

### Women's mental health

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Mental ill health amongst women has increased, with women more likely than men to face mental health problems, particularly conditions like eating disorders, self-harm, anxiety and depression.

Young women are at the greatest risk of developing problems. One in five 16-to-24-year-olds has self-harmed and 13% have post-traumatic stress disorder.<sup>1</sup> While men are still far more likely than women to die by suicide, suicide amongst young women is on the rise, and 2017 saw the highest number of suicides among this group since records began.<sup>2</sup>

Black, Asian and Minority Ethnic (BAME) women are also at particular risk: 29% Black and mixed race women, and 24% Asian women has a mental health problem, compared to 21% White British and 16% White other women.<sup>3</sup>

Sexual exploitation, abuse and violence are huge drivers of trauma and poor mental health in women. More than half of women with mental health problems have experienced abuse.<sup>4</sup>

Poverty is another important factor affecting women's mental health: 29% women in poverty experience a common mental disorder, compared with 16% women not in poverty.<sup>5</sup>

#### Case study: Rachel's story

Rachel was sexually abused in childhood, and faced PTSD and other mental health problems as a result.

***"I had a lot of nightmares and flashbacks, and experienced huge anxiety and panic. I self-harmed and drank heavily in an attempt to calm the horrific feelings and distract from the memories. I also starved myself and used food or the lack of it to try and get a sense of control"***

She feels the services she accessed in hospital and the community did not adequately support her to address her trauma.

***"It should be routine that anyone who has been the victim of such awful crimes is referred for specialist counselling to process their trauma. It infuriates me that, as far as I have experienced, there is absolutely nothing like this in existence."***

### Women and girls at risk

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Women and girls who have suffered violence and abuse across their lives can be deeply traumatised and go on to face multiple problems like poor mental and physical health and turning to drugs and alcohol as coping mechanisms.

Agenda's Hidden Hurt report<sup>6</sup> found one in 20 women have experienced extensive physical and sexual violence as both a child and an adult: that's 1.2million women in England alone. More than three quarters of these women will have experienced life-threatening trauma; half have a common mental health condition; one in three have an alcohol problem and one in five have been homeless.

For some of these women abuse, violence, and disadvantage combine meaning they have very complex, overlapping needs. Poor mental health underpins many of the other issues they face.

Without the right support women can spiral from crisis to crisis, with huge resulting costs to them, their families and society as a whole.

### Mental health services

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Women with more severe mental health problems, especially those who have experienced violence and abuse, need holistic support to tackle the underlying issues they face. Yet many struggle to get that support from mental health services, and in some cases, their experiences whilst accessing mental health support can be actively detrimental to their mental health.

Agenda's research shows that mental health trusts are failing to take into account women's specific needs: only one Mental Health Trust, out of 35 which responded to an FOI request by Agenda, had a women's mental health strategy.<sup>7</sup>

Routine enquiry, whereby trained practitioners routinely ask patients about experiences of violence and abuse in mental health services, is recommended by NICE guidance<sup>8</sup>, and is key to delivering support which responds to patients' experiences of trauma. Yet fewer than half of mental health trusts who responded to an FOI by Agenda had a policy on asking about experiences of violence and abuse.<sup>9</sup> The vast majority of trusts had no policies on offering proactive support to women who disclose abuse, beyond meeting their basic safeguarding responsibilities.

*Mapping the Maze*, a research project by Agenda and AVA found that just 109 of 173 areas in England and Wales provide women-specific mental health support. More than half (55%) of this support is for pregnant women or women who have recently given birth.<sup>10</sup>

Women and girls in mental health units are experiencing regular and repeated physical restraint, including in a face-down position.<sup>11</sup> Using restraint risks re-traumatising women who have experienced physical or sexual abuse. Restraint is also potentially dangerous: according to figures obtained by Agenda from the Care Quality Commission (CQC) 32 women died after experiencing restraint whilst detained under the Mental Health Act over a five year period.<sup>12</sup>

Alarming, the CQC's report into Sexual Safety on Mental Health Wards revealed there were 457 incidents of sexual assault or sexual harassment in mental health services between April and June 2017.<sup>13</sup>

## **Women detained under the Mental Health Act**

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Mental health services, both in the community and in hospitals, are under increasing strain<sup>14</sup> - overstretched and struggling to meet need. As a result, many women are unable to access support until they reach crisis. Women and girls are more likely than men and boys to be in mental health hospitals as a result of being detained (rather than voluntarily).<sup>15</sup>

BAME women are particularly likely to be detained under the Mental Health Act, making up around nine per cent<sup>16</sup> of detained patients, when they make up an estimated seven per cent<sup>17</sup> of the general population.

When women are detained, there is a lack of gender and trauma-informed care in the support they receive, including:

- A lack of routine enquiry into experiences of abuse;
- Inappropriate staffing, including male staff delivering one-to-one observation;
- Sexual assaults on mental health wards and breaches to single sex accommodation rules;
- Widespread use of restraint;
- A lack of hospital beds, leading to women being held far from home or in inappropriate settings;
- Children and other caring responsibilities overlooked;
- The Nearest Relative model - whereby the person 'closest' to a patient from a list of relatives is automatically given a say in their care - posing the risk of abusive partners' or relatives' involvement in a patient's care.

This has devastating consequences, one of which is the alarming rise in self-inflicted deaths:

- Women's self-inflicted deaths whilst detained under the Mental Health Act overtook men's for the first time in 2015, and did so again in 2016, with 94 self-inflicted deaths of women and girls over a seven year period.<sup>18</sup>
- Nine young women and girls under 30 died in that period, compared to four young men.<sup>19</sup>
- These figures are alarmingly different to the rates of suicide<sup>20</sup> in the general population in England where more than three times as many men than women die by suicide.<sup>21</sup>

## **Policy Context**

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There are some promising signs of positive policy change for women with mental health problems, as well as opportunities to influence and ensure their particular needs are recognised. These include:

- The Women's Mental Health Taskforce at the Department of Health and Social Care was set up in 2017, and published its final report<sup>22</sup> in December 2018. Co-chaired by Minister Jackie Doyle-Price MP and Agenda's Katharine Sacks-Jones, the Taskforce brought together experts from across the field of mental health. Its final report drew upon women's lived experience, and set out key principles for gender and trauma-informed care.
- The Independent Review of the Mental Health Act, chaired by Professor Sir Simon Wessely, published its final report and recommendations<sup>23</sup> in December 2018. It placed emphasis on alternatives to detention, and the

need for investment in community support to reach patients before they are in crisis, as well as recommending alternatives to the 'Nearest Relative' model.

- The Mental Health Units (Use of Force) Bill, aimed at reducing restraint in mental health settings, which Agenda has been supporting, received Royal Assent in November 2018. It contains measures to improve accountability and data collection, as well as training for practitioners on de-escalation techniques so they do not have to resort to force, and on the impact of trauma on patient's mental health.

## What is Women in Mind calling for?

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Agenda is calling for women and girls' needs and experiences to be taken into account by mental health services and support given to tackle the underlying issues they face by:

1. The development of a national women's mental health strategy.
2. Every mental health trust to have a clinical lead for women's mental health and a women's mental health strategy.
3. Specialist gender-specific, trauma-informed in-patient and community mental health services available in every area so that women and girls can access the support they need, when they need it.
4. Frontline mental health workers to be trained to understand that women's mental health, trauma and abuse are often closely linked and services taking a trauma informed approach.
5. Women and girls to be asked about their experiences of abuse and violence by trained professionals and to receive appropriate therapeutic follow up support, also known as 'routine enquiry'.
6. Women and girls to be able to choose the gender of professionals involved in their care.
7. 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.
8. An end to the use of face-down restraint and other forms of physical restraint used only as a last resort.
9. Girls and women's roles and identities as mothers and care-givers to be considered during all parts of their treatment planning and care.

## About Agenda

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[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 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. [weareagenda.org/campaigns](http://weareagenda.org/campaigns)

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<sup>1</sup> NHS Digital (2014) [Mental Health and Wellbeing in England](#).

<sup>2</sup> ONS (2018) [Suicides in the UK: 2017 registrations](#)

<sup>3</sup> Cabinet Office (2017) [Race Disparity Audit: Summary Findings from the Ethnicity Facts and Figures Website](#)

<sup>4</sup> Scott, S. & McManus, S. (2016) [Hidden Hurt: Violence, abuse and disadvantage in the lives of women](#). DMSS research for Agenda.

<sup>5</sup> Agenda (2016) [Joining the Dots: the combined burden of violence, abuse and poverty in the lives of women](#)

<sup>6</sup> Scott, S. & McManus, S. (2016) [Hidden Hurt: Violence, abuse and disadvantage in the lives of women](#). DMSS research for Agenda.

<sup>7</sup> Agenda (2016) [Women's needs in mental health services: A Response to an FOI Request](#).

<sup>8</sup> NICE (2016) [NICE pathways: Domestic Violence and Abuse Overview](#)

<sup>9</sup> Agenda (2016) [Women's needs in mental health services: A Response to an FOI Request](#).

<sup>10</sup> Agenda and AVA (2017) [Mapping the Maze](#)

<sup>11</sup> Agenda (2017) [The use of restraint on women and girls in mental health units: a Response to an FOI Request](#).

<sup>12</sup> Agenda (2018) [32 women die after being restrained – new Agenda research'](#)

<sup>13</sup> Care Quality Commission (2018) [Sexual Safety on Mental Health Wards](#)

<sup>14</sup> Royal College of Psychiatrists (2018) ['Mental health trusts' income lower than in 2011-12'](#)

<sup>15</sup> In 2015/16, 36.4 women per 100 patients had been detained compared to 32.5 men.

NHS Digital (2016) [Mental Health Bulletin: 2015-16 Annual Report](#) – national reference tables, table 2.2

<sup>16</sup> Agenda (2018) [Women in Crisis: how women and girls are being failed by the Mental Health Act](#)

<sup>17</sup> Census (2011) [DC2101EW – Ethnic group by sex and age](#) (counting all non-white ethnic groups, excluding Gypsy or Irish Traveller)

<sup>18</sup> Agenda (2018) [Women in Crisis: how women and girls are being failed by the Mental Health Act](#)

<sup>19</sup> *ibid*

<sup>20</sup> 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.

<sup>21</sup> Office of National Statistics (2017) [Suicides in the UK](#), table 3

<sup>22</sup> Department of Health and Social Care (2018), [Women's Mental Health Taskforce: Final Report](#)

<sup>23</sup> Mental Health Act Review (2018), [Modernising the Mental Health Act: Increasing choice, reducing compulsion](#), Final report of the Independent Review of the Mental Health Act 1983