



# LOOKING AT LIFE DIFFERENT.

EQUITABLE MENTAL HEALTH  
SUPPORT FOR YOUNG  
ADULT PARENTS

NIA WEST-BEY  
SEPTEMBER 2019





---

SO THAT WAS LIKE THE BEST THING FOR  
ME ... WHEN I GOT OLDER AND HAD MY  
KIDS, YOU KNOW, **LOOKING AT LIFE  
DIFFERENT.**

- MARYLAND



## SUMMARY

Young parents look at life differently. Understanding this difference is an opportunity, a challenge, and key to meeting their needs in an equitable, developmentally appropriate way. This brief explores who young parents are, their unique strengths and challenges, critical supports, and how policy and practice can support their mental health needs.

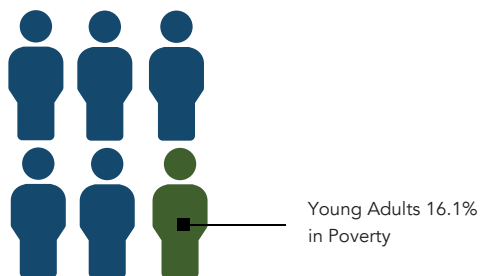
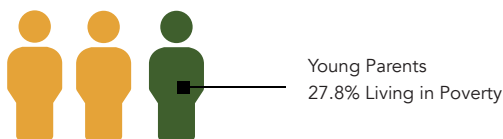
Young parents experience some of the highest poverty rates in the United States. In 2017, nearly one in three parents ages 18-24 (27.8 percent) lived in poverty compared to 16.1 percent of young adults overall.<sup>1</sup>

Young adults living in poverty commonly report serious psychological distress (defined as high levels of depression, anxiety, or emotional stress in the last year). It includes a range of symptoms that don't necessarily indicate a mental health diagnosis. Young adults who experience psychological distress also experience higher poverty rates than their peers, both overall and within their racial demographic.<sup>2</sup>

Unaddressed mental health challenges, including the aftereffects of trauma, undercut young adults' economic stability. They may struggle to connect with (or persist in) education and employment opportunities, have contact with the criminal justice system, and lack social support.<sup>3</sup> Youth and young adults who are parents experience a unique set of additional responsibilities and challenges as they transition to adulthood.

This brief draws on conversations we held in 2017 and 2018 with rural and urban African American young parents in North Carolina and Alabama, urban Native young parents in Colorado and Maryland, and Latina young parents in Texas and California.

### 18 - 24 YR OLDS



### POVERTY IN YOUNG PARENTS

In 2017, nearly one in three parents ages 18 - 24 (27.8%) lived in poverty compared to 16.1% of young adults overall.

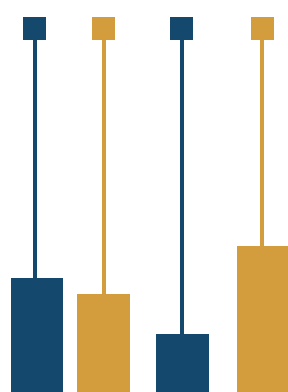


Participant ages ranged from ages 16 to 24. Most were mothers, but we did speak with one young father. We recruited focus group participants in partnership with community-based organizations serving youth experiencing homelessness; supporting opportunity youth to earn their GEDs; and offering cultural, health, and practical supports to Native youth. By heeding their insights, decisionmakers can improve policy and practice to more equitably support the mental health of young adult parents who are economically marginalized.

## IN THEIR OWN WORDS: WHO ARE YOUNG PARENTS?

Who are young parents, and how do they experience the transition to parenthood? Our conversations with young parents of color living in poverty highlight that becoming a parent is central to identity, transformative, and motivational. For young parents of color living in low-income communities, the transition to parenthood reshapes their decision making and aspirations. Our efforts to support them should recognize parenthood as a valued, central identity that can spur growth and development in other key areas.

Hispanic (28.9)   Black (27.5)   White (13.2)   Native Americans (32.9)



### BIRTH RATE IN TEENS

In 2017, the birth rate for teenagers ages 15 - 17 was 7.9 per 1000 females—a historic low and 10% decline from the prior year.

In 2013, there were 3.6 million young parents (ages 18-24) living with their children in the United States.<sup>4</sup> In 2017, the birth rate for teenagers ages 15-17 was 7.9 per 1000 females—a historic low and 10 percent decline from the prior year.<sup>5</sup> Although these declines occurred across racial and ethnic groups, the birth rates of Hispanic teens (28.9) and non-Hispanic black teens (27.5) were more than two times higher than the rate for non-Hispanic white teens (13.2).<sup>6</sup> The birth rate of American Indian/Alaska Native teens (32.9) was highest among all race/ethnicities. In 2016, an estimated 1.34 million young men ages 18-24 were parents, with 63 percent living with their children.<sup>7</sup>



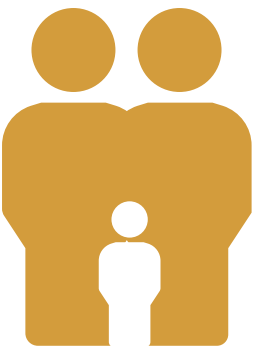
“

Everybody goes through different things, but I feel like women generally are strong because we deal with a lot of things growing up, especially being young moms, being single mothers. You gotta be strong to be able to take it. You have to be strong enough to take it. Not everybody is strong enough to take it.

ALABAMA

## PARENT IDENTITY

The transition to parenthood and the birth of a first child is a challenging turning point in people's lives. This identity-changing episode forces a renegotiation of social roles; new parents become providers of care rather than recipients.<sup>8</sup> Nearly across the board, young parents described their role as parents as central to their identity. They viewed parenting as demanding certain characteristics, including strength, caring, and patience. Parents also described themselves as “overprotective” of their children. In some cases, they experienced a strong sense of family for the first time. Challenging the common narrative that deems them irresponsible, young parents focused on their growth and development as they become parents.



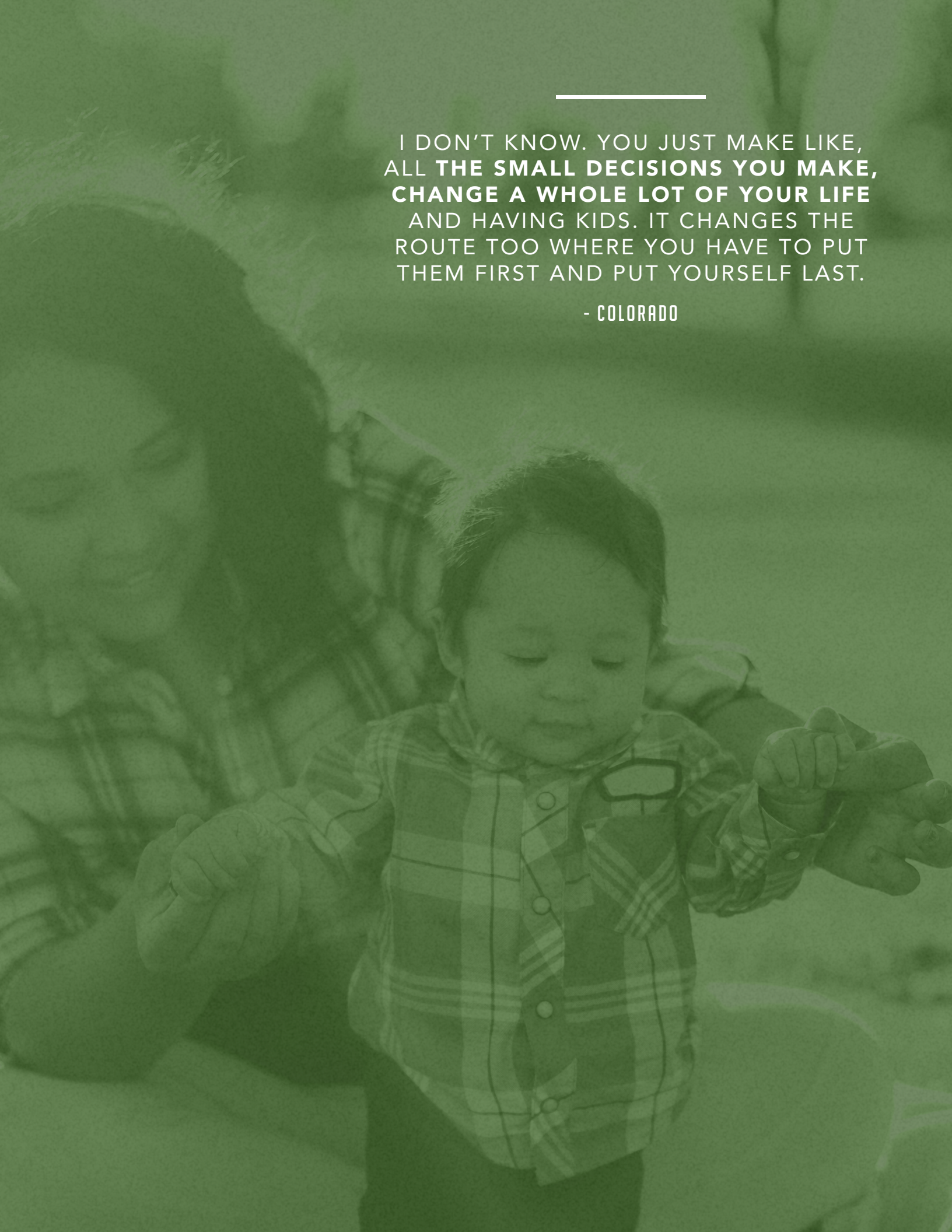
### PARENT IDENTITY

This identity changing episode forces a renegotiation of social roles; new parents become providers of care rather than recipients.

---

I DON'T KNOW. YOU JUST MAKE LIKE,  
**ALL THE SMALL DECISIONS YOU MAKE,**  
**CHANGE A WHOLE LOT OF YOUR LIFE**  
AND HAVING KIDS. IT CHANGES THE  
ROUTE TOO WHERE YOU HAVE TO PUT  
THEM FIRST AND PUT YOURSELF LAST.

- COLORADO







## CHANGE

Young parents described the need to put their children's well-being ahead of their own, in everything from appearance to the way they make decisions about housing, education, career goals, and jobs.

## KIDS CHANGE YOU

Parents are undeniably and irrevocably transformed by becoming parents. Young parents are no different, articulating the myriad ways in which having a child shifted their priorities, outlook, and choices. For example, young parents described the need to put their children's wellbeing ahead of their own, in everything from appearance ("My daughter's all perfect, neat...I just put my hair in a bun and leave") to the way they make decisions about housing, education, career goals, and jobs.

“

It's just too much that come with it; I got too much to lose myself. So, it's going to be pointless for me to go out there selling drugs, doing all that dumb stuff.

I'll get locked up and somebody else going to be right there watching my kids or somebody going to be with my kids' mother. It's too much going on. I'm dead; now they cryin', when am I coming back? It just be too much. Whatever happen happen; until them, gotta do the right thing. I don't have time for all that. I can get a job.

MARYLAND

Young parents typically viewed these shifts in priorities and decision making as positive, moving them from a self-centric worldview to one that considers others' needs. Building executive function skills, including priority setting and reasoned decision making, is key to emerging adults' development.<sup>9</sup> Research shows that the transition to parenthood is a sensitive period for neural development and learning.<sup>10</sup> The transition to parenthood may give young parents a boost in acquiring executive function skills as they make decisions with their child in mind.

## WANTING BETTER

Another central theme in our conversations was young parents' strong desire for their children to have and experience "better." Many participants had experienced troubled relationships with their parents and were making a conscientious effort to parent their own children differently. "Wanting better" also referred to parents' current circumstances. They didn't want their children to experience homelessness, poverty, and violence all throughout their childhoods.

Some parents also spoke about breaking "the cycle" of early parenthood and multiple children, a common occurrence in their families and communities. Research has documented the critical impact that economic security, housing stability, neighborhood context, and parenting have on young children.<sup>11</sup> Young parents seemed to intuitively understand the importance of a nurturing parenting style and positive environmental exposure and focused on improving their parenting approaches and living environment.



---

...YEAH, **I WANTED SOMETHING BETTER FOR MY CHILD AND NOT SLEEPING IN CONCRETE**, AND NOT GOING TO A HOMELESS SHELTER, AND HAVE MY BABY THERE, AND WORRY ABOUT WHAT'S GOING TO HAPPEN. AND SO I HAD TO CHOOSE. AND I ENDED UP GETTING TO THEIR PROGRAM.

- TEXAS

---

WELL, I GUESS IN A WAY, **IT MAKES ME WANT TO GET MY SHIT TOGETHER**, SO MY KIDS WON'T HAVE TO GROW UP WITH A HALF-ASS PARENT, OR WITH A HALF-ASS PARENT, OR WITH A PARENT THAT JUST DOESN'T KNOW WHAT THEY'RE DOING, AND HE ENDS UP HURTING THE KIDS IN THE END. A PARENT THAT JUST, LIKE, TURNS THEIR BACK ON THEIR KIDS WHEN THEY'RE SUPPOSED TO BE THE ONES THERE.

- TEXAS

## A YOUNG PARENT LENS ON TRAUMA AND CHRONIC STRESS: WHAT ARE THE CHALLENGES?

To support young families in an equitable, behaviorally informed way, we must consider how young parents are uniquely affected by trauma. Additionally, we need to identify the drivers of chronic, toxic stress and make system changes to reduce or eliminate it.

Young adults report high levels of exposure to structural disadvantages and a range of traumatic experiences, both ongoing and during their childhoods. Chief among these is exposure to community and interpersonal violence.<sup>12</sup> Chronic stress, a long-term form of stress, is a result of factors such as poverty, family dysfunction, feelings of helplessness, and/or traumatic early childhood experiences.<sup>13</sup> Chronic stressors associated with health disparities include perceived discrimination, neighborhood stress, daily stress, and family stress.<sup>14</sup>

Toxic stress response occurs when a person experiences strong, frequent, and/or prolonged adversity of this type. Prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, as well as increase risk for stress-related disease and cognitive impairment well into the adult years.<sup>15</sup> Our conversations with young adult parents of color surfaced two unique forms of trauma: **1)** infant mortality; and **2)** amplified environmental stress in the context of raising children. We also surfaced two salient types of chronic stress: **1)** deferring dreams and goals in favor of meeting immediate needs; and **2)** stress linked to policy and program barriers.

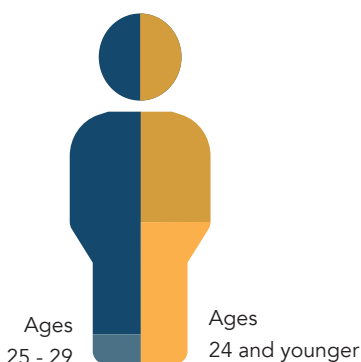


Well, when my daughter passed away, I shut down I was so angry at everything. I was so angry at the doctors at the—at everything. I shut down, and it really didn't get me nowhere, and made me lose my job, and made me really, I guess, what the doctors classified within psychotic. And I had to go and spend a few days at a hospital because of what was going on.

TEXAS

## INFANT MORTALITY

Babies born to teenage mothers are at increased risk of infant mortality because young mothers are at higher risk for pre-term birth. The relative risk of neonatal mortality for infants born to mothers younger than age 16 is between 11 and 40 times greater than the risk for infants born to mothers ages 25 to 29. The post-neonatal death rate is between .5 and nearly 3 times higher for parents age 24 and under compared to parents ages 25 to 29.<sup>16</sup> The death of a child is a catastrophic loss with severe mental health consequences. Despite the prevalence of infant mortality among young parents, there are few resources dedicated to supporting those who have experienced the loss of a child. These losses are yet another form of unresolved trauma. Although our national conversation has begun to focus on high infant and maternal mortality rates among black mothers, our response must also broadly consider young parents of color.



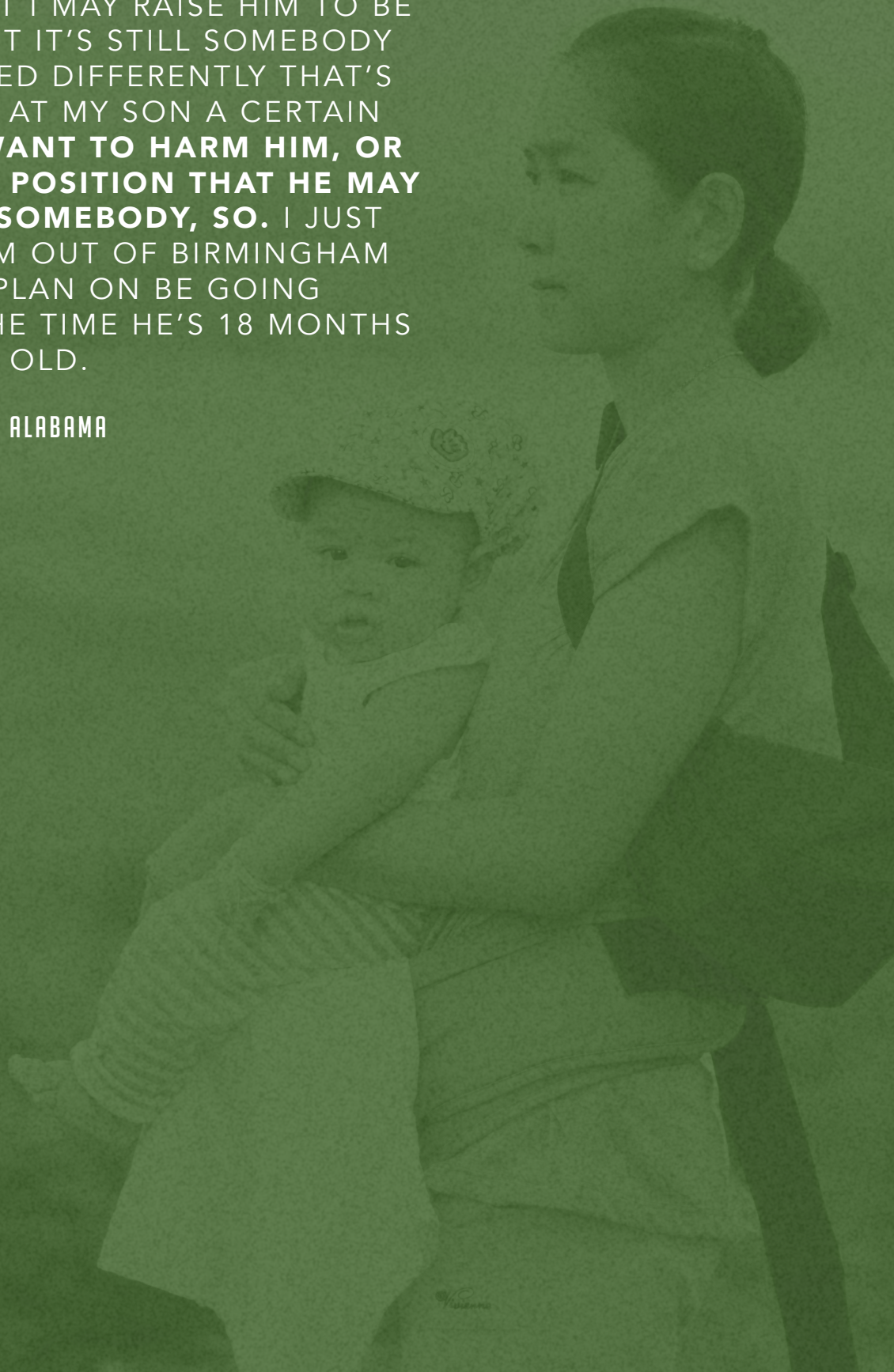
### DEATH RATE

The post-neonatal death rate is up to 3 times higher for parents age 24 and under compared to parents ages 25 to 29.

---

I DON'T WANT TO RAISE HIM IN BIRMINGHAM; I DO NOT. I MEAN, THE WAY YOU RAISE YOUR CHILD IS THE WAY THEY'RE GOING TO BE REGARDLESS OF THEIR ENVIRONMENT, BUT I MAY RAISE HIM TO BE A GOOD MAN, BUT IT'S STILL SOMEBODY ELSE THAT'S RAISED DIFFERENTLY THAT'S GOING TO LOOK AT MY SON A CERTAIN WAY. **THEY MAY WANT TO HARM HIM, OR MAY PUT HIM IN A POSITION THAT HE MAY HAVE TO HARM SOMEBODY, SO.** I JUST WANT TO GET HIM OUT OF BIRMINGHAM HONESTLY. I PLAN ON BE GOING SOMEWHERE BY THE TIME HE'S 18 MONTHS OLD.

- ALABAMA







## ENVIRONMENTAL STRESS

Parents described their fears about their children going outside to play unsupervised, checking the area, and fears that the external environment would undermine their parenting efforts.

## ENVIRONMENTAL STRESS IS AMPLIFIED WITH KIDS TO CONSIDER

For young parents, environmental stress threatens their mental health both through their own exposure and concern for their children. The impact of neighborhood and community stress on mental health is well documented. Youth and young adults living in low-income communities routinely identify community trauma (particularly exposure to various forms of violence) as a key mental health challenge.<sup>17</sup> Young parents indicated that these concerns are significantly amplified when considering the impact on their children. Parents described their fears about their children going outside to play unsupervised, checking the area before allowing their children to step outside, and fears that the external environment would undermine their parenting efforts. These fears are not unfounded, as children and adolescents exposed to violence are at risk for poor long-term behavioral and mental health outcomes, regardless of whether they are victims, direct witnesses, or hear about crimes.<sup>18</sup>

“

...being able to be on my own is like the hardest, because I thought it was going to be, not easy, but I didn't think it was going to be this much work to just continue, like, each day instead of, like, back then it was like, oh a month's over—you know, like, we're all thinking about the future, and now we're, like, we got to think about the day and then prepare for the next day. You know, we can't even think about the future. We have to think about the present and try to get to another day. So that's pretty much all.

CALIFORNIA

## DREAMS DEFERRED

To be clear, none of our participants regretted becoming parents. While young parents said having children positively changed their priorities and decision making, they did concede that it forced them to relinquish personal goals and dreams. Many participants, particularly Native and Latina mothers, reflected on shifts in their career plans or not being able to finish school. Young parents ages 18-24 are much less likely to be in school than their peers who are not parents.<sup>19</sup> As articulated by the parent quoted above, this shift was driven by the demands of the “here and now” that do not leave room for thinking or planning far into the future.

“Present bias” is defined as the tendency to let immediate costs outweigh far-off, long-term benefits. Scarcity can



exacerbate present bias; when getting through the end of the week is difficult, planning for the next month or next year is nearly impossible.<sup>20</sup> Over time, young parents experienced a sense of being “stuck.” The ongoing stressful demands of the present made them feel helpless. Our efforts to support young parents should consider how to create enough slack for young parents to direct energy toward their own development and goals.

## POLICY AND PROGRAM BARRIERS

Families bear the costs of poverty in a variety of ways, including burdens on their time, attention, and cognition. Too many well-meaning programs and policies increase these costs unintentionally by adding hassles and creating complexity.<sup>21</sup> Adultism is a form of discrimination against younger people by older people based on the assumption that adults are better than young people and entitled to act upon young people without their agreement.<sup>22</sup> Adultism, along with outdated moralistic beliefs that young parents should experience “consequences” for their “bad decision making,” generate systemic discriminatory policy and program barriers that compound chronic stress. Key barriers identified by young parents included health insurance covered benefits as well as several structural barriers to employment.



### POLICY & PROGRAM BARRIERS

Key barriers identified by young parents included health insurance covered benefits as well as several structural barriers to employment.

“

Just even for, 'cause I wanted to have a water birth, and the insurance just doesn't cover that. You have to pay out of your own pocket...Yeah, they were saying things, the Medicaid covered for birth. Like, I was trying to have one. At first, we were talking about having it at my own place, like a midwife, but that didn't work. The insurance didn't work with a midwife, so I had to actually go to the hospital and give birth there.

TEXAS

## INSURANCE

Young mothers are significantly more likely than other young adults to access health insurance coverage through Medicaid. States offer more generous Medicaid eligibility requirements during pregnancy, birth, and the post-partum period. The young mothers with whom we spoke were particularly knowledgeable about health insurance coverage and benefits relative to their peers. These young women were also frustrated that their health insurance didn't accommodate their birthing preferences, blocking access to homebirth, midwife care, and waterbirth. This challenge is not unique to young parents; many Americans lack coverage for these services despite their proven safety and efficacy.<sup>23</sup> Older and middle-class women are more likely to have coverage for these benefits or the resources to pay for them out of pocket. There is strong evidence that respecting women's birthing preferences reduces the risk of postpartum depression.<sup>24</sup> Denying young parents coverage for these services through Medicaid has discriminatory mental health consequences.



---

IF THEY'RE TRYING TO SUPPORT, YOU KNOW, TEEN MOMS, BECAUSE I KNOW THOSE ARE THE ONES THAT NEED THE HELP THE MOST AND BECAUSE THEY CAN'T WORK FULL TIME...IF IT WAS EASIER, YOU KNOW, I COULD GO FIND MYSELF, YOU KNOW, NOT HAVING TO BE 18 OR I COULD GO OUT AND LOOK FOR A PART-TIME—NOT PART-TIME—FULL-TIME JOBS, YOU KNOW, BECAUSE I CAN'T GO TO SCHOOL. BECAUSE I HAVE A CHILD, YOU KNOW. **I HAVE A CHILD THAT I HAVE TO PROVIDE FOR, SO THAT'S THE KIND OF HELP I THINK WOULD BE REALLY HELPFUL.**

- CALIFORNIA

---

SHE'S FROM MEXICO... SHE CAN'T FIND A JOB THAT EASY, AND SHE HAS A KID—SO, YOU KNOW, **HOW IS SHE SUPPOSED TO PROVIDE FOR HER BABY IF SHE CAN'T GET A JOB**, BECAUSE SHE SIMPLY DOESN'T—SHE'S NOT FROM HERE. AND IT'S ACTUALLY HARDER ON IMMIGRANTS, SO THAT WOULD HELP, YOU KNOW, THEY COULD GET JOBS WITHOUT HAVING TO NEED THAT.

- CALIFORNIA



## ACCESS TO EMPLOYMENT

Young parents, particularly those under 18, identified systemic barriers that limited their access to employment. Young parents ages 18-24 frequently spend periods of the year not working. Not working can create multiple challenges for young-parent families. In the short term, income instability or lack of income can be detrimental to young parents and their children. In the long term, joblessness can affect future employment and earnings.<sup>25</sup> For parents under 18, the prospects for obtaining full-time work are even more grim, a reality highlighted by the teen parents with whom we spoke. Young parents also discussed the challenges associated with immigration status when seeking employment. Policies that limit access to employment for young workers and undocumented immigrants are particularly harmful to young parents.

### EQUITABLE SUPPORTS: WHAT ARE THE NEEDS?

Our conversations with young parents identified three particularly important sources of support: their child's other parent, the broader community, and resources that help them meet basic needs. More than half of young parents receive public benefits to support themselves and their families, with the largest number receiving food assistance through the Supplemental Nutrition Assistance Program (SNAP) and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Only 14 percent of young parents receive housing assistance, and less than 5 percent receive child care assistance, TANF, transportation assistance, or general assistance. A full 43 percent of young parents do not receive any public benefits at all.<sup>26</sup> Our conversations with young parents suggest a substantial mismatch between their needs and available systems of support.

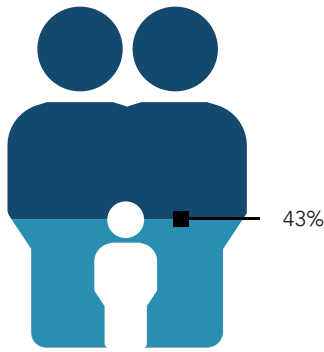
“

I was actually in their housing program for young parents, young mothers. Sometimes the fathers can't get in the program, depending on their age... But the way I did it was I had to leave. Sadly, the father of my child had to be in the streets for me to be able to get in the program. And when I got in the program, I basically told them that I have seriously PTSD. I cannot be left alone in an apartment by myself because I will freak out... So I was able to ask the landlord and the people of the program to see if he qualified, and eventually he did qualify for the program. So we were both able to get into the apartment.

TEXAS

## CO-PARENTING: HIGHLY VALUED, POORLY SUPPORTED

More than two-thirds of young parents ages 18-24 report never having been married.<sup>27</sup> Only one young parent with whom we spoke said she was married. However, young parents consistently expressed a commitment to co-parenting their children, whether or not they remained in a romantic relationship with the other parent. Despite facing many barriers, the majority of noncustodial young adult fathers are consistent and active in the lives of their children, and most of them support their children financially. Among noncustodial fathers, the majority report spending time with their child at



## EQUITABLE SUPPORTS

Only 14% of young parents receive housing assistance, and less than 5% receive child care assistance, TANF, transportation assistance, or general assistance. A full 43% of young parents do not receive any public benefits at all.

least weekly. Fifty-one percent reported that they were paying child support, and the average child support payment was \$3,800 per year.<sup>28</sup> The young adult parents with whom we spoke valued the financial and emotional support provided by their co-parent, as well as having a reliable partner in caring for children.

Co-parenting is poorly supported by many of the programs and policies that target young adult parents. Young parents described many barriers to maintaining healthy relationships with their parenting partners, including single-gender programs, a shortage of family housing relative to single individual housing, and arbitrary age-cut offs that blocked cohabitation with fathers who were older. Our conversations suggest that many programs targeting young parents are not structured to support cohabitation and do not focus on building skills for successful co-parenting outside of marriage. Many of these barriers seem to be generated by outdated ideas about gender roles and family structure as well as negative stereotypes of young fathers as “deadbeats” and “irresponsible.” That’s particularly true for young people of color. Given the value of emotional support from parenting partners, we must intentionally reduce barriers to co-parenting.

“

What the larger community is, it’s like they don’t help with, like, they don’t help with like single mothers—they don’t help. There’s, like, very little programs that help.

COLORADO



## SUPPORTIVE COMMUNITY: IT TAKES A VILLAGE

Young adult parents of color not only highly value the support of their co-parent; they also place a premium on feeling supported by the broader community. Some young parents expressed frustration that the communities where they lived didn't support their parenting. Conversely, young parents who received community support called it a major asset. Young parents even indicated that they'd appreciate a supportive intervention if their child was acting out in public, with community members offering to step in to help calm the child down.

“

And that small little, you know, apartment complex—it's so family oriented. Like when you find that like neighbors are watching you know watching your kid when you know I'm trying to pick up her clothes. My daughter one time had went to the parking lot without me knowing right and cars are coming fast. Someone said hey M-your mom is going to spank you and she ran and I'm like oh my God thank you so much. I got you I know, I know you know like seeing that like oh I got your back don't worry about it. You know that family oriented you know.

CALIFORNIA

Parents are judged constantly by other parents and society generally.<sup>29</sup> This may be especially true for young parents. For young parents of color, a network of community-based support is seen as critical to their success as parents. One of the core components of a two-generation framework is social capital, defined as “networks, friends, and neighbors.”<sup>30</sup> Efforts to support young parents should focus on strategies that help them build social capital in their communities.

## **MEETING IMMEDIATE NEEDS: BUILDING A CUSHION**

A large body of psychological research describes how scarcity—the lack of any key resource—taxes the bandwidth of people living in poverty.<sup>31</sup> Poverty is unforgiving, in part because there is no room for error. Many of its negative effects stem from those unforgiving conditions and the havoc that often follows unanticipated “shocks,” such as an unexpected car repair or a child with the flu that requires staying home from work. Building an adequate cushion of time, money, attention, and other resources is key to reducing the stress caused by-scarcity.<sup>32</sup> Young parents identified positive energy and support, safety, child care, and other financial resources as critical to building that cushion.



“

My son is my family; I don't have nobody else. I just really want positive energy around. I took a different route before, and that's why I'm here in this program today. So, in order for me to do better, I need positive energy all around. For me and my son.

ALABAMA

## POSITIVE ENERGY, SAFETY, AND SUPPORT

Safety is a basic need central to young adults' understanding of mental health and wellness.<sup>33</sup> This is particularly true for young parents, who view safety through the lens of their children's experiences. Meeting this need responds to a major source of chronic stress. Failing to address the systemic and structural issues that create unsafe conditions in low-income communities undermines young parents' basic needs.

“

I think safety, to me, looks like, you know, a lot of children are in the neighborhood just playing, you know. Parents could be in and out of the house, you know, just not having to be there with them the whole time—like, she said, you know, just being comfortable with your kids playing outside.

CALIFORNIA

“

Oh, so one that they can help with child care... Like, for young moms, that like... For the single moms... What exists now is, so you gotta pay 20 or 30 bucks a day per kid each day, so that's a lot of money. ... But there's, like, a big old waiting list for that, too.

COLORADO

## CHILD CARE

Affordable, accessible, high-quality child care is essential to families' economic stability, parents' ability to work, and children's healthy development. The major federal child care program is not an entitlement. Child care assistance enjoys bipartisan support, but many eligible parents still don't receive it. That's because funding is insufficient and programs don't expand to meet increased need.<sup>34</sup> Even after a historic investment in recent years, today's system serves just 1 in 6 eligible children, with significant disparities by race and ethnicity. Latinx and Asian American children are particularly underserved.<sup>35</sup> It's critical for young parents that we increase investment in child care and early education, as well as ensure equitable access to high-quality child care.

“

The parenting program and they helped a lot with lot of like, essentials like gift cards and helped me to get diapers and stuff I needed for them....

COLORADO



## RESOURCES

Economically marginalized young adults emphasize the value of community-based programs that meet immediate, tangible needs as key mental health supports.<sup>36</sup> Young parents face additional challenges, particularly around the purchase of diapers. Although they are eligible for additional food support through WIC, the cost of diapers is not explicitly recognized in public assistance programs like TANF. As a result, parents are forced to reuse diapers, stretch the period between diaper changes, hold their children out of child care centers that require parents to supply diapers, or attempt to potty-train children before they are ready.<sup>37</sup> Providing financial support and access to essential items like diapers could make a significant contribution to meeting young parents' needs.

### CONCLUSION: POLICY AND PRACTICE RECOMMENDATIONS FOR YOUNG PARENTS' MENTAL HEALTH

Our conversations with economically marginalized young parents of color demonstrate how living at the intersection of young adulthood and parenthood has the potential to foster resilience. It can also create qualitatively different experiences and risks. To capitalize on this potential, mitigate these risks, and create equitable systems of support for young parents' mental health, we offer the following recommendations:

- **Recognize young parents' role as parents as an asset to be affirmed.** Policies and practices with punitive or judgmental overtones are counterproductive and add to young parents' stress.
- **Eliminate programmatic and policy barriers to co-parenting.** Policy and practice must adjust to changes and variability in family structure as well as stop forcing young parents to choose between raising their children together and receiving critical services.

- **Maximize young parents' access to public benefits and supports.** This includes facilitating alignment of eligibility and enrollment, preserving access to benefits for immigrant families, increased investment in child care subsidies, and scaling services from community-based organizations and diaper banks.
- **An economic justice agenda is core to a mental health agenda for young parents.** Invest in robust, targeted subsidized jobs. Scale workforce development strategies and policies (such as career pathways, transitional jobs, pre-apprenticeships, and apprenticeships) to support young parents while they are out of work, as well as help them gain skills and work experience to get good jobs with progressive wages and benefits (such as paid family and medical leave, paid sick days, and fair and flexible schedules).
- **Expand investments in federal programs that reconnect opportunity youth to education, employment, and service pathways.** Workforce Innovation and Opportunity Act (WIOA) youth programs include a priority for pregnant and parenting youth and young adults. However, programs need to use a two-generation lens to effectively meet young adult parents' needs.
- **Employ community-wide strategies that build social capital and address the structural factors that foster community violence.** Young parents want to raise their children in healthy, thriving, supportive communities. This requires a collective investment. Communities should invest in programs like the Family Independence Initiative, which helps families build social capital with members of their communities in sites around the country.<sup>38</sup> They should also implement promising and evidence-based violence prevention strategies.<sup>39</sup>
- **Recognize the importance of choices around prenatal**

**care, birth, and post-partum care through an equity and cultural-relevance lens.** In the absence of national healthcare policy reform, support and scale programs at the local and state levels that make midwife and doula care accessible to low-income parents.

- **All systems that support young parents must be trauma informed.** Trauma-informed care is not only a practice but a culture that realizes the influence of trauma on an individual's life. It reframes interactions by asking "what happened to you" instead of "what's wrong with you." It responds by integrating knowledge about trauma into policies, procedures, and practices while actively resisting re-traumatization. To the extent that programs incorporate trauma-informed approaches into their interactions with young parents, the chance that young parents will be retraumatized by helping systems is reduced.

Implementing these recommendations would go a long way toward recognizing the ways in which young parents "look at life different" and the corresponding need for our systems to look differently at supporting their mental health.

## ACKNOWLEDGEMENTS

This work was made possible by the generous support of the Annie E. Casey Foundation and the Kresge Foundation. The author would like to thank the following colleagues and partners for their editorial review and support during the focus groups: Kisha Bird, Kate Gallagher-Robbins, Angela Parker, Andrea Amaechi, Marlén Mendoza, and Andy Beres. Thanks to Three(i) Creative Communications, LLC for design. Most importantly, the author would like to thank the young people who participated in our focus groups. Their honesty and engagement are the core of this work.



## END NOTES

- <sup>1</sup> Nia West-Bey & Stephanie Flores, Everybody Got their Go Throughs: Young Adults on the Frontlines of Mental Health, CLASP, 2017, <https://www.clasp.org/sites/default/files/publications/2017/08/Everybody-Got-Their-Go-Throughs-Young-Adults-on-the-Frontlines-of-Mental-Health.pdf>.
- <sup>2</sup> Ibid.
- <sup>3</sup> Ibid.
- <sup>4</sup> Nathan Sick, Shayne Spaulding, and Yuju Park, Understanding Young Parent Families: A Profile of Parents Ages 18 to 24 Using the Survey of Income and Program Participation, Urban Institute, 2018, [https://www.urban.org/research/publication/understanding-young-parent-families/view/full\\_report](https://www.urban.org/research/publication/understanding-young-parent-families/view/full_report).
- <sup>5</sup> Joyce Martin, Brady Hamilton, Michelle Osterman, Anne Driscoll, & Patrick Drake, Births: Final Data for 2017, National Vital Statistics Reports, 2018, [https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67\\_08-508.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_08-508.pdf).
- <sup>6</sup> Centers of Disease Control and Prevention (CDC), Reproductive Health: Teen Pregnancy, 2019, <https://www.cdc.gov/teenpregnancy/about/index.htm>.
- <sup>7</sup> National Center for Health Statistics (NCHS), 2015-2017 National Survey of Family Growth Public-Use Data and Documentation, CDC National Center for Health Statistics, 2018, [http://www.cdc.gov/nchs/nsfg/nsfg\\_2015\\_2017\\_puf.htm](http://www.cdc.gov/nchs/nsfg/nsfg_2015_2017_puf.htm).
- <sup>8</sup> Paivi Fadjukoff, Lea Pulkkinen, Anna-Liisa Lyyra, & Katya Kokko, Parent Identity and its relation to Parenting and Psychological Functioning in Middle Age, Parenting: Science and Practice, 2016, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4784482/pdf/hpar-16-087.pdf>.
- <sup>9</sup> John Best and Patricia Miller, A Developmental Perspective on Executive Function, Child Development, 2010, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3058827/pdf/nihms230971.pdf>.
- <sup>10</sup> Pilyoung Kim and Sara Enos Watamura, Two open windows: Infant and Parent Neurobiologic Change, Ascend at The Aspen Institute, 2015, <https://ascend.aspeninstitute.org/resources/two-open-windows-infant-and-parent-neurobiologic-change-2>.
- <sup>11</sup> Ibid.
- <sup>12</sup> Nia West-Bey, Ruth Cosse, and Stephanie Schmidt, Maternal Depression and Young Adult Mental Health: Policy Agenda for Systems that Support Mental Health and Wellness, CLASP, 2018, <https://www.clasp.org/sites/default/files/publications/2018/02/2018.02.12%20Maternal%20Depression%20YA%20MH%20report.pdf>.
- <sup>13</sup> American Psychological Association, Stress: The different kinds of stress, 2011, <http://www.apa.org/helpcenter/stress-kinds.aspx>.
- <sup>14</sup> American Psychological Association, Health Disparities and Stress, 2011, <https://www.apa.org/topics/health-disparities/stress.pdf>.
- <sup>15</sup> Center for the Developing Child Harvard University, Toxic Stress, <https://developingchild.harvard.edu/science/key-concepts/toxic-stress>.
- <sup>16</sup> Andre Friede, Wendy Baldwin, Philip Rhodes, James Buehler, Lilo Strauss, Jack Smith, & Carol Hogue, Young Maternal Age and Infant Mortality: The Role of Low Birth Weight, Public Health Report, 1987, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1477817/pdf/pubhealthrep00178-0074.pdf>.
- <sup>17</sup> West-Bey & Flores, 2017.
- <sup>18</sup> Healthy People 2020, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/crime-and-violence>.
- <sup>19</sup> Nathan Sick et al., 2018.
- <sup>20</sup> Allison Daminger, Jonathan Hayes, Anthony Barrows, & Josh Wright, Poverty Interrupted: Applying Behavioral Science to the Context of Chronic Scarcity, Ideas 42, 2015, [http://www.ideas42.org/wp-content/uploads/2015/05/I42\\_PovertyWhitePaper\\_Digital\\_FINAL-1.pdf](http://www.ideas42.org/wp-content/uploads/2015/05/I42_PovertyWhitePaper_Digital_FINAL-1.pdf).
- <sup>21</sup> Allison Daminger et al., 2015.
- <sup>22</sup> John Bell, Understanding Adulthood: A key to understanding positive youth-adult relationships, National

Youth Rights Association, 2011. <https://www.youthrights.org/blog/understanding-adulthood/>

<sup>23</sup> Scientific American, The US Needs more Midwives for Better Maternity Care, 2019, <https://www.scientificamerican.com/article/the-u-s-needs-more-midwives-for-better-maternity-care/>

<sup>24</sup> Joanne Goldbort, Postpartum Depression: Bridging the Gap between Medicalized Birth and Social Support, International Journal of Childbirth Education, 2002.

<sup>25</sup> Nathan Sick et al., 2018.

<sup>26</sup> Ibid.

<sup>27</sup> Ibid.

<sup>28</sup> Ibid.

<sup>29</sup> Janet Wallace and Lisa Pruitt, Judging Parents, Judging Place: Poverty, Rurality, and Termination of Parental Rights, Missouri Law Review, 2012. <https://scholarship.law.missouri.edu/cgi/viewcontent.cgi?referer=https://scholar.google.com/&httpsredir=1&article=3959&context=mlr>.

<sup>30</sup> Kim and Watamura, 2015.

<sup>31</sup> Daminger et al., 2015.

<sup>32</sup> Ibid.

<sup>33</sup> Nia West-Bey and Marlén Mendoza, Behind the Asterisk: Perspectives on Mental Health from Small and Hard to Reach Communities, CLASP, 2019, [https://www.clasp.org/sites/default/files/publications/2019/04/2019\\_behindtheasterisk.pdf](https://www.clasp.org/sites/default/files/publications/2019/04/2019_behindtheasterisk.pdf).

<sup>34</sup> Douglas Rice, Stephanie Schmidt, and Hannah Matthews, Child Care and Housing: Big Expenses with too Little Help Available, CBPP/CLASP, 2019. <https://www.clasp.org/sites/default/files/publications/2019/04/Child%20Care%20and%20Housing%20Big%20Expenses%20with%20Too%20Little%20Help%20Available%20.pdf>.

<sup>35</sup> Rebecca Ulrich, Stephanie Schmidt, and Ruth Cosse, Inequitable Access to Childcare Subsidies, CLASP, 2019, [https://www.clasp.org/sites/default/files/publications/2019/04/2019\\_inequitableaccess.pdf](https://www.clasp.org/sites/default/files/publications/2019/04/2019_inequitableaccess.pdf).

<sup>36</sup> West-Bey and Flores, 2017.

<sup>37</sup> Elizabeth Lower-Basch and Stephanie Schmidt, TANF and the First Year of Life: Making a Difference at a Pivotal Moment, CLASP, 2015, [https://www.clasp.org/sites/default/files/public/resources-and-publications/body/TANF-and-the-First-Year-of-Life\\_Making-a-Difference-at-a-Pivotal-Moment.pdf](https://www.clasp.org/sites/default/files/public/resources-and-publications/body/TANF-and-the-First-Year-of-Life_Making-a-Difference-at-a-Pivotal-Moment.pdf).

<sup>38</sup> New America Foundation, The Family Independence Initiative: A new approach to help families exit poverty, 2011. [https://www.fii.org/wp-content/uploads/2017/03/newamericafiipaper\\_2011-1.pdf](https://www.fii.org/wp-content/uploads/2017/03/newamericafiipaper_2011-1.pdf).

<sup>39</sup> Katrina Blum, Katherine Blakeslee, Jaqueline Lloyd, & Anthony Pertosino, Violence Prevention: Moving from Evidence to Implementation, Institute of Medicine, 2013, <https://nam.edu/wp-content/uploads/2015/06/ViolencePreventionEvidenceImplementation.pdf>.



