



Women in Crisis:

How women and girls are being
failed by the Mental Health Act

Agenda, the alliance for women and
girls at risk

August 2018

Executive summary

This report sets out growing evidence that being detained under the Mental Health Act 1983 can be detrimental to women and girls' wellbeing, with little attention paid to their particular needs, including their experiences of trauma. This can have devastating consequences for women and girls, as shown by previously unpublished figures on self-inflicted deaths outlined in this report.

Women and girls are slightly less likely than men and boys to be detained under the Mental Health Act. In 2016/17, 21,291 women and girls and 22,716 men and boys were detained.¹ However, women and girls are more likely than men and boys to be in mental health hospitals as a result of being detained (rather than being there voluntarily).²

Dying in Detention

New figures, obtained by Agenda from the Care Quality Commission (CQC), show that women's self-inflicted deaths overtook men's for the first time in the calendar year 2015 and did so again in 2016. Meanwhile, the number of deaths of girls and young women under 20, including one girl under 17, was more than double the number of boys and young men in that age range.

These figures show that:

- Women's self-inflicted deaths outnumbered men for the first time in 2015, when 20 women died compared to 15 men.
- In 2016, the most recent record available, 10 women died compared to six men.
- Nine young women and girls aged under 20 died between 2010 and 2016, compared to four young men in the same period.
- Of those, one was a girl aged under 17. No boys under 17 died across the seven-year period.

Women and the Mental Health Act

Mental health services, both in the community and in hospitals, are under increasing strain³ – overstretched and struggling to meet need. As a result, many women are unable to access support until they reach crisis, and are not receiving the right support when they do. When women and girls are detained under the Mental Health Act there is a lack of trauma-informed care, and many risk re-traumatisation and abuse, including through:

Lack of routine enquiry into patients' experiences of violence and abuse.

Inappropriate staffing & wards, including concerns about: male staff delivering care including restraint and one-to-one observation; breaches of single sex accommodation rules; and sexual assaults on mental health wards.

Widespread use of restraint, which can be potentially re-traumatising and physically dangerous, with 32 women dying following restraint over a five year period.

A lack of hospital beds, leading to women being held far away from their homes and families, or in inappropriate settings for longer than is necessary.

Children and other caring responsibilities overlooked, meaning women are separated from their children when detained and their role as mothers not considered in their treatment.

Dangers of the Nearest Relative, posing the risk of abusive partners and/or relatives having a say in patient's care.

Recommendations

Agenda is calling for the following changes to improve the lives of women and girls detained under the Mental Health Act. A full list of recommendations can be found in the body of the main report:

1. Specialist gender-specific, trauma-informed in-patient and community mental health services so that women and girls can access the support they need, when they need it.
2. Women and girls to be asked about their experiences of abuse and violence by trained professionals and to receive appropriate therapeutic follow up support.
3. Women and girls to be able to choose the gender of professionals involved in their care, including at critical points during the detention process.
4. Women and girls to be given the opportunity to review who has a say in their care on an ongoing basis, replacing the 'Nearest Relative' with an 'appointed person' model.
5. An end to breaches of single sex mental health wards and comprehensive steps taken to prevent and respond to any incidents of sexual harassment and sexual violence.
6. An end to the use of face-down restraint and other forms of physical restraint used only as a last resort.
7. Girls and women's roles and identities as mothers and care-givers to be considered during all parts of their treatment planning and care.
8. Data collection that demonstrates women and girls' experiences of and outcomes under the Mental Health Act, including a disaggregated break down by gender and other protected characteristics.

About Agenda

Agenda, the alliance for women and girls at risk, is working to build a society where women and girls are able to live their lives free from inequality, poverty and violence. We campaign for women and girls facing abuse, poverty, poor mental health, addiction and homelessness to get the support and protection they need.

Our members include mental health, homelessness, substance misuse and domestic violence charities who help women who face multiple and complex needs to turn their lives around.

Agenda's **Women in Mind** campaign is calling for women and girls' mental health to be made a priority and action taken to ensure they get the support they need, when they need it.

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Background

The **Mental Health Act (1983)** is a piece of legislation governing the rights of people with mental health problems. It sets out when a person can be admitted, detained, and treated in hospital against their will.

The Act was amended in 2007. It is accompanied by a **Code of Practice**, updated in 2015, providing statutory guidance for professionals.

On 4th October 2017, Theresa May commissioned psychiatrist Sir Simon Wessely to carry out an **Independent Review of the Mental Health Act**, which published an interim report in May 2018. The Review is expected to publish its final report towards the end of 2018.

Introduction

This report is about women and girls' experiences of detention under the Mental Health Act 1983. It sets out issues facing women detained under the Mental Health Act, outlines previously unpublished figures on self-inflicted deaths, and provides examples of the ways in which women and girls are particularly disadvantaged by detention. It goes on to look at gaps in knowledge and data, before giving recommendations for policy and practice change. With the Mental Health Act Review underway and due to report later this year, this is an important opportunity for policy-makers and practitioners to consider the particular needs and experiences of women and girls detained under the Mental Health Act, and how the legislation can be improved so that it is implemented without detriment to women and girls.

Women and girls' mental health

Mental ill health amongst women is rising, with women more likely than men to face mental health problems.⁴ More specifically, there is evidence of a growing mental health crisis among young women and girls. Young women are now the most at-risk for mental ill health.⁵ More than a quarter of women aged 16-24 have a common mental disorder, one in seven has post-traumatic stress disorder (PTSD), and a quarter have self-harmed – with hospitals treating nearly twice as many girls for self-harm as they were in 1997.⁶ There are also recent reports of an increased risk of suicide among girls.⁷

Sexual exploitation, abuse and violence are huge drivers of trauma and poor mental health in women and girls. More than half of women with mental health problems have experienced abuse, a link which is particularly pronounced for women who have more severe mental health problems.⁸

Women with mental health problems report that they want gender-specific support, meaning care that takes into account and responds to their specific needs as women, and which works holistically to help them address the root causes of the issues they

face.⁹ For women who have experienced abuse, a female-only space, including female staff with whom they can build a trusting relationship, can help them feel physically safe enough to engage in treatment.¹⁰

Where mental health problems are linked to or rooted in trauma, an awareness and understanding of that trauma and how it may manifest itself in women ('trauma-informed' care), is essential for practitioners to deliver effective therapies.¹¹

But many women and girls struggle to get the support they need from mental health services. Previous research by Agenda found that most mental health trusts in England were failing to take into account women's needs.¹² Only 104 of 353 areas in England and less than a quarter of areas in Wales provide specific support for women experiencing mental health problems.¹³ Most (55.1 per cent) of this support was for pregnant women or women who have recently given birth.

More broadly, most mental health trusts have less money to spend on patient care in real terms than in 2012, which is seeing existing

services, both in the community and in hospitals, under increasing strain.¹⁴ This, combined with the rise in mental health problems, means more women and girls need help, but less help is available.

"The Wellbeing offered me a counselling service, but it's about a year's wait. There's never anything right then and there. Those are all great things if you can access them, but you know, one year's waiting list is not something you want to hear, because you're in it here and now."

Gemma, who has anxiety and depression, and referred herself to an NHS wellbeing service

Therefore, women and girls appear to be reaching increasing levels of crisis before they get support, with suicide attempts sometimes not sufficient to enable access to mental health services. This means that the women and girls who reach the threshold for detention under the Mental Health Act are likely to be particularly vulnerable and to need higher levels of support.

"I had to be in a crisis to get any help, I had to nearly kill myself. It is like you've got to be in a crime scene. Hopefully you come out of it but some people don't."

"It took 18 months of different referrals and assessments until finally I got into a psychotherapy centre, where I had to be assessed again. I thought, 'how many times can I get assessed, I want help, I need help'."

Thea, who has an eating disorder and attempted suicide

Women and the Mental Health Act

Broadly, men are more likely to 'externalise' mental distress and trauma, including through aggression and sometimes violence, whereas women are more likely to 'internalise',¹⁵ resulting in higher rates of behaviours such as self-harm and conditions such as eating disorders.¹⁶ Given this trend, it is likely that the reasons for detention look quite different by gender; we would expect women to be more likely to be detained for posing a risk to themselves, than to other people.

Women and girls are slightly less likely than men and boys to be detained under the Mental Health Act. In 2016/17, 21,291 women and girls and 22,716 men and boys were detained.¹⁷ However, women and girls are more likely than men and boys to be in mental health hospitals as a result of being detained (rather than being there voluntarily).¹⁸

There are marginally more girls detained under the Mental Health Act (32 girls under the age of 18 detained in 2015/16, compared to 29 boys),¹⁹ and girls are at particular risk of being detained under emergency short term sections,²⁰ particularly Section 136, which is an emergency power allowing patients to be taken from a public place if they need immediate care. For example, in 2016/17, 212 girls aged 17 and under were detained under a section 136, compared to 156 boys.²¹

"I was sectioned and it was terrible. I was in one-to-ones with students just sat there looking at me. They pumped me full of drugs...half the time the staff were sat in an office just having a brew and there were people wondering about that shouldn't have been."

Louise, who was detained after attempting suicide

Black, Asian and Minority Ethnic (BAME) women are disproportionately at risk of detention, making up around nine per cent of detained patients,²² when they make up an estimated seven per cent of the general population²³. They are also at particular risk of poor mental health,²⁴ and face additional inequalities and challenges to their mental health including racism, sexism and stigma.

"For a white person it's mental health and for a black person it's classed as anger management issues."

Anna, speaking in interviews for Agenda and Women in Prison's *Double Disadvantage* Report on her experiences in prison

Dying in Detention

There is growing evidence that being detained under the Mental Health Act can be detrimental to women and girls' wellbeing, with little attention paid to their particular needs, including their experiences of trauma. This has devastating consequences for women and girls, one of which is the alarming rise in self-inflicted deaths.

The data used below has been obtained from the Care Quality Commission (CQC), based on information reported to them by mental health providers in England on the causes of death for people who died while detained under the Mental Health Act in the calendar years 2010-2016. This report focuses on self-inflicted deaths, defined as any death of a person who is deemed to have taken their own life irrespective of intent.²⁵ Our findings are outlined below.

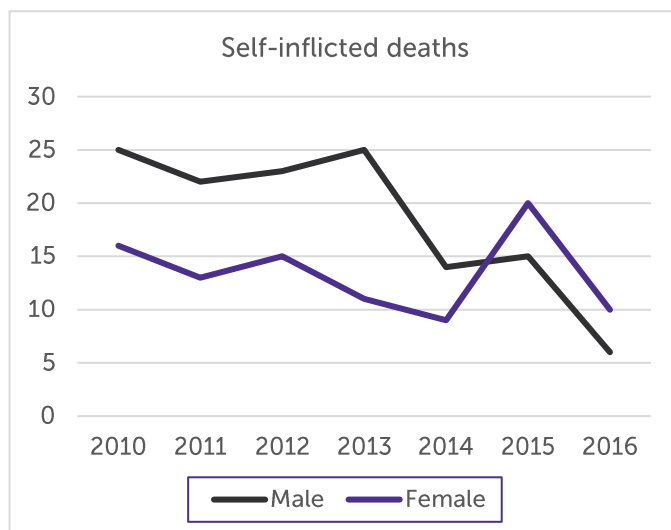
i. Self-inflicted deaths among women detained under the Mental Health Act.

In both 2015 and 2016, the most recent years for which there is data, there were more self-inflicted deaths among females than males.

Up until 2014 male self-inflicted deaths outnumbered females. But in 2015 this trend reversed for the first time. There were 20 self-inflicted deaths among female patients that year, compared to 15 male patients. This coincided with a peak in women's suicide in the general population,²⁶ which continues on an upward trajectory.

We also know women are having to reach higher levels of crisis before they are able to get help.²⁷ This is suggested by data that shows women are more likely than men to be in mental health hospitals as a result of being detained under the Act (rather than admitting themselves for example)²⁸ which means they may be at particularly high risk and more vulnerable at the point of detention.

This general trend continued in 2016, although numbers for both males and females were lower. That year, there were 10 self-inflicted deaths among women and girls, compared to six male patients.



Over the seven year period, there were 94 self-inflicted deaths of women and girls detained under the Mental Health Act. In the same period, there were 130 self-inflicted deaths among men.²⁹

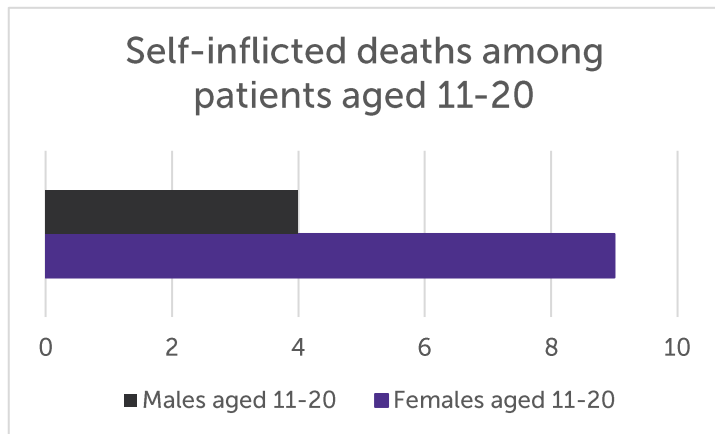
These figures suggest a much smaller difference between women and men compared to the rates of suicide³⁰ in the general population in England where more than three times as many men than women die by suicide.³¹

Of all patients who died whilst detained under the Mental Health Act between 2010 and 2016, women's deaths were more likely than men's to be self-inflicted. Of all men's deaths, 12.81 per cent were self-inflicted, whereas 14.31 per cent women's deaths were self-inflicted.

ii. Self-inflicted deaths among young women and girls

There were twice as many self-inflicted deaths by young women and girls detained under the Mental Health Act as young men and boys. Between 2010 and 2016, there were nine self-inflicted deaths by girls and young women aged 11-20, compared to four boys and young men of the same age group.

This included one self-inflicted death of a girl aged under 17. There were none among boys under 17 throughout the seven years.



We cannot be sure what is causing the number of self-inflicted deaths among girls and young women, although, as outlined on p4, we know that girls and young women face particularly high rates of mental ill health. Girls also face violence and harassment at home, in schools and on the streets, which is closely linked to poor mental health, as well

as other societal pressures like body image and social media.³² Tailored specific mental health support for girls is rarely available, so girls are increasingly having to reach crisis before they get help. This is evidenced by the high rates of self-harm among girls, and the fact that they are more likely to be detained under short-term emergency sections.

It is also highly likely that the transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services³³ is leaving young women without appropriate and sufficient support when they are at a particularly vulnerable time.

It is alarming that so many women and girls are dying self-inflicted deaths. Mental health hospitals should be caring, therapeutic environments for women and girls feeling at their most vulnerable, and at the very least they should be places that do no harm. If patients are having their liberty taken away – even when they are at no risk to the public – the support provided should be more conducive to their recovery than the community will be.

Women detained under the Mental Health Act: areas of concern

While it is important to consider the broader context of services being under pressure and women's needs not being taken into account more generally in mental health services, there are a number of issues specifically relevant to the implementation of the Mental Health Act and the women detained under it that are a growing cause for concern, especially in light of the alarming number of deaths. These include:

Women's trauma and a lack of trauma informed care

Trauma-informed approaches to care aim to reduce or eradicate re-traumatisation, coercion and control in mental health support, and understand that "power over"—as opposed to collaborative and empowering—relationships with mental health staff and services may reinforce past experiences of violence and abuse.³⁴ Trauma-informed care recognises the role of trauma and abuse in patients' mental health, and addresses that through appropriate treatment and care planning. It is particularly important for women and girls with mental health issues, most of whom have experienced violence and abuse.³⁵

The nature of detention under the Mental Health Act, whereby a patient may be detained and treated against their will, can undermine the principles of trauma-informed care,³⁶ and thus undermine the recovery of women and girls who have experienced violence and abuse. At the same time, patients are detained in services which, as detailed on p4, are failing to take into account experiences of violence and abuse.

There are also particular areas of concern related to detention under the Mental Health Act, in which women and girls are put at particular risk of re-traumatisation and abuse. These include:

Lack of routine enquiry

Routine enquiry, where trained staff ask patients whether they have experienced violence and abuse, is vital in ensuring professionals can provide the right support to women to address trauma.

Routine enquiry in mental health services is recommended in NICE guidance on Domestic Abuse³⁷, but research by Agenda³⁸ suggests it is not happening consistently. The majority of mental health trusts do not have a policy on routine enquiry.

Without meaningful routine enquiry and follow on support, mental health services may be unaware of women and girls' experiences of violence and abuse and these experiences will therefore not be integrated into patients' care plans.

"For most of my life I've been on the radar of one support service or another. Starting with the care system and a host of child psychologists and social workers. Not one of them took enough interest in me to see past my behaviour and recognise me as a very damaged child."

Colette, who was abused in childhood

Inappropriate staffing & wards

For many women with mental health problems, and particularly those who have experienced violence and abuse by male perpetrators, contact with a male member of staff when they are facing a mental health crisis may be distressing and can be re-traumatising.

Existing guidance in the Mental Health Code of Practice ³⁹ does not make recommendations regarding the gender of staff present during the detention process; nor does it allow a female patient the choice of having a female practitioner to deliver support once they are detained in a hospital.

In some instances male members of staff are assigned to carry out one-to-one observation of female patients which can be humiliating and distressing for women, particularly those who have faced abuse, which will be the case for most women detained under the Act.

There also continue to be alarmingly high rates of sexual assaults in mental health services, ⁴⁰ and reports of breaches of single sex accommodation rules in mental health services, with women being forced to go through men's accommodation to get to the toilets and being intimidated or receiving unwanted attention.⁴¹

Widespread use of restraint

The use of physical restraint against women and girls in mental health settings is widespread.⁴² Girls are more likely to be physically restrained than boys, while women are more likely to be repeatedly restrained than men, including in a face-down position. Using physical restraint on a survivor of sexual or physical violence risks re-traumatising them. Restraint is often carried out by male staff, which compounds the fear and trauma of women and girls who have experienced abuse and violence at the hands of men.

"I think often care plans are not understanding enough if there is a history of abuse and how using prone restraint could affect the person. Staff should always realise they can have a long-lasting impact on somebody."

Pamela, who was restrained face-down in a mental health unit

Restraint is also physically dangerous. Figures obtained by Agenda found that 32 women died after experiencing restraint whilst detained under the Mental Health Act over a five year period.⁴³ Younger women made up a large number of the restraint-related deaths – 13 were aged 30 and under, compared to four men in that age range. A disproportionate number - more than a fifth - of the women who died were from BAME backgrounds.

A lack of hospital beds

For those admitted to hospital, a lack of beds is seeing patients held far from their homes. There were 3,975 Out of Area Placements of female patients in 2018 alone.⁴⁴ Being detained in a hospital that is far from a patient's home can make maintaining ties with family and friends difficult and poses particular issues for those who may not be able to afford travel and related costs.

Not only are women placed far from home, they are often held in inappropriate settings longer than is necessary. A report by the Care Quality Commission⁴⁵ found women are being admitted to or trapped in high secure care for long periods of time because there is nowhere else for them to go. This is in spite of the principle in the Mental Health Act Code of Practice⁴⁶ against holding a patient in higher levels of security than is necessary.

Children and other caring responsibilities being overlooked

Women are far more likely than men to be the primary carers of children and other relatives.⁴⁷ Yet, insufficient consideration is currently given to the relationship between mother and child when a mother is detained under the Mental Health Act.

The main support available to keep mothers with poor mental health in contact with their children is around perinatal care. This is important, but we must also look to support mothers with older children. There are currently insufficient services available to allow women to stay with their babies and children— yet we know this is crucial to the mental health of both mother and child.⁴⁸ We are also concerned at a lack of ongoing

join up between mental health services and social services including once a child is removed from a mother's care.

Dangers of the 'Nearest Relative'

The 'Nearest Relative' is a term used in the Mental Health Act to define the person 'closest' to a patient from a list of people, beginning with 'husband or wife', and including extended family members such as a nephew or niece. This person has certain rights related to a patient's care, including the ability to ask for an assessment to decide if a patient should be detained, and the right to discharge a patient. They will also be informed of certain information relating to a relative's detention, including that a patient will be discharged.

There is a risk that a perpetrator of abuse – such as a husband or a parent – is classified as a patient's nearest relative, which could put the victim at very real risk of further abuse. For example, the 'Nearest Relative' of a woman who has fled abuse could be her abusive husband, meaning they will be made aware of her location. We are aware of at least one specific incident where this has happened.

An alternative suggestion to the 'Nearest Relative' has been the 'appointed person' or 'nominated person' model, whereby a patient would be able to specify who should fulfil the role currently given to the 'nearest relative'. This would allow patients autonomy over who has a say in their care and, when accompanied with routine enquiry into a patient's experiences of abuse and robust safeguarding measures, would mitigate against the risk of a perpetrator of abuse having a say in a patient's care.

Gaps in understanding

There are still significant gaps in our understanding of women's experiences, and in the collection and publication of statistics. To begin with, we would like to see robust and transparent data collection on women's and girls' experiences of the Mental Health Act, including publishing existing annual statistics by protected characteristics including age, gender, and ethnicity, that allows for comparison across these characteristics.

Not enough is known about women and girls' routes into detention. According to figures from 2014/15 and 2015/16, male patients are more likely than female patients to be detained in all recorded sections, except for Section 5, which is when a doctor or nurse stops a patient from leaving hospital after being admitted voluntarily.⁴⁹ We need a better understanding as to why this is, as well as the reasons why girls are more likely than boys to be detained under short term orders.

We also need a better understanding of what happens to children when their primary carers are detained under the Mental Health Act. For this report, Agenda attempted to obtain statistics on the number of primary carers in detention, and were told this data is not collected. We would like to see this data collected, as well as a better understanding and consideration of who cares for children when their primary carer is detained, and how the relationship between mothers and their children is maintained.

Further attention should also be given to women in contact with the criminal justice system, who we know are disproportionately likely to be detained under the Mental Health Act as compared to men, which reflects the high levels of mental ill health and vulnerability among women in contact with the criminal justice system.⁵⁰

Conclusion

It is appalling that we are seeing so many self-inflicted deaths amongst women and girls detained under the Mental Health Act. Many will have been detained precisely because they were at risk to themselves, yet the Mental Health Act is not keeping them safe and is failing to support and protect them.

If patients' liberty is taken away, then they should expect a level of care that improves their wellbeing and at the very least does no harm. Yet, too many women and girls continue to be in pain and are suffering to the extent that they take their own lives in the place meant to help them get better.

Women overtaking men in the number of self-inflicted deaths highlights a growing crisis in care. The deaths of girls and young women aged 20 and under in particular could reflect the much publicised growing deterioration in their mental health, and is an indictment of our mental health system's failure to respond adequately to that deterioration.

Pressures on services means women and girls are reaching absolute crisis, sometimes having attempted suicide, before being able to get help. When they are detained, the reality is that the conditions under which the Mental Health Act is enforced are not fit for purpose for women and girls.

The majority of women and girls being detained will have experienced abuse. But the evidence suggests they are not asked about this and even if they are, this is not understood or responded to appropriately. This sees women who have been abused by

men being observed by male nurses, having abusers as their 'nearest relative' and being restrained in ways that can re-traumatise them. They are also separated from their children and family, heaping trauma upon trauma.

This lack of gender- and trauma-informed support, whereby women's needs and experiences, particularly histories of violence and abuse, are taken into account in every element of their care, is a vital missing part of women's mental health care. It can be no coincidence that this is the context in which so many women and girls are dying.

Now is the time for action to address these injustices. More investment in both community and in-patient services is vital so that women and girls are not having to be in greater and greater crisis in order to access support. We need to see a Mental Health Act that responds better to the realities of women and girls' lives. And we also need to see a culture change in services so that they take into account the specific needs and experiences of women and girls. It is crucial that detention under the Mental Health Act becomes an opportunity for women and girls to rebuild their lives and have a positive future rather than them feeling like they have no future at all.

Recommendations

We are calling for:

1. Specialist gender-specific, trauma-informed mental health services, so that women and girls can access the support they need, when they need it. This includes further investment in: community support to prevent women and girls from reaching crisis; as well as in-patient facilities so that women do not have to access care a considerable distance from home, or be held in inappropriate settings longer than is necessary.
2. Women and girls to be asked about their experiences of abuse and violence by trained professionals, and to receive appropriate therapeutic follow up support, with services inspected on how well they are fulfilling this requirement.
3. Women and girls to be able to choose the gender of professionals involved in their care, including at critical points where possible, such as during the detention process and when under observation.
4. Women and girls to be given the opportunity to review who has a say in their care on an ongoing basis, replacing the 'Nearest Relative' with an 'appointed person' model.
5. An end to breaches of single sex mental health wards and comprehensive steps taken to prevent and respond to any incidents of sexual harassment and sexual violence involving staff or patients.
6. An end to the use of face-down restraint and other forms of physical restraint used only as a last resort.
7. Girls and women's roles and identities as mothers and care-givers to be considered during all parts of their treatment planning and care, including:
 - a. Acknowledging the trauma that separation from children can cause in the care they receive;
 - b. Ensuring effective joined-up approaches between social services and mental health professionals around contact with and support for children;
 - c. Opportunities for women to maintain relationships with children through investment in further mother and baby units, and consideration of other residential options beyond the perinatal period;
 - d. Support for families, including financial, to visit relatives whilst they are detained in hospital.
8. Transparent data collection that demonstrates women and girls' experiences of and outcomes under the Mental Health Act, including:
 - a. Annual published statistics on detention under the Mental Health Act to show a disaggregated break down by gender and within this by other protected characteristics including age and ethnicity;
 - b. Further data gathered around women and girls' routes into detention, including under which sections of the Act males and females are detained, and whether a patient is a primary carer when detained, and the steps taken in response;
 - c. Data on the use of routine enquiry and follow up support provided to women and girls who disclose abuse.

References

- ¹ NHS Digital (October 2017), [Mental Health Act Statistics, Annual Figures: 2016-17, Experimental Statistics](#)
- ² In 2015/16, 36.4 women per 100 patients had been detained compared to 32.5 men.
- NHS Digital (November 2016), [Mental Health Bulletin: 2015-16 Annual Report](#) – national reference tables, table 2.2
- ³ Royal College of Psychiatrists (2018), [‘Mental health trusts’ income lower than in 2011-12’](#)
- ⁴ NHS Digital (September 2016), [Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014](#)
- ⁵ Agenda (May 2017), [Women in Mind: briefing on women’s mental health](#)
- ⁶ The Government gave details regarding the count of finished admission episodes (FAEs) with a first recorded cause code of self-poisoning or self-harm, for patients aged under 18, in England from 1997-98 to 2016-17. (HL Deb 23 July 2018 Written Answer [9500](#))
- ⁷ NSPCC (2017), [Not Alone Anymore: ChildLine annual review 2016/17](#), p. 32
- ⁸ Scott, S. & McManus, S. (January 2016), [Hidden Hurt: Violence, abuse and disadvantage in the lives of women](#). DMSS research for Agenda.
- ⁹ Department of Health (September 2003), [Mainstreaming Gender and Women’s Mental Health: Implementation Guidance](#)
- ¹⁰ *ibid*
- ¹¹ *ibid*
- ¹² Agenda (September 2016), [Women’s needs in mental health services: A Response to an FOI Request](#)
- ¹³ Agenda and AVA (September 2017), [Mapping the Maze: services for women experiencing multiple disadvantage in England and Wales](#)
- ¹⁴ Royal College of Psychiatrists (2018), [‘Mental health trusts’ income lower than in 2011-12’](#)
- ¹⁵ Dr Enys Delmage (2015), [Justice Committee Oral Evidence: Young Adult Offenders](#), 10th November 2015
- ¹⁶ NHS Digital (September 2014), [Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014](#)
- ¹⁷ NHS Digital (October 2017), [Mental Health Act Statistics, Annual Figures: 2016-17, Experimental Statistics](#)
- ¹⁸ In 2015/16, 36.4 women per 100 patients had been detained compared to 32.5 men.
- NHS Digital (November 2016), [Mental Health Bulletin: 2015-16 Annual Report](#) – national reference tables, table 2.2
- ¹⁹ *ibid*
- ²⁰ *ibid*, table 2.4
- ²¹ The Government gave details regarding the number of detentions of men and women under Section 135 and Section 136 of the Mental Health Act, by age group, 2016/17 (HC Deb 17 July 2018 Written Answer [163564](#)), and the number of detentions of men and women under section 135 of the Mental Health Act, by age group, 2016/17 (HC Deb 23 July 2018 Written Answer [165595](#))
- ²² The Government gave detailed regarding the number detentions of Black, Asian and Minority Ethnic (BAME) women detained under the Mental Health Act, by age group, 2016/17 (HC Deb 17 July 2018 Written Answer [163563](#)). These figures were calculated as a percentage of patients of all ethnicities, where ethnicity was recorded, using Mental Health Act Statistics 2016-17.
- ²³ Census 2011, [DC2101EW – Ethnic group by sex and age](#) (counting all non-white ethnic groups, excluding Gypsy or Irish Traveller)
- ²⁴ Cabinet Office (October 2017) [Race Disparity Audit: Summary Findings from the Ethnicity Facts and Figures Website](#)
- ²⁵ This not only includes suicides, but any death without attribution of intent, as a result of the person’s own actions. This classification is used because it is not always known whether a person intended to take their own life.
- ²⁶ Office of National Statistics (December 2017), [Suicides in the UK](#), table 3
- ²⁷ Agenda and AVA (September 2017), [Mapping the Maze: services for women experiencing multiple disadvantage in England and Wales](#)
- ²⁸ NHS Digital (November 2016), [Mental Health Bulletin: 2015-16 Annual Report](#) – national reference tables, table 2.2
- ²⁹ No boys died during this period

³⁰ We do not know that all self-inflicted deaths are suicides, as per footnote 22, but we expect the vast majority of self-inflicted deaths to be suicides.

³¹ Office of National Statistics (December 2017), [Suicides in the UK](#), table 3

³² Plan International UK (2016), [The State of Girls Rights in the UK](#)

³³ Healthcare Safety Investigation Branch (July 2018), [Investigation into the transition from child and adolescent mental health services to adult mental health services](#)

³⁴ Sweeney, A; Clement, S; Filson, B; Kennedy, A (2016), ["Trauma-informed mental healthcare in the UK: what is it and how can we further its development?"](#), Mental Health Review Journal, Vol. 21 Issue: 3, pp.174-192

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³⁶ Sweeney, A; Clement, S; Filson, B; Kennedy, A (2016), ["Trauma-informed mental healthcare in the UK: what is it and how can we further its development?"](#), Mental Health Review Journal, Vol. 21 Issue: 3, pp.174-192

³⁷ NICE (February 2014), [NICE guidance PH50: Domestic violence and abuse: multi-agency working](#)

³⁸ Agenda (September 2016) [Women's needs in mental health services: A Response to an FOI Request](#)

³⁹ Department of Health and Social Care (January 2015), [Code of Practice: Mental Health Act 1983](#)

⁴⁰ Care Quality Commission (April 2018), [Sexual Safety on Mental Health Wards letter](#)

⁴¹ CQC (2016), [Monitoring the Mental Health Act in 2015/16](#)

⁴² Agenda (March 2017), [The use of restraint on women and girls in mental health units: a Response to an FOI Request](#).

⁴³ Agenda (July 2018), ['32 women die after being restrained – new Agenda research'](#)

⁴⁴ NHS Digital (2017), [Out of Area Placements in Mental Health Services May 2018](#)

⁴⁵ CQC (February 2018), [Monitoring the Mental Health Act in 2016/17](#)

⁴⁶ Department of Health and Social Care (January 2017), [Mental Health Act 1983: Code of Practice](#)

⁴⁷ 58% unpaid carers in the UK are women, ONS, [Census 2011](#); women also account for 91% of lone parents with dependent children, ONS (2015), [Families and Households:2014](#)

⁴⁸ Agenda and AVA (September 2017), [Mapping the Maze: services for women experiencing multiple disadvantage in England and Wales](#)

⁴⁹ NHS Digital (2016), [Mental Health Bulletin: 2015/16 Annual Report](#)

⁵⁰ Men and boys are more than 5 times as likely as women and girls to be detained under Part III (NHS Digital (2016), [Mental Health Bulletin: 2015/16 Annual Report](#)), which applies to patients concerned in criminal proceedings or under sentence. However, women make up just five per cent of the prison population, and 15 per cent of the probation system (Prison Reform Trust (2017), [Bromley Briefings, summer 2017](#)).