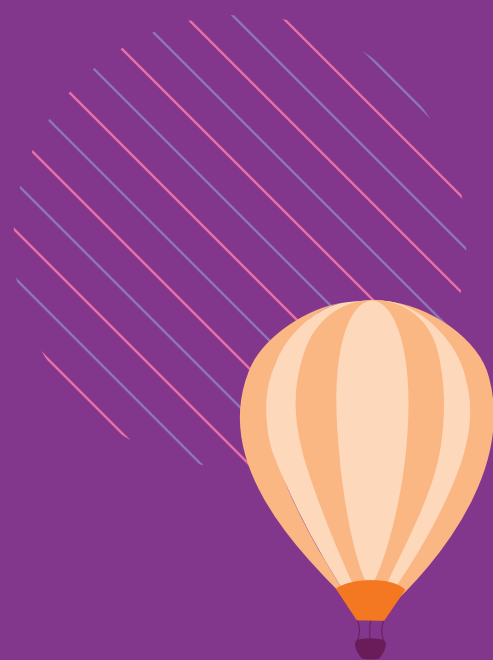


# The maternal mental health experiences of young mums

October 2023



Children & Young People's  
Mental Health Coalition



Maternal Mental  
Health Alliance

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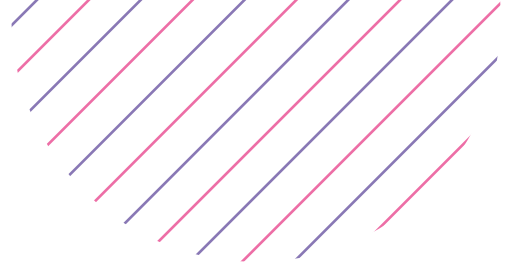
## Acknowledgements

Our sincere thanks go to the twenty young mums who shared their insights and hopes. Their experiences and voices are intentionally a core thread running throughout this report to ensure at the heart of decisions about the maternal mental health of young mums, lies lived experience.

We would also like to thank the four organisations who supported the young mums and are featured in the report highlighting how they make a difference to the maternal mental health of young mums:

**Mumsaid, Ty Enfys Project, Home-Start Renfrewshire & Inverclyde** and **The Parent Rooms**.





# Executive summary

This joint briefing by the Maternal Mental Health Alliance and the Children and Young People's Mental Health Coalition explores the maternal mental health experiences of young mums aged 16-25. We gathered first-hand insights from young mums and conducted a rapid review of relevant literature. Through focus groups, we spoke to 20 young mums from across the UK about their experiences of service provision and support, and listened to their views on what needs to change to better support young mums and their mental health.

## The mental health of young mums

In 2020, 1 in 4 births in England and Wales were to young people aged 16-24 (Office for National Statistics, 2020). Previous policy and research in this area has predominantly focused on preventing teenage pregnancies. As a result, young parenthood has historically been viewed as a problem (Naughton-Doe, 2023).

Evidence shows that young mothers aged 25 years and under are at increased risk of experiencing mental illness during pregnancy and after birth compared to those over 25, with postnatal depression in particular up to twice as prevalent in teenage mothers compared to those over 20 (Public Health England, 2016). Suicide remains the leading cause of direct maternal death in the first postnatal year, and between 2018 and 2020, there was an increase in the number of teenage maternal suicides (MBRRACE-UK, 2022).

**“There’s so many things I want to go to, but I can’t because I’m working... there are some amazing services out there, but I just can’t access them.”**

Studies also suggest that Adverse Childhood Experiences (ACEs) are linked to the likelihood of unplanned teenage pregnancy. Compared to people with no ACEs, individuals with four or more ACEs are six times more likely to have had or caused unintended teenage pregnancy (Scottish Government, 2019). A woman's adverse childhood experiences can also increase the risk of depression in pregnancy (Pawlby, 2019). But the impact of ACEs is neither irreversible nor inevitable.

Becoming a parent is challenging at any age, but many young mums face additional difficulties, which can contribute to poor mental health. These risk factors include, but are not limited to, experiences of care, isolation and loneliness, housing difficulties, poverty, and employment discrimination.

**“They tell you, not help you.”**

## Young mums and their experiences of support services

Stigma is still an important and influential part of experiencing young motherhood. Experiences of stigma can contribute to poor mental health and can prevent young mothers from seeking help. Many of the young mums who took part in the focus groups described feeling judged by some of the health care professionals they had come into contact with, and some further reported that they did not feel like they were taken seriously as a parent.

Where they received holistic support from a dedicated service for young mums, they reported positive experiences. This included feeling like they were understood and supported, and that they were provided opportunities to connect with other young people in similar situations. These services were predominantly based in the Voluntary and Community Sector. When asked what change they would like to see in terms of the support they receive, young mums overwhelmingly told us that they want non-judgemental, accessible, and flexible services that listen to them. This included being able to have concerns about their child's health and their own health taken seriously and being made to feel valued as a parent.

## Priority areas for action

We have identified 4 priority areas for future action that need to be taken forward to better support the needs of young mums:

### **Listen and respond to the needs of young mums in national and local systems**

- National public health bodies to update the 2016 Public Health England Framework for supporting teenage mothers and fathers, and this should include young parents up to the age of 25.
- 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.
- Health and local authority commissioners to ensure that young mothers are included within their processes to listen to lived experience and co-produce services.
- Health and social care services should take a trauma-informed response when working with and supporting young parents.

### **Resource and invest in universal and preventative services**

- Administrations across the UK to increase the number of health visitors, school nurses, midwives and other vital public health teams to support children having the best start to life.
- Family Hubs to be established across all local authority areas and should include specific services and information for young parents.

### **Ensure access to specialist mental health services**

- Local health bodies should ensure that both existing specialist children and young people's mental health services and specialist perinatal mental health services receive sufficient funding and resourcing to ensure specific consideration in meeting the needs for young mums.
- National health plans to expand access to specialist mental health services should develop dedicated proposals to respond to the needs of young mums aged 25 and under.

### **Research and listen to the voices of young mums**

- A national campaign involving a combination of charities and public sector is required, challenging the stigma experienced by young parents.
- Health research funders such as the National Institute of Health Research should invest in research to explore what effective support for young mums can look like, based on existing services.
- Further evidence on how the relevant Government bodies in the devolved nations can support the specific needs of young mums is required.
- Following the MBRRACE report which highlighted a rise in teenage maternal suicides, an in-depth review is needed of the circumstances surrounding these deaths to understand where change can be made in service provision and to learn lessons.

# Introduction

Young mums have been identified as an at risk group, and research indicates that young mothers aged 25 and under have a higher risk of mental health problems than older mothers. Centre for Mental Health's report for the Maternal Mental Health Alliance on the impact of the Covid-19 pandemic on maternal mental health also indicated that young parents were one of the groups most impacted by the pandemic and called for more research exploring the experiences of young mums (Papworth et al., 2021). What is more, there has been mounting concern regarding the increase in teenage maternal suicides since 2018.

Estimates based on Office for National Statistics conception data show that 24% of all conceptions in England and Wales in 2020 were of young people aged 16-24 (Office for National Statistics, 2020). Other estimates highlight that there are nearly 450,000 parents in England aged 25 and under (Action for Children, 2017).

Young parenthood has historically been framed as a 'problem' and therefore stigma remains an influential part of the experience of young mothers (Naughton-Doe, 2023). This is because much of the policy and research in this area has predominantly focused on preventing teenage pregnancies, subsequently framing pregnancy in young women as a negative outcome. It is important to note that it is not inevitable that young women develop mental health problems, and just like mothers of any age, they can overcome any mental health problems they experience.

**"The perinatal team was good for the first 11 months...At the end of the 12 months, I felt forgotten about. Nobody knew where to put me with it...And then by the time we got me back to a psychiatrist, I was in section again. So, I was off the radar for about seven months, although I kept contacting them."**



**"A dream city would have a GP that doesn't threaten to send social services to your door for opening up when you are struggling, because that is the main reason a lot of young mums are struggling with their mental health because they are afraid of losing their kids."**

Whilst there is some insight, much more research is needed on the mental health of young mums. The broader evidence base and what interventions work for this group is overlooked in research; therefore, further work is needed to understand the support that works best to address the specific needs of young mums.

This briefing from the Maternal Mental Health Alliance and the Children and Young People's Mental Health Coalition explores the maternal mental health experiences of young mothers aged 16-25. The first section of the briefing sets out existing research and literature regarding the mental health of young mothers. The second section is centred on insight gathered directly from young mothers and explores both their experiences of support services and their views on the change needed. Finally, the briefing makes recommendations to be considered by local areas and national government to take forward positive change for young mothers.

# Our approach

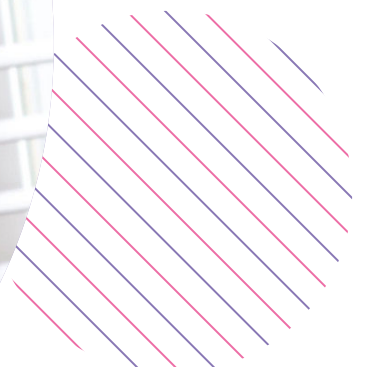
This briefing is based on research conducted between December 2022 and June 2023. We gathered first-hand insights from young mums and conducted a rapid review of relevant literature. To gather insight, we held four focus groups across the UK with young mums and spoke to 20 young people in total, aged between 17 and 25.

The focus groups explored current service provision for young mums, experiences of these services, and what needs to change to better support young mums and their mental health. Focus groups were held online and in person in each of the four nations and each group was supported by organisations known to the Coalition and Alliance, who directly support young mums.

These organisations include the Parent Rooms in Northern Ireland, Mums-Aid based in London, Home-Start Renfrewshire and Inverclyde in Scotland, and Ty Enfys Project in Wales. Each young person was given a £25 voucher for their participation.

## A note on terminology

**This briefing 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 support services take an inclusive approach to provide support to all birthing people for their mental health and wellbeing.**



# What does existing evidence tell us about young mums?

In this section, we explore previous research that has been conducted in relation to young mums, their mental health, and the social and economic challenges faced by this group.

## The mental health of young mums

There has been a rise in the number of young people experiencing mental health problems in recent years. Between 2021 and 2022, rates of mental health problems in 17 to 19 year olds increased from one in six (17%) to one in four (26%) (NHS Digital, 2022). Data also suggests that young women are more likely to experience mental health problems. In 2022, 22% of young people aged 17 to 24 years had a mental health problem, with much higher rates identified in young women (31%) compared to young men (13%) (Ibid).

This is part of a longer term trend. In 2016, the NHS Digital Adult Psychiatric Morbidity Survey for England found that young women aged 16-24 experienced the highest rates of mental health problems of all age categories (NHS Digital, 2016). Young women aged 16-24 are therefore a high risk group for developing mental health problems.

Girls and women can develop mental health problems during pregnancy, and pre-existing mental health conditions can get worse. It is estimated that around 1 in 5 women are affected by perinatal mental health difficulties (Papworth et al., 2021). Young mothers aged 25 years and under are at increased risk of experiencing mental illness in the perinatal period (during pregnancy and first years after birth) compared to those over 25 (Public Health England, 2016). Young mums can face a range of mental health problems. In particular, postnatal depression is up to twice as prevalent in teenage mothers compared to those aged over 20 (Ibid).

Suicide remains the leading cause of direct maternal death in the first postnatal year, and suicide during pregnancy or up to six weeks after is increasing (MBRRACE-UK, 2022). The MBRRACE

report into maternal deaths highlighted an increase in the number of teenage maternal suicides between 2018 and 2020. All the teenage mothers who died by suicide in this time period had Children's Social Services involved with their own children or their children were in care, and had complex problems involving mental health, substance use and domestic abuse (Ibid). Whilst the numbers remain small, this is a worrying increase.

## The impact of early childhood trauma and adversity

Studies suggest that Adverse Childhood Experiences (ACEs) are linked to the likelihood of teenage pregnancy. Compared to people with no ACEs, it has been found that individuals with four or more ACEs are six times more likely to have had or caused unintended teenage pregnancy (Scottish Government, 2019). It has also been highlighted that young mothers are more likely to have experience of the care system, or to have experienced poverty, domestic violence and disrupted family relationships in childhood (Mental Health Foundation, 2018).

An intergenerational cycle has been identified in relation to trauma and experiences of adversity – trauma and adversity suffered by mothers in their own childhood can expose their own children to trauma from within and outside the home (Gregoire, 2022). For example, a study exploring the impact of antenatal depression in adolescence found that the risk of depression for 16 year olds exposed to antenatal depression by their mothers was 4.7 times greater than for those not so exposed (Pawlby, 2009). It has been further noted that a woman's adverse childhood experiences can increase the risk of depression in pregnancy (Pawlby, 2019).



## What are Adverse Childhood Experiences?

Adverse Childhood Experiences (ACEs) are traditionally understood as a set of 10 traumatic events or circumstances occurring during childhood or adolescence that have been shown through research to increase the risk of adult mental health problems and debilitating diseases (Early Intervention Foundation, 2020).

ACEs can include violence, abuse and growing up in a family with mental health or substance use problems.

## Experiences of stigma

Evidence demonstrates that stigma is still an important and influential part of the experiences of being a young mother (Ellis-Sloane, 2014). Young people have also been identified as having higher sensitivity to stigma associated with poor mental health (Khan, 2016). Action for Children have found that young mothers face significant stigma associated with depression, noting that some young mums who receive a diagnosis of postnatal depression feel that it causes others to perceive them in a negative light (Action for Children, 2017).

In some cases, young mothers may also hide symptoms of postnatal depression as they can be afraid they will be judged as being unable to cope with their parenting responsibilities and fear that their child may be taken away (Ibid). It has been noted that stigma can create a 'conspiracy of silence' about mental health problems which can prevent young people from seeking help or disclosing distress (Khan, 2016).

## Social and economic challenges experienced by young mums

Becoming a parent is challenging at any age, but many young mums face additional difficulties in their lives which contribute to poor mental health (Naughton-Doe, 2023). These risk factors include, but are not limited to, experiences of care, isolation and loneliness, housing difficulties, poverty, and employment discrimination.

### Isolation and loneliness

Research has identified young parents as a group who are more likely to feel lonely (Co-op and British Red Cross, 2016). For example, research from the British Red Cross and Co-op Group found that 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 (Ibid).

Young mums are also at an increased risk of isolation. Between October 2016 and 2017, the Young Women's Trust conducted research with mothers aged under 25 to find out what was important to them. Isolation was identified as a key theme within the research, with 57% of young mothers saying they had become lonelier since becoming a mother (Young Women's Trust, 2017).



It was further noted that having a child represented a shift in young women's relationships with friends, family and the world around them. The research stated this change, accompanied by an increase in loneliness and isolation, presents a risk to mental health (Ibid).

### **Education and employment**

Educational engagement has been shown to be particularly challenging for young mums. Research highlights that teenage mums can find it difficult to go back into education after having children, and that young mothers are much less likely to move into higher education (Action for Children, 2017). The pressures young mums face such as learning to live independently and taking care of their child can sometimes make focusing on education seem impossible (Ibid). Research also suggests that some schools might not accommodate for the needs of young parents, which can make it difficult to return to education after having children (Ibid).

It has been further suggested that young parents are less likely to be employed than their peers, and if they are, they are more likely to be in 'unskilled' work (Action for Children, 2017). In particular, young mothers have been found to often have poor experiences with employers. A study by the Young Women's Trust found that 25% of young mums interviewed had experienced discrimination when their employer found out they were pregnant and 39% had been illegally questioned in an interview about how being a mother affects their ability to work (Young Women's Trust, 2017).

Similar findings were highlighted in the Equality and Human Rights Commission's #PowertotheBump campaign which reported that young mothers are significantly more likely to experience pregnancy and maternity discrimination, with six times as many under 25 year olds than average reporting being dismissed from their jobs after they tell their employer they are pregnant (Equality and Human Rights Commission, 2016). For those who do remain in employment, it has been noted that young mums have to deal with the same high childcare costs as older mothers, but often with a fraction of their financial resources (Nickell, 2018).

### **Poverty**

Many of the issues young mums face are financial, and living in poverty has been identified as a particular risk factor for young mums' mental health. For example, women who became teenage mothers are 22% more likely to be living in poverty at age 30 than their peers (Public Health England, 2016). The Young Women's Trust also found that more than a quarter of young mums under 25 who took part in their research had used foodbanks, while 46% do not eat proper meals so they can ensure their children are fed instead (Young Women's Trust, 2017).

The current cost of living crisis is likely to add additional pressures. A local assessment of the impact the cost of living crisis is having on marginalised young people in Leicester, Leicestershire and Rutland found that young parents were a group likely to be hardest hit. Many spoke about their struggles affording baby wipes and clothes and considering at what point they should skip meals to ensure their children could eat three meals a day (Leicestershire Cares, 2022).

Furthermore, a large number of young mothers and their children tend to live in lower quality, insecure and cramped accommodation situated in more deprived neighbourhoods (Action for Children, 2017). Studies have identified a link between poor quality housing, maternal depression, and poor child health outcomes (Ibid).

### **Experiences of care**

Young people who grow up in the care system are around 2.5 times more likely to become pregnant compared with other teenagers (Barnardo's, 2022). Research suggests that care experienced young people can be more likely to experience poor pregnancy-related outcomes, for example, maternal depression and low infant birth weight (Action for Children, 2017). It has been concluded that despite these risks, there is very little recognition of the additional needs of care experienced young parents (Ibid).

# The views and voices of young mums

To support our desk-based research, we conducted focus groups with young mums. The focus groups focused on two key areas; experiences of support services, and views on what needs to change to better support young mums. In this section, we summarise the insight we gathered from the young mums we spoke to.

## Experiences of support services

We asked the young mums who took part in the focus groups to list the services they knew of that they could access support from and then to describe their experiences of these services. This could include any service that they had previously heard of or had contact with and covered both the statutory and voluntary and community sector.

We heard about a range of different services, including healthcare professionals (such as the health visitor and GP), Children's Centres, local playgroups, mental health services, and dedicated support services. To note: the services listed in each area were different, and in some cases, young people told us that they did not always know where to look for support.

Many of the young people we spoke to reported accessing support from health care services such as their GP, health visitor and from mental health services, yet experiences of these were not consistently good. In particular, the young mums described feeling judged by some services and professionals for being a young mum and that assumptions were made about them as a parent.

*"As a young mum, you do feel judged a lot."*  
Young mum

*"My daughter had feeding issues. Her issues weren't taken seriously because it was assumed I was just a first time mum and didn't know what I was doing, which I didn't, but I think that just made me feel a bit more down on myself."* Young mum

*"The first time the health visitor met me, she was like, he [my son] needs speech lessons. You've never seen my child before and you're going to tell me needs speech lessons. It's the way she makes you feel like you're doing something wrong."* Young mum

*"They tell you, not help you."* Young mum

Whilst some studies have explored young mum's experiences of support services in general, there has been limited research specifically focusing on experiences of mental health support. Within our own focus groups, a limited number of young people identified that they had received support from specialist perinatal mental health services and shared their experiences. One young person described their experiences of accessing support, and how having to repeat their story to different professionals several times compounded the difficulties they were experiencing.

## A young mum's experiences of perinatal mental health services

"I had quite a traumatic birth, so I've struggled with that and Post-Traumatic Stress Disorder and postnatal depression after both daughters.

After my first daughter was born, I basically wasn't given any help and had to try and seek it out privately, but privately is an absolute fortune and you're lucky to get an appointment even within 6 to 8 months and I just can't afford it being a single mum. Then when I fell pregnant with my second child, obviously I was in a really bad state because I was going to have another baby and I was scared and terrified.

So they started to listen to me more and I was given the opportunity to go to my closest mental health hub, where they would have spoken to me about what was going on, but

it just kind of felt like I was being passed around from our mental health hub to the perinatal mental health team. They would ring me every Wednesday within my pregnancy and it just felt like we were going over the same thing over and over again and it really affected me badly in the sense I would go into a depressive state for three to four days of that next week because I was just going over the same thing and there was no actual help in the sense of this is how you can help yourself, this is the things you can do, these are exercises you can do to calm yourself down.

So that was really hard for me because I felt like, yes, I was being given these places I could go to, but I wasn't actually receiving the support that I needed."

Another young person described how they had received helpful support for their perinatal mental health, but then reported a significant drop off in support once this had come to an end.

***"I was with the psychiatrist before they sent me to the perinatal team. The perinatal team was good for the first 11 months...At the end of the 12 months, I felt forgotten about. Nobody knew where to put me with it...And then by the time we got me back to a psychiatrist, I was in section again. So, I was off the radar for about seven months, although I kept contacting them. It wasn't till a social worker stepped in and finally got an appointment again to see somebody."***

Young mum

***"I was one of the people that got continuous support through the perinatal team. I had them every single day for the entire 11 months, so going from having somebody out every single day for four hours at a time to having nothing was hell."*** Young mum

Some of the young people who took part in our focus groups received specific support from a dedicated service for young mums, and many reported positive experiences of these services. In particular, they said that they felt understood and supported by these services, and that they provided opportunities to connect with other young people in similar situations. These services were predominantly based in the Voluntary and Community Sector.

***"Everything's good about Home-Start. It's the only thing that really gets me out the house with my boys and to meet people."***

Young mum

***[About support workers] "They're just very understandable and have been in your situation so it's nice to speak to other people who know more about your situation than others. They're always there for you."*** Young mum

***"Mums-Aid made me feel at home."*** Young mum

## Building a dream city of support

We asked the young mums who took part in our focus groups to firstly tell us the services they would like to access if they lived in a 'dream city' of support and secondly, the professionals they would like to receive support from. The young mothers identified a range of different services and features of services that they would like to see in place.

*Breastfeeding support*

Activities and spaces for mums

*Education support*

**SUPPORT AFTER BIRTH**

*To be taken seriously*

Flexible and accessible services

**SERVICES WITHOUT STIGMA**

*To be listened to*

**GOOD PUBLIC TRANSPORT**

*Health visitors*

Baby and toddler activities

**CHILDCARE**

Open and understanding GP

*Support for child*

Mental health services for children

**COST-FREE**

A young mums midwife

**HOUSING SUPPORT**

**SUPPORT FOR DADS**

*An advocate for young mums*

The importance of having access to childcare was consistently highlighted, alongside having accessible and flexible services that operated outside of normal 9-5 working hours.

***“Childcare. It’s hard to speak when your child is there.”*** Young mum

***“More accessible support – a 9-5 service doesn’t fit.”*** Young mum

***“It’s not only the services, it’s the timing of the services...because there’s so many things I want to go to, but I can’t because I’m working... there are some amazing services out there, but I just can’t access them.”*** Young mum



Young mums also told us that they would value opportunities to take part in activities that allowed them to have time to themselves and that supported their wellbeing.

***“Having somewhere to go which is for you.”*** Young mum

***“It’s an arts and crafts group that I go to and I’m not particularly crafty, but it’s just having something to do, and a lot of those activities are actually thinking kind of inward to yourself of how you’re feeling and you’re keeping your hands busy at the same time. But it’s actually just about peace and quiet. They have the kids’ creche and it’s just two hours to get my thoughts in order.”*** Young mum

***“I used to go to the gym and stuff all the time and really take care of myself. I was never slim and fit and ready, but I just enjoy it. I haven’t been since before I was pregnant. I don’t find the time, and there’s obviously the childcare thing as well.”*** Young mum

Alongside access to activities for themselves, young mums highlighted the importance of having places and activities that they could take their children to that were free of charge.

***“Toddler messy play classes as they’re quite expensive to pay for.”*** Young mum

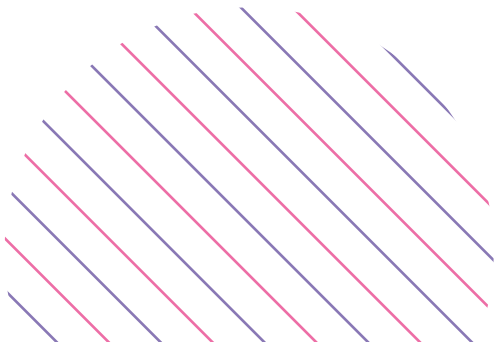
***“Free baby and toddler bonding sessions with sensory etc.”*** Young mum

Overwhelmingly, the young mums we spoke to told us they wanted non-judgemental services that listened to them. This included being able to have concerns about their child’s health and their health taken seriously and being made to feel valued as a parent.

***“A dream city would have a GP that doesn’t threaten to send social services to your door for opening up when you are struggling, because that is the main reason a lot of young mums are struggling with their mental health because they are afraid of losing their kids.”*** Young mum

***“Clinics that you can take your kids to that’s not stigmatised.”*** Young mum

***“As a young mum you do feel judged a lot...you probably do work harder than most older mums because you know we’re looking after babies, some of us haven’t got a father involved. We’re trying to get our house. We’re trying to look after ourselves.”*** Young mum



Non-judgemental services should be supported by professionals who are understanding, and in particular young mothers said they would like to receive support from someone who they can relate to and who has been through similar experiences as they have.

*“Probably a professional or somebody that’s been in the same situation. I find my volunteer is really good because she’s been in the same situation as me, so she can relate.”* Young mum

*“To be listened to more. To get help for our children.”* Young mum

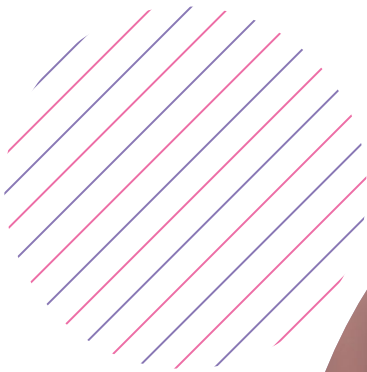
*“Somebody that understands and is there to listen you.”* Young mum

*“Other women who have had the same experience. Professionals can be judgemental.”* Young mum

Additionally, they highlighted the importance of professionals receiving training on maternity and mental health in order to ensure that their needs are identified and responded to.

*“I think key workers that work with your mental health, they should be trained on maternity and stuff. I had one that told me I wasn’t mentally ill; it was because I was pregnant. I found out two weeks later I had borderline personality disorder, but he kept telling me every session I wasn’t ill, I was pregnant.”* Young mum

*“I think the actual maternity staff within the birthing unit postnatal and antenatal need to be trained in mental health because that’s where my mental health spiralled...I just assumed that these people were trained in that.”* Young mum



# Learning from best practice

The following case studies were gathered from across the UK and focus on services who provide specific support to young mothers in their local area. These services are all based in the voluntary and community sector, and all provide holistic support to young mothers, alongside opportunities for young mothers to connect with their peers.

## MumsAid

MumsAid is a multi-award-winning charity founded in 2012 to provide therapeutic support to mothers in the Royal Borough of Greenwich (RBG) who are struggling with their mental health during pregnancy or the first two years postpartum. MumsAid have a particular focus on reaching underserved groups who are less likely to access services and are at a higher risk of perinatal mental health problems including teenage and very young mothers.

The Young MumsAid (YMA) programme, which began in 2015 for those aged 14-21, supports some of the most marginalised young women in RBG; a cohort often unable or unwilling to engage with statutory services because of their own negative childhood experiences and fears that their baby will be taken away. Those referred to the service face many disadvantages and intersecting needs and often have experienced multiple Adverse Childhood Experiences (ACEs), with the majority scoring significantly above the threshold for elevated risk for a wide range of negative medical, mental health and social outcomes. Many also have babies subject to a child protection plan, with 69% of the babies the service works with being deemed at risk of abuse or neglect.

### Of the young mums MumsAid supported last year:

- **60%** had a history of childhood abuse or neglect
- **48%** had been in care
- **67%** had been under child protection (CP) plans themselves or had a history of involvement in CAMHS (Child and Adolescent Mental Health Services)
- **71%** had experienced domestic violence
- **41%** had experienced a significant bereavement (a parent, sibling or their primary carer)

- **85%** have mental health difficulties and are vulnerable to suicide, self-harm, substance, or alcohol misuse
- **39%** are from Black and Minority Ethnic communities
- **30%** are neurodiverse or have other special educational needs.

MumsAid offer a non-judgemental, trauma-informed and responsive package of support to help them heal and thrive as mothers, enabling them to provide the attuned parenting that most did not experience themselves. They focus on building trust, offering specialist psychotherapy as well as drop-in groups and monitored WhatsApp groups to encourage peer support, day trips and special festive events, and a 24-hour text service with access to crisis support from a counsellor.

YMA's outreach work includes home visits, advocacy, assistance with attending essential health appointments with babies, advice, and referrals to other services for support on issues including housing, finances, and relationships. This is all underpinned with a robust approach to safeguarding and supervision. Where appropriate, they also provide more practical help, for example, with accessing childcare, sourcing baby essentials like nappies and formula, or finding donated furniture and white goods for mums moving into new housing.

The service has found that this integrated approach builds trust, enabling greater engagement and lasting change, and their strong partnerships with other health, social care and community services enable them to link families into other opportunities and sources of support to help the young mums get their lives onto a positive track.

## Ty Enfys Project

Ty Enfys Project provides accommodation and support to women aged between 16 and 30, who are either pregnant or have a baby up to the age of 2 years. Ty Enfys was originally managed by the Young Women's Housing Association but was taken over by Taff Housing Association in 2004. The project is staffed 24 hours, 7 days a week, it has 21 units of either bedsits or rooms with shared facilities. Each resident has an allocated support worker and parenting workers that deliver a comprehensive support package tailored to meet the needs of the individual and equip them to move on to independent living.

Informal support is also delivered outside of working hours in order to support contact with out-of-hours health services, to provide general advice and support around safety, and to deliver group activities such as DVD and Pizza nights, bingo, communal lunches, and cooking.

The residents' well-being underpins everything they do at Ty Enfys. They work as a team to promote well-being, ensuring that residents feel safe, happy, comfortable, and more importantly valued. Building positive relationships with residents gains their trust which is key to ensuring individuals are safeguarded and receive the care and support they need and request. Ty Enfys states that their ethos of support is as follows:

- The support offered will aim to enable each resident to acquire the skills and knowledge they need to maintain an independent tenancy and to become a confident, nurturing parent.
- Every occupant will have the opportunity to acquire the knowledge, skills, and confidence to take an active part in the community.
- Recognise that each resident is an individual with unique needs, abilities, skills, and aspirations, and tailor support to meet the needs of the individual.
- The support planning process will be person-centred and led by the resident in conjunction with the Project Support Officer and Parenting Worker.

Ty Enfys is allocated a named Health Visitor and specialist Midwife by the Local Health Board to deliver weekly clinics. Children's Services also work with Ty Enfys to ensure that the safety and needs of the children are being met.





## Home-Start Renfrewshire & Inverclyde support to Young Mums

Home-Start delivers a scaffold of non-judgmental support to families living in Renfrewshire and Inverclyde with at least one child under the age of 5. They deliver support through trained and supported volunteer-led befriending, and peer support group sessions. Home-Start aim to develop resilience, reduce isolation and maximise family engagement with statutory and community services to tackle poverty and inequality.

### Home-Start's focus is:

- Early intervention/prevention and empowering parents to self-manage
- Support and guidance to achieve better health and wellbeing outcomes for each family
- Providing opportunities for increased social inclusion, peer support and reduced loneliness
- Providing emotional support and increase resilience offering parents support to take steps to get involved in their local communities and strengthening social bonds.

In particular their support to young mums can begin from pre-birth with support being one to one from a Family Support Worker or Volunteer who can support the family throughout pregnancy and prepare for the birth. They offer an antenatal course, Mellow Bumps, which consists of 7-8 sessions. The course is intended to support parents-to-be, decrease stress levels during pregnancy, improve physical and mental wellbeing and to help build a relationship with their baby before birth.

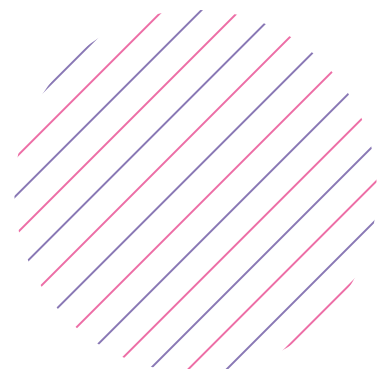
After birth, they offer their Blank Canvas course that supports mums facing mild to moderate perinatal mental health issues. This is a perinatal peer support programme developed by a fully trained midwife consisting of 8 creative workshops. Participants are guided through a series of art based activities, with the aim of creating a personal journal, a safe space to explore difficult emotions and promote recovery. The programme has proved successful with mums reporting reduced levels of anxiety, lower levels of depression and a sense of inclusion and empowerment.

Home-Start also offer group peer support to young mums during the perinatal period. The group meets weekly for two hours and focuses on peer support creating a safe space for new mums to talk about their parenting journey and to build friendships. They offer Family Group as well which allows the opportunity for mum and baby to take part in a range of sensory activities, focussing on attachment and play up until the age of 5 years.

If a family chooses to have a Volunteer, they will receive weekly visits consisting of 2-3 hours. During this time the Volunteer will provide emotional and practical support. One example is a new mum with a 5-week-old baby where the Volunteer went in at 1pm and mum mentioned she hadn't had a chance to eat yet. The volunteer was able to play with baby and mum was able to make some lunch and sit and eat uninterrupted. Although seemingly simple this type of support aids mum's emotional, physical, and mental wellbeing.

At times some young mums need more support, and this is where the Family Support Workers can provide more intensive support such as visiting the family home 3-4 times per week in the very early days to support mums to learn to bath and feed baby but also to support mums to get some much needed rest. They provide support to young mums to develop their own self-esteem, wellbeing and empowerment by offering a 4-week course called Equip for Life.

No matter where a young mum is, Home-Start Renfrewshire & Inverclyde will walk alongside them supporting them and their child/ren through various joys and challenges of life.



## The Parent Rooms

The Parent Rooms works to improve the mental health of parents in Northern Ireland, by providing a non-judgmental space to connect with other parents who have lived experience of mental health struggles, to take part in various wellbeing programmes and to also access therapeutic services, if needed.

The programme model is called Engage.Evolve. Empower, which refers to the pathway service users follow when they come to The Parent Rooms. The service works hard to meet each parent 'where they are' when they engage with the services, and prioritise co-production at every point of engagement, whether it is the Parent Advocacy Support which works on a one-to-one basis with the parent to discuss and create an action plan, as a group taking part in the core Space For Me Programme or parents volunteering out in the wider community.

The Parent Rooms is a unique service because they base interventions on the knowledge that parental mental health affects the whole family unit and that if they can help a parent to recover from mental health struggles, the positive impact 'trickles down' to the children/other family members. The service works in close collaboration with other charity and voluntary organisations in Northern Ireland to ensure that when specific needs are identified that fall outside their specialism (such as, for example, the mental health of a child in the family or a housing situation), they are able to swiftly respond and secure appropriate support for the family on a wider scale. They are also acutely aware that in order to get better, every parent needs some respite from their caring duties, which is why they offer free, onsite childcare for a number of programs.

This is particularly true regarding the work they do with younger mums, who typically present with more complex holistic needs. As a consequence, the barriers faced by this demographic have prompted the service to widen their outcome domains to include: mental, physical, parenting, relationships and financial. Younger mums are

offered an initial one-to-one with the Parent Advocate, who will use this time to identify if there are any issues which need to be dealt with by a specialist service. Addressing any basic needs is a vital starting point as it allows the younger mum the capacity to begin her journey towards mental health recovery.

Having mutually agreed on an action plan, the Parent Advocate will support the younger mum to engage with various services at The Parent Rooms, with particular focus on social connection, either in the weekly Younger Mums group, in one of the core programmes, or both. The Parent Rooms have found that the younger mums who engage with services experience an improvement in mental health when they engage with groups of both their peers and with parents who have more life experience.

When it comes to being offered days out which promote parent/child bonding, The Parent Rooms prioritises younger mums as they tend to be most excluded from these experiences due to financial constraints. The trips out serve to remind the young mums that they are doing an amazing job as parents, and they are able to take home this reminder with photos and memories.

Summer 2023, The Parent Rooms started work with a new group of School Age Mums (aged 15-19 years). They hope to encourage those leaving education this year to join their Younger Mums group, which will give them a network of support as they move forward in their journeys and will also allow for the current younger mums group to act as mentors for the new young mums who will be joining. This will naturally move the current younger mums group into the role of mentor, which intersects with the Empower phase of the programme model.

# What needs to change?

We have identified four key areas for action that must be taken forward in order to better support the mental health of girls and young women. These action areas include recommendations for further work and research, including specific action required in the devolved nations.

1

## Listen and respond to the needs of young mums in national and local systems

Support for young mums aged 16-25 has been notably absent from the policy agenda in recent years. Whilst efforts have been focused on reducing the number of teenage pregnancies, less attention has been paid to the support needs of young mums. Reducing the rate of under-18 conceptions has been an ambition for successive governments. In 1999, the Government published their first Teenage Pregnancy Strategy, which aimed to reduce under-18 pregnancy rates by half by 2010, whilst also providing support to teenage mothers. Between 1993 and 2020 the under-18 conception rate in England and Wales decreased by 69% (Nuffield Trust, 2023).

Since 2010, the Government has continued to make reducing teenage pregnancy a priority (Local Government Association, 2018). For example, reducing the rate of under-18 conceptions was an ambition in the Department of Health's 2013 Framework for Sexual Health Improvement in England, and in 2016, Public Health England and the Local Government Association published a framework for local areas to review and improve support arrangements for young parents in their local area. The framework covered areas such as maternity services, school nursing, general practice and emotional health and wellbeing amongst others (Public Health England, 2016).



It is crucial that we change the conversation from simply preventing young pregnancies to supporting young women who become pregnant, and that those who are aged 16-25 are included in these conversations. Nationally, a clear direction needs to be set to ensure that the needs of young parents are considered within policy development and service design. One way this could be achieved is through refreshing the 2016 Public Health England Framework for supporting teenage mothers and fathers. Further work to support young parents could also form part of the Start for Life programme currently being run by the Department of Health and Social Care.

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. Integrated Care Boards (ICBs) have a statutory role in population health and are able to play a unique role in bringing together the NHS, local government, public services and the voluntary and community sector to explore how best to improve health for all, to reduce health inequalities, and to use public money wisely in their areas. 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.

What is more, our findings demonstrate the value of the voluntary and community sector in providing support to young mums. For the most marginalised and oppressed groups in society especially, voluntary and community sector (VCS) organisations and user-led groups can provide more accessible and relevant support (Commission for Equality in Mental Health, 2020). Health care commissioners should ensure that VCS organisations are embedded in local and national clinical services to help ensure there is a clear referral pathway and that young parents receive the information and support they need. Where services of this kind already exist, they should be offered sustainable funding to ensure they continue to deliver their work.



## Recommendations

- National public health bodies to update the 2016 Public Health England Framework for supporting teenage mothers and fathers, and this should include young parents up to the age of 25.
- 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.
- Health and local authority commissioners to ensure that young mothers are included within their processes to listen to lived experience and co-produce services.
- Health and social care services should take a trauma-informed response when working with and supporting young parents.

## 2

## Resource and invest in universal and preventative services

Young women, babies and families need access to a whole range of services to support their needs. The Maternal Mental Health Alliance's Make All Care Count campaign identifies the following services as playing a key role in providing mental health support.

- Health visiting
- Maternity services
- GPs and other primary care
- Mental health services
- Parent Infant services
- Children's services
- Voluntary and community sector support
- Specialist perinatal mental health services

Universal services such as midwives, GPs and Health Visitors have a vital role to play in identifying women and girls who are having difficulties with their mental health, providing support where possible and ensuring they get access to specialist care when they need it. Health visitors in particular offer preventative health support, alongside the delivery of evidence-based interventions.

However, some of the young mums we spoke to highlighted poor experiences of these services, describing how they felt judged by the services they came into contact with. It is important that healthcare services seek to eradicate the stigma that is still prevalent around young parenthood.

Despite the crucial role that health visiting plays in identifying needs at an early stage, it is an area that has seen significant reductions in its workforce in recent years. Between 2015 and 2023, health visiting numbers have decreased by 40% (Institute of Health Visiting, 2023). It has been highlighted that a reduction in health visitors within a local area increases the risk of families falling under the radar (First 1001 Days Movement, 2022).

Having a sufficiently resourced and trained workforce equipped to deliver the compassionate care women and their families need is a vital part of the support pathway.

Newly developed Family Hubs also provide an opportunity for support for young mothers to be provided in a friendly and accessible setting. Family Hubs form part of the Government's Best Start for Life Programme and aim to provide families with a single access point to integrated support services for early help with social, emotional, physical and financial needs. To date, funding has been provided for 75 local authorities in England to set up new or transformed family hubs. However, no further information has been published on when Family Hubs will be universally distributed across all areas of the country.

### Recommendations

- Administrations across the UK to increase the number of health visitors, school nurses, midwives and other vital public health teams to support children having the best start to life.
- Family Hubs to be established across all local authority areas and should include specific services and information for young parents.

# 3

## Ensure access to specialist mental health services

For girls and women with mental health problems, they may need support from specialist services. Specialist perinatal mental health services provide care and treatment for women experiencing mental health problems and support the developing relationship between parent and baby.

The NHS Long Term Plan pledged significant expansion and improvement in perinatal mental health support. These commitments included for a further 24,000 women to be able to access specialist perinatal mental health care by 2023/24, for care provided by teams to be available from preconception to 24 months after birth, and to improve access to evidence-based psychological therapies for women and their partners (NHS England, n.d.).

The NHS Long Term Plan also committed to expanding access to NHS Children and Young People's Mental Health Services (CYPMHS). NHS CYPMHS provide specialist mental health support for children and young people aged 0-25 – some young women may be receiving support from these services prior to becoming pregnant and/or during their pregnancy. Similarly, some may be accessing support from adult mental health services. Therefore, the workforce in these settings need to understand and recognise the needs of young people who become parents.

At the centre of the plan was the commitment that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending (NHS England, 2019). In total, the plan committed at least £2.3 billion more a year for mental health services by 2023/24. The plan pledged to continue expanding access to NHS funded mental health services, so that by 2023/24 at least an additional 345,000 children and young people aged 0-25 would be able to access support.

The Long Term Plan further commits to developing a new approach to young adult mental health services for people aged 18-25 to support the transition to adulthood. This includes creating a comprehensive offer for 0-25 year olds, which will deliver an integrated approach across health, social care, education and the voluntary sector.

The expansion of specialist mental health services has been a priority for the NHS. Whilst progress has been made in expanding these services, many girls and women are still not able to access the support they need, and some experience inequalities in access. The Covid-19 pandemic has also had considerable impact, delaying the development of services and placing additional pressures on services. For example, findings highlighted by the Maternal Mental Health Alliance show that between January and December 2021, over 16,000 women in need of support from perinatal services were not able to access specialist care (Maternal Mental Health Alliance, 2023).

### Recommendations

- Local health bodies should ensure that both existing specialist children and young people's mental health services and specialist perinatal mental health services receive sufficient funding and resourcing to ensure specific consideration in meeting the needs for young mums.
- National health plans to expand access to specialist mental health services should develop dedicated proposals to respond to the needs of young mums aged 25 and under.

## 4

## Research and listen to the voices of young mums

Whilst some research has taken place on young mums' mental health, further research is needed to understand their specific needs. Little research has taken place to understand the maternal mental health experiences of young mums, and their experiences of accessing support, particularly from specialist services. This should include further listening projects to capture the voices and experiences of young mothers from across the four nations.

The recent MBRRACE report tragically highlighted a rise in teenage maternal suicides. We believe that an in-depth review of these deaths is required in order to understand the circumstances. This will help systems at both a national and local level to learn lessons and to identify where change can be made in service provision. What is more, Birth Companions have recently launched a new Birth Charter for women with involvement from children's social care, which sets out how services and systems in England should support all women involved with children's social care from conception to their child's second birthday (Birth Companions, 2023).

The Charter also calls for a national health and social care pathway for pregnant women and mothers of infants who are subject to pre-birth or parenting assessment, or child protection proceedings.



### Recommendation

- A national campaign involving a combination of charities and public sector is required, challenging the stigma experienced by young parents.
- Health research funders such as the National Institute of Health Research should invest in research to explore what effective support for young mums can look like, based on existing services.
- Further evidence on how the relevant Government bodies in the devolved nations can support the specific needs of young mums is required.
- Following the MBRRACE report which highlighted a rise in teenage maternal suicides, an in-depth review is needed of the circumstances surrounding these deaths to understand where change can be made in service provision and to learn lessons.

## Conclusion

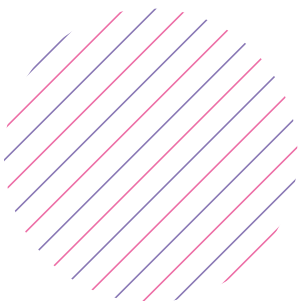
**Young mums face an increased risk of developing mental health problems. But this is not inevitable. Young mums are significantly more likely to experience shame, stigma, and judgement, which can put their mental health at risk and at the same time act as a considerable barrier to accessing support.**

The young people we spoke to told us how this stigma played out in their interactions with different professionals. They felt like their concerns about their health and their child's health were not taken seriously or that they were being judged as a parent. As one young person said to us, "It's hard enough being a mum, then being judged for being a younger mum as well."

Ultimately, young mothers tell us that they want support services that do not judge them. We heard that the most positive experiences of support were from dedicated services in a local area that catered to their needs as young mums. It is crucial to recognise the important work that these services do and ensure they are embedded within local systems of support.

But these services cannot do it alone. Much more investment is needed across the system to increase the capacity of health care professionals and specialist services to respond appropriately to the needs of girls and young women.

For too long, young mums' needs and views have been ignored. It is time their experiences were listened to, and their needs centred in the planning of perinatal mental health support. This briefing provides an important starting point, but it is vital that we listen to their voices in order to build effective systems of support.





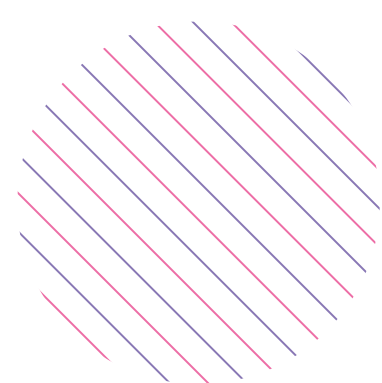
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## Children & Young People's Mental Health Coalition



### About the The Children and Young People's Mental Health Coalition

Our vision: For all babies, children and young people to grow up in a society that prioritises, invests, listens and attends to their mental health and wellbeing. We listen to, and learn from members, supporters, children and young people and families, using this knowledge to influence and shape policy, systems and practice.



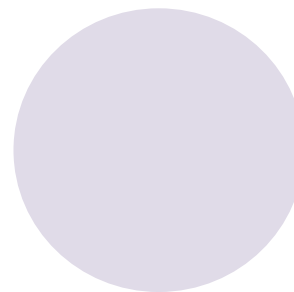
[info@cypmhc.org.uk](mailto:info@cypmhc.org.uk)



[www.cypmhc.org.uk](http://www.cypmhc.org.uk)



@CYPmentalHealth



## Maternal Mental Health Alliance

### About the Maternal Mental Health Alliance

The Maternal Mental Health Alliance (MMHA) is a UK-wide charity and network of over 120 organisations, dedicated to ensuring women and families affected by perinatal mental health problems have access to high-quality, comprehensive perinatal mental health care. We bring the maternal mental health community together and make change happen by combining the power of real-life experience with clinical and professional expertise.



[info@maternalmentalhealthalliance.org](mailto:info@maternalmentalhealthalliance.org)



[www.maternalmentalhealthalliance.org](http://www.maternalmentalhealthalliance.org)



@MMHAlliance #EveryonesBusiness

