

About Agenda

Agenda is a growing alliance of over 70 voluntary sector organisations. We campaign and carry out research. We work with policy makers, commissioners, service providers and voluntary organisations and we share learning and best practice across sectors. We aim to influence and shape systems and service delivery. We ensure that women with complex needs and the projects that work with them are at the heart of all our campaigning and policy work. We believe in giving a voice to women who are marginalised and excluded from public debates.

Summary

- There are gender-related differences between men and women's mental health and many women want and need gender-specific responses.
- Yet 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.
- The majority of responding trusts (18) had no policy on 'routine enquiry' about abuse, which is contrary to NICE guidelines.
- The vast majority of trusts had no policies on offering proactive support to patients who disclose abuse beyond meeting their safeguarding responsibilities.
- Only five services reported having a policy on actively offering female patients a choice of female care worker (although more services stated a woman could have the choice if she proactively requested a female practitioner).

Gender and mental health

There are gender-related differences between men and women's mental health: women experience mental ill health at higher rates than men, experience different conditions from men, and experience the same conditions differently. Evidence shows that women's mental health is closely linked to gendered life experiences, including abuse and violence. For example, women are twice as likely as men to experience PTSD, a fact often attributed to women's more frequent experiences of sexual violence.

Women with mental health problems report that they want gender-specific and gender-aware support, which works holistically to help them resolve their needs. Many women state that such an approach helps them to feel safe in services, to truly address the causes of their problems, and to build trusting relationships with practitioners¹. For women who have experienced abuse, a female-only space, including female staff can help them feel physically safe enough to engage in treatment. Where mental health problems are linked to or rooted in gendered trauma, an awareness and understanding of that trauma and women's responses to it is essential for practitioners to deliver effective therapies. Being trauma aware is also crucial – for example, using prone (or face-down) restraint on a survivor of sexual violence risks re-traumatising the patient. Awareness of women's needs can therefore be vital to promoting women's recovery.

Methodology

In April 2016, we sent Freedom of Information (FOI) requests to all 57 mental health foundation trusts in England, asking how they consider women's needs in their service planning and delivery, and how they encourage and support disclosures of past or current abuse by inpatients.

We received responses from 35 trusts; 22 failed to reply within the allocated time. Of those which replied, 25 provided only partial information, sharing documents which discussed gender, but which did not include information on the specific policy areas requested. Two did not answer the questions at all, including one

¹ [Mainstreaming Gender and Women's Mental Health: Implementation Guidance](#), Department of Health (2004)

service which stated it did not understand the meaning of the term 'gender specific'. Only five provided direct answers stating that they did or did not have explicit policies on offering female patients a female care worker or women only service. Only one service offered a strategy on gender-specific services: where other trusts addressed this question, they referred only to single-sex accommodation.

Gender in service planning and provision

Responses to the FOI request suggest that there is little gender awareness in trusts' policies. Only one service (Surrey and Borders Partnership NHS Foundation Trust) had a specific women's mental health strategy in place. This strategy was good, showing awareness of previous government strategies and NICE guidance around gender specific support for women's mental health², and significant engagement with service users in designing the strategy and planning provision.

In areas without specific women's mental health strategies (i.e. everywhere else that responded), the level of stated provision for women's needs was variable, but on the whole not good. All trusts provided single-sex accommodation (although the meaning of single-sex varied from Trust to Trust), but very few mention the provision of other women-specific services— i.e. those which responded to women in a gender-specific way. Some trusts may in fact offer women specific services, especially for pregnant women and new mothers or out in the community, but have no commitment to providing these services in their policies. Without such policies, there is a lack of a strategic approach and a risk that women's services may be lost in the future.

Aside from Surrey, no mental health partnership showed evidence that the needs of women were comprehensively considered in the service planning process. Most trusts stated that care planning for individuals was done on a personalised, individual basis, with little reflection of how gender might impact broader service strategies and plans.

This individualisation carried through to responses on whether patients were offered gender specific support or a female care coordinator. The most encouraging responses identified that although there was no explicit policy in place for female patients to be offered a female care coordinator, this was done in practice. One trust (Worcestershire) reported that their current practice of offering the choice was being drafted into new policies. Some trusts offered gender specific care policies, but only for pregnant women.

The bulk of responses simply said that care coordinators and care plans would be sympathetic to the patient's individual needs, be they age, gender, ethnicity, etc. Many emphasised that patients should be given as much choice as possible when their care plans are designed. However, without it being offered many women may not know that they have a choice over the gender of their care coordinator, and if gender-specific services are not included in service-planning policies, service users will not be able to choose to access these services.

Some Trusts did not even go this far: at least one did not mention or include any recognition of patient choice or individualisation in the care planning process documents shared with us and stated explicitly that they had no equality and diversity strategy for service provision, as they expected that their equality and diversity strategy for recruitment and staff treatment would filter down to provide equality within patient settings. At least one Trust did not send us any indications of what their policies were, but simply sent us the form they use to perform equality and diversity assessments. On the whole, it seems that NHS Foundation Trusts are relying on general equality or patient dignity policies which make little to no explicit mention of gender to meet their legal requirement to remove or minimise the disadvantages suffered by women in terms of mental health, or to meet the needs of women in mental health care that are different from those of men.³ Equality impact

² Ibid, and NICE pathways: Domestic Violence and Abuse Overview, NICE (2016)

³ Equality Act 2010: 148 Public sector equality duty

(1) A public authority must, in the exercise of its functions, have due regard to the need to— (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

For further information, please contact Katharine Sacks-Jones, Director:

katharine@weareagenda.org, 0208 7094 819

assessments are being performed on the basis of these largely gender-neutral policies. Further research would be needed to ascertain if gendered concerns are being captured effectively by these assessments.

Abuse disclosure policies

NICE guidance states that mental health services should “ensure trained staff... ask service users whether they have experienced domestic violence and abuse. This should be a routine part of good clinical practice.”⁴ The evidence suggests that in many areas, such routine enquiry simply isn’t happening.

A minority of Trusts (14) did have policies on routine enquiry – in some cases these included historic as well as current abuse. In some instances, Trusts highlighted that staff were trained in how to respond to disclosures of abuse and some stated that psychological support services were offered to patients making such disclosures. Some Trusts emphasised that staff were aware of referral pathways to specialist support for victims of abuse. In at least one case where routine enquiry was the policy, the Trust acknowledged that its staff were not yet adequately trained to ask the question and provide a proper response.

However, the majority of trusts (18) do not have a policy on routine enquiry. A number of Trusts referred us to adult and child safeguarding policies, which outline steps staff should take if they know or suspect a patient is being abused (or may be abusing someone else) but include no information on routine enquiry or how trusts respond to disclosures of abuse. Most of the Trusts which provided only safeguarding policies gave just the information on how safeguarding would be carried out, not how they would support the individual making the disclosure. 3 Trusts did not respond fully to the question.

A very small number of trusts stated that they aim to provide ‘trauma informed’ care in their wider dignity and privacy or care planning policies. This is encouraging and all Trusts should work towards providing trauma-informed care for patients in mental health inpatient settings.

Summary

Overall, the level of consideration given to gender and trauma by NHS Mental Health Trusts is disappointing; most Trusts have the bare minimum policies in place to comply with their legal responsibilities. Practice may be better than this minimum requirement of course, but there is no guarantee of that. In some areas, practice might not even be achieving the standard set within policy, and in these areas women are likely to be struggling to get the support they need.

By contrast, a small number of areas have comprehensive policies on routine enquiry and supporting victims of abuse, and one trust has a complete women’s mental health plan. This demonstrates that planning for gender-specific mental health care is possible.

Agenda is calling for:

(3) Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to— (a)remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic; (b)take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;

⁴ NICE pathways: Domestic Violence and Abuse Overview, NICE (2016)

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1. Women's needs to be explicitly considered in national mental health policy and strategy. The soon to be appointed Mental Health Equalities Champion to have a focus on women's mental health and to champion a gender-informed approach across the treatment spectrum.
2. Every mental health trust to 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.
3. '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.
4. Dedicated, holistic women-only services for women with complex needs to 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.
5. Frontline NHS workers to receive training to understand that women's mental health, trauma and abuse are strongly linked, and services to work in a trauma-informed way.

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