

CREATING CONNECTIONS

Delivering and promoting peer support as a
suicide prevention strategy for young mums



Evaluation Report - May 2025



One thing that I would like to say to a young parent that's experiencing poor mental health is, "so did I, and sometimes I still do, but that's okay and I think **it's not always going to be like that forever.**"



*MMHA Lived Experience Champion Jayde,
from the Creating Connections social media campaign*

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Evaluation Highlights

- The **Creating Connections Project** surpassed its goal of delivering 1700 peer support interventions and reaching 500 professionals.
- After taking part in **UOK?** young people were better prepared to support a peer experiencing suicidal thoughts and developed skills to look after their own mental health.
- Young mums taking part in **Young Parents Connect** described the positive impact peer support has had on overcoming suicidal thoughts and improving their mental health.
- Professionals who attended the **Workforce Training** gained practical skills to address suicide prevention among young mums. Some have gone on to set up new peer support initiatives and used the training materials to help with this.
- The **Social Media Campaign** generated substantial online engagement, surpassing average views and shares of other recent posts.
- The **Digital Resources** received positive engagement and feedback, including from professionals who support young mums directly and those working within the suicide prevention space.



UOK? Wellbeing Advocate training session

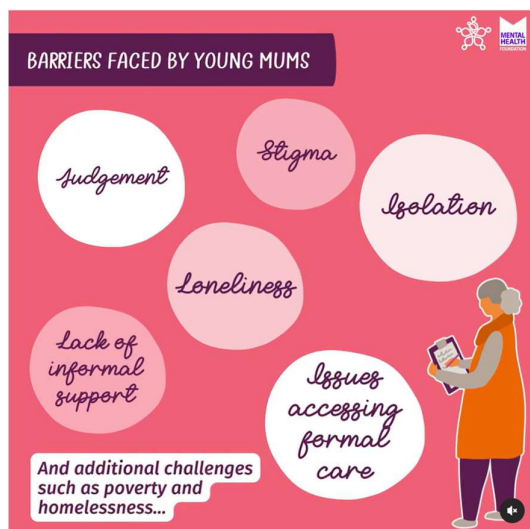
The Creating Connections Project

Background

Suicide rates among young people have increased in recent years and the Department for Health and Social Care's suicide prevention strategy for England (2023)¹ identifies a need for targeted activity to address and reverse this trend.

Around 7% of young people in the UK have attempted suicide by age 17²

Young mums are a particular demographic of concern. Young mums are at greater risk of experiencing poor mental health compared to older mums, and compared to their peers without children, due to increased exposure to risk factors which can impact their wellbeing – including loneliness and stigma associated with young parenthood.



Creating Connection social media campaign post

Suicide is the leading cause of maternal death in the first year after birth, and there has been an increase in the number of teenage maternal suicides in recent years.³

The factors driving these troubling increases in suicides are complex. **The Social-Ecological Framework of Suicide Prevention** describes the interactions between individual (e.g. personal experiences), relational (e.g. family history), community (e.g. where we live and work), and societal influences (e.g. government policies).⁴

At the individual level, feeling depressed and hopeless are strong risk factors for suicide, while social support and self-esteem are strong protective factors.⁵ Among young people, school connectedness and positive relationships with peers are prominent protective factors as well.⁶

At the societal level, inequality, discrimination and stigma are key contributors to suicide in vulnerable and marginalised groups.⁷


Suicide prevention experts call for multifaceted, systemic public health strategies to target these risk and protective factors.⁸ This includes universal prevention strategies, such as **public awareness campaigns**; secondary prevention strategies, such as **workforce trainings**; and tertiary prevention strategies, such as **targeted support for individuals at high risk**.

Community-focused work is a crucial component at all three of these levels. **Voluntary and community sector organisations (VCSEs) are at the frontline of suicide prevention**, providing essential support to communities at risk and “plugging gaps” left by overstretched healthcare systems.⁹

In particular, **community-based peer support programmes are an important piece of the youth suicide prevention puzzle**. Peer support can increase social connectedness, support mental health recovery, increase hope, decrease stigma, and encourage positive coping strategies¹⁰ – effectively boosting protective factors and reducing risk factors that contribute to suicide.


School-based programmes can be especially effective at raising awareness of suicide prevention, decreasing stigma, and encouraging help-seeking.⁶ The recent *All-Party Parliamentary Group on Suicide and Self-Harm Prevention* report⁹ identifies schools as a key setting for tackling suicide among young people, and states that peer connection can “boost self-confidence and tackle isolation” (pg. 16).

More work is needed to expand access to peer support programmes. **This is where the Mental Health Foundation’s *Creating Connections* project comes in.**



“I know what I was like before I came to the groups and **I was on the verge of suicide**. Coming here meeting people, making friends, the children have people to play with and they have support. It’s not nice when you feel like you’re on your own as a parent.”

– *Young Parents Connect* mum



“I understand how challenging and overwhelming it can be—academically, socially, mentally, and even financially—especially when it’s your first time living alone, being away from home, or attending university. **I want to offer support to others facing similar struggles**. Having personally experienced mental health challenges, I know how valuable mental health support can be, and I want to make a difference in the lives of others.”

– *UOK? Peer Educator*

Aims, intended reach and impact

Creating Connections is a multifaceted programme of work focused on the promotion of peer support as a suicide prevention strategy for young people and young mums. The project set out to deliver 1700 peer support interventions and reach 500 professionals from April 2024 through March 2025.

The project was developed by the Mental Health Foundation (MHF) and delivered in partnership with the Maternal Mental Health Alliance (MMHA), combining MHF's knowledge on **what works to prevent poor mental health** among at-risk young people and vulnerable families with the MMHA's expertise in creating guidance and **amplifying the maternal mental health needs** of young mums.

A suicide prevention consultant worked closely with the Creating Connections team, drawing on current knowledge and best-practice guidance for effectively reducing the risk of suicide among young people and young mums.

The project set out to achieve the following outcomes:

- **Prevent poor mental health and suicide** by creating safe spaces for peers to support each other, learn ways to look after their mental health, and build social connections.
- **Break down the stigma** around suicidal thoughts by facilitating open conversations and encouraging young people to reach out for help when they need it.
- **Drive systemic change** by providing professionals with the skills and knowledge to better support young mums and overcome barriers that may prevent them from accessing peer support.

To achieve its aims, the Creating Connections project adopted a four-strand approach:

1. **Delivery of community and school-based peer support for young people and young mums**

The Creating Connections project built on two successful MHF peer support programmes to include a greater focus on suicide prevention:

- (1) The **UOK?** programme trains student Wellbeing Advocates to deliver peer support activities at their college or university.

(2) The **Young Parents Connect** programme provides weekly peer support groups for young parents (aged 25 and under) and their children in community settings, often Family Hubs.

2. Workforce Training

Online training sessions for professionals who support young mums to increase their knowledge, skills, and confidence to implement peer support with a suicide prevention lens.

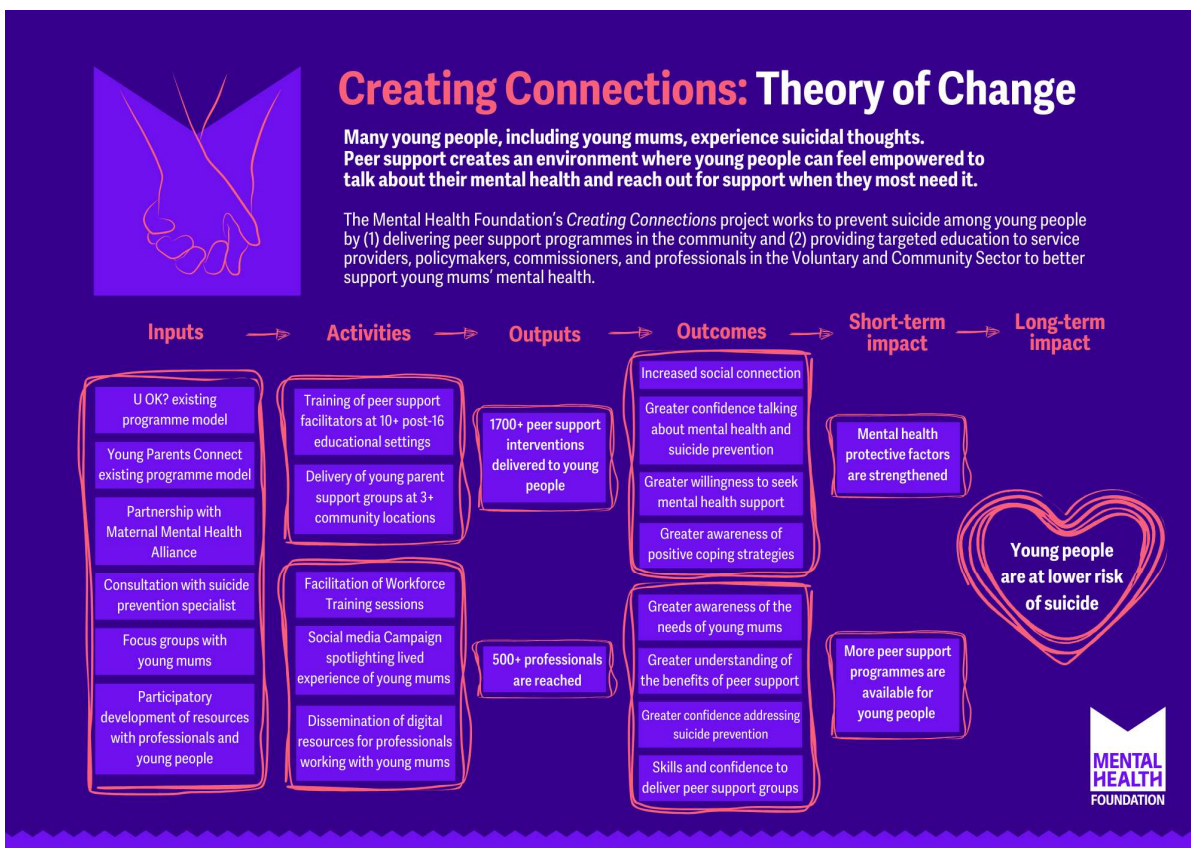
3. Digital Resources

A series of bespoke online resources to educate professionals about the specific mental health needs of young mums, the barriers and challenges they face, and how to provide effective peer support within the context of suicide prevention.

4. Social Media Campaign

A five-day series of posts on LinkedIn, Instagram, and X to raise awareness amongst professionals about the specific needs and experiences of young parents.

Theory of Change



Evaluating Creating Connections

In order to capture the reach and impact of the Creating Connections project, the team adopted a mixed methods evaluation approach.

Young people in the **UOK?** and **Young Parents Connect** peer support programmes were asked to fill out surveys before and after taking part to measure changes in their wellbeing, knowledge and confidence around mental health, comfort talking about suicide prevention, and attitudes towards help seeking. They were also asked to provide written feedback about what they liked about the programme, the impact it has had on them, and how it could be made better in the future. We experienced a high survey response rate (71%) from UOK? participants, but a low survey response rate from Young Parents Connect participants (<2%) which has limited the findings we are able to present in this report.

We also held a focus group with **UOK?** Wellbeing Advocates to learn more about their experiences delivering peer support activities and their insights on ways to enhance the programme's impact.

As part of an independent evaluation of **Young Parents Connect** published in 2025¹¹, several young mums were interviewed about the impact the group has had on their mental health. Some of the quotes presented in this report come from these interviews.

Professionals attending the **Workforce Training** were asked to fill out surveys before and after the training to measure changes in their practical knowledge and confidence around supporting young mums, recognising and responding to signs of suicide risk, delivering peer support programmes, and reducing barriers to accessing peer support. The after-training survey also asked for written feedback on what they liked about the training and what could help make it better in the future. A follow-up survey was sent out four months after the training to ask how the training has influenced their work with young mums.

The impact of the **Social Media Campaign** was assessed using engagement metrics (views, shares, and comments) which were compared against average engagement for other recent posts. The impact of the **Digital Resources** was similarly assessed using engagement metrics (downloads).

UOK?


UOK? Programme Summary

UOK? is a peer support and psychoeducation programme which helps students develop agency in talking about mental health with their peers. It aims to improve mental health outcomes as young people navigate the transition to college or university and, more broadly, the transition from adolescence to adulthood.

The programme trains student Wellbeing Advocates to deliver mental health workshops and run wellbeing activities with their peers. The workshops and activity guides were co-produced with students and focus on a range of topics including academic, social and financial pressure.

Within the Creating Connections project, the UOK? materials have been further developed with a suicide prevention consultant to include more content aimed at reducing suicide risk among young people.

All UOK? resources are freely available on the MHF [website](#).



“I signed up to become a Wellbeing Advocate because I believe that university should be an inclusive environment where everyone feels welcome. Unfortunately, many students experience seclusion and isolation. **I want to be a pillar of support for these individuals**, helping to create a more friendly and welcoming atmosphere within our community. By fostering connections and providing assistance, I hope to ensure that everyone feels valued and included during their time at university.”

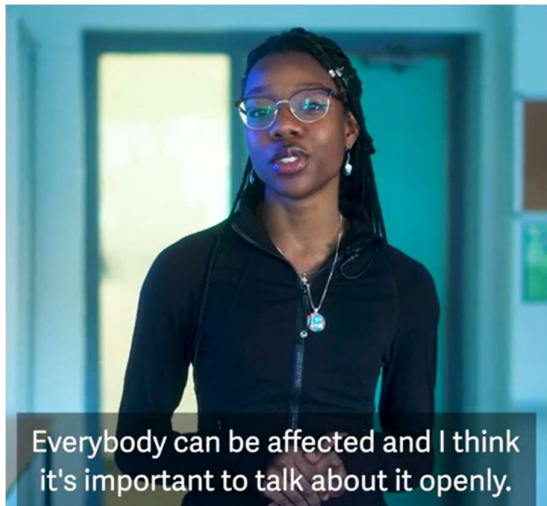
– UOK? Peer Educator

Key Findings

During the Creating Connections project, UOK? trained **148 student Wellbeing Advocates** at 15 post-16 educational settings (colleges and universities) in England and Scotland.

If each of these Wellbeing Advocates connects with just 10 of their peers, **over 1400 young people will benefit from peer support** through the UOK? programme during the 2024/2025 academic year.

We collected feedback from 105 (71%) of these Wellbeing Advocates and the on-site staff who support them. We also ran a focus group with Wellbeing Advocates to learn how to expand UOK? reach and impact.



UOK? Wellbeing Advocate

60% of these Wellbeing Advocates have lived experience of poor mental health themselves.

26% of Wellbeing Advocates told us that they fall within an MHF priority group: they are living with a long-term health condition, a refugee or person seeking asylum, a young parent, or are care-experienced.

Additional demographic information can be found in the Appendix.

What impact did the training have on Wellbeing Advocates?

After taking part in the training, Wellbeing Advocates showed the following statistically significant changes (see Appendix for details of quantitative analysis).

- 69% feel more confident talking to others about mental health
- 62% increased their knowledge of mental health
- 58% have a better understanding of **where to signpost someone who is struggling** with their mental health
- 58% feel more confident running peer support activities
- 54% have a better understanding of **what to do if a peer is experiencing suicidal thoughts** or a mental health crisis
- 46% feel more connected to their peers

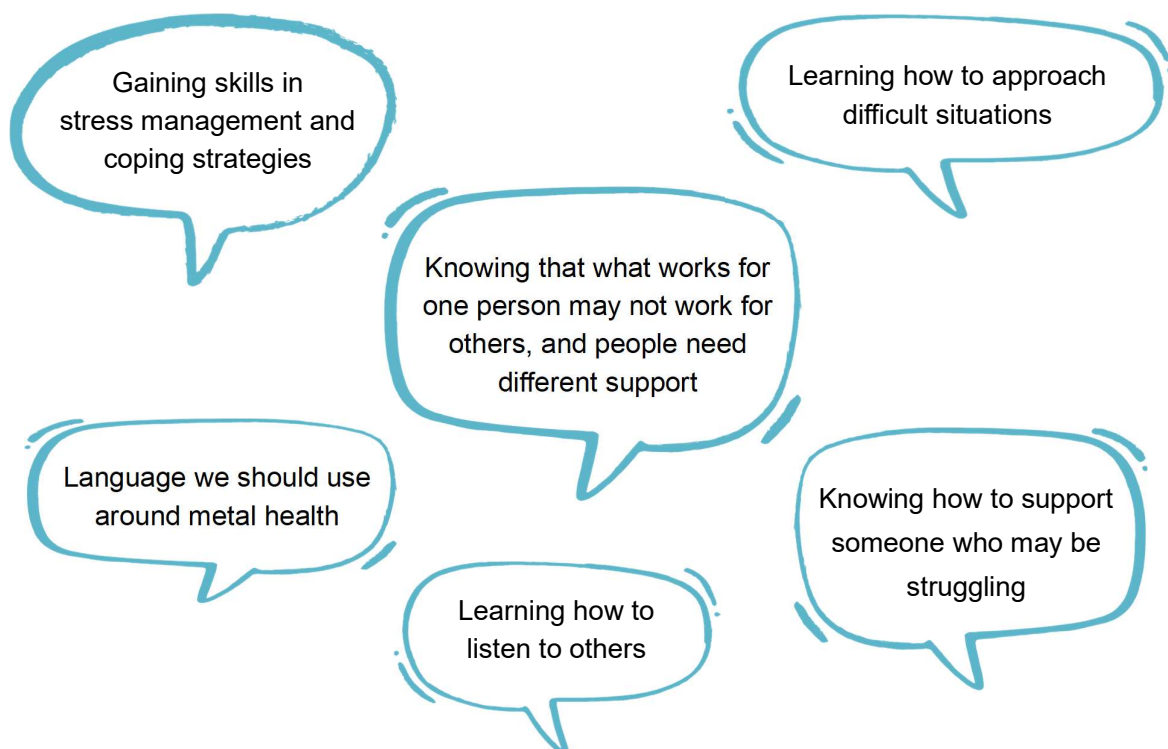
79% strongly believe that it is **important to talk about suicide prevention** and 51% feel very comfortable talking about suicide prevention.

100% agree that the training increased their understanding of how to maintain good mental health and how to ask for help.

Why did student Wellbeing Advocates join UOK?




What was the most useful part of the UOK? training?



What do on-site staff think about UOK?

100% agree that the level of communication from MHF has been appropriate and supportive, they have a good understanding of the purpose and aims of the UOK? programme, they have a good understanding of the steps required to deliver UOK? in their institution, and they feel confident that they will be able to deliver UOK? successfully in their institution.



“I believe that in many cases, **students are the best people to talk to other students** about mental health issues.” – *university staff member*

“The **students are passionate about the project** and are developing their skills and confidence too.” – *university staff member*

“I am eager to join up with programmes that can assist both our staff and students with **actionable approaches in providing mental health aid.**” – *college staff member*

What did we learn from our focus group with Wellbeing Advocates?

Wellbeing Advocates described using UOK? materials to deliver successful peer support activities, including a comedy show and pizza party with mental health conversations facilitated by UOK? emotion cards. Some activities were held outdoors, drawing on the benefits of nature and physical activity to help encourage conversations about mental health. Some drew on their UOK? training to have supportive one-on-one conversations with their peers about mental health.

There was agreement that UOK? content is useful and relevant to young people, and the feedback from peers who joined their wellbeing activities has been positive.

Focus group participants offered valuable suggestions for reaching more of their peers. They emphasized the importance of holding peer support activities at the beginning of the academic year when students are “eager to join events and make friends”. Students may also especially benefit from peer support activities during the dark winter months when “general mood and atmosphere might become more gloomy”.

They also told us that Wellbeing Advocates should be encouraged to take the lead in planning activities that will suit their setting and appeal to their peers. Rather than using the term “workshop”, which may struggle to attract students, they suggested focusing on a fun wellbeing-focused activity when advertising events.

Young Parents Connect

Young Parents Connect Programme Summary

Young Parents Connect is a peer support group for young parents (aged 25 and under) and their children. It aims to support young parents by strengthening their mental health, building social connections, and fostering confidence and resilience through facilitated peer support.

The programme consists of weekly sessions run by experienced staff facilitators in Family Hubs and some other community settings. The sessions are guided by a manual which provides topics and activities that help to create a safe space for social connection and open communication. Young parents can join the group through self-referral or be referred by a professional.

During the Creating Connections project, a suicide prevention consultant reviewed the existing delivery material to ensure these used appropriate language and build on the programme content. In addition, two focus groups were held – one with existing Young Parents Connect participants and one with parents who have not been a part of the programme – to discuss how they thought suicide prevention content should be integrated into the programme.

Young Parents Connect recently underwent a two-year programme evaluation by Associate Development Solutions (ADS)¹¹ which was published in 2025. Some of the quotes presented here come from the ADS report.

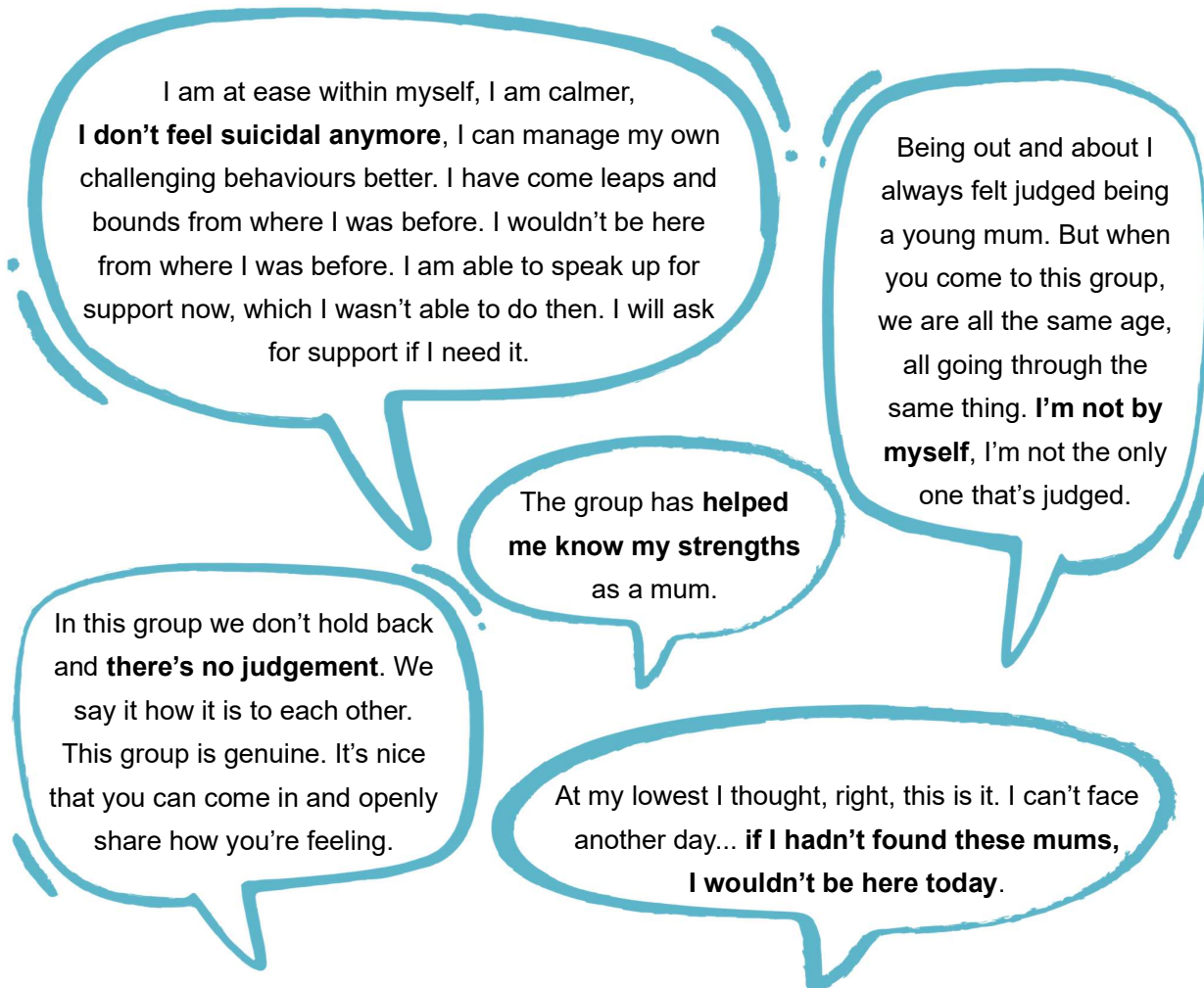
Key Findings

During the Creating Connections project, Young Parents Connect delivered **142 peer support group sessions** with an average of 7 to 8 parents and children attending each group. In total, 1073 peer support interventions were delivered.

Due to low survey response rate (<2%), we were unable to carry out our planned data analyses or capture feedback on the new suicide prevention content developed during Creating Connections.

However, many of the mums described in interviews the profound positive impact the group has had on their mental health. The ADS evaluation found that many mums were struggling with poor mental health, suicidal thoughts, and self-harm before joining the group. After accessing peer support, these mums showed meaningful improvements in mental health, self-esteem, coping skills, and confidence in their parenting.

How has Young Parents Connect impacted the mums who take part?



Young Parents Connect mums, from the Creating Connections social media campaign

Workforce Training

Workforce Training Summary

To enhance the systems-level impact of the Creating Connections project, free online Workforce Training sessions provided practical guidance for professionals who support young mums throughout the UK. The title of the training was: **The Importance of Peer Support Groups in Reducing Suicidal Ideation for Young Mums.**

These trainings aimed to raise awareness about the barriers to achieving good mental health that many young mums experience, and the ways that peer support can help to tackle this, with a strong focus on suicide prevention. Content focused on the ways that peer support can help to improve mental wellbeing and confidence, encourage social connection, foster hope and optimism, and encourage positive coping strategies.

With support from the MMHA's networks, the opportunity was shared across various platforms and emailed to known interested contacts which led to the training being oversubscribed - most dates reached sign-up capacity within 24 hours of advertising, and the availability for all training sessions was extended to meet demand.



“The training was so informative. It reignited my passion and has **inspired me to start more peer groups.**”

– *Workforce Training attendee*

Key Findings

A total of **200 professionals** attended the five Workforce Training sessions. We collected feedback from 118 (59%) of the training attendees. This includes:

- 63 service providers
- 26 people who work for a VCSE
- 1 commissioner
- Professionals in a range of other roles, including support workers, perinatal mental health nurses and midwives, mental health practitioners and psychologists, and people working in family hubs, community early help, and local authorities

53% said that they are currently involved in running peer support groups for young mums.

What impact did the training have on attendees?

After the training, attendees reported the following statistically significant changes in knowledge and confidence (see Appendix for details of quantitative analysis):

The training better equipped professionals to support young mums who experience suicidal thoughts.

- **79% feel better prepared to recognise and respond to signs of suicidal thoughts**
- **55% feel more comfortable talking about suicide prevention**

The training also provided practical, relevant information which attendees can use to set up and deliver successful peer support groups for young mums.

- 94% have a better understanding of how to overcome barriers that prevent young mums from accessing peer support
- 89% gained practical skills and knowledge about running a successful peer support group
- 85% have a better understanding of how peer support groups can help to prevent poor mental health among young mums
- 81% have a better understanding of the challenges young mums face and how these can impact mental health

What did attendees think of the training?

100% of attendees said they felt confident using what they learned from the training in their work with young mums, the content of the training was in line with their expectations, and the training was engaging. 100% felt satisfied overall with the training.

Many attendees emphasized the importance of hearing directly from young mums who have benefited from peer support groups, stating that the most useful part of the training was “seeing the clients lived experience of the group” and “hearing real life stories.” These personal accounts were described as “excellent and always motivational” and “showed us how much the peer groups can impact these young women for the better.”


Professionals highlighted a range of other positive elements of the training. They especially appreciated “hearing about a model which actually works in practice.” There were “lots of practical takeaways” for delivering peer support programmes including tips on how to structure a group and engage mums, group facilitation strategies, and ways to overcome barriers that prevent young mums from accessing support. It was also beneficial for training attendees to meet and learn from other professionals working in this space.

How have attendees used the training in their work?

Six professionals responded to a follow-up feedback survey four months after attending the training.

All six provided specific examples of how the training has influenced their thinking or practice in their work with young mums. This included adopting strategies to reduce barriers to accessing peer support, such as providing transportation support, offering incentives for group attendance, and involving the mums in scheduling the group at a time that suits them.

Two professionals said they have drawn on the training to set up new peer support programmes in their settings:



“I’ve used the training to help create a new peer support group for young mums and have asked for their help to create it.” – *Workforce Training attendee*

“I am setting up a perinatal course within my service and we will be having mums of all ages. The information from **the training has helped me to think about content to include** in this course.” – *Workforce Training attendee*

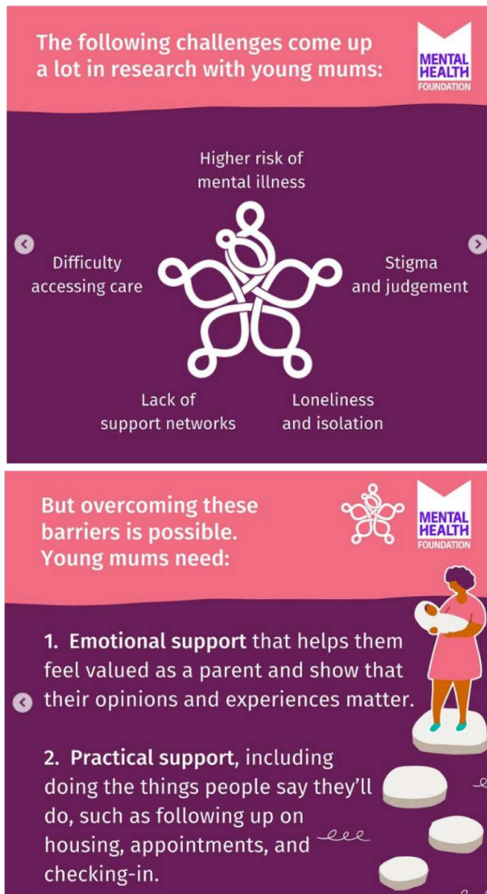
What could make the training more impactful?

Several useful recommendations were made to further enhance the impact of future workforce trainings. Some specifics included setting out more real-world scenarios for discussion and providing practical handouts. There were a few requests for more detailed discussion of the MHF peer support group model. Signposting to further training and “more advice on how to volunteer or be involved in these groups” was suggested by a couple attendees. “More on suicide” was requested by one person.

Social Media Campaign

Social Media Campaign Summary

The MMHA and MHF produced a five-day social media campaign designed to raise awareness amongst professionals about the specific mental health needs and experiences of young mums. The campaign ran from the 25th to 29th of November 2024 on Instagram, LinkedIn, and X.



Social media campaign posts

From previous experience, the team was able to bring together a “hearts and minds” approach to the campaign, blending statistics and information with lived experience voices. The campaign utilised a range of engaging content, including animations, infographics, and videos to communicate key information about young motherhood and mental health, share personal stories, and present solutions.

The Creating Connections campaign spotlighted the lived experience of young mums through a series of original videos developed by MMHA Lived Experience Champions with the support of a Lived Experience Co-ordinator. The videos featured clips from interviews with MMHA Lived Experience Champions covering topics including suicidal thoughts and social stigma, as well as interviews with young mums who attend the Young Parents Connect groups describing their personal experiences of accessing peer support.

The campaign was shared across the MMHA’s social media platforms to 30,000 followers and featured in their eBulletin and members newsletter. The campaign was also promoted through MHF’s social media channels.

“Nothing changes until difficult conversations are had. Thank you for giving me the space to share my story. I have a feeling that change is coming.”

- MMHA Lived Experience Champion

Highlights from the Social Media Campaign videos

There has been many occasions even up to now where I just think I **cannot do this anymore. I do not have the strength. I do not have the ability. This is too hard...** I think I knew quite early on that something was up, but I just didn't have the ability to identify with "it's my mental health." I just thought, "You're a 'young mum'. Have the baby and get on with it." And it's almost like you're not deserving to talk about what you're experiencing.

How do you explain to the child that thinks the world of you, and thinks you're a superhero, that life is too hard for you and you no longer want to be here?... I actually want to create a life for us where we are both happy, and **I want to have the courage to keep on going.**

Before I came to the group, it was really hard. I suffered badly with depression and anxiety. **That changed when I started coming to the group.** I started to rebuild myself slowly and ever since then, life has just gone up and up. I'm much happier, I've made friends, I'm so much more confident in myself.

I had a lot of anxiety, I was stuck at home, and I just felt like I was a bad mum. **The others started saying "I feel the same way, and this happened to me"** and we all just started talking to each other.



I got through it against all odds, and you can too. But **you don't have to do it alone.**



*MMHA Lived Experience Champion Raiye,
from the Creating Connections social media campaign*

Online Engagement


The Creating Connections social media campaign achieved substantial cross-channel engagement, receiving a total of **27,796 views** across the MMHA's social media platforms (Instagram, LinkedIn, and X).

An Instagram post featuring lived experience videos from Young Parents Connect ranked among the MMHA's top 15 most-viewed posts of the past year.

On LinkedIn, engagement metrics saw a 132% increase in reactions, a 33% rise in comments, and a doubling of reposts compared to the previous period.

All five LinkedIn posts surpassed the platform's average organic click-through rate (CTR) of 3-5%, with the Young Parents Connect video and "Honest Conversations" interview with MMHA Lived Experience Champions achieving over 7% organic CTR.

The campaign also generated online dialogue, with users engaging in the comment sections to share their personal and professional perspectives.



“It’s great to see this collaboration between [the Maternal Mental Health Alliance] & Mental Health Foundation working together to shine a light on this hugely important area in mental health. The recent rise in suicide rates among young mothers is a deeply alarming trend that calls for urgent attention. Behind every statistic is a story of pain, struggle, and unmet needs. **As a society, we must do better to support these women and their families**, during one of the most challenging periods of their lives.”

– *Online commenter*

Digital Resources

Digital Resources Summary

MHF and the MMHA created a series of bespoke digital resources to educate professionals about the specific mental health needs of young parents, the barriers and challenges they face, and how to provide effective peer support within the context of suicide prevention.

The digital resources cover two key topic areas:

- ***Understanding the Mental Health Needs of Young Mums*** provides information and suggestions to help professionals better understand how to support young mums within the context of suicide prevention.
- ***The Importance of Peer Support*** brings together information about the role of peer support, key barriers to access for young mums, and tailored suggestions for a range of professionals.

These resources were created by building on the content delivered through the Workforce Training, creating practical suggestions based on reviews of existing evidence about what is needed and the role of different professionals. They have been adapted to include targeted information for 4 key audiences, with distinct outputs for commissioners, service providers, the voluntary and community sector (VCSEs), and policy makers.

The MMHA led on developing content for *Understanding the Mental Health Needs of Young Mums*. Building on existing research and resources, the process involved collating key statistics, examples and quotes. Initial conversations with several organisations with experience of supporting young mums helped shape the resource, which was then comprehensively sense-checked by the same organisations as well as an MMHA Lived Experience Champion who is a young mum herself.

The resources were shared on the MHF and MMHA websites in March 2025 and promoted via email lists, LinkedIn, and Bluesky. They can be found on the MHF website [here](#).

Online Engagement

The Creating Connection resources were **downloaded over 1200 times** within the first month of publication.

The “Understanding the Mental Health Needs of Young Mums” suite of resources accounted for 69% of downloads, and “The Importance of Peer Support” resources accounted for 31%.

The resources tailored to service providers were most popular, accounting for 42% of downloads, followed by those tailored for policymakers (31%), VCSEs (18%), and commissioners (10%).

The social media posts promoting the resources garnered substantial engagement, received positive comments from professionals and VCSEs, and were shared by other organisations including Mum’s Aid.



“This is an **excellent suite of resources**”

- National Suicide Prevention Alliance, via LinkedIn

“Thoughtfully curated resources to raise awareness of the barriers young mums face... Whether you lead a VCSE project or organisation, commission services or are involved in service design **there’s something here for you.**”

- VCSE professional, via LinkedIn

“We are delighted to be referenced in these valuable resources. We are passionate about supporting young parents and **giving them the voice they deserve** and need.”

- Home-Start Manchester, via LinkedIn

Conclusions

Findings from this evaluation demonstrate that **peer support programmes can effectively boost protective factors for suicide prevention** by increasing social connectedness, building confidence to talk about mental health and suicide, encouraging help seeking, and teaching young people strategies for looking after their mental health. We found evidence for these impacts via statistically significant changes among UOK? Wellbeing Advocates after they attended peer educator training, and quotes from young mums who have benefited from the Young Parents Connect group.

Importantly, these meaningful impacts were achieved through peer support models which have been developed with the involvement of both young people and professionals. An intentional focus on suicide prevention in the content and format of delivery was likely a key ingredient for success.

The strong performance of the Social Media Campaign, Workforce Training, and Digital Resources demonstrates a **substantial appetite for content focused on young mums' mental health and peer support as a suicide prevention strategy**. These are topics that professionals, particularly service providers and VCSE professionals, want to learn more about and the Creating Connections content was received as a welcome contribution to this space.

Lived experience voices were highlighted as especially impactful elements of the Workforce Training and Social Media Campaign. It will be vital to continue elevating the voices of young mums and other vulnerable young people in all future work. As the feedback collected shows, their words can be the most effective means of delivering key messages and inspiring action.

We can be confident that the Creating Connections project has contributed to the development of peer support initiatives with a suicide prevention lens, based on follow-up feedback from Workforce Training attendees who stated that they have drawn on this content in their work. This demonstrates that workforce development has an important role to play in expanding access to peer support and creating systemic change.

Overall, the Creating Connections project has underscored the need for strategies to reduce the risk of suicide among young people and young mums, while creating opportunities to amplify these efforts in the future. Its outputs can help shift the narrative around young motherhood and ensure that **every young person receives the mental health support they need to thrive**.

Next Steps

While Creating Connections effectively reached service providers, VCSE professionals, and many others who work to directly support young mums, there was relatively little engagement from policymakers and commissioners. **More work is needed to develop strategies that engage these key decision makers and drive systemic change.** It will be important to centre the voices of young people with lived experience in the development of these strategies to ensure they advocate for the changes that are most needed.

While this evaluation found significant short-term positive change among young people accessing peer support and professionals reached by Creating Connections, **multi-year evaluations are needed to capture long-term impact.** As we look ahead to future development of the Creating Connections model, it will be important to embed evaluation strategies which enhance the quality of evidence for both individual and systems-level long-term impact.

Funding remains both an essential facilitator and key structural barrier for effective suicide prevention initiatives. The findings of this evaluation support the conclusions set out in a recent report from the *All-Party Parliamentary Group on Suicide and Self-Harm Prevention*⁹, which advocates for community-based support for young people and **calls for governments to fund VCSE organisations as key partners in preventing young suicides**, emphasizing that these organisations are “trusted by the communities they serve” (pg. 24). The report goes on to explain that “the current economic climate is hitting these organisations hard with unprecedented pressures on organisational budgets, meaning that using charitable funds to fill in the gaps where NHS services are failing is no longer sustainable” (pg. 24). The findings of this evaluation, and many others like it, can be used **to strengthen the case for more funding to be made available to community suicide prevention initiatives.**

Limitations and Learning Points

The quotes and statistics presented in this report are representative of the feedback we collected, however, not everyone provided feedback. The views expressed here will not necessarily generalise to all of the people reached by the Creating Connections project.

It is inherently difficult to carry out suicide prevention research, since measuring the absence of a negative outcome is much more challenging than measuring the presence of a positive outcome. Our evaluation focused on capturing positive impacts that we would expect to contribute to downstream reductions in suicides, and quotes from mums in the Young Parents Connect group show that the support they received was protective against suicide, but we were not able to measure suicide prevention directly.

We encountered challenges with data collection for the Young Parents Connect programme which prevented us from carrying out our planned quantitative analyses. While we encouraged group attendees to fill out surveys at the start and end of the programme and offered gift vouchers as an incentive, these surveys were optional, and few attendees chose to provide written feedback. However, the quotes captured through interviews and video recording illustrate the positive impact the group has had on many young mums.

Due to the timing of the Creating Connections project, the current cohort of UOK? Wellbeing Advocates had not yet begun delivering mental health workshops and activities with their peers during the evaluation period. This means that we were unable to collect feedback from the peer support beneficiaries who attend these events. Instead, our evaluation focused on changes in Wellbeing Advocate knowledge and confidence after attending a UOK? training which we would expect to contribute to positive future experiences of peer support.

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Appendix 1 – Quantitative Analysis

UOK? Wellbeing Advocates and Workforce Training attendees were invited to fill out surveys before and after their respective trainings. These surveys repeated the same set of self-rated statements (using a rating scale from 0 to 10) to allow for direct before/after comparisons of knowledge and confidence. A statistically significant difference tells us that the group as a whole showed meaningful change after taking part in the training.

Surveys were individually matched based on unique participant ID codes which participants created themselves based on their surname and birthdate. However, not all attendees completed both surveys, or provided this unique participant ID code, so not all surveys could be matched.

Data were analysed with STATA 18.5 using paired samples t-tests, or Wilcoxon Signed-Rank test in cases of non-normal distribution of paired differences. Statistical significance threshold was $p < 0.05$. Effect size (magnitude of change) was calculated as Cohen's d , interpreted as 0.2 = small, 0.5 = medium, and 0.8 = large.

Table 1: Changes in knowledge and confidence after attending UOK? Wellbeing Advocate training

Data come from the 26 Wellbeing Advocates who completed both before and after training surveys which could be reliably matched.

Self-rating statement (rated on a scale from 0 to 10)	Before-training average $M(SD)^1$	After-training average $M(SD)^1$	% of people who increased their rating	Statistical significance	Effect size (d) (magnitude of change)
How confident do you feel talking to others about their mental health?	7.15 (2.05)	8.27 (1.00)	69.2%	0.002 (significant)	0.28 (small)
How much do you know about mental health?	7.08 (1.76)	8.00 (1.17)	61.5%	0.005 (significant)	0.50 (medium)
I know where to signpost someone who is struggling with their mental health	7.04 (1.93)	8.00 (1.52)	57.7%	0.003 (significant)	0.36 (small)

How confident do you feel about running your own workshops and events?	5.77 (2.55)	7.12 (1.48)	57.7%	0.003 (significant)	0.50 (medium)
I know what to do if I think one of my peers is experiencing suicidal thoughts or a mental health crisis	6.96 (2.36)	7.77 (1.73)	53.8%	0.003 (significant)	0.37 (small)
I feel connected to other students at my college or university	6.27 (1.93)	6.85 (1.67)	46.2%	0.04 (significant)	0.10 (small)
How confident do you feel talking about your own mental health?	6.08 (3.07)	6.81 (2.77)	50%	0.054 (not significant)	N/A
I believe people with similar experiences connecting and supporting each other is good for mental health	8.96 (1.11)	9.04 (0.92)	26.9% ²	0.71 (not significant)	N/A
I feel comfortable talking about suicide prevention	8.11 (1.61)	8.35 (1.47)	26.9% ²	0.31 (not significant)	N/A
I feel supported by the staff at my college or university	8.04 (1.40)	8.15 (1.29)	26.9% ²	0.52 (not significant)	N/A
I believe it is important to talk about suicide prevention.	9.42 (1.14)	9.38 (1.13)	11.5% ²	1.00 (not significant)	N/A

Table 2: Changes in knowledge and confidence after attending Workforce Training

Data come from the 47 Workforce Training attendees who completed both before and after training surveys which could be reliably matched.

Self-rating statement (rated on a scale from 0 to 10)	Before-training average <i>M(SD)</i>¹	After-training average <i>M(SD)</i>¹	% of people who increased their rating	Statistical significance	Effect size (<i>d</i>) (magnitude of change)
I have a good understanding of how to overcome barriers that may prevent young mums from accessing peer support groups.	6.09 (2.03)	9.00 (1.12)	94%	< 0.001 (significant)	1.78 (large)
I have the practical skills and knowledge to run a successful peer support group for young mums.	5.30 (2.46)	8.34 (1.42)	89%	< 0.001 (significant)	1.52 (large)
I have a good understanding of how peer support groups can help to prevent poor mental health among young mums.	6.91 (1.78)	9.30 (0.95)	85%	< 0.001 (significant)	1.67 (large)
I have a good understanding of the challenges young mums face and how this can impact their mental health	7.30 (1.82)	9.13 (1.10)	81%	< 0.001 (significant)	1.22 (large)
I feel prepared to recognise and respond to signs of suicidal thoughts among young mums.	7.21 (1.90)	8.98 (1.11)	79%	< 0.001 (significant)	1.13 (large)
I feel comfortable talking about suicide prevention.	8.28 (1.95)	9.21 (1.14)	55%	< 0.001 (significant)	0.59 (medium)

I believe people with similar experiences connecting and supporting each other is good for mental health.	8.98 (1.48)	9.67 (0.84)	39% ²	0.008 (significant)	0.59 (medium)
I believe it is important to talk about suicide prevention.	9.55 (1.02)	9.74 (0.82)	17% ²	0.08 (not significant)	N/A

¹ Mean and standard deviation

² These percentages are relatively low because the ratings were high before the training, leaving little room for improvement

Appendix 2 – Demographic Reach

The 105 UOK? Wellbeing Advocates who filled out an evaluation survey (71% of all Wellbeing Advocates) disclosed the following personal characteristics:

Ethnicity	35.6% - White British 29.7% - Asian or Asian British 9.9% - Black African, Caribbean, or British 6.9% - Mixed or multiple ethnicities 5.9% - White Other 5.9% - Identify another way 6.1% - Prefer not to answer
Gender	62.4% - Women 27.7% - Men 2% - Identify another way 7.9% - Prefer not to answer
Age	39.6% - 15 to 17 years old 36.6% - 18 to 22 years old 8.9% - 23 to 29 years old 5% - 40 to 51 years old 9.9% - Prefer not to answer

We are unable to report on demographic characteristics of Young Parents Connect group attendees due to low evaluation survey response rate. Workforce Training evaluation surveys did not ask for personal characteristics of attendees.

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Authors

Dr Nina Lutz and Sarah Jowett

Mental Health Foundation, England Research Team

Contributors

Jessica Janes, Jessica Bondzie, Nehanda Truscott-Reid,
Miles Carabine, and Rebecca Davies

Mental Health Foundation, England Programmes Team

Maria Bavetta, Sian Drinkwater, and Amy Tubb

The Maternal Mental Health Alliance



EVERYONE DESERVES GOOD MENTAL HEALTH

London

Mental Health Foundation,
Studio 2, 197 Long Lane,
London, SE1 4PD

Glasgow

Mental Health Foundation,
2nd Floor, Moncrieff House,
69 West Nile Street, Glasgow, G1 2QB

Cardiff

Mental Health Foundation,
Suite 7, Floor 9, Brunel House,
2 Fitzalan Road, Cardiff, CF24 0EB

Belfast

Mental Health Foundation,
5th Floor, 14 College Square North,
Belfast, BT1 6AS

[MENTALHEALTH.ORG.UK](https://www.mentalhealth.org.uk)

