

Agenda submission to NHS England on mental health in the Long Term Plan for the NHS

August 2018

Background

Women are more likely than men to face mental health problems. Black, Asian and Minority Ethnic (BAME) women are at particular risk of poor mental health and face additional inequalities. Young women are now the most at-risk group, with 1 in 4 experiencing a Common Mental Disorder. Violence and abuse are huge drivers of trauma and poor mental health in women and girls and this is particularly acute amongst women facing multiple forms of disadvantage and those with more severe mental health problems.

Q1: Top three priorities for meeting the mental health needs of people of all ages

To improve the mental health of women and girls, over the next five years Agenda would like to see:

1. NHS England publish a national Women and Girls' mental health strategy, providing central direction and a roadmap for change, and considering how data is collected and published to monitor progress;
2. An expectation for all mental health trusts to have a clinical lead on women's mental health and a women's mental health strategy that addresses the range of support required by women and girls in their local area and involves partners including the women's and voluntary sector in delivering this;
3. Steps taken to address the links between violence and abuse and women's mental health problems including:
 - a. A central commissioning strategy for funding life time care for survivors of abuse and violence, including sexual violence, to deliver the commitments made within the NHSE Strategic Direction for Sexual Abuse and Assault;
 - b. Routine enquiry, where trained staff ask about experiences of violence and abuse, to become standard practice across mental health services accompanied by meaningful therapeutic support and proper data collection and publication.

Looking further ahead to the next ten years, we would like to see:

1. Trauma-informed care embedded across mental health services, with a standardised understanding of what this means in terms of service delivery and standards, and an expectation for trauma-informed principles to be embedded within and demonstrated across NHS commissioned services;
2. Gender-specific community and in-patient mental health services, including:
 - a. Holistic women-only services in every area to address mental health and other related issues, including specialist provision for BAME women and younger women and girls; and
 - b. Specialist treatment that addresses current gaps in support for women with complex needs, including those with a dual diagnosis, and those who have experienced complex trauma, some of whom may have been diagnosed with personality disorder; and
 - c. Support which responds to women's roles as mothers and care-givers including: recognising these identities during all parts of women's treatment planning and

care and acknowledging the trauma that separation from children can cause; better links between children's social services and mental health services; and further investment in mother and baby units, alongside other residential options for women to stay with their children beyond the perinatal period.

3. Specific support for girls and young women including: in the short-term, taking a gendered approach to provisions made under plans to improve Children and Young People's Mental Health; and in the longer-term embedding a trauma-informed approach in schools, providing clear pathways to treatment and support, and better transitions between child and adult services.

Q2: Gaps in service provision and how the NHS should address these

Many women and girls struggle to get the support they need from mental health services. Research for Agenda found that only one NHS mental health trust who responded to an FOI request had a strategy for providing gender-specific services to women. Most trusts provided no relevant policies or strategies in relation to gender specific services. Further research by Agenda and AVAⁱ (2017) found that 104 of 353 areas in England provide specific support for women experiencing mental health problems. However, most of this support was around the perinatal period which, whilst important, suggests significant gaps for women across the life course.

For women who are mothers, there is little recognition of this identity and the support that is available around motherhood is insufficient, particularly beyond the perinatal period. This must be addressed.

Women and girls with mental health problems, especially those who have experienced violence and abuse, need to be able to access specialist gender-specific, trauma-informed in-patient and community mental health services so they can access the support they need, when they need it. NHS should address these gaps through a national Women and Girls' mental health strategy and central commissioning and funding for life time care for survivors of abuse and violence.

Q9: Supporting people with more serious and complex mental health problems

There are currently significant gaps for women with complex needs in being able to access specialist treatment, particularly for those with a 'dual diagnosis' of substance misuse and mental health problems, as well as for women who have experienced complex trauma, some of whom may have been diagnosed with personality disorder. There must be greater investment in improving access to appropriate holistic, trauma-informed and gender-specific services for women with complex needs to ensure they are able to access the services and support they need.

In addition, Agenda has particular concerns about women and girls' experiences when detained under the Mental Health Act, including disproportionate numbers of self-inflicted deaths and 32 women having died after experiencing restraint whilst detained under the Mental Health Act over a five year period.ⁱⁱ We have raised these concerns with Sir Simon Wessely and the Mental Health Act Review team, and made a number of recommendations for change.

Q10: Examples of innovative practice that could be scaled up

It is notable that the majority of mental health services for women are designed around their biology, i.e. maternal mental health services and single-sex inpatient wards/secure units, with very few gender-specific mental health services. There are some excellent services for women and girls in both the voluntary sector and within the NHS but they are incredibly few and far between. These provide female only spaces, place an emphasis on building trusting relationships and recognise and respond to the particular pressures and challenges women and girls face.

A notable example is Drayton Park Women's Crisis House, the only women's crisis house in England or Wales. The service was set up in 1995 as an innovative alternative to acute psychiatric admission. It is a residential service, designed and run exclusively for women. Staff use their multi-disciplinary experience to focus on the woman and her wider life experiences, in particular trauma and abuse, rather than the diagnosis she has been given. Women have access to alternative therapies and up to four children can stay at the house at any one time. This is in stark contrast to inpatient wards. The only other similar project, Foxley Lane in South London, closed last year.ⁱⁱⁱ

In addition, many women's community projects provide both mental health support as well as helping to address a range of issues holistically. The Mental Health Team at Anawim women's centre in Birmingham, for example, works holistically with any client referred in to the service, providing a range of support to ensure women get the support they need, as well as delivering a step-by-step recovery group to help women who have experienced trauma and a social problem-solving course specifically for women with personality disorder.^{iv} Women's services like these should be considered a vital part of any future NHS provision.

Q11: Challenges preventing the NHS from delivering good mental health support

Without a national strategy prioritising women's mental health, there is no central direction to address these challenges. At a local level, a lack of joined-up funding and commissioning means that there is insufficient support for women and the few services that support women's needs holistically in the community struggle to fund the work they do sustainably. A lack of trauma-informed mental health care means that many women, particularly those who have experienced violence and abuse, are not receiving the right support and are at risk of being re-traumatised when accessing mental health services.

Next steps

Agenda's Chief Executive, Katharine Sacks-Jones, is Co-Chair of the Women's Mental Health Taskforce alongside Jackie Doyle-Price MP. The Taskforce has been considering a number of these challenges over the past year and will shortly publish a report outlining its findings and recommendations. Agenda would welcome the opportunity to discuss these issues further, and consider how the findings from the Women's Mental Health Taskforce might support NHS England in the next stages of its thinking.

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. We work to get systems and services transformed, to raise awareness across sectors and to promote public and political understanding of the lives of women and girls facing multiple disadvantage.

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ⁱ Agenda & AVA (2017) [Mapping the Maze](#)

ⁱⁱ Agenda (2018) [Women in Crisis: How women and girls are being failed by the Mental Health Act](#)

ⁱⁱⁱ <https://www.candi.nhs.uk/services/drayton-park-womens-crisis-house-and-resource-centre>

^{iv} <http://www.anawim.co.uk/mentalhealth.html>