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RESEARCH ARTICLE

"I have completely disappeared": A COM-B mapping of how mothers of autistic children perceive the barriers and facilitators to accessing social and professional support for their own well-being

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ABSTRACT

Mothers of autistic children experience significantly higher levels of psychological distress than mothers of neurotypical children, yet the mechanisms through which they seek support for their own well-being remain poorly understood. This study investigated the barriers and facilitators to support-seeking in this population. Eight mothers of autistic children took part in semi-structured interviews exploring their experiences of seeking support for their own well-being. Data were analysed using reflexive thematic analysis, and themes were subsequently mapped deductively onto the COM-B model of behaviour change to identify specific targets for intervention. Five of the six COM-B components were evidenced in the data: physical and psychological capability, physical and social opportunity, and reflective motivation. Key barriers included time constraints arising from relentless caring demands, inaccessible and poorly tailored resources, social stigma, and low motivation driven by previous negative experiences of services. Facilitators included peer connection, family support, and access to relevant information. These findings indicate that systemic change is required, and that mothers should be provided with proactive, accessible support at the point of autism diagnosis or service entry rather than being expected to initiate help-seeking independently.

Keywords: autism; COM-B model; maternal well-being; psychological distress; qualitative research; social support; support-seeking

Autism is a neurological difference that can have varying levels of impact on individuals throughout the lifespan in areas such as communication, social interaction, sensory and cognitive processing, and behaviour (Walker, 2021). Developments in diagnostic criteria and assessment practices have contributed to a substantial rise in diagnoses in recent years (Milton, 2012), with a UK cohort study reporting a 787% increase between 1998 and 2018 and an estimated prevalence of 1 in 100 children (British Medical Association, 2022; Russell et al., 2022). However, persisting barriers to access the diagnosis process mean that the actual prevalence is likely higher (British Medical Association, 2022).

Research consistently shows that mothers of autistic children experience significantly higher stress and psychological distress than mothers of neurotypical children (Bromley et al., 2004; Hoffman et al., 2009). Areas of unmet need commonly include respite care, parenting guidance and support for maternal mental health (Bromley et al., 2004). Research has shown that parenting an autistic child without adequate support is associated with reduced parental quality of life and well-being, particularly for non-autistic parents who may struggle with understanding their children's lived experiences or adopt ineffective discipline strategies, potentially eroding the parent-child relationship (Galpin et al., 2018; Gobbel, 2023). Systemic barriers further increase the risk of poor parental mental health (Gray-Hammond, 2024). Although parents indicate that they often rely on family members, health, social and educational services for support (Courcy & des Rivières-Pigeon, 2021), many report feelings of isolation, highlighting insufficiencies in the current support available.

Research on parental distress in neurodevelopmental disabilities has largely focused on mothers, as they continue to assume primary caregiving responsibilities, particularly in relation to care duties (Garcia, 2022; Runswick-

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Cole, 2008). The disability system often reinforces expectations that mothers will naturally take on caregiving roles, overlooking the impact this may have on maternal mental health (Burman, 2016). Despite many couples moving away from traditional gender roles (particularly during the COVID-19 pandemic), evidence suggests these changes were largely temporary, with studies indicating that that even when both partners began involuntarily working from home, women largely reduced their hours to pick up more domestic labour (Garcia, 2022; Petts et al., 2023). Literature shows that although patterns of childcare between partners is changing, women continue to take on a disproportionate share of childcare and domestic labour (McClelland & Sliwa, 2023). Caregiving remains a predominantly maternal role, suggesting that the stresses experienced by parents overall are exacerbated further in mothers (Garcia, 2022).

Galpin et al. (2018) conducted one qualitative study into the nature of support for parents of autistic children in the UK, finding that available support does not meet parents' needs. Particularly relevant is current reporting on the traumatising experiences of mothers using services like CAMHS, which, rather than supporting families of autistic children, often insinuate carer blame and accuse them of fabricating illness (Gray-Hammond, 2024). In addition, mothers face a lack of professional support, long waiting lists for medical and educational systems, medical gaslighting, and the pressures of managing their child's mental health deterioration whilst being powerless (Gray-Hammond, 2024). On the other hand, research has also highlighted how being a mother to an autistic child can be an empowering experience. Mothers engaging with support and activist groups have shown a greater sense of well-being with education and community support being a protective factor for their mental health (Crow & Merchant, 2019; Gray-Hammond, 2024; Runswick-Cole, 2008).

Extensive evidence demonstrates that higher levels of perceived support are associated with reduced stress and increased quality of life among parent carers (Robinson & Weiss, 2020; Savari et al., 2023). However, research has largely focussed on the benefits of support rather than the mechanisms though which support can be accessed, leaving significant gaps in understanding how support-seeking can be effectively facilitated. Although research shows that engaging with support can enhance well-being, the factors that inhibit or enable mothers of children with ASDs to seek support remain mostly unexplored (Courcy & des Rivières-Pigeon, 2021). The current study advances the knowledge base by addressing this gap through an in-depth qualitative analysis, explicitly linking mothers' lived experiences of support-seeking to a behaviour change framework. By integrating behaviour change theory with qualitative insights into maternal well-being, the current research moves beyond acknowledgement of the issue to inform actionable strategies for change.

The COM-B model of behaviour change (West & Michie, 2020) conceptualises behaviour as the result of interactions between psychological capability, physical and social opportunity and motivation, and has been used to develop behaviour-change interventions by identifying specific factors that can facilitate or hinder behaviours. The model operates around the central idea that to alter behaviour, one or more of the elements of the COM-B model must be changed (Timlin et al., 2021). Help-seeking for well-being can therefore be understood not as a purely individual choice, but as a behaviour contingent on mothers' capacity to recognise their needs, be physically capable of navigating services, manage their time and resources, and their beliefs and expectations regarding support. Despite its relevance to help-seeking behaviours, the model has not yet been applied to qualitative investigations of support-seeking among mothers of autistic children. Existing research has examined parental support experiences but has largely seen help-seeking as an outcome rather than a behaviour shaped by interacting contexts. This study addresses this gap by thematically analysing qualitative interview data from mothers of autistic children and deductively mapping these themes onto the COM-B model. In doing so, it identifies novel barriers and facilitators to help-seeking, providing a theoretically grounded foundation for future interventions aimed at improving maternal well-being for mothers of autistic children.

METHOD

Design

Eight semi-structured interviews were conducted with mothers of autistic children and were recorded and transcribed verbatim. Responses were analysed using reflexive thematic analysis, with Braun and Clarke's (2022) guide supporting the process. The current study aligns with critical

realism, recognising an objective external reality, such as political, economic and sociocultural forces, that shape the individual's subjective experiences (Fletcher, 2017). This approach enabled exploration of underlying realities often overlooked in existing research.

Participants

Eight mothers were recruited via two Special Educational Needs schools in the UK, and through LinkedIn and Facebook advertisements, with moderator permission. The schools' administration teams acted as gatekeepers; school names are withheld to protect participant anonymity. Eligibility criteria included being aged 18 or over, identifying as female, and have a child aged 18 or under with an autism diagnosis.; participants were also required to be fluent in English and have adequate hearing, as interviews were conducted online. The sample size was considered appropriate for achieving rich, in-depth data from the target population (Vasileiou et al., 2018).

Participants

Interviews were conducted online via Microsoft Teams. A semi-structured approach was taken to explore the subjective and sensitive topic in depth, allowing participants to guide the conversation while ensuring that important topics were addressed (Adeoye-Olatunde & Olenik, 2021). An extensive literature review and researcher knowledge of autism guided the development of the interview schedule, which was modified in collaboration with individuals possessing personal and professional experience of autism. Participants were asked about experiences of diagnosis, social support and professional support. The schedule comprised of 10 open-ended questions structured to explore elements of the COM-B model. In line with the interview schedule, the researcher took a flexible approach, giving participants the opportunity to further elaborate on topics they considered important (DeJonckheere & Vaughn, 2019). Pre-prepared prompts were used to gather more in-depth information when required. The interviews were transcribed verbatim by the researcher and participants were assigned a pseudonym to ensure anonymity. Ethical approval was obtained from the Manchester Metropolitan University Research Ethics Committee prior to recruitment (Ethos ID: 63867), and all participants provided informed consent.

Data analysis

Inductive thematic analysis (Braun & Clarke, 2022) was used in the initial stages of coding. Thematic analysis was chosen for this study as it allowed for a focus on participants' subjective experiences while offering a systematic approach to evaluating a large amount of data. Interviews were read and reread to facilitate familiarisation of transcripts prior to coding. Codes were then sorted into groups by similarity to form initial themes relating to support-seeking behaviours, such as 'issues with communication' and 'lack of information'. Following this, a deductive approach was taken to mapping these themes onto elements of the COM-B model (West & Michie, 2020), identifying themes relating to barriers and facilitators of help-seeking behaviour.

Methods to ensure rigour

Credibility and transferability were considered to establish trustworthiness of the current study (Treharne & Riggs, 2015). To ensure credibility, quotations are used to incorporate the participants' views and support the researcher's 'reconstruction' of reality (Eldh et al., 2020). Participant-lead interviews and rapport-building created an atmosphere that encouraged open and honest responses, also enhancing credibility of the findings (Kornbluh, 2015). Reflexivity involves examining how one's own subjective experiences may influence the interpretation of meaning, making it an essential component of qualitative research (Braun & Clarke, 2020; Patnaik, 2013). Researchers remained mindful of this throughout. In-depth descriptions of participant responses and the researcher's interpretation of these have been provided within this report to ensure transferability (Treharne & Riggs, 2015).

RESULTS

Sample

Eight women from England and the Isle of Man, each with children aged 18 or younger (range: 5–18) diagnosed with autism, participated in online interviews. Children received a diagnosis of autism between the ages of 2.5 and 17 years (mean = 8.9 years). Five of the six components of the COM-B model were evident in the data: physical and psychological capability, physical and social opportunity, and reflective motivation. Automatic motivation was not evidenced. Table 1 (Appendix A) presents each component in order of

importance, along with associated themes and data samples.

The themes mapped onto the COM-B model are as follows: (1) *physical opportunity*: a mother's well-being is prioritised only after life's other demands; financial barriers to accessing support; lack of time for support-seeking; (2) *psychological capability*: available resources lack sufficient and useful information; burnout and overwhelm; fear and hopelessness surrounding the future; relating to others comforts and alleviates stress; (3) *social opportunity*: judgement from peers and professionals leads to blame, which manifests as self-blame and guilt; (4) *reflective motivation*: past experiences and existing knowledge of autism inform expectations of support; distrust in services; and (5) *physical capability*: exhaustion impacts one's ability to seek support; having understood and supportive friends and family increases the likelihood of seeking help.

Physical opportunity

The main barrier participants described regarding help-seeking was the lack of physical opportunity to engage in behaviours that would support their own well-being. All mothers reported time-management challenges due to constant caring responsibilities. Some also reported funding and location inequalities in support provision and lengthy wait times for their child's diagnosis. Each mother described prioritising her child's well-being above all else, as Jen illustrated: "Obviously making [my son] food and feeding him and doing, keeping, is my number one important, yeah, that's yeah, my number one important job in this, in my life right now". (Jen)

Many mothers went on to detail how, when not actively caring for their child, their time was still not their own. Participants described how their to-do lists were never completed, leading them to view their own well-being as less important: "When he's not in the house, I have to do the ironing because... I can't have it out when he's in the house. And I've gotta try and get as much housework done when he's not here". (Erica)

Some participants expressed a desire for specialised therapy or counselling for themselves but found it inaccessible due to financial and time constraints, or because it was not offered. For those who did receive counselling, it was usually through their employer, and they considered themselves fortunate to have had access to it. These experiences reinforced the notion that mothers should treat their own well-being as just another task at the bottom of their list:

> I got free counselling through work, because at that time I was working in the NHS. It was something I sought out myself. It wasn't anything to do with any, you know, my GP [General Practitioner] saying to me 'your son's autistic, do you need some counselling?'... or whatever. It was me, I went, “I need somebody to talk to about this.” (Nicole)

Participants reflected on how their role as a mother and carer is constant and unrelenting. Balancing the needs of their child, household tasks, paid work, and their own mental health simultaneously was perceived as impossible, with little respite from any of these demands: "There's a sense in which this has been my experience. I can't be off duty". (Nicole)

These additional responsibilities contributed to significant time constraints, limiting opportunity to seek support for themselves.

Psychological capability

Psychological capability was significantly affected by the challenges of navigating the overwhelming volume of online information about raising autistic children, alongside feelings of fear, hopelessness, and burnout. All participants discussed feeling that they lacked sufficient knowledge about their child's diagnosis, with many encountering either an excessive amount of information or an absence of relevant guidance, as Maria described: "I was sort of fumbling in the dark, to be honest, it was quite a, it wasn't a good time if I'm honest, it was quite stressful, as a parent". (Maria)

For many, the overwhelming quantity and varying quality of information, combined with limited physical opportunity to sort through it, created a difficult cycle. Anna captured this well: "You don't really have the capacity or the brain space to actually say 'I don't know what to do.'" (Anna). Christina similarly described her difficulty in identifying what support she needed, likening it to a puzzle: "So I sort of (...) think about it as like a jigsaw puzzle (...), but you don't know what the pieces look like, and you're just trying to put it all together so you can figure out what you need to do next". (Christina)

For some participants, negative emotions associated with their child's autism diagnosis, such as fear and shock, presented barriers to accessing support. Feelings of overwhelm and hopelessness

regarding their child's future were detrimental to both psychological well-being and the ability to seek help, as Erica described: "It was like a slap in the face. And, you know (...) it's just a bit doom and gloom-ish when you first get the diagnosis (...), they don't really give you anything to look forward to, it's all what he can't do". (Erica)

Such experiences posed a barrier to psychological capability and led Erica to feel that her child's future was already predetermined. This suggests that support designed to reduce isolation, and foster hope may be important for promoting support-seeking in this population. Many participants found comfort in connecting with others who shared similar experiences. Christina described the value of attending a training day:

> Whenever I do anything like that, I feel less isolated and I think that's a big part of it. I think in the first few years it did feel really isolated, and then (...) I'd do something like one of these training days, um, and I would feel better. I would just feel like “OK, it's not just me, um, having this experience”, and that other people seem to be coping, so hopefully I can too. (Christina)

Finding strength through connection with others was a recurring theme, with mothers describing the relief of knowing they were not alone: "Having people in the same situation has been a really good thing because you can talk and say 'ah, so similar' and then you can breathe". (Anna). The comfort derived from connecting with others appeared to enhance capacity for self-belief and increase willingness to seek help.

Social opportunity

Many challenges surrounding mothers' social opportunity to seek help were identified. Experiences of judgement and blame directed at their parenting, mistrust from peers or professionals, and feelings of self-blame, guilt, and societal stigma around autism all presented barriers to help-seeking behaviour.

Jen described how the behaviour of peers and professionals led her to feel regarded as irrational, an experience she found dehumanising and shame-inducing: "I would have (...) not been damned crazy and neurotic, if someone had listened from the start. And when people are looking at you like you're mad, it's really, you know (...), I don't wanna say degrading, but". (Jen)

Jessica described how she and other mothers in her circle had been subjected to judgement and blame, stemming from a lack of education and general ignorance among both the public and medical professionals: "I think there's been an attitude that actually, it's their parenting skills that are the issue. So, um, that's been really harsh and crushing when you're doing your best". (Jessica)

For some mothers, judgement from family members, other parents, and professionals led to guilt, causing them to internalise the belief that they were responsible for their child's diagnosis. Participants reflected that these experiences drove them to conceal their difficulties: "I always felt guilty. I think I always thought 'this is my fault' and that was something I never really said to anyone". (Maria). Maria also expressed feeling she should be able to cope independently, as though needing help equated to failing as a parent: "I just felt like 'no, I can deal with this', you know, 'I should be able to deal with this' ... 'I should know, I'm the mum.'" (Maria)

It was also evident that psychological capability and physical opportunity intersected with these social experiences to compound feelings of guilt. Participants emphasised that no single struggle occurs in isolation: "It's very difficult in that you're always tired. Um, you always feel guilty because there's always more you could do". (Erica). Participants' accounts indicate that judgement and stigma are directly linked to feelings of blame and over-responsibility, creating a barrier to help-seeking by fostering the belief that struggles should be managed alone.

Reflective motivation

Mothers reflected on how their existing beliefs about available support influenced their motivation to engage in help-seeking behaviour. For some, reluctance stemmed from a general distrust of services, driven by the expectation that nothing on offer would benefit their situation. Participants described feeling that available support was insufficiently individualised, rendering it inadequate and reducing motivation to seek help, as Christina noted: "I think (...), if I had felt, you know, that I was depressed or that I was really anxious (...), I think I would have known to go to the GP, but my expectation around that would have been, well they'll probably just prescribe me with something, [or] they might refer me (...) for ineffective CBT". (Christina)

Erica shared a similar view regarding parental support groups: "There's parental support groups, but they're very clicky, so if you don't fit in you

don't get put on the group, you know, the social media groups". (Erica)

These accounts suggest that mothers' likelihood of seeking support is shaped by their preconceptions of what that support would involve. Some participants described how positive informal support reduced their motivation to seek help through formal channels. Nicole described deepening her relationship with a family friend who had autism whilst awaiting her child's diagnosis: "If I thought 'crumbs, I don't have anybody I could talk to about this', I might have done something like gone on the website and looked for the autism society or something like that, but I didn't because there was this family friend". (Nicole)

Three participants expressed a sense of acceptance that poor or inadequate support was inevitable, having become accustomed to "not really getting anywhere" (Jessica). A sense of helplessness was apparent in some accounts: "There is a lot that we've had to sacrifice (...) yeah, but it's just one of them things, you know, it's just life, isn't it?" (Erica). This resignation to insufficient support further reduced motivation to seek alternatives and contributed to disengagement from help-seeking behaviour.

Physical capability

Physical capability was reflected primarily in participants' descriptions of exhaustion and its impact on their ability to seek support. Anna described how her lack of energy left her depleted by the end of each day: "I feel like I've got through days and I'm just hanging on a tenterhook". (Anna)

Some participants described feeling fortunate to have family and friends available to assist with caring responsibilities. Maria reflected: "I could not have done it without my mum and my dad. They were fantastic". (Maria). Anna similarly described how family involvement gave her space to rest:

"My family have had him to stay for a weekend (...), he'll just be really happy, and I can just sit back and, you know, they'll take over kind of thing". (Anna)

Mia, a single mother, described a particularly demanding experience that left little opportunity to seek support for herself:

> It's exhausting. You're going through this day every day with your child and trying to support him and it's exhausting. Especially for myself, I'm a single mum, I'm 24/7 (...) just me, no support at all from anyone (...) It's tough because (...) yeah, I don't have breaks, I don't have days off, I don't have, I don't have a life. (Mia)

For mothers without informal support networks, accessing help for their own well-being was described as nearly impossible, with time and energy too depleted to permit engagement in support-seeking behaviour.

DISCUSSION

This study employed qualitative methods to examine how mothers of autistic children experience seeking support for their own well-being. Themes generated inductively through thematic analysis were deductively mapped onto the COM-B model of behaviour change (West & Michie, 2020), providing a theoretically informed framework for identifying barriers to support-seeking behaviour. Applying the COM-B model allows for identification of potential components of behaviour change needed in order to support behaviours that would facilitate well-being. Interview data identified formal and informal forms of support, along with the challenges women face in accessing them, which were mapped onto the model.

Physical opportunity emerged as a key barrier to support seeking in mothers. Competing responsibilities (such as caregiving and household tasks) meant that mothers faced significant time constraints and lacked the opportunity to seek help when needed, resulting in their own needs being deprioritised. This suggests that the current systems place an unrealistic expectation that mothers should initiate help-seeking behaviours independently. Interventions should instead focus on shifting the responsibility to services to provide resources which are readily accessible. Support for parental well-being should be proactively offered as soon as a family is connected with an autism-related service, setting this as the standard baseline. Offering resources at the point of diagnosis could reduce the time and opportunity required to seek support. This aligns with Lee et al., (2009), who highlighted the challenge of limited time in their research on the quality of life of parents with children with autism. Their findings found that limited recovery time contributed to reduced quality of life among parents of autistic children. These results combine to indicate that interventions should aim to increase opportunities

for mothers of autistic children to receive support, requiring services to reach out with resources and avenues for support, rather than expecting parents to initiate these behaviours themselves.

Barriers to physical opportunity were further highlighted by inequalities in the accessibility of mental healthcare due to location and vocation, which affected participants' ability to seek help. Participants' experiences reflect the wider 'treatment gap' in mental health care, and the undeniable existence of a postcode lottery when it comes to support access (Dunn et al., 2024). The implication for intervention is the need for publicly funded mental health support that ensures equal access regardless of location or income. Some participants expressed desire for counselling, with many finding it unavailable due to financial and time constraints. This reinforces the argument that individual efforts alone cannot overcome systemic barriers, and that the implementation of standardised mental health care is necessary to result in equal access to services.

Participants' psychological capability to access support was impacted by the volume, complexity and perceived inadequacy of information available following a child's autism diagnosis. Participants described feelings of overwhelm and fear when attempting to educate themselves, which contributed to their reduced confidence and ability to identify support. Providing tailored resources may help reduce stress and enhance capability to access support. This interpretation aligns with research showing that high psychological distress is associated with reduced problem-focussed coping and help-seeking (Dagani et al., 2023). While Dagani et al. (2023) conducted their research on students, their findings offer valuable insights into how emotional distress can inhibit support-seeking behaviour in the current context.

Social opportunity played an essential role in the mental well-being of the mothers in this study, particularly through relating to others who shared similar experiences. Consistent with a systematic review by Catalano et al. (2018), social support from other parent carers was perceived as a valuable source of mental health support. This suggests that interventions should facilitate socially supportive environments, such as peer-led groups or helplines staffed by handlers trained in both pastoral support and knowledge of autism. Such services could normalise help-seeking and offer mothers the opportunity to speak with someone who understands their situation. Reinforcing mothers' existing knowledge and confidence in their caregiving skills may further enhance confidence and engagement with crucial support.

Reflective motivation was negatively influenced by experiences of social stigma, judgement and blame. Participants often internalised these experiences, leading to feelings of guilt and self-blame and contributing to their reflective motivation not to seek help due to beliefs that their struggles should be managed independently. To promote help-seeking behaviour, interventions must target motivation and focus on reducing stigma within healthcare. Professionals should be trained and equipped to help parents self-educate and comprehend resources, therefore fostering confidence and empowerment. This may also enhance one's physical opportunity and psychological capability to access help (Boshoff et al., 2018).

Last, physical capability was limited by participants' exhaustion and lack of energy associated with the physical demands of being a mother and carer, alongside the additional responsibilities of managing a household and career. Participants' reliance on family members, where available, highlights the need for more widely accessible respite care to allow mothers and families the opportunity to rest, recharge, and maintain the physical capability required to engage in support-seeking behaviours. Research on the effectiveness of respite care for caregivers of children with ASDs is both limited and mixed, with existing studies found to be inconsistent and low in quality (Whitmore, 2016). Nevertheless, the current findings indicate that physical capability (and more commonly, depletion) is a critical barrier to support seeking that warrants further research. Future research should explore how different models of respite care influence caregivers' energy levels and physical ability to seek support.

This study is the first to apply a behaviour change framework to investigating support-seeking behaviour among mothers of autistic children, extending previous research that has highlighted poor mental health outcomes in this population (Catalano et al., 2018; Hoffman et al., 2009). By mapping experiences onto the COM-B model, the current study identifies specific targets for intervention across the domains of capability, opportunity and motivation. The findings demonstrate that existing support fails to meet the

needs of those that require it. While Galpin et al. (2018) identified similar inadequacies in support, the current study advances understanding by clarifying why this support is inaccessible.

A mothers' ability to seek support for her own well-being is closely linked with the quality of support her child receives, making the association complex. Future research should apply the COM-B model to larger samples of mothers to identify stronger patterns and recurring themes. The potential implications of this research also extend beyond exclusively mothers, and future research should apply the COM-B model to larger and more diverse caregiver samples, including fathers and other carers, to assess the generalisability of these findings. Practically, the findings highlight the potential for service redesign, developments in training materials and policy reform to improving the accessibility of well-being support.

It should be acknowledged that the findings of the study were partially shaped by the researcher's positionality and interpretive role within the research process. Reflexivity was central to the analysis, guiding reflection on how the researcher's background as a researcher and student influenced engagement with the participants, analytic decisions, and the construction of meaning. Throughout data collection and analysis, attention was given to identifying and challenging biases which may influence interpretation. Meaning was understood as being co-constructed through the interaction between the researcher's perspectives and the participant accounts (Braun & Clarke, 2020; Warren, 2001). This reflexive approach is critical to the findings presented here and intervention targets highlighted by this research.

Although the use of interview methods provided rich data, some voices are missing from the narrative due to participant drop-out. Individuals who chose not to participate cited unmanageable stress as a key reason, which may have contributed to the small sample size. Another limitation of the interview methodology is the requirement for personal disclosure about potentially distressing topics, especially within the context of this study. This may have led to only a certain type of individual having interest in the study, potentially biassing results (Robinson, 2014). Using mixed methods in future could address these limitations and allow for a more comprehensive understanding of the behavioural influences on support-seeking. Additionally, participants were not asked to provide demographic information in an effort to protect anonymity. As a result, it was not possible to assess whether characteristics such as educational level or vocation could serve as protective factors for stress (Bonis & Sawin, 2016). Future research should aim to explore the relationship between mothers' demographic characteristics and their stress-management strategies to further examine experiences of support seeking among mothers of children with autism.

CONCLUSION

This is the first piece of research to map mothers' reported barriers and facilitators of support onto a behaviour change model. It highlights why individuals struggle to access support, and identifies the changes needed to make support more accessible. The extent to which mothers had the psychological capability and physical opportunity to seek support for their own well-being was determined by the quality of support for their child. This shows that multiple elements must be considered when creating interventions to promote help-seeking behaviours. Most importantly, mothers should be provided with avenues for support at the point of diagnosis or service entry, which could reduce the load that mothers take on by searching for support and information themselves. The findings from the current study also indicate that interventions aiming to reduce social stigma, judgement and blame will increase not only mothers' physical ability to access support, but also their confidence to do so. This research shows that autism does not exist in a vacuum, emphasising the need for individualised.

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