agenda
Alliance for Women & Girls at Risk

Agenda's response to the Children and Young People's Mental Health Green Paper
February 2018

Introduction

Agenda welcomes the opportunity to respond to the Green Paper: Transforming children and young people's mental health provision. With three quarters of mental health issues established before the age of 24,[1] early intervention and prevention is critical in responding to mental health.

It is important to note that young women are now the most at-risk group for mental health problems, with 1 in 4 experiencing a Common Mental Disorder [2] and that younger girls also face high rates of mental ill health. The reasons behind mental health issues are of course complicated and individual. But there are particular risks and pressures associated with being a young woman: greater worries over body image; early sexualisation; interpersonal violence, harassment and abuse and sometimes the pressures of caring or domestic responsibilities within families. Poverty is another key factor closely associated with mental health problems and for those girls who experience both abuse and poverty the risks of developing mental health problems are particularly pronounced.

Physical and sexual violence is however, perhaps the single most significant risk factor for girls and young women. Domestic and sexual abuse remains at extraordinarily high levels and we are only now beginning to realise the scale and extent of child sexual abuse and exploitation. Of adult women with mental health problems, more than half have experienced violence and abuse, and for a quarter, that abuse started in childhood.[3]

Given the issues facing girls and young women, we believe it is imperative that their particular needs, and especially their experiences of violence, abuse and trauma, are recognised and responded to in any strategy to improve children and young people's mental health.

Agenda is concerned that there is currently little recognition of the role gender plays in mental health. There is very little mention of gender in the Green Paper and indeed the only mention of specific treatment for girls is the inclusion of an example of a specific service. This needs addressing.

Mental ill-health among young women and girls

Mental ill-health among women has increased significantly, and the most recent data shows young women aged 16-24 emerging as the highest-risk group for mental health problems.[4] 26% of young women have a Common Mental Disorder - almost three times the rates faced by young men.[5] While men remain more likely to die by suicide, there has been a worrying increase among women, with female suicide rates in England and the UK at their highest in a decade.[6]

---

[1] Arch Gen Psychiatry (2005), *Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication*

[2] NHS Digital (2014), Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England

[3] DMSS research for Agenda (2016), *Hidden Hurt*

[4] NHS Digital (2014), Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England

[5] ibid

[6] Samaritans (2017), *Suicide Statistics Report*

Younger girls also face high rates of mental health problems: 72% of those in suicide counselling with Childline are girls[7]. Recent statistics[8] show an alarming rise of 68% in self-harm among teenage girls aged 13-16 across a three year period, and a quarter (25.7%) of young women have self-harmed[9] – more than twice the rate of young men.

As well as different rates of mental health problems, there are gendered differences in the types of conditions girls and boys experience. Broadly, boys are more likely to externalise problems (for example to 'act out' and engage in anti-social behaviour); by contrast girls are more likely to internalise their responses (for example to experience depression or engage in self-harming behaviours).[10]

This can mean girls' distress is less visible than boys'. Boys are more likely to be diagnosed with substance abuse disorders, conduct disorders, and hyperkinetic disorders.[11] Girls are more likely to develop depression, anxiety disorders, PTSD, and eating disorders.[12]

Boys are more likely to be looked-after[13], be excluded from school[14] and be in alternative provision such as Pupil Referral Units,[15] and enter the criminal justice system[16] than girls. By contrast, many girls are going 'under the radar' with an increased likelihood of further abuse and long-term mental health difficulties.[17] Although girls may be less visible in the statistics, they are no less at risk, with girls more likely to experience violence and abuse, sexual exploitation and teenage pregnancy.[18] Girls who spend time in care for example are more likely to become teenage mothers, and have their own children taken into care.[19]

Any new approach must therefore consider the particular trends among young women and girls when assessing the prevalence of mental health problems amongst children and young people. Considering and understanding gendered trends and manifestations of mental ill health is crucial to being able to appropriately respond to the mental health needs of children and young people and to ensure that pathways and treatment meet the needs of both boys and girls.

Green Paper proposals

Agenda welcomes the proposals for Mental Health Support teams and designated leads for mental health in schools and colleges. We would like these individuals and teams to have a clear understanding of the different ways in which mental ill health is expressed among girls and boys, the different rates of particular mental health problems and behaviours they have, and the underlying causes of their mental ill health, particularly experiences of violence and abuse. They must have a clear understanding of the impacts of trauma on a child, and be trained in trauma-informed care that avoids re-traumatisation and promotes recovery. They should also be able to recognise the different risks to girls and boys displaying symptoms of distress, including child sexual abuse and exploitation which disproportionately affect girls.

While proposals to improve responses in schools and colleges to those with mental health problems are welcome, they must not be considered a replacement for investment in

[7] Childline (2017), *Not Alone Anymore: Childline Annual Review 2016/17*

[8] BMJ (2017), *Incidence, clinical management, and mortality risk following self harm among children and adolesdents: cohort study in primary care*

[9] NHS Digital (2014), Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England

[10] Office for National Statistics (2004), *Mental health of children and young people in Great Britain*

[11] Office for National Statistics (1999), *The mental health of children and adolescents in Great Britain*

[12] NHS Digital (2014), Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England

[13] Department for Education (2016) *Children Looked After in England (including adoption) year ending 31 March 2016*

[14] Department for Education (2016) *Permanent and Fixed Period Exclusions in England: 2014 to 2015*

[15] Youth Justice Board / Ministry of Justice (2016), *Youth Justice Statistics 2015/16 England and Wales*

[16] Youth Justice Board / Ministry of Justice (2016) *Youth Justice Statistics 2015/16 England and Wales*

[17] Barrow Cadbury Trust / LankellyChase Foundation / Pilgrim Trust. (2014) *Women and Girls at Risk: evidence across the life course*

[18] ibid

[19] BBC (2015) 'Almost a quarter of girls in care become teen mothers' (Accessed 2nd March 2018)

specialist services and support for those with acute mental health problems, particularly those with higher levels of need and those experiencing more complex issues.

Proposals for four-week waiting time limits to access CAMHS are welcome. We would however, like the Government to ensure that these targets will not have a negative impact on other parts of the mental health system, which are already struggling to respond to the current levels of need. Long-term and extensive investment is needed to ensure that those receiving mental health care have access to appropriate and sufficient support when they need it.

Furthermore, clarity is needed over what exactly this target means and whether it is about the time by which children get the support they need, or, for example initial appointment or referral. Consideration must be given to how this target will be measured, including considering gender differences and how this target can be met for children with more complex needs.

Mental ill health and trauma
Agenda is pleased to see the Green Paper recognise the links between trauma and mental ill health among children and young people and welcomes the proposals to introduce guidance on the impacts of trauma on mental health in schools.

The evidence is clear that there are the strong links between Adverse Childhood Experiences (ACEs) and poor mental health and clear gender differences. Evidence suggests that childhood abuse is a more common experience for girls: severe maltreatment by a parent during childhood happens to 17.5% of girls and 11.6% of boys, and sexual abuse is experienced by 17.8% of girls and 5.1% of boys.[20] The sexual abuse of girls is more likely to be perpetrated by family members, to begin at an earlier age and to occur repeatedly than the sexual abuse of boys. The sexual abuse of boys is more likely to be perpetrated by non-family members, to occur later in childhood and to be a single incident.[21] Young women are the most at-risk group for domestic abuse[22], and there is evidence that sexual harassment and assaults in schools have increased in recent years.[23]

We know that mental ill health among young women and girls is often closely linked to these experiences of violence.1 in 7 young women has PTSD, compared to 3.6% of young men[24], and Agenda's research has shown that of all adult women with a mental health problem, more than half have been abused.[25] For one in four, that abuse started in childhood. Children who experience multiple forms of victimisation are at greatest risk of developing mental health problems[26] and those who are subject to multiple adverse experiences in childhood are at particular risk of developing severe behavioural problems. There is evidence that this is particularly the case for girls.[27]

Any guidance for schools on the impacts of trauma must consider and respond to the particularly gendered nature of violence and abuse.

[20] NSPCC (2011), *Child Abuse and Neglect in the UK Today*
[21] Finkelhor D (2008) Childhood Victimization: violence, crime and abuse in the lives of young people. New York: Oxford University Press
[22] Home Office (2012), *Consultation on the British Crime survey: intimate personal violence questionnaire*
[23] Telegraph, 'Number of child-on-child sexual assaults almost doubles', 9th October 2017 (Accessed 2nd March 2018)
[24] NHS Digital (2014), Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England
[25] DMSS research for Agenda (2016), *Hidden Hurt*
[26] Finkelhor D (2008) Childhood Victimization: violence, crime and abuse in the lives of young people. New York: Oxford University Press
[27] Murray, J. and Farrington, D. P. (2010) 'Risk factors for conduct disorder and delinquency: key findings from longitudinal studies' Canadian Journal of Psychiatry 55: 633-64. and Murray, J., Irving, B., Farrington, D. P., Colman, I. and Bloxson, A. J. (2010) 'Very early predictors of conduct problems and crime: results from a national cohort study' Journal of Child Psychology and Psychiatry 51: 1198-207.

We would also like to see the Government respond to these trends and patterns more widely and ensure proper support for children who have faced violence and abuse, which responds to the complexity of needs they may have. This should include the introduction of 'routine enquiry', within urgent and emergency care and specialist services for children and young people. This involves training professionals to sensitively ask about experiences of violence and abuse and other childhood adversity. It needs to be accompanied by proper support and pathways into therapeutic care.

Higher levels of need and vulnerability

There are particular groups with high levels of vulnerability whose needs are unlikely to be sufficiently addressed by the core proposals laid out in the Green Paper alone. This includes those with more acute mental health problems, those in care or on the edge of care, and those who have experienced violence, neglect and abuse.

Proposals to offer support within schools and colleges are welcome, but those young people with more complex needs are likely to need more specialist support. It is therefore vital that these proposals do not replace what is an urgent need for improved investment in specialist mental health support for children and young people including gender and trauma-informed support, in-patient mental health services and in the community.

Agenda is concerned that young women and girls with certain mental health problems, for example eating disorders, who may need a high level of specialist support often have to wait a particularly long time for support. While the four week waiting time target is welcome, we would like to see a focus on these particularly long waiting times, and the way young women and girls with particular mental health issues may be especially affected.

As noted above, boys are considerably more likely that girls to be excluded from mainstream schools and access alternative provision such as Pupil Referral Units. Girls with similarly high need may instead be absent from school or in less visible and more hidden situations – which means consideration needs to be given as to how pathways differ by gender and how to best deliver support and interventions.

Young women and girls' experiences in CAMHS

As noted above, there are clear links between gendered violence, trauma and poor mental health for girls. Government must ensure that responses to those with acute mental health problems, particularly in CAMHS, take into account experiences of trauma and abuse, including carrying out routine enquiry into trauma and abuse, and providing care which is gender and trauma-informed.

Despite the clear gendered difference in mental health needs and experiences of girls and boys, mental health support is rarely gender informed.

Children with different mental health needs require different support, and girls and boys may respond differently to the same kinds of intervention even if diagnosed with the same condition. Mental health services must pay attention to the particular mental health needs of young women and girls, including those who have experienced violence and abuse. Girls should to be able to access specialist therapeutic services, including those responding to trauma, which reflect their specific needs.

There are some excellent services out there 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 young women face.

Consulting with young women with experience of mental ill health on what services they need and want should be a key part of informing commissioning decisions. Commissioners should consider commissioning dedicated specialist services to meet the particular needs of young women and girls who have experienced abuse and trauma. Government should invest in early interventions that are shown to have longer term benefits for women and ensure there is consideration of and robust evaluation of gender effects within interventions.

Any Government strategy to improve children and young people's mental health should also include thinking about the changes that could be made across services to better meet the needs of women and girls, which could for example be something as small as offering a choice of a female practitioner or providing an environment in which young women feel comfortable. Even small steps could make a real difference to the care young women receive.

Services also need to be aware of the differing impacts of gender and ethnicity on children's experiences and needs, and the intersectional nature of these inequalities. Black and ethnic minority girls often experience greater inequality and discrimination and additional cultural and social issues which can compound the problems they face. Support for BME girls must reflect this and be appropriate to their needs.

Young women and girls' needs should also be explicitly recognised in policies, strategies and services. One way of achieving this would be to develop a women's mental health strategy which reaches across children and adult services and to appoint a clinical lead for women and girls' mental health in each area to ensure the needs of women and girls are not overlooked.

Restrictive practices

Some young women have told us of how, when they were at their most vulnerable in mental health hospitals on 'suicide watch', being watched over by male staff made them feel unsafe and contributed to their mental distress.

Worryingly, restraint against young women and girls in mental health settings is also widespread. According to the latest data, girls and young women under the age of 20 were the most likely group to be restrained, and those restrained experienced restraint on average 24 times and face-down restraint 8 times each, compared with 13 and 7 times respectively for boys.[28]

The use of restraint and these gender disparities are concerning because of the potential it has to re- traumatise the many girls in mental health settings who have experienced abuse and violence. Restraint is often carried out by male nurses, which compounds the fear and trauma of those women and girls who have histories of abuse and violence at the hands of men. Female patients' dignity is also at stake. Being physically held down and clothes pulled out of place, often in front of others, can be an extremely humiliating, as well as frightening, experience. As such, the use of restraint is unlikely to improve mental wellbeing in the short or long-term – and is likely to do the opposite.

Some trusts appear to have almost eliminated physical restraint and to have stopped using face-down restraint altogether[29] which shows that change is possible, and alternative de-escalation techniques can and do work. We would like to see an end to the restrictive practice of face-down restraint and other forms of physical restraint only ever used as a very last resort.

---

[28] NHS Digital (2017) *Mental Health Bulletin 2016/17*

[29] Agenda (2017), briefing on the use of restraint against women and girls

Early intervention and families

Agenda welcomes the Government's acknowledgement of the importance of early intervention in addressing mental health problems. While measures to offer support in schools and colleges are positive, early intervention must include support earlier than this with a focus on supporting families where children are at risk of mental health problems. It is important targeted support to parents and care givers, especially where children are experiencing or have experienced trauma and adversity, considers the role gender plays within families.

Sadly we know that many women and children experience violence and coercion at the hands of fathers and step-fathers[30]. Abuse has serious negative impacts on children's mental health and wellbeing, but often there is insufficient support to them and critically to mothers to cope with these situations[31].

Agenda research reveals that 1.2million women in England have experienced extensive abuse and violence as both a child and an adult[32]. Many of these women have grown up in poverty, witnessing and experiencing abuse as children, and feeling the impact of parental mental illness, substance misuse, and housing need themselves. These problems have taken a significant toll on their life chances, leaving them vulnerable to further abuse and disadvantage as adults.

Around 77% of these women have children, and one in five have four or more children[33]. Their childhoods too often mirror those of their mothers, creating a pattern of disadvantage which passes down through generations. For many of these women, low self-esteem and a sense of worthlessness can act as barriers to seeking support. But children can provide a great motivating force: even when a woman does not feel she deserves help for herself, she wants life to be better for her children.

We know that maternal mental illness substantially increases the risk of a child experiencing poorer life outcomes, including mental health problems.[34] Maternal mental health has a huge impact on children's wellbeing, and appropriate mental health support for mothers is an essential step in preventing mental ill health among children.

Evidence has shown that a mother's life experiences have a strong predictive impact on her children, for example a mother's level of education has more impact on a child's cognitive ability and the nature of their home learning environment, than a father's level of education or even than household income.[35]Their role is therefore critical in a child's formative years and putting them in a position to parent well is the best way to make sure their children are healthy and happy.

Early intervention into the lives of children must begin at home, and, importantly, it must recognise the need to support mothers, particularly those who are vulnerable and have experienced violence and abuse.

While proposals to commission research on how to engage vulnerable families and ensure parents get support is a positive step, it is essential that such research adopt a gendered

---

[30] Evan Stark and Anne Flitcraft (1996), Women and Children at Risk: A Feminist Perspective on Child Abuse (From Women at Risk: Domestic Violence and Women's Health, P 73-98

[31] Women's Aid, (2014) SOS: Save Refuges, Save Lives

[32] DMSS Research for Agenda (2016), Hidden Hurt

[33] ibid

[34] Johnston, D. W., Schurer, S. and Shields, M. A. (2013) 'Exploring the intergenerational persistence of mental health: evidence from three generations' *Journal of Health Economics* 32(6): 1077-89.

[35] Equality and human Rights Commission (2008), Early Years, Life Chances and Equality: a literature review

lens, an understanding of the impact of violence in the home, and recognise the importance of mothers to children's mental health and wellbeing.

Such research should not be considered a replacement for responding to clear gaps in support for mothers and their children which need addressing urgently. It is important that there is range of support available to mothers to help them address the issues they face in their own lives and to better support and look after their children. In this context, it is concerning that Children's Centres have had funding cut from £1.2bn to an estimated £0.6bn over the last six years[36] and specialist service provision for women with complex needs is extremely patchy, with a small number of areas having a range of services for women, and others having very few or no services at all.[37]

We believe investing in services to support mothers, including services which provide gender-specific, trauma-informed, and holistic support, such as women's centres, would have a direct and positive impact on the mental health and wellbeing of their children.

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 campaign, Women in Mind, calls for women and girls' needs, and in particular their experience of abuse and violence, to be prioritised and taken seriously in mental health policy, strategy and delivery.

For further information, please contact:

Katharine Sacks-Jones, Director
katharine@weareagenda.org
0208 7094 819

www.weareagenda.org

[36] Department for Education (2016), *LA and school expenditure: 2015 to 2016 financial year*

[37] Agenda and AVA (Against Violence and Abuse (2017), *Mapping the Maze: services for women experiencing multiple disadvantage in England and Wales*