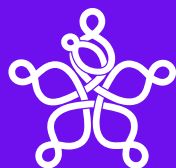


# Creating connections: understanding the mental health needs of young mums

Commissioners



Maternal Mental  
Health Alliance



**Young mums are at a higher risk of experiencing mental illness during pregnancy and after birth and are more likely to face additional challenges.**

With suicide remaining the leading cause of maternal death in the first year after birth and an increase in the number of teenage maternal suicides, understanding the needs of young mums is more important and urgent than ever.

This section brings together some key statistics, themes, examples and suggestions to help commissioners better understand the needs of young mums within the context of suicide prevention.

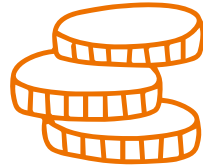
**A note on language:** This resource uses the term 'mothers' and 'mums', but we recognise that perinatal mental health issues affect women, gender diverse individuals and people whose gender identity does not align with the sex they were assigned at birth. It is vital that care systems take an inclusive approach to provide support to all birthing people for their mental health and wellbeing.



# Key figures and facts

Perinatal mental health problems carry a total economic and social long-term cost to society of about **£8.1 billion for each one-year cohort of births in the UK.**

London School of Economics and Centre of Mental Health, 2014



Between 2018 and 2020, there was **an increase in the number of teenage maternal suicides.**

MBRRACE-UK, 2022

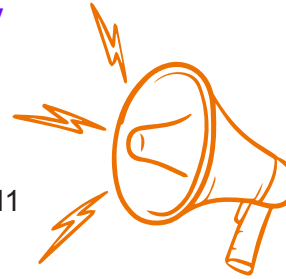
At least **1 in 5 women experience a mental health problem** during pregnancy and after birth.



Mothers aged 16-24 are much more likely to experience poor mental health compared with older mothers. Teenage mothers are **2 times more likely to experience postnatal depression** and have higher rates of poor mental health for up to three years after birth.

Swift et al., 2020

The **risk factors for early pregnancy** include family poverty, persistent school absence by age 14, slower than expected attainment between ages 11 and 14; and being looked after or a care leaver.

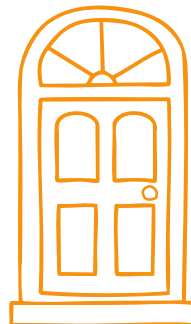


These **risk factors highlight the vulnerabilities** with which some young people enter parenthood.

Public Health England, 2010

Young mothers are **more likely to experience poor mental health**, with estimates suggesting 40% of mothers age 15 to 19 and 37% of mothers age 20 to 24 will be diagnosed with a perinatal mental health condition.

Department of Health and Social Care, 2025



Young parents are **more likely to feel lonely**. Almost half (49%) of mothers aged between 18 and 25 are often or always lonely compared with 37% who are aged between 26 and 30.

Co-op and British Red Cross, 2016

Young women who become teenage mothers are **22% more likely to be living in poverty at age 30 than their peers.**

Public Health England, 2019



Maternal suicide continues to be the **leading cause of direct deaths** between six weeks and one year after birth.

MBRRACE-UK, 2024

Young people who have been looked after are **three times more likely to be a parent by 18.**

Public Health England, 2019



Babies of teenage parents have a **63% higher risk of poverty**, compared to babies of mothers in their twenties.

Public Health England, 2019



**70% of young mothers will hide or underplay maternal mental health difficulties.**

## The following barriers and challenges come up consistently in research about young mums:

Loneliness and isolation

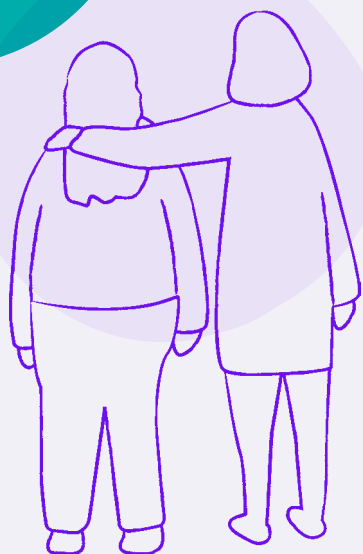
Issues accessing appropriate perinatal mental health services

Stigma and judgement

More likely to be experiencing additional challenges such as poverty

Higher risk of experiencing perinatal mental health problems

Lack of informal support networks



“I was so terrified that if I said I was feeling suicidal social services would be called, that’s why I never told anyone until I was really unwell. If I’d had known about how much support was available, and how common mental health [difficulties] can be, I’d have spoken up sooner.”

*Insight report: Understanding lived experience of suicidality during the perinatal period (VCSE Health and Wellbeing Alliance)*

“What has perhaps been surprising has been the extremely high levels of past trauma and current domestic violence affecting many of the young women. Many have suffered abuse or neglect in childhood leaving them with unresolved trauma.”

*Dr Donaghy et al (2017): Supporting young mothers: International Journal of Parenting Education, 4(3).*

“I was concerned if I said exactly how suicidal I was feeling at one stage I’d be admitted to hospital and my baby would be taken into care.”

*Waiting for change – Reducing suicide and improving poor mental health on the parenthood journey in Wales (Samaritans Cymru)*

“Young mothers’ barriers to seeking support were primarily related to fear of reprisal from social services, negative past experiences and perceived stigma. These barriers were mediated by facilitating new and positive experiences with various professionals, from dental practitioners to counsellors to family practitioners.”

*Young Mums Together pilot report (Mental Health Foundation)*

## Key areas to address

- Reduce stigma and judgement
- Listen to young mums and ensure their voices inform service and policy design
- Raise awareness about the needs of young mums
- Ensure young mums can access the services they need and that these services are well-resourced and funded
- Consistent support and clear information for young mums
- Carry out further research in this area



# Suggestions for commissioners

**Commissioners have a vital role to play in ensuring that services in a local area support the needs of young mums. Below are suggestions to consider when commissioning these services.**

**Listen to the voices of young mums within your processes and decision making. Involve young mums in the co-production of services.**

“At a local level, the move to Integrated Care Systems and Health Boards provides an opportunity to ensure that comprehensive and evidence-based support is provided to girls and women during the perinatal period.

“In order to commission holistic support pathways which specifically consider the needs of young mothers, health commissioners should listen to and work with young mums to co-design these pathways to ensure they no longer fall through the gaps in support.”

*The maternal mental health experiences of young mums – Parliamentary briefing* (Children and Young People’s Mental Health Coalition and Maternal Mental Health Alliance)

**Ensure data about young mums is being captured.**

It is vital to improve the collection of information about which population groups are accessing services. If data is not captured consistently, it won’t be clear who is falling through the gaps and their needs will not be met.

NHS England has acknowledged that ‘inclusion health groups are not consistently recorded in electronic health datasets... which means... services do not meet their needs.’

Monitoring *near to real-time suicide surveillance data* may also provide insights.

**Consider ways of bringing together services to respond to the needs of young mums in a cost-effective way. The investment is relatively small, but the benefits can be huge.**

“Integrated care systems have the opportunity to improve support for young women with multiple and complex needs by bringing together services more effectively across their constituent organisations.”

*Maternal mental health: A briefing for Integrated Care Systems*



## Think about longer-term, whole system funding which meets specific needs of young mums. This should include looking at recruitment, education and training for all of the workforce.

“Health and local authority commissioners should commission support pathways and holistic services to meet the individual needs of all girls and women with an agility to provide support for those with specific vulnerabilities, including young mums”

The maternal mental health experiences of young mums (Children and Young People’s Mental Health Coalition and Maternal Mental Health Alliance)

“Broader mental health training is needed to increase awareness of how various challenges on the parenthood journey contribute to poor mental health and suicide risk.”

Waiting for change – Reducing suicide and improving poor mental health on the parenthood journey in Wales, Samaritans Cymru

### Recognise and value the crucial role played by the voluntary and community sector in supporting young mums.

These organisations offer great examples of holistic support, rooted in experience and relationships in the community, but often lack the sustainable funding needed. Are there existing organisations with experience who could be commissioned to deliver services where you are? Find local VCSE perinatal mental services using the [Hearts and Minds Partnership map](#).

## Consider what specialist roles and/or services could help support young mums.

A few examples include:

- **Young Parents’ Specialist Service – Saint Mary’s Hospital ([mft.nhs.uk](http://mft.nhs.uk))**  
“The young parent specialist midwives at Manchester Foundation Trust offer young parents holistic, woman centered care, tailored to each young person’s individual needs.”
- **Positive Choices | Calderdale Council**  
“Positive Choices has enabled more vulnerable parents (including prospective parents and fathers) to receive tailored, intensive and structured support provided in ‘sessions’ with a named, consistent key worker.”  
[Independent evaluation report, November 2020](#)
- **Teenagers and young parents – University Hospitals Sussex NHS Foundation Trust ([uhsussex.nhs.uk](http://uhsussex.nhs.uk))**  
“If you will be under 20 when you have your baby, we will be able to offer you extra antenatal and postnatal care.”

## Find evidence of effective models of what is already working and how to implement more widely.

For example, [Ways to Wellness](#) led a place-based prototype project in partnership with the NHS, VCSE organisations and Maternity Voices Partnerships.

“The real benefits of a it being a voluntary sector model is that, for women who might be hesitant asking for support because of concerns around the implications of safeguarding child protection, they view that very much as being a supportive mechanism that doesn’t come with some of the structure they see in the NHS. It’s seen as a more responsive and flexible model by the service users.”

[Head of Midwifery quoted in Interim Evaluation of Ways to Wellness Maternal Mental Health Services Project](#)

“Since 2014 [MumsAid](#) has been offering a non-judgemental, trauma informed and responsive package of support to young mums. They focus on building trust, offering specialist psychotherapy as well as drop-in groups, home visits, advocacy, a monitored WhatsApp groups to encourage peer support, day trips and special festive events, and a 24-hour text service with access to crisis support.”

[Excerpt from The maternal mental health experiences of young mums \(Children and Young People’s Mental Health Coalition and Maternal Mental Health Alliance\)](#)

## Identify research available and where there are gaps.

Consider the specific needs of the communities within your ICS. The list of resources at the end of this section may be helpful.



## Look after staff working in this area.

The nature of this work means it can be incredibly challenging. Think about how services can ensure staff are supported after listening to challenging or triggering content by setting boundaries and taking time to reflect.

It's important that staff have the support that they need to look after themselves should somebody speak to them about suicidal thoughts.

PAPYRUS Prevention of Young Suicide has a [helpline](#) open 24 hours a day which professionals can contact if they have had an experience with suicide and would like to talk it through with a trained professional.

- Call: [0800 068 4141](tel:08000684141)
- Text: [88247](tel:88247)
- Email: [pat@papyrus-uk.org](mailto:pat@papyrus-uk.org)

See the [Sharing stories](#) section of the Amplifying Maternal Voices toolkit for further tips.

“(Clinical) Supervision in [Young Mums Aid](#) is a critical component of safe and effective practice. It is essential in ensuring a containing and reflective space for practitioners to acknowledge and process the often stressful, uncomfortable and indeed painful experiences of working with these young mothers, their babies, families and the systems around them.”

[Dr Donaghy et al \(2017\) Supporting young mothers: International Journal of Parenting Education, 4\(3\).](#)

## Summary

➔ Evidence shows that young mums are at a higher risk of experiencing mental illness during pregnancy and after birth and are more likely to face additional challenges.

➔ Understanding the needs of young mums within the context of suicide prevention is more urgent than ever.

➔ In addition to the wider changes needed to address these issues, there are many ways in which to support young mums with their mental health.

## Useful links

- Amplifying Maternal Voices toolkit
- Become
- Children and Young People's Mental Health Coalition
- Home-Start UK
- Mental Health Foundation – Young Mums Connect
- MumsAid
- National Suicide Prevention Alliance resources
- PAPYRUS
- The Perinatal Peer Support Principles
- Samaritans
- YoungMinds
- Young Mums Support Network



## Related research

Action for Children (2017) *The Next Chapter: Young people and parenthood*.

Agenda Alliance (2022) *Pushed Out Left Out, Girls Speak: final report*.

Barnardo's (2022) *Care-experienced Parents Unite for Change*.

Birth Companions (2023) *The Birth Charter for women with involvement from children's social care*.

Centre for Mental Health (2021) – *Maternal mental health during a pandemic*.

Co-op. British Red Cross. *Escaping the bubble: Working together to tackle loneliness and social isolation across the UK*.

Dr Donaghy et al (2017): *Supporting young mothers: International Journal of Parenting Education, 4(3)*.

Elizabeth Hardie Boath, Carol Henshaw and Eleanor Bradley (2012) *Meeting the challenges of teenage mothers with postpartum depression: overcoming stigma through support*.

Elizabeth Yardley (2009) *Teenage Mothers' Experiences of Formal Support Services*.

Home-Start UK (2019) – *Start where mum is: Reducing loneliness in young mothers*.

Hughson (2024) *Pregnant then blue? The value of MumsAid counselling for new and expectant mothers: Pro Bono Economics*.

Khan, L (2016) *Missed opportunities: A review of recent evidence into children and young people's mental*.



MBRRACE-UK – *Saving Lives, Improving Mothers' Care annual reports*.

Mental Health Foundation – *Young mums together pilot report*.

Samaritans (2023) *Insights from experience: economic disadvantage, suicide and self-harm*.

Teenage mothers and young fathers: support framework – GOV.UK ([www.gov.uk](http://www.gov.uk)).

*Teenage Mothers, Stigma and Their 'Presentations of Self'* – Kyla Ellis-Sloan, 2014 ([sagepub.com](http://sagepub.com)).

VCSE Health and Wellbeing Alliance (2024) *Insight report: Understanding lived experience of suicidality during the perinatal period*.

Why so many young mums are struggling with depression – *BBC Three*.

Young Mums Trust (2017) – *What matters to young mums*.



# Further information

If you need support visit:

[Mental health support for mums and families](#)

For more information, visit the

[Creating Connections project page](#) or email  
[Creating.connections@mentalhealth.org.uk](mailto:Creating.connections@mentalhealth.org.uk).

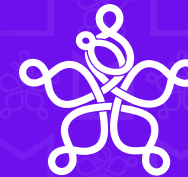
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