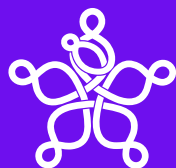


Creating connections: understanding the mental health needs of young mums

Policy makers



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 policy makers better understand the needs of young mums within the context of suicide prevention.

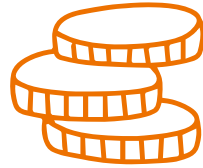
A note on language: This resource uses the term ‘mothers’ and ‘mums’, but we recognise that perinatal mental health issues affect women, gender diverse individuals and people whose gender identity does not align with the sex they were assigned at birth. It is vital that care systems take an inclusive 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

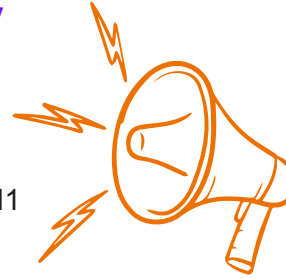
At least **1 in 5 women experience a mental health problem** during pregnancy and after birth.



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.

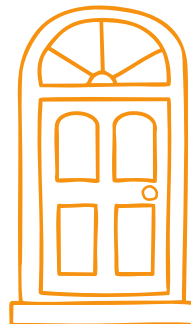


These **risk factors highlight the vulnerabilities** with which some young people enter parenthood.

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

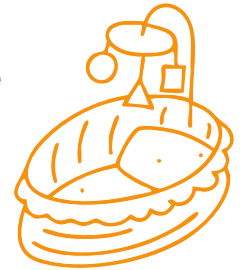


Young parents are **more likely to feel lonely**. Almost half (49%) of mothers aged between 18 and 25 are often or always lonely compared with 37% who are aged between 26 and 30.

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

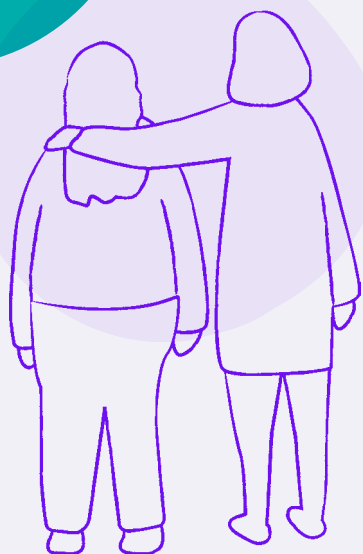
More likely to be experiencing additional challenges such as poverty

Higher risk of experiencing perinatal mental health problems

Lack of informal support networks

Issues accessing appropriate perinatal mental health services

Stigma and judgement



“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 policy makers

There are clear economic benefits for investing in the prevention of mental health. For instance, there are a number of studies that report the return on investment (ROI) from parenting programmes.

While methods and costs included vary, all adopt very long timeframes and report positive returns on investment of up to £15.80 per £1 spent. ([MHF-Investing-in-Prevention-Full-Report.pdf](#)).

It is vital that specific support for young mums is a key part of the wider policy agenda around maternal mental health and suicide prevention. Below are some suggestions to help policy makers when considering young mums.

Listen to the voices of young mums when developing policies at a local and national level.

“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.”

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

Policy design should take into account longer-term, whole system funding which meets specific needs of young mums.

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 – Parliamentary briefing](#) (Children and Young People’s Mental Health Coalition and Maternal Mental Health Alliance)





It is essential to ensure joined-up full funding for all women and families across the UK to have equitable access to comprehensive, high-quality perinatal mental health care, including and beyond specialist services with parity between physical and mental health.

The investment is relatively small, but the benefits can be huge and avoid long lasting, damaging impact.

“...perinatal depression, anxiety and psychosis carry a total long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK. We hope that this shocking statistic will motivate policy makers, commissioners and providers to act urgently.

“It is in their power to do something about this issue: if perinatal mental health problems were identified and treated quickly and effectively, many of these serious and long-term human and economic costs could be avoided.”

The cost of perinatal mental health problems (LSE and Centre for Mental Health)

Mental Health Foundation has been calling for longer-term settlements for councils and restoration of the public health grant to at least its 2015 level.

The public health grant has seen a £1bn real-terms cut since 2015. This cut needs to be reversed in order for local councils and local government to be able to provide the programmes that are necessary and also support social connection and create healthier physical environments.

As part of this, consider the cost-effectiveness of:

- Additional staffing
- Education and training
- Research into effective models

“...there are clear economic benefits from training midwives and health visitors in perinatal mental health so that they can confidently and skilfully ask women about their mental health, assess their needs, and offer or arrange for psychological interventions.

“Scaling-up integrated provision across the UK is both desirable and viable from an economic perspective.”

The economic case for increasing access to treatment for women with common mental health problems in the perinatal period (Care Policy and Evaluation Centre, LSE)

“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.”

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

See the [MMHA’s Maternal mental health in the UK briefing](#) for further details.



Consider policies which may help prevent maternal mental health problems amongst young mums.

This may include work relating to:

- Early years
- Multiple disadvantage
- Wider health inequities
- Reducing poverty

“We speak of ‘children in need’. Children in need have parents in need. But parents’ needs are not sufficiently addressed.”

[Her Circle \(previously REFORM\)](#) from [Children in Care in the North of England](#)

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 and recognise and value the crucial role played by 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 sustainable funding needed.

Find local VCSE perinatal mental services using the [Hearts and Minds Partnership map](#).

“The benefits of the observed improvements in mental health are substantial. Mothers who reliably recover experience an improvement in their quality of life, estimated to having a value of over £31,000 for each of them... In terms of whether the programme provides value for money, the break even point is low. Only 13% of the estimated recoveries need to have been caused by MumsAid’s counselling programme before the benefits of those recoveries outweigh the costs.”

[Hughson \(2024\) Pregnant then blue? The value of MumsAid counselling for new and expectant mothers](#), Pro Bono Economics.

Ask for input from commissioners before making a new policy.

This may help to make sure when funding is made available that it goes to the right places.



Implement policies which ensure systems use evidence of what already works

(i.e. from successful prototypes/pilots).

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

There are a number of economic evaluations which now suggest the cost effectiveness of some measures to prevent and/or intervene early in perinatal depression, including health visitor provided counselling and/or psychological therapies, primary care screening and treatment for depression and telephone peer support.

For further details, see [The economic case for investing in the prevention of mental health conditions in the UK](#).

“The real benefits of 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](#)

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 to support young mums with their mental health. We have offered suggestions to help with policy making in this area.

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
- POPYRUS
- 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).

Teenage Mothers, Stigma and Their 'Presentations of Self' – Kyla Ellis-Sloan, 2014 (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.

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