

Young Mums Together

Promoting young mothers' wellbeing



mental
health
foundation

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Executive Summary

The rate of teenage pregnancies continues to be higher in the UK than in most other European countries, yet there is a wide gap in appropriate services for young mothers. Young mothers are at a higher risk of postpartum depression than average, which is associated with feelings of isolation and low self-esteem. Postpartum depression, if unchecked, can have long-term consequences for both the mother and her child. In addition, a lack of support with mental health difficulties can have negative effects on parenting practices and can affect the mother's ability to bond with her child.

Young mothers are a unique group as they face several major adjustments to their identity and they can be particularly vulnerable to experiencing postpartum depression, stress and feelings of isolation. Comprehensive support services can prevent many of the difficulties commonly experienced by young mothers as they offer a variety of support, information, activities and opportunities. They can also offer a platform for young mothers to explore ideas, concerns and ambitions as they cope with the many adjustments in their lives. A comprehensive service for young mothers would provide support with employment, benefits, housing, mental health needs, parenting, social engagement, and relationship difficulties.

The aim of this project was to develop a group for young mothers that would facilitate their access to mental health services and practical support. The Young Mums' group was developed in a

Children's Centre to meet a wide range of support needs; it provided access to a peer support network, weekly one-to-one support with the facilitators, and access to extended professional services.

The Young Mums' group evolved over time, in response to the needs and suggestions of the mums. Weekly two-hour sessions included discussions, activities, outings or guest speakers. Facilitators placed a strong emphasis on sign-posting and encouraging self-referrals for further support. Session topics varied from parenting and mental health issues to routes to employment and education. These session topics were addressed through group discussions, debating media reports, discussions with guest speakers and providing leaflets for further information. Most sessions also included some time for feedback from the mums which formed a basis for planning future sessions.



Most young mums were referred to the groups through their health visitor or midwife; others were encouraged by their family support worker to attend the groups. Maintaining young mums' engagement with the group was initially challenging; successful strategies were mostly of a practical nature such as changing background music, food and room layout, and using media reports to initiate discussions. Placing greater emphasis on discussions offered greater opportunities for peer support and addressing mental health needs in an informal atmosphere.

Several young mums self-referred for professional mental health support; some mothers accessed benefits, housing and career advisory services, others sought support with childcare issues and supported each other with parenting and relationship challenges. The Young Mums' group offered a base from which young mothers could easily access further services and information. In this way, many of the difficulties young mothers and their children faced were mediated by providing a supportive service that was appropriately tailored to their needs.

Five young mothers participated in interviews which explored their experience of becoming a mother, their understanding of mental health difficulties and their preferred routes to seeking support. Several mums felt they needed professional mental health support. Young mums reported their reluctance to seek mental health support because of their fear that social services

will take their child away if a mother is unable to cope with mental health difficulties. The interviews highlighted young mothers' support needs which were categorised into five themes: (1) peer support, (2) adjustment to motherhood, (3) accessing professional support networks, (4) mental health support, (5) confident parenting. The young mothers indicated their support needs could be met within one local service, which could act as a base to access further support and information.

The design of the group has allowed further developments for young parents' services in the local area. The group continues to be an on-going support service available at the Children's Centre. New mums are continually recruited to maintain attendance numbers. Two dads have attended group discussions which indicated that dads may want to get involved with support services, given the appropriate promotion methods. As the group has been known in the area for some time, neighbouring Children's Centres have visited the Young Mums' group to gain information about how to run a successful group that will be popular with young mothers. In light of a need for tips and strategies to engage local young parents with services, a "How To" guide for running young parents' groups was produced. The guide will be provided to existing young parents' groups so that they can use simple but successful strategies to develop comprehensive support services for young parents.

Background

Teenage pregnancy rates in the UK are among the highest in Europe; British 15–17-year-old girls are eight times more likely than those in the Netherlands and five times more likely than those in France to experience teenage pregnancy.¹ Recent estimates found 50,000 mothers in the UK were under the age of 20 years. Of these, 80% were aged between 18–19 years; 60% were lone parents; 70% were not engaged in education, employment or training; they were far more likely to live in deprived neighbourhoods than other parents. Lower socio-economic status appeared to be a factor in teenage pregnancy rates as one in three British teenagers from lower socio-economic backgrounds was likely to become a teenage parent.²

There are a range of risk factors associated with early pregnancy, most notably higher rates of depressive illness.³ One study reported that 53% of teenage mothers experienced post-partum depression. Depressive illness in young mothers is associated with feelings of loneliness and low self-esteem, which indicates that support programmes for young parents should focus on reducing isolation and providing parenting support.⁴ Apart from the obvious negative effect on the mother, post-partum depression, if unchecked, can have long term impact on the child's cognitive and psychological development³. However, programmes focused on mediating risk factors common to adolescent mothers, such as lower levels of education, low employment rates, lone parenting and isolation, have been shown to reduce the rates of post-partum depression.⁵

There is substantial evidence detailing a range of negative outcomes associated with teenage pregnancies⁴ and policy has often been aimed at preventing teenage pregnancy.^{6,7} This can evoke a potentially pessimistic approach to supporting those who have already become mothers. They can easily be seen as risk factors themselves, as children of young mothers reportedly have a bleak future ahead according to some studies indicating an increased risk of criminal behaviour, physical and mental illness and accidents.⁸

While it is important to recognise the many challenges faced by young mothers and their children, it is essential that the benefits of being a young parent are recognised and enhanced through providing appropriate services. For example, young mothers reported feeling stronger after becoming a mother; having a baby marked positive life changes, such as re-engagement with education, training and employment.⁹ Young mothers would therefore benefit from services that facilitate self-development and provide access to peer and professional support networks. Sure Start's guide to good practice suggested that "poor outcomes were not inevitable if the needs of young parents were met with specialist tailored support".⁹ It was evident that an appropriately tailored young parent support service could mediate many of the risks and challenges associated with early parenthood.⁵

Aims

The primary aim was to provide practical, emotional and mental health support to young mothers in the community. The group encouraged young mothers to connect with support and mental health professionals, as well as a peer support network. The group served to reduce young mothers' isolation by providing a network of supportive peers who shared similar past experiences and future challenges. Topics related to mental health were given particular attention with the aim of raising awareness of issues and referral routes to services. Removing stigma around issues affecting young mothers was an important element of discussions and presentations. The groups provided professionals with an additional route to observation, signposting and referrals for further support. This facilitated young mothers' access to a range of support services, from parenting guidance, to careers advice and counselling services.

Recruitment

Three recruitment routes proved particularly effective; recruitment through health visitors, support workers and word-of-mouth recommendations from other mums. As health visitors are the first port of call for most mothers of young children, they can promote local young parents' services soon after the baby is born. Even though young mothers may not access the groups immediately, by simply knowing there are peer and professional support services available, feelings of isolation can be reduced. Young mothers are likely to access the offered support in their own time, as they begin to feel more ready to reconnect with their community, especially if a follow-up invitation to the group is made personally by the group facilitator.

Family support workers (Family practitioners) can also promote such groups. Although young mothers may perceive the role of support workers as intrusive, at least half of the young mums who attended regularly had been informed about the group through their support worker.

Having the group recommended by a friend would considerably affect the likelihood of young mothers attending the group. Young mums often attended with a friend, and encouraging young mothers to promote the group gave them responsibility in maintaining the dynamic of the group. This encouraged greater enthusiasm for activities and the services on offer.

“So I can only go places where it's been suggested, recommended and people have come back and given me good feedback. If I hear that the feedback is [bad], just based on one person, I'm like, no I'm not going there.”

“I would go with a group of people but I wouldn't go by myself cuz I wouldn't like to feel uncomfortable.”

A smaller but important factor in recruitment was related to coordinating the group's timing with other young parents' groups in the local area, so that young mothers could access as many services or groups as they wished to.

An aid to recruitment was the occurrence of several larger events hosted at the Children's Centre which were very widely promoted. Sessions that were run during Event Days were designed to be extra fun and dynamic so as to attract new mums who happened to pass by the group. In this way, the group was promoted to a wider cohort of young parents. Group attendance rates were significantly boosted following a particularly successful Event Day at the Children's Centre.

Text messages were also initially used to remind young mums about each weekly session. This practice proved time-consuming and unnecessary after some time had passed as there was a set of mothers who would regularly attend either way, as part of their weekly routine. After several months, text messaging was used only to inform young mums about specific events, outings and guest speakers, which proved the most effective means of communication.

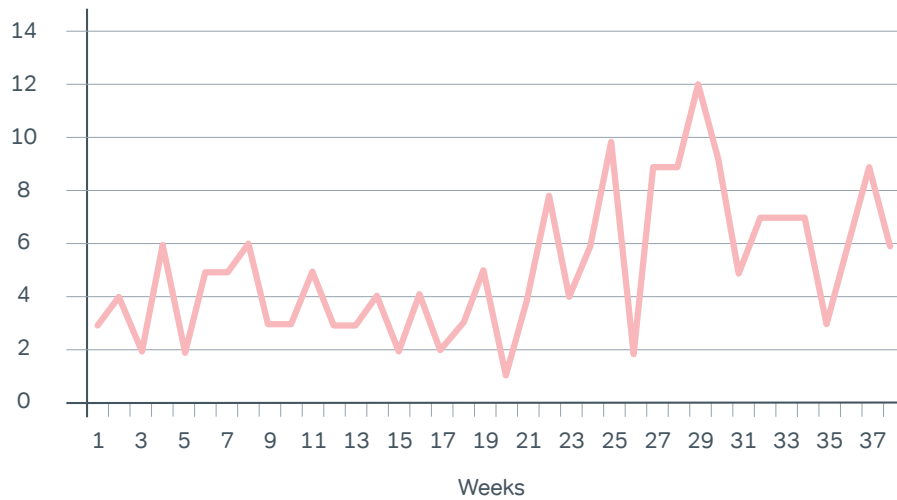
It was also important that mothers who did not attend for several sessions were telephoned so that contact with facilitators was maintained. Illness, family problems and study commitments sometimes impeded mothers' ability to attend; facilitators phoned mothers who were absent for more than two weeks. This allowed mothers to know that their attendance to the group was noticed and valued.

Participants

A total of 27 young mothers attended the Young Mums' group, as well as 34 children. The number of mothers that attended each session varied considerably, from no parents in one session to 12 mums attending another session. Most mums had one child but several mothers had two or three children. Figure 1 illustrates the variation in attendance rates over the school year.

Sixteen of the young mothers who attended were from Caribbean or mixed White British and Caribbean ethnicities, four were from African backgrounds, four were White British; three mothers were from other mixed backgrounds. The ages of the young mothers who attended ranged from 17 to 25, with the average age falling at 21.

Figure 1. Young parent's group attendance rates over 38 weeks



Session development

The central focus and structure of the Young Mums' group remained consistent throughout, while the style of delivery was adapted over time. The groups ran consistently on Tuesdays from 1–3 pm. Food and refreshments were available throughout the session and discussions would usually start after mums and kids had settled with some lunch.

The group style and presentation were adapted over time as it initially placed primary focus on the young children. This would entail arts and crafts activities for children to engage in with the mums' supervision and scattered toys to allow for independent play. The background music played nursery rhymes which set a calm and nursery-like atmosphere in the group.

Table 1. Session structure

1:00 pm	Welcoming, settling in	<ul style="list-style-type: none"> • Mums sign in for register • Weekly plan presented • Catching up from last week
1:30 pm	Food and Discussion/Activity	<ul style="list-style-type: none"> • Food/snacks available • Discussion/activity to begin (e.g. relevant media reports circulated around group, specific questions/topics posed to the group)
2:45 pm	Round off discussion/concluding session	<ul style="list-style-type: none"> • Highlight new ideas • Summarise points/views covered in discussion • Plan for future sessions, especially trips/outings • Signpost and follow-up on self-referrals to other services

During the arts and crafts activities facilitators would initiate discussions on various topics related to the mental health and wellbeing of mothers and young children. The session would often end with 10 minutes of singing nursery rhymes as a group.

As the group initially placed a greater focus on the children's activities, the music, guest speakers and discussions were usually also child-focused. This proved limiting after several months, as the group's style became quite formalised. The group was subsequently restructured with greater focus on the mothers' needs through activities and discussions. The background music was changed to current pop tunes (screened beforehand for adult content). Relevant news reports were used to facilitate discussions, which continued to include a strong focus on parenting, social relationships and mental health.

The groups became a safe and comfortable environment for young mothers to relax and discuss personal issues. The young mothers got to know each other well and formed friendships through the group. Some young mothers invited friends or relatives who also had young children to attend with them. Attendance numbers rose to capacity limit; some sessions had 12 mothers attending with their children. Young mums sometimes contributed to the food table and regularly brought information they had found to share with the others. Most would talk about their life challenges and seek advice from the facilitators and other mums.

Activities

A wide range of activities were planned over the course of the group programme, from discussions to dance lessons to outings. An average of one outing every 10 weeks was arranged; these included visits to the seaside, pantomime and adventure playgrounds.

Discussion topics included:

- Stress
- Confident parenting
- Mental health and mental illness (particularly depression)
- Healthy eating
- Stereotypes and stigmas of "motherhood"
- Mood
- Positive social relationships
- Communicating with your child
- Sexual health and safety

Activities were sometimes organised to remove focus from a difficult discussion topic and keep both mums and children engaged. Art-based activities were less structured and facilitators were available for engagement throughout.

Activities were planned in cooperation with suggestions from the young mothers who regularly attended, which included:

- Easter egg hunt
- Jewellery-making
- Baby yoga
- Street dance lesson
- Nursery action rhymes

More structured sessions involved visiting speakers who covered a wide variety of topics related to mental and physical wellbeing for mothers and children.

Visiting speakers included:

- Benefits advisor
- Counselling psychologist
- Family practitioner
- Careers advisor
- Clinical psychologist
- Sexual health clinician
- Dental practitioner

Building networks

The group served as a gateway for young mothers to access further support. Facilitators kept abreast of local projects, grants, schemes and support networks, and passed this information to the young mums. For instance, young mothers had access and could self-refer to a mental health service for children and young people through the Children's Centre.

Young mothers' difficulties at home could be explored through the group. Issues around domestic violence, unsafe sexual practices and ineffective parenting practices were raised in the context of discussions around media reports on these respective issues. In this way, the young mums did not feel singled out. The group's informal and supportive atmosphere was developed by fostering relationships that were non-judgemental and friendship-based; by providing a user-led service; and by taking a perspective which sees difficult community circumstances, not the mother's young age, as a risk factor.

Informal discussions provided a platform for mothers to seek support or advice. Over time, rapport was established and most felt comfortable communicating their difficulties without fear of reprisal or stigmatisation. As one mum said:

“I feel like I can tell her [a facilitator] anything, she’ll talk to you on a level.”

Young mums sought advice on a wide variety of issues from parenting challenges, legal issues, to mental health problems.

“I like things like that, you have discussions, you can get your feelings out, but I like doing it in a big group because you learn things. I like places where I can learn something new or I feel like everyone is going through it at the same time as me, kind of thing. Like that’s why I like young mums’ group cuz I feel like I’m not the only young mum. I used to feel like I was the only 20-year-old with a child.”

A key to engagement was ensuring the environment was appropriate for babies to explore independently. The group, in effect, offered two hours respite and relaxation for mothers who were caring full-time.

“Cuz when she’s with you guys, I don’t...I can go to the toilet, I’m not fussed because I see the way you guys, you know, handle her. But other places, you can never be too sure.”

“Even if she starts crying, one of the other girls will pick her up and bring her to me, so yeah, I like it here.”

Several mothers had suggested that support could be offered at a much earlier stage, during the first antenatal check-up, for instance. They agreed that midwives would be well-placed to promote groups for young mothers and it seemed most would have attended while pregnant if they were invited to a group with other pregnant teenagers. Groups like these may reduce stress levels in the antenatal period which are commonly problematic for teenage mothers and their baby.

Supporting mental health

A primary focus was to provide mental and emotional support to young mothers; approaches to discussion themes were often focused on promoting mental wellbeing and developing coping and support strategies. Guest speakers were invited to discuss mental health and support services with the young mums. Several mothers reported personal experiences of mental illness and others showed insight into the experience of having a mental illness due to a relative’s or friend’s experience. This served as a platform for discussions, such as how to recognise the need for support and where to get it.

Mental health professionals were invited to give presentations to the group. This experience has helped the young mothers to re-examine myths and stigma about mental illness and mental health professionals. Consequently, young mums had a personal link with a mental health professional, and self-referral forms were passed around to take home. The young mothers had the opportunity to raise their personal issues or concerns with a qualified professional in an informal group context. Visiting speakers presented their offers for support which were then reiterated by facilitators throughout the following sessions, and on a one-to-one basis.

One specific service, offered on-site, catered to mental health needs of children and young people. Self-referral was encouraged, with counselling suggested to some mothers who showed particular difficulties with emotional coping strategies, mood, or adjusting to motherhood. Several mothers self-referred following the session with a guest counsellor. The biggest factor in preventing young mums from seeking this kind of support was fear of social services, as mothers were worried they might be considered unable to independently care for their child.

“I think a lot of young women are scared of having their children taken off of them if they do have postnatal depression and things like that. I feel that when you have to get bigger people involved that...not family, like you have to get outsiders involved, I feel young mums think, because they don’t know the system, they don’t know what’s going to happen, they just think oh my God social services is gonna get involved and that is, my child’s going to be gone.”

These concerns may relate to a lack of confidence in parenting skills and worry about being perceived as an unfit mother. Many young mothers already had experience with social services' involvement and were wary of further involvement of professionals. Facilitators needed to re-emphasise confidentiality policies of counselling services, and the multiple benefits to mother and child in receiving support.

One of the discussions, which focused explicitly on mental illness, was mostly devoted to experiences of depression. The aim was to raise awareness around depression and to make the group a safe place for mums to raise personal concerns. Initial responses were mixed, with some mothers fully engaging in the topic and others less so. Overall, the topic led to open discussion about difficulties in coping, bonding with their child and mood imbalances. Mothers referred to "good days" and "bad days", and many referred to experiencing a "bad patch" after the birth of their baby.

Mothers openly described feeling "stressed" and "overwhelmed"; one mum confided her difficulties with feeling "disconnected" from her child and from the wider community. Reports of this nature prompted sign-posting or service referral. Several further discussions related indirectly to mental wellbeing, often with a focus on parenting issues. Discussions of this nature were kept informal so as to allow a platform for peer support. It was common for several mothers to discuss an issue only after one "bolder" mother initiated the discussion by sharing her difficulties with the group, which encouraged others to join in.

Several mothers reported concerns about their attachment to their child, and some reported concerns about feeling frustrated or angry with their child. The twice-run Baby yoga session and regularly singing nursery action rhymes provided opportunities for mothers to experience one-to-one play with their child. These were highlighted as particularly good bonding activities for mothers to engage in with their child; the benefits of these activities for the child's cognitive and physical development were also promoted. Some mums reported having continued these activities at home as they found it resulted in improvements in the child's behaviour and sleep patterns. These activities also appeared to promote young mothers' responsiveness to their child.

Interview themes

Five young mothers from the group participated in qualitative interviews. The interviews explored how becoming a mother has affected aspects of their lives including school/training and work opportunities, social and relationship issues and mental health difficulties. The interviews highlighted young mums' support needs and preferred routes to seeking mental health support.

Young mothers' needs for support were categorised into five themes; (1) peer support, (2) adjustment to motherhood, (3) accessing extended professional support, (4) mental health support, and (5) confident parenting. These support needs were inter-related and a lack of provision in one area tended to impact on their likelihood of seeking support in other areas. To illustrate, young mothers seemed more reluctant to access professional mental health support if they had low confidence as a parent which also had an impact on their engagement with peer support.

(1) Peer Support

The young mums reported that having the opportunity to socialise with peers was their primary motivation for attending the group and the weekly feedback sessions from the mums confirmed this. Mums enjoyed having a reason to leave the house and an opportunity to socialise with people in similar circumstances in a relaxed environment.

"I try my best to go there and take her cuz there's other mums that are like me."

"I feel like everyone is going through it as the same time as me, kind of thing. Like, that's why I like young mums' group cuz I feel like I'm not the only young mum. "

Participants benefited from having a fun, safe space for children to play, which provided opportunities for the child to socialise and play independently and for mums to relax and focus on their own needs. Several mothers missed having an active social life, as one mum stated her own mother had more socialising opportunities than she herself did, at age 17.

"You need as much support as you can get. Like even me, I need a break! Since [baby]'s been born (10 months since), I probably been out with my friends like....twice! Like even a mum that's married, like my mum goes out like, at least once a month, just to relax. I haven't got that."

(2) Adjustment to motherhood

Social engagement affords young mothers the chance to consider new perspectives, challenge views and develop their identity. As their personal identity had changed with the unexpected arrival of their child, it was beneficial for the young mothers to have meaningful interactions with others of a similar age undergoing similar adjustments to their identity.

The young mums faced substantial challenges in adapting their life plans to the changes brought about by their baby's arrival. Some mums thrived with their new level of responsibility and they all seemed to take pride in their new identity as a mother. It seemed they felt it afforded them a certain status within the community and denoted their entrance into adulthood. For one, the birth of her baby acted as a turning point that positively affected her mental health.

“Your baby is really your world!”

“The way I see it is, we're both big people and I'm not a child, so you can talk to me on a grown up level.”

“Depression runs in my family, I suffered with it and stuff like that. I've actually been in a better place in my life [since having the baby] so I've not actually had to be referred to them [mental health professionals]. Like sometimes I do feel low but I don't feel low where I don't wanna get out of bed and I can't be bothered with the world and world is all on my shoulders and it's all going to fall down and we'll all die tomorrow, like I don't feel like that anymore.”

There were challenges to the adjustment in young mums' identities as their plans or aspirations for the future had sometimes been interrupted. Many had to reconsider their available study or career options. One of the biggest obstacles to re-entering work and study was the perceived unavailability of childcare. On-site childcare provision for college attendees was available in some colleges, and several mothers had returned to college. However, the overall lack of affordable childcare provision remained an obstacle.

“I wanna go back to studying and then find a job when I've got the qualifications. I'm a qualified hairdresser by trade...but I don't want to be a hairdresser anymore.”

“I think different workshops to help them get back into work, cuz I think that's a big thing, if you have a child at a young age, people think 'Oh what am I gonna do now?' That's the thing, I should be at uni by now but I've got a child.”

It was evident that some mothers required further support and a longer adjustment period before they could start to consider their future. Mothers were encouraged to consider future options as facilitators promoted various sources of information, advice, options and opportunities related to work or study. Many mothers redirected their future plans to entail some aspect of health and social care, including attaining childcare qualifications.

(3) Accessing professional support

A lack of support with daily stress, family difficulties and emotional issues can impede adjustment and the development of good coping abilities. Young mothers often experienced problems in their relationship with the father of their child; these problems sometimes led to the involvement of police, legal advisors and social services.

“I don't mind talking about what I'm going through because I don't really want anyone else to go through what I go through. And people go through worse than what I go through, and I feel like I'm living in hell with her dad at the moment.”

“Like say you're in a domestic violence relationship, people won't go out and say anything now because the first thing you're [professionals] doing is phoning social services.”

“I was having problems with her dad at that point as well, like family problems. After that I didn't wanna go out or see anybody...so I just locked myself in the house.”

Fear of social services often prevented mothers from seeking professional support. For this reason, the informal setting of discussions in the young mums group reduced stigma and unhelpful assumptions about professional support. Some mothers felt comfortable explaining their difficulties, seeking guidance from facilitators and self-referring for further support.

“At the time I need something, I know who I should be going to. Like I talk to everybody, yeah, like I say to [young mum], what did you do in this situation or ask [facilitator] what can I do in this situation?”

Other mums preferred not to share personal details within the group, instead seeking one-to-one support from facilitators.

“[Facilitator] knew about all my problems with him [baby’s father], like and I’ve spoken to her like she said I can go to her with any problems.”

“She [facilitator] gave me their number and she said to me don’t feel like it’s bad, I’m not saying it in a bad way, but there may be a possibility that you might need some counselling. I was like, yeah maybe.”

Some young mums indicated that they did not appreciate professionals asking about their private affairs, for instance about their parenting practices or their issues with the child’s father. They felt comfortable discussing these issues, however, when the topic was initiated by their peers or in informal discussions or debates sparked by relevant news reports.

“Like sometimes I talk about it because other people are going through it and when you initiate something, people sort of come forward and say ‘yep, hear what my [stressed] baby father did the other day’. So you don’t feel like you’re alone.”

“You have discussions, you can get your feelings out, but I like doing it in a big group because you learn [stressed] things.”

Young mums also reported their difficulties when trying to access support. One approached her GP for help with issues related to emotional stress. The GP acknowledged that her difficulties may be related to stress but the mother was dismissed, rather than referred on for further support. Another young mum had very negative past experiences with professionals which sometimes appeared to be a barrier to trusting professional support.



“I don’t know how to explain it; sometimes it gets too much I think. I don’t tell anyone but I do think I need help with that [mental health support]. I tried telling my GP but they won’t, they’re like ‘Oh it’s nothing, you’re probably stressed’.”

“So the services weren’t that great because they’re supposed to protect me, you know, protect that person and they didn’t bother!”

Several young mums had wanted to access a range of support services but were unaware of services and groups in their area. Some other young mums needed encouragement and repeated reminders before they felt comfortable accessing extended services, such as counselling.

“If I knew that it was there, then I’ll go. If it’s there I will go and do it, I will go for help. I’m not scared to go and say I need help. If it’s there for me, I’ll take it, I don’t mind. I need, listen, I need every help I can get at the moment!”

“So I have to really snoop and like ask around otherwise people don’t come to me to tell me, so support-wise, wasn’t really...yeah it was scattered.”

“I think sometimes it’s whether you have someone encouraging you to go out there [for support].”

Young mothers were often not accessing the full extent of the support networks available to them. Accessing professional support was impeded by a variety of factors including fear of stigma, dismissiveness of professionals and concerns about consequences. These perceptions can greatly discourage young mums from seeking support.

(4) Mental health support

Interviews and discussions indicated high rates of mental health or emotional difficulties among the young mothers who attended the groups. Most mums reported experiencing a “bad patch” and some reported on-going mental health problems for which they had not sought professional support.

“I kept having breakdowns, mental breakdowns and no one was like thinking about [mum], like how’s [mum] feeling?”

“I told them I wanted help with my anger management and that’s when they referred me to counselling. I was quite losing it actually, I was losing it. Like I was mad all the time, I was agitated all the time, I even had high blood pressure from my doctor.”

“I don’t know, I just feel really down like the last few weeks, it’s been about the 8th week maybe...Just feeling really shit in myself, I been in my house all the time, I don’t go out anymore now, keep myself to myself.”

It was also common for mothers to report experiencing or expecting stigma around mental health support needs. For many, self-stigmatisation prevented them from talking openly about their difficulties, and a pressure to appear to be coping was evident

“When they hear ‘Do you want to be referred to the mental health’, it’s like no. And then you can push it aside, like a front, you can make it seem to the outside world and be happy.”

“When they say ‘oh we’re gonna refer you to the mental health dadadada [stares], I’m not crazy! Like, I’m not going nuts! I just need a bit more support.”

“Ooh, I don’t go to that just if I’m stressed, cuz that might make me seem mentally unstable.”

Virtually all of the young mothers were concerned about the consequences of seeking mental health support. Several saw seeking such support as leading directly to losing custody of their child.

“They don’t feel like oh my god this is where I’m gonna get help. It’s oh my god, I’m gonna be referred to a nutty home, I’m gonna be taken away in these white things, they’re gonna take my child away and I’m never gonna see my baby again.”

“Not really the mental health because social services, that’s the main fear.”

The fear of seeking support from mental health professionals appeared to be mediated by encouraging mothers to make self-referrals, which offered a sense of autonomy in their route to support. It seemed that it was not necessarily mental health professionals that concerned mothers but rather that they would be referred to social services as incapable of looking after their child because of their need for mental health support.

Interestingly, young mums were open to the suggestion of a parenting club which suggests that the need for support with parenting carries less stigma for young parents than a need for mental health support.

A significant factor affecting the likelihood of mothers' seeking mental health support was their confidence in their role as a mother. Young mums who felt confident in their parenting abilities were more likely to report accessing mental health support services, while mother's who were less confident about their parenting were more likely to delay seeking support.

(5) Confident parenting

Confidence as a parent was related to the adjustment to motherhood, as mothers gained confidence in their abilities over time. All mothers indicated that there was a short initial period after the birth of the baby when full-time support was needed. They all required time to adjust to the life changes.

"I don't know, in the beginning I wasn't too sure about being a parent, I was a bit like...ooh yes, no, not sure, yes, no, like ahhh! Every time I went near her I was like I hope I'm doing the right thing, I hope I'm doing the right thing, I hope so."

"I kind of found it difficult after being at mum's for six weeks. I've got to deal on my own with the baby, I've got to deal with myself and I was on my own."

The lack of confidence in their parenting skills could be compounded by unhelpful relationships with parents or extended family. This indicated that parenting support should come from a variety of sources to ensure a well-balanced support structure that accounts for age, culture and personal experiences.

"Cuz it's your own, you take everything to heart, what people say, especially when it's coming from your family. They will look at any little thing that you do and they will pick on that. They don't think 'oh she's young, she's just getting to know' or 'I think you should do this and this', they're not like that."

"They [paternal grandparents] probably think I'm the worst baby-mum in the entire world but also it could be the false information that my baby-father gives them as well."

"I've now learnt that even if you try to say something, nobody cares about what you're trying to say, really...just because I didn't know how to express myself and when I was expressing myself, it was not being heard properly."

Not all of the young mums lacked confidence in their role and it seemed to vary according to immediate circumstances and other factors. One mum in particular was not worried about consequences of seeking professional mental health support.

"Because I know I'm a great mum for my age anyway, because my baby's happy, happy, happy, happy. She can be moany, don't get me wrong, she can be extremely moany for no reason but she's happy."

This particularly confident teenage mum reported having a supportive relationship with her own mother, who was also a close friend and main source of support. In this way, she had a trustworthy parenting model on whom she could base her own parenting practices; she could talk through ideas and difficulties with someone she could trust.

Confidence in their own parenting role appeared to be a significant factor affecting young mums' likelihood of seeking emotional support and adjusting to their parenting role.

Practical strategies

As it can often be difficult to engage young mothers with support services, efforts were made to gather feedback at every opportunity. Initially, young mothers found it difficult to ask for preferred activities as they were unsure about what was on offer. By presenting several options to choose from, young mothers were better able to influence the style and content of the group. Over time, they had a better idea of what could be accessible for the group and they offered new suggestions for outings and guest speakers. Trips and outings were popular, especially when they offered “a chance to get out” of the local area. Activities that offered opportunities which the young mums would not usually have access to were particularly popular incentives to encourage regular attendance.

Young mothers showed more engagement with discussion topics when they were initiated by young mums or when relevant news reports were offered, which sparked lively discussions. A factor that affected both the promotion of the group and the engagement of the young mothers was the number of restrictions and rules that were enforced in the Centre which hosted the group. For instance, the use of mobile phones was prohibited, and repeated reminders of the rules proved unhelpful and served to alienate some mothers, who felt they were being treated like children. Prohibiting prams from the room was also seen as unhelpful, as it made it difficult for mothers to bring sleeping toddlers into the group. On several occasions mothers turned up but did not attend the session because they had to choose between attending and letting their child sleep.

The group style and presentation were important factors affecting the attendance and the level of engagement with discussion topics. Attention to detail made a substantial difference to how relaxed the group felt, including quality of refreshments available, room layout and the type of background music played. The layout of the room was surprisingly important to making the atmosphere conducive to open discussion. The room was changed from a “workshop-type” arrangement to more like a “chill-out” space, reflective of how young mothers relate informally to each other. Additionally, hot food was an incentive for attendance; foreign or “too exotic” foods were usually rejected. Presenting options of more and less healthy eating, and occasionally serving hot snacks, proved popular and prompted mothers to bring snacks to share with others.

After the group had established a set of regularly attending mums, the young mums presented and voted on suggestions for the group’s name, settling at “Yummy Mummies”. The naming of the group proved fun and mothers enjoyed creating a group identity. Another factor affecting the dynamic of the group was the removal of censorship from discussions. Provided that no inappropriate language was used (enforced both by young mums and facilitators), mothers were encouraged to speak without fear of reprisal or censorship. Mothers sometimes expressed views which were not politically correct and views reflecting local youth culture. These remained uncensored insofar as they were not harmful so that mothers felt they could speak their mind within the group.

Conclusions

The Young Mums' group aimed to develop and provide a well-rounded support service for young mothers. The groups provided young mothers with opportunities for peer support and access to professional services. Young mothers sought support for a very wide range of issues from parenting, mental health, interpersonal problems, to legal issues and re-entering education or employment. There were initial challenges with engaging the local young mothers consistently; their feedback was used for effective recruitment.

Health visitors and family support workers were the most common referral routes to the groups but word of mouth recommendation was reportedly the most effective. Attendance of the Young Mums' group substantially improved over time, as the facilitator build a rapport with the participants and the group was adjusted in its style and presentation. Practical changes seemed to have the greatest effect on attendance rates; these included having culturally-appropriate food and snacks available, playing current pop music in the background and arranging the room to reflect a relaxed "chill-out" space.

Discussions and activities were presented more informally and media reports were often used to initiate discussions about sensitive topics. Media reports were highly effective as a means of raising awareness and reducing stigma through discussion. For instance, discussions about the representation of mental illness or parenting in the media highlighted important issues and proved very popular. Inviting guest speakers to raise awareness also proved popular; for example, several mothers self-referred for counselling after a guest counsellor was invited to speak. Young mums seemed far more likely to self-refer for counselling after being able to meet a counsellor and get information about seeking support.

Qualitative interviews with young mothers identified the support needs of young mothers and barriers to seeking support. Peer support was cited as the primary reason for attending the group, indicating that young mothers preferred to initiate support-seeking within a group context. All of the mothers reported needing time to adjust to being a mother, which was a focus of group discussions and facilitators offered support with parenting practices.

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. Mothers eagerly took the opportunities to ask questions and seek advice from the guest speakers; the sessions with visiting speakers often prompted mothers to access extended services.

Several mothers experienced mental health difficulties, including on-going or past problems with their mood and coping abilities. Facilitators placed a sustained focus on encouraging self-referrals for counselling and other forms of mental health support. A lack of confidence in parenting was a factor which had an impact on the likelihood of seeking support and on parenting practices. Peer support improved mothers' confidence in their parenting as they found others faced similar challenges with their child's behaviour, their coping abilities and feelings of isolation. Baby yoga and singing nursery action rhymes presented opportunities for mothers to engage in one-to-one play; several mothers reported introducing these activities into their baby's daily routine.

The Young Mums' group provided a low-cost, consistent service that met a gap in support for young mothers. By providing the appropriate support for young mothers in their adjustments, professional services were able to mediate many of the risk factors and challenges faced by young mothers. As the group sessions were tailored to meet a range of young mothers' support and advice needs, they provided additional routes for professionals to maintain supportive relationships with the young mums.

The group effectively became a one-stop shop for young mothers to access personal support and a wide range of professional services. The design of the Young Mums' group enabled further developments in the local area and consistent recruiting has maintained attendance numbers; the group became self-sustaining.

Young fathers were also potentially willing to engage with support services. Two dads have visited the group, widening the remit of the group to include fathers and parenting couples. Several fathers attended a trip to the seaside which indicated that more young dads will attend young parents groups, given incentives appropriate to their demographic.

Facilitators of neighbouring groups for young parents have visited to learn about promotion and recruitment techniques to further engage with young parents in the local area. Consequently, a "How To" guide to running young parents' groups was produced, which offers tips and strategies for running a comprehensive young parent support service. The "How To" guide will be available to existing young parents' groups and services to improve attendance numbers and further engage young parents with comprehensive support services in their local communities.



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