected in studies showing a troubling proportion of mothers with suicidal ideation[5,17]. Many mothers experience guilt and emotional overload, viewing the experience of raising a child with a disability as a crisis that generates feelings of loss and grief akin to bereavement[22].

The complexity of caregiving responsibilities may also foster a sense of entrapment, which, when coupled with a lack of adequate support, can lead to despair and suicidal ideation. Consequently, as primary caregivers, these mothers are particularly vulnerable to mental health issues[14].

In addition, many mothers report psychological challenges, strained family relationships, and a perceived inability to improve their own or their child’s situation. The lack of information regarding the child's needs and the absence of appropriate support services exacerbate this burden. Education and access to relevant information are therefore essential to promote emotional well-being and mitigate the distress experienced by these mothers[23].

Despite efforts to seek support through peer groups and training programs, many mothers continue to face significant barriers to accessing appropriate services, often compounded by a lack of understanding and empathy from healthcare professionals. In this context, the support provided by other parents facing similar experiences becomes an invaluable resource, offering a safe space for empathy and the exchange of lived experiences, which can alleviate emotional burden and loneliness[24].

This reality underscores the urgent need to implement interventions that foster not only the emotional well-being of mothers but also the strengthening of family dynamics, ensuring adequate support in a context filled with adversities[18]. Moreover, the lack of information and resources concerning proper care and legal rights deepens the sense of helplessness, limits available options, and leaves many mothers in a state of exhaustion and overload[13,17].

2. The Importance of Comprehensive Support for Mothers of Children with Disabilities and Effective Public Policies

The implementation of public policies and educational programs aimed at supporting mothers of children with disabilities (CWDs) is an urgent and complex demand. Recent studies underscore the importance of not only addressing the daily challenges faced by these families but also promoting the psychological well-being and resilience of mothers[12,15,5].

Recognizing the importance of therapy and counseling, as well as the development of adaptive traits, is essential, as these dimensions directly impact the quality of life of both mothers and their children[21]. A holistic approach that integrates these elements can be fundamental to the effectiveness of therapeutic interventions. Furthermore, considering lived experiences can enhance family quality of life[15].

Resilience should be fostered through strategies that promote a balanced caregiving environment, regardless of family structure[13]. This allows for the establishment of a family-centered care model, promoting comprehensive disability education that includes parents, families, and communities, ensuring equitable access to information about conditions, causes, legal rights, and rehabilitation services[14].

Raising awareness and addressing stigma are essential so that mothers of CWDs can share their emotions and experiences without fear of judgment, fostering an environment of acceptance and support. It is crucial to acknowledge that the lack of resources and an insufficient support network can lead to high levels of stress and parental burnout, which jeopardize caregivers' health[25].

Parental burnout can manifest as emotional exhaustion and feelings of depersonalization, especially among those struggling to meet their children’s basic needs. Moreover, the inverse relationship between life satisfaction and burnout levels has been examined, highlighting the importance of social support as a mitigating factor of emotional strain[26]. Therefore, it is essential to promote shared caregiving responsibilities, build institutional trust,[26] and foster peer support groups, in addition to expanding support services to allow caregivers time for self-care[18].

Another important aspect involves the acknowledgment of mothers' lived experiences and the value of their expertise to build collaborative relationships with healthcare professionals, who must often align treatments with the realities of families[28]. Furthermore, maternal mental health must be a central focus of interventions, including early identification of depression severity and the provision of psychosocial support[29].

Beyond psychological assistance, financial hardship often deepens despair and diminishes hope, an essential element for mothers to navigate daily challenges. This economic strain, combined with psychological pressure, may induce feelings of guilt and overwhelming concern for the future[30]. In this context, policies that integrate financial and psychological support[31] can significantly reduce emotional overload and offer mothers a renewed life perspective, lowering the risk of suicide and suicide attempts.

In Australia, a national study following the development of CWDs revealed a significant incidence of mental health issues among caregivers, particularly parents of younger children (ages 4–11). The proposed recommendations, financial support, specific mental health interventions, improved service access, and a focus on unmet needs, aim to enhance not only parental mental health but also the home environment, fostering child development[32].

In Ireland, families with CWDs face substantial economic disadvantages, including reduced income and additional costs to maintain a living standard comparable to families without such challenges. Consequently, the study advocates for a tiered policy approach to disability support, recognizing the varying severity of conditions. It also emphasizes the need for innovative policies to ensure access to health and social services and flexible work arrangements for parents, highlighting the importance of quality educational and care facilities[33].

In the United States, a research has examined the interplay between the health of CWDs and the employment capacity of family caregivers, showing that the children's health significantly affects family work dynamics. Thus, initiatives such as expanded paid family leave, specialized care centers, and improved pediatric home health services are highlighted. These measures not only provide support but also promote health equity, particularly for marginalized communities that are disproportionately affected by job loss[34].

There is also a need to recognize varying levels of functional impairment and care requirements to address the specific needs of different subgroups. For example, children with high levels of functional disability have shown higher hospitalization rates and financial difficulties, indicating a need for interventions that improve access to coordinated healthcare[35].

Furthermore, the absence of early diagnoses may worsen financial burdens, suggesting that implementing early genetic diagnoses may reduce both overall costs and the incidence of financial hardship[36].

Therefore, including families, especially mothers, in the development of public policies must prioritize reducing social isolation and fostering structured support networks that can act preventively[37]. Such strategies must incorporate the lived experiences of these women to strengthen their sense of coherence and belonging[38]. Additionally, in the context of social welfare and health policies, factors such as emotional well-being, mental health, and social support must be integrated into initiatives aimed at minimizing the risks associated with despair and caregiver exhaustion[38].

A primary limitation of this study is the scarcity of specific research addressing suicide and suicide attempts among mothers of CWDs. The lack of studies, compounded by methodological differences and varying definitions of disability, impairs a comprehensive understanding of the phenomenon. Nevertheless, the identification of indicators may assist in predicting suicidal behavior in this population. Further research focused on mothers of CWDs is therefore recommended to deepen understanding and develop more effective intervention strategies.

FINAL CONSIDERATIONS

The analysis about the experiences from mothers of children with disabilities reveals a reality marked by high levels of stress, anxiety, and depression, which severely compromise their mental health and family balance. These difficulties are exacerbated by social stigma, isolation, financial hardship, and lack of adequate support, increasing the emotional burden they face.

The crisis triggered by the disability diagnosis can lead to severe outcomes, such as suicidal ideation and suicide. In this context, it is essential to implement interventions that promote the well-being of these mothers, such as public policies and support programs that encourage resilience, help overcome challenges, and value their unique experiences.

The creation of integrated support networks, involving healthcare professionals, community groups, and institutions, is crucial for effectively meeting the needs of these families. This approach not only alleviates the emotional burden of the mothers but also contributes to a more welcoming family environment and a more inclusive and sensitive society to the demands of those living this reality.

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SUICIDE AND SUICIDE ATTEMPTS AMONG MOTHERS OF CHILDREN WITH DISABILITIES: AN INTEGRATIVE REVIEW

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