

Health Select Committee's Inquiry into Suicide Prevention: Written evidence submitted by Agenda

9th September 2016

Executive Summary

- There are gendered factors behind men and women's suicides. Therefore, to reduce suicide rates, a distinct gendered focus on women's and men's mental health is required.
- For many women, mental illness, suicide and abuse go hand-in-hand: around 1.2 million women in England have faced extensive abuse both physical and sexual as a child and as an adult and a third of these women have attempted suicide at least once.
- Suicide prevention strategies must recognise the distinct experiences and needs of women who are at risk of taking their own lives and address these through improved mental health provision for women. This should include the embedding of routine enquiry (asking all women about experiences of abuse) and increased availability of gender specific and gender sensitive mental health services to support women, especially those with histories of abuse and those with complex needs.

About Agenda

Agenda welcomes this Health Select Committee Inquiry to examine what further action should be taken to prevent suicide.

Agenda is a new alliance of more than 60 organisations who have come together to campaign for change for women and girls at risk. We believe society is failing to adequately protect and support women and girls who face the most extensive violence, abuse, trauma and extreme inequality. We are calling for systems and services to be redesigned with women and girls at their heart so that they can access the support they need to rebuild their lives and reach their full potential. For more details, see www.weareagenda.org.

Gender differences in mental health and suicide

1. It is well recognised that suicide is gendered. As noted in this Inquiry's terms of reference, suicide disproportionately affects men, yet there has been a recent increase in female suicide, demonstrating the necessity of work targeted at both sexes.
2. There are significant, but too-often overlooked, gender differences in relation to all mental illnesses and to suicide. Men and women's life experiences, socio-economic realities, expressions of mental distress, pathways into services and treatment needs and responses, differ greatly. Women tend to experience more common mental health disorders than men across their lives: more depression, more anxiety, more eating disorders and more post-

traumatic stress disorder. Men are more likely to face substance abuse disorders, and young men and boys are more likely to be diagnosed with conduct disorders.¹

3. Recognition of the gendered nature of suicide and recent action to target men's specific, gendered needs is welcome. Small decreases in the male suicide rate suggest that this targeted approach may be having some effect. If we are to halt the worrying rise in women's suicides, a similarly gendered response is needed.

Links between abuse and suicide for women

4. Women's experiences of self-harm, suicidal thoughts and mental ill-health are intimately tied up with their experiences of being female. For example, the World Health Organisation's multi-country study on women's health and domestic violence against women shows that experiencing or witnessing abuse was one of the most consistent risk factors for women's suicide.²
5. Women are far more likely to suffer abuse than men. Agenda's research report, 'Hidden Hurt: Violence, abuse and wider disadvantage in the lives of women'³ draws on data from the Adult Psychiatric Morbidity Survey (APMS)⁴ and shows that the difference between men's and women's rates of mental ill-health is closely linked to the fact that women experience much more abuse, both physical and sexual, than men.
6. About three quarters of the population have little experience of violence and abuse. Among this group, levels of common mental disorder are quite similar for women (13%) and men (10%). However, when those with experience of violence and abuse are included, this picture changes with common mental disorders much more common among women (20%) than men (12%) across the population.
7. Analysis in 'Hidden Hurt' shows that around 1.2 million women in England have been physically and sexually abused as both a child and as an adult. Over half (54%) of these women have a common mental disorder. This is compared to 11% of women with little or no experience of violence and abuse. A third of women who have faced the most extensive abuse and violence have attempted suicide, compared with only 2% of women who have had no or little experience of abuse.

¹ Working towards Women's Well-being: Unfinished business (National Mental Health Unit, 2010): <http://www.hsconsultancy.org.uk/system/resources/2/working-towards-womens-wellbeing-unfinished-business.pdf?1302161290>

² Violence against women is strongly associated with suicide attempts: Evidence from the WHO multi-country study on women's health and domestic violence against women (K Devries et. Al., 2011): <HTTP://WWW.SCIENCEDIRECT.COM/SCIENCE/ARTICLE/PII/S0277953611002802>

³ Hidden Hurt: Violence, Abuse and Disadvantage in the Lives of Women (Agenda, January 2016): <http://weareagenda.org/wp-content/uploads/2015/11/Hidden-Hurt-full-report1.pdf>

8. When considering suicide prevention strategies, it is important to note that among those who have made a suicide attempt, women (58%) are less likely than men (63%) to have sought help afterwards⁴ and therefore pathways into mental health care for women must address this and consider how to encourage more women to seek help.

Preventing women's suicide with targeted support

9. The 14% increase in female suicide between 2013 and 2014 is deeply concerning. The factors behind suicide are always complex and it is hard to know exactly what is behind this rise, but a possible contributory factor could be the fact that there have been cuts since 2010 to support services for women who faced violence and abuse.⁵ At the same time, analysis of the Crime Survey for England and Wales by Professor Sylvia Walby which discounts capping and looks at all reported crimes has shown that there has been an increase in 'high frequency' domestic violent crime and violence against women.⁶
10. To address the increasing suicide rates for women, as well as the fact that women are more likely than men to have suicidal thoughts and to attempt suicide,⁷ suicide prevention strategies as well as mental health strategies and services more widely need to take a gendered and trauma-informed approach to supporting and treating women.
11. Women with mental health problems report that they want gender-specific and gender-aware support, which work holistically to help them resolve other needs. Such an approach helps them to feel safe in services, to truly address the causes of their problems, and to build trusting relationships with practitioners.⁸ However, soon to be published research by Agenda indicates that most mental health trusts pay little attention to the needs of women when developing strategies and very few have policies for providing gender-specific services to women.⁹

⁴ 'Hidden Hurt', Op Cit, p.19.

⁵ 17% of specialist refuges have closed since 2010 and many refuges face an uncertain future due to local authority funding cuts: <https://www.womensaid.org.uk/what-we-do/campaigning-and-influencing/campaign-with-us/sos/>

⁶ Is Violent Crime Increasing or Decreasing? A New Methodology to Measure Repeat Attacks Making Visible the Significance of Gender and Domestic Relations (Professor Sylvia Walby et. al., 2015)

⁷ Adult Psychiatric Morbidity Survey (2007) <http://digital.nhs.uk/catalogue/PUB02931/adul-psyc-morb-res-hou-sur-eng-2007-rep.pdf>

and Trends in suicidal ideation in England: the national psychiatric morbidity surveys of 2000 and 2007 (Spiers et. al., 2014): <http://www.ncbi.nlm.nih.gov/pubmed/23537549>

⁸ [Mainstreaming Gender and Women's Mental Health: Implementation Guidance](#), Department of Health (2004)

⁹ In April 2016, Agenda sent freedom of information requests to all 57 mental health foundation trusts, asking how they consider women's needs in their service planning and delivery. Only one of the 36 respondents stated that they had a specific women's mental health strategy in place. This research is due to be published on 25th September 2016. For an embargoed copy, please contact policy@weareagenda.org.

12. The implementation of 'routine enquiry' (asking all women about their experience of violence and abuse) accompanied by meaningful support is critical. Women are more likely to open up about such experiences if asked, which is an important first step to addressing the impact these have had on their mental health and well-being.
13. Routine enquiry is recommended in the NICE clinical pathways on domestic violence and abuse overview (2016)¹⁰ for all staff in antenatal, postnatal, reproductive care, sexual health, alcohol or drug misuse, mental health, children's and vulnerable adults' services. However, soon to be published research by Agenda has shown that many mental health trusts do not have a policy on routine enquiry¹¹ and implementation is known to be patchy.¹²
14. For women with extensive histories of abuse and trauma, especially those with complex needs, standard IAPT therapy and a limited number of counselling sessions are unlikely to be sufficient.
15. Women with complex needs will often require holistic support including, for example, dedicated, women-only, trauma-informed services which provide a safe space for women to open up about their experiences. These services can help women rebuild self-esteem, provide support around domestic and sexual violence, substance misuse, parenting, housing, debt, employment and a range of other issues. However, women can struggle to access these kind of services which are few and far between and increasingly struggling for funding.

Recommendations

16. To prevent suicide, there should be widespread recognition of each gender's distinct needs by commissioners and providers of mental health care.
17. Women's needs must be explicitly considered in national mental health policy and strategy. The soon to be appointed Mental Health Equalities Champion should have a focus on women's mental health and champion a gender-informed approach across the treatment spectrum.
18. Every mental health trust should have a clinical lead for women's mental health and a strategy to take into account women's needs including guidance on routine enquiry, the availability of gender-specific services and female care co-ordinators, and engagement with women service users in service design and delivery.

¹⁰ NICE Pathways: Domestic Violence and Abuse Overview (February 2016)

¹¹ Agenda sent FOI requests to all mental health foundation trusts in April 2016, asking how they consider women's needs in their planning and delivery. 36 trusts responded and of these, a sizeable minority did not have a policy on routine enquiry about violence and abuse. Please see contact policy^{weareagenda.org} for an embargoed copy of the full research (to be published on 25th September 2016).

¹² Implementing and Sustaining routine enquiry about violence and abuse in mental health services (Natcen briefing, 2015): highlights widespread problems with implementation of routine enquiry.

19. 'Routine enquiry' about women's experiences of violence and abuse should be standard practice across mental health services and be accompanied by proper support and pathways into care.
20. Dedicated, holistic women-only services for women with complex needs should be available in every area to provide a safe, therapeutic space for women to address their mental health needs and to open up about their experiences.
21. Frontline NHS workers should receive training to understand that women's mental health, trauma and abuse are strongly linked, and services should work in a trauma-informed way.

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