

## Appendix 22: Women's mental health (See Article 12 and Appendix: 21)

Living in poverty is associated with worse mental health outcomes, particularly among women (including sleep deprivation and depression among new mothers). This is particularly the case because women are more likely than men to handle family budgets and manage debt, have caring responsibilities and are often the 'shock absorbers' of reduced family incomes, meaning that they 'go without' to protect their children from the worst effects of poverty.<sup>1</sup> Therefore, the impact of poverty on women's health and wellbeing is acute and cannot be ignored. (See Article 13)

There are higher rates of self-harm<sup>2</sup> amongst women, particularly women in secure hospitals or in prison. There is great stigma attached to self-harm and harm-reduction approaches are not widely used. Black and minority ethnic women face higher levels of mental health issues and there is a disproportionately high rate of suicide, attempted suicide, suicide ideation and self-harm amongst South Asian women, particularly young women, where very few have any pre-existing history of psychiatric illness.<sup>3</sup>

Women continue to face poor and harmful treatment within the secure mental health system. Preventative and supportive work that would stop the deterioration of women's mental health continues to be underfunded and restricted. In 2010 16% of women inpatients on psychiatric wards did not have access to single-sex washing and toilet facilities and 39% had no access to a designated single-sex day room.<sup>4</sup> Women also reported experiencing verbally abusive and threatening behaviour from male patients but that they would not inform staff because of fear of being seen to cause trouble.<sup>5</sup>

Having a women-only space within mental health projects can help facilitate gender specific responses to gender based mental health issues, which have been found to aid women's recovery and collective empowerment. This is something that women service users have long been campaigning for, e.g. the Joint Forum Women's Group,<sup>6</sup> whose members were concerned that single rooms without safe women-only social spaces were not being designed into the buildings in Liverpool. Without such spaces and women-only gender aware staff, there is a

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<sup>1</sup> UCL Institute of Health Equity <http://www.instituteofhealthequity.org/> Accessed: 08/05/2013

<sup>2</sup> Self-harm is 2-3 times more common amongst women, in Department of Health (2002) *Women's mental health: into the mainstream, Strategic development of mental healthcare for women*. DoH: London <http://www.nmhd.org.uk/silo/files/into-the-mainstream.pdf>

<sup>3</sup> Southall Black Sisters (2011) *Safe and Sane: A Model of Intervention on Domestic Violence and Mental Health, Suicide and Self-harm Amongst Black and Minority Ethnic Women*. SBS: London <http://www.southallblacksisters.org.uk/reports/safe-and-sane-report/>

<sup>4</sup> Care Quality Commission (2011) *Monitoring the Mental Health Act in 2010/11* [http://www.cqc.org.uk/sites/default/files/media/documents/cqc\\_mha\\_report\\_2011\\_main\\_final.pdf](http://www.cqc.org.uk/sites/default/files/media/documents/cqc_mha_report_2011_main_final.pdf)

<sup>5</sup> Care Quality Commission (2011) *Monitoring the Mental Health Act in 2010/11* [http://www.cqc.org.uk/sites/default/files/media/documents/cqc\\_mha\\_report\\_2011\\_main\\_final.pdf](http://www.cqc.org.uk/sites/default/files/media/documents/cqc_mha_report_2011_main_final.pdf)

<sup>6</sup> Women's Resource Centre (2011) *Power and Prejudice*. WRC: London

very real risk that many women will remain effectively confined to their rooms, afraid to venture out into mixed sex environments.

Women continue to have fragmented and restricted access to mental health support in prison, on leaving prison and in the community. 79% of women in prison have a mental health diagnosis. At any one time, there are 350 women who are experiencing severe and enduring mental ill health in prison because there aren't enough hospital places.<sup>7</sup> The factors affecting women in the criminal justice and mental health systems are very similar. There needs to be an increase in collaboration between these public systems and greater provision of specialist gender-specific support.<sup>8</sup> (See Article 15)

An audit showed that supported housing for women with multiple, complex needs including mental health problems could save local authorities and the NHS £12,000 each year per client.<sup>9</sup> Alternatives to admission should be developed as these could reduce admissions, following the guidelines from *Informed Gender Practice: Mental health acute care that works for women* (2008).<sup>10</sup> For example voluntary sector-run crisis houses,<sup>11</sup> acute daycare and investment in peer support workers.

However, NHS reforms and cuts to local authority budgets have in fact resulted in reductions to services. For example, mental health services for children and young people are being cut. More than half of Primary Care Trusts and local councils surveyed for the charity Young Minds said they were reducing spending, in some cases by up to 25%. School nurses, drop-in and counselling services are also being cut.<sup>12</sup>

Case study:<sup>13</sup>

Bridget is 52 years old and is on employment support allowance due to her mental health issues. She lives alone in Manchester and, due to her condition, she used to rely on support groups in her area, but now most of them have closed as a result of the cuts. "There are too many cuts in Manchester, and there are too many places closed down, so I don't have many places left to go. There were some groups that I

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<sup>7</sup> Prison Reform Trust (2011) *Bromley Briefing Prison Factfile, December 2011*. PRT: London <http://www.prisonreformtrust.org.uk/Portals/0/Documents/Bromley%20Briefing%20December%202011.pdf>

<sup>8</sup> National Mental Health Development Unit (2011) *Working towards women's wellbeing: Unfinished Business* <http://www.nmhd.org.uk/silo/files/working-towards-womens-wellbeing-unfinished-business.pdf>

<sup>9</sup> Care Services Efficiency Delivery (2008) *Support related housing good practice examples: Hestia Project*. Department of Health

<sup>10</sup> Williams, J. and Paul, J. (2008) *Informed Gender Practice: Mental health acute care that works for women*. National Institute for Mental Health in England <http://www.nmhd.org.uk/silo/files/informedgenderpractice.pdf>

<sup>11</sup> Howard, L.M., Flach, C., Leese, M., Byford S. et al. (2010) 'The effectiveness and cost effectiveness of admissions to women's crisis houses compared with traditional psychiatric wards – a pilot patient preference randomized controlled trial', *British Journal of Psychiatry*, 197, s32-s40

<sup>12</sup> Special Educational Needs (2011) 'Cuts threaten mental health services', *SEN website*, 3<sup>rd</sup> August 2011 <http://www.senmagazine.co.uk/news/621-funding-cuts-threaten-mental-health-services-for-children-and-young-people.html>

<sup>13</sup> Oxfam (2012) *The Perfect Storm: Economic stagnation, the rising cost of living, public spending cuts, and the impact on UK poverty*. Oxfam: Oxford <http://policy-practice.oxfam.org.uk/publications/the-perfect-storm-economic-stagnation-the-rising-cost-of-living-public-spending-228591>

*used to go to for mental health therapy, and they've lost their funding, so they're just not there any more". She would like to move out of Manchester because she feels there is no service provision for people her age in her area any more, but she can't afford to move house. "Since all these cuts have affected me, I've actually relapsed with my mental health, and I don't go out as much as I used to. The one thing I will do is use my bus pass to go on the bus to somewhere that is free because that's all I can afford to do now. I can't afford to go for treats or to places like the cinema any more, and things like that." The isolation has made her condition worsen: "I've pretty much had a relapse and gone back to stage one, when I'd come so far with the help and support of these groups. Now they're not there, I've gone backwards again."*

**Recommendations:**

- **There should be shorter waiting lists for mental health support**
- **The Department of Health should develop a national strategy and improve responses and resources to tackle mental health, suicide and self-harm amongst Black and minority ethnic women**