

Women’s Health Strategy Consultation Response Girls Speak – an Agenda project



About Agenda and Girls Speak

Agenda is an alliance of over 100 organisations working in England and Wales to build a society where women and girls are able to live their lives free from inequality, poverty and violence. Through our [Girls Speak](#) programme, Agenda campaigns with and for some of the most marginalised, misrepresented and misunderstood girls and young women (aged 14 to 24) – those who face multiple disadvantage.

Girls and young women at the sharpest end of inequality – those who face violence and exploitation, exclusion from education, conflict with the law, poor mental health, addiction, poverty and homelessness – are the most likely to be overlooked. They are missing from the public debate about issues women and girls face and policies are often designed without them in mind.

Bringing together existing research and data, as well as undertaking new research with girls and young women and the services supporting, Girls Speak shines a light on the needs and experiences girls and young women facing multiple disadvantage. We also amplify their voices through our [Instagram](#) page designed with girls and young women, and by working closely with Agenda’s young women’s advisory group – young women with lived and learned expertise about the most pressing challenges girls and young women today.

About this submission

“Going through everything I have... It makes it worth it to have a conversation like this. I really hope sharing my experiences will help to change things for girls and young women because it’s needed.” – Marie, 23

We believe that girls and young women are experts in their own lives and that their opinions matter. Agenda welcomes the opportunity to respond to this consultation on the *Women’s Health Strategy* and were pleased to learn of the Secretary of State’s interest in hearing directly from girls and young women about the challenges they face.

In recognition that the girls and young women Girls Speak seeks to represent may not be able to respond to the consultation's public, online survey, we have brought together interviews and discussions with members of our advisory group about mental health to share insights and suggestions from girls and young women whose voices may otherwise go unheard.

"It's really easy to feel like government make decisions and you're not involved but it does affects you. It's nice to have a voice and feel like you're being heard." – Lily, 22

Introduction

Girls and young women facing multiple disadvantage have complex, overlapping needs stemming from experiences of violence, abuse and exploitation, poor mental health, substance use, experience of the care system, exclusion from education, contact with the justice system and poverty.

Through conversations Agenda has had with girls and young women facing multiple disadvantage and the services that support them, mental health and the lack of adequate, safe and holistic provision has emerged as a key concern.

In November 2020, Agenda published [Struggling Alone](#) – a briefing paper on girls and young women's poor mental health and the underlying causes of this. This shows that mental health is a serious and growing concern for girls and young women but that young women struggling with their mental health can feel afraid to seek help, face significant barriers to accessing services and support, and have even been re-traumatised by mental health services designed to help them.¹

In order for the *Women's Health Strategy* to meet the needs of girls and young women, we believe that **mental health must be a priority** and should be put on an equal footing with physical health.

This submission focuses on themes 1 and 6 of the *Women's Health Strategy*.

Theme 1: Women's voices

Girls' and young women's voices are not always being heard within the health and care system when raising their mental health and additional health issues.

Prevailing narratives and public discussion tends to focus on pressures at school, body image and social media as primary causes of poor mental health for girls. This means **the true extent of problems facing girls and young women is often overlooked**, leaving many girls and young women without the right support.

"For me, support actually started to stop when I was 16 when I moved into a hostel and my social worker said that he didn't feel like I needed him anymore... It was all up to me... It was probably the worst I've been with my mental health... It wasn't very nice at all... I was struggling but I was struggling alone... I was still a young person." – Danielle, 21

"When I went to the doctors to tell them how I felt he kind of shrugged it off... I wanted someone to believe what I was going through... I doubted myself after that – thinking "I'm just being silly... I'm just being stupid"" [Girls and young women need] someone to really listen and take you seriously." – Chloe, 22

Experiences of abuse, poverty and other forms of disadvantage and discrimination are a significant driver of poor mental health in young women. The most marginalised girls and young women face a range of disadvantages which can negatively impact their mental health.

Over half of all women who have a common mental health condition have experienced violence and abuse, with this starting in childhood for a quarter of those impacted,² and girls who die by suicide are more likely to have experienced abuse and have experience of the care and criminal justice system than boys who die this way.³ To meet the needs of girls and young women, the *Women's Health Strategy* must prioritise a holistic approach to mental health, including responding to the broader, gender-specific drivers of poor mental health for girls and young women.

All too often, however, **girls and young women feel that the challenges they face are dismissed or not taken seriously.**

"My mental health stemmed from home life... I did tell [my social worker] but they refused to move me for a long time. Because that was happening my mental health got really bad and I was taking lots of overdoses..." – Lucy, 19

"I just felt like I gained a stereotype... Like loud, Black girl... And instead of [being asked] 'What's going on... Are you okay?' they asked me about school counselling once... It was a while after... It was just too late." – Marie, 23

A recent inquiry into the support available for young people who self-harm has drawn attention to the normalisation of young women's distress in services which consistently see high rates of self-harm amongst young women.⁴

"It was always just, 'It's nothing, it's nothing...'" – Anonymous, 19

"They kind of just sent us home with some strategies and stuff to cope... I was really out of control at that point so I was like overdosing once a week for like a month straight. Sometimes it was even like days in a row that I was like overdosing and asking for help but I just kept having to go to the hospital – I found it really difficult." – Lucy, 19

Practitioners' **lack of knowledge about 'asking the question'** about violence and abuse can also give rise to a belief in young women's 'reluctance to disclose'.⁵ Stigmatised for their experiences of both abuse and poor mental health, girls and young women themselves come to be seen as the problem and are labelled 'hard to reach', rather than the problem being identified as a lack of expertise and tailored healthcare provision. Given the prevalence of experiences of violence and abuse amongst girls and young women struggling with mental ill-health, it is vital that healthcare professionals are able to recognise and respond appropriately to signs of this.

Some responses to girls and young women experiencing poor mental health can be experienced as **punitive and re-traumatising**. Despite guidance calling for a phasing out of face-down restraint, Agenda has previously revealed significantly greater use of face-down restraint on girls than boys in Child and Adolescent Mental Health Services facilities, with 180 girls (8.1%) experiencing this in 2014/15 compared to 72 (5.7%) boys.⁶ Restraint can involve experiences of clothes being removed and can be particularly distressing for young women who have experienced abuse.

Girls and young women also report experiencing restraint in care homes, secure settings and police custody and feel that staff do not always try to de-escalate a situation prior to using restraint.⁷

"It was mostly when I didn't have great relationships with some of the staff... They wouldn't take the time out to actually sit down and find out what the problem was... It was, 'Well, if you're not going to comply then we'll restrain you.'" – Amber, 20⁸

"I often went in there crying in hysterics... all the times I'd get arrested. They'd just basically tell me to shut up and grow up, and shut me in a cell... It was the worst feeling in the world, even though

I was so used to it... When you're sat in a cell with nothing but your own thoughts and your life is not in the best of places, and you've got no control of anything... It was scary at times."

– Anonymous, 21⁹

To address the root causes of girls' and young women's poor mental health and avoid missing opportunities to intervene, we must recognise and respond to their experiences of trauma, discrimination and poverty.

Access to a spectrum of support, including age-appropriate, gender-specific provision in statutory services and **specialist girls' and young women's services which respond to the underlying causes of girls' poor mental health** can have a significant, positive impact on girls' and young women's lives.

Where this kind of support is not available, girls and young women report feeling alienated from both youth services and women's services, describing these as services which are **"not for them"** and reporting feeling unsafe and outnumbered, particularly in male-dominated spaces such as pupil referral units or the youth justice system.¹⁰

Where support from specialist girls' and young women's services is available, young women would like to see this developed and maximised.

"So [the first group I joined... there's quite a lot of older people there... I think I'm the youngest... Sometimes it does make us feel like they're looking down at us. But at [young mum's group] we're all the same age and we have all the same kind of experiences. I just prefer it being all girls and it just makes us more comfortable." – Emma, 21

"Honestly, they were a life-saver – we used to have weekly appointments... I was just really upset when it ended – I wished [it] could have lasted longer." – Lucy, 19

Theme 6: Impacts of COVID-19 on women's health

The mental health of girls and young women has been disproportionately affected by the pandemic, **exacerbating the mental health crisis amongst girls and young women**. Research conducted by Agenda over the first year of the pandemic highlighted the severe impact of lockdown on women and girls' mental health, in particular describing concerns about increased isolation, loneliness, stress, anxiety, depression, complex trauma, self-harm, suicidal thoughts and attempted suicide.¹¹

The additional barriers and challenges accessing services during the lockdown have left many and girls and young women **without support at a time when they need it most**.

"I think everyone in the mental health system was bad enough as it is in regards to lack of funding and just people not getting the help they need... At the very start I'd just been referred into a new specialist team and I wasn't able to see my new worker for like three months so I just started getting the proper help I needed and I wasn't able to access it." – Anonymous, 21

"When lockdown started, it made me feel really sad and alone, I used to go to support groups regularly and see friends and lockdown totally stopped that for me, I instantly fell into a black hole... I lost my coping mechanism." – Rebecca

"I went to a really dark place because I didn't have anywhere to go to and I just felt trapped. Not having a safe space has been the hardest thing." – Anonymous, 23

With rising rates of child poverty¹² and young women at greatest risk of unemployment,¹³ **poverty and economic disadvantage** will remain an area of significance for girls' and young women's mental health for some time. Research published by Agenda shows that young women (aged 16–34) living in the most deprived households are five times more likely to self-harm compared with those in the least, and 1 in 5 young women with severe money problems has self-harmed in the past year.¹⁴ These findings highlight the importance of a strategic response women's health mental health which engages with the engages with broader drivers of poor mental health for girls and young women.

"My partner and I losing work during the pandemic affected my mental health really badly. Are we actually going to survive? Are we going to pay bills? Am I going to feed my child? And have a roof over my head? And that's why, I think, a lot of women are scared and they are anxious because they don't know if they're going to survive because of the pandemic, because of the way jobs weren't available and jobs were getting lost." – Charlotte, 23

With schools closed and without professionals able to reach and support them, girls and young women trapped at home with limited ability to contact services have also been at **heightened risk of a range of forms of violence, abuse and exploitation**.¹⁵

To ensure we do not have a 'lost generation' of girls, appropriate steps must be taken to support the most disadvantaged girls back to school, address the trauma they have experienced and achieve their potential.

"Going back to school is terrifying... I haven't had much support there. We've been given letters about what happens when we return but there's nothing to ease our minds, there's nothing...saying "I know times are hard" or the things they're going to put in place to make us feel better..."

– Anna, 16

"I think there needs to be more early mental health intervention to try and stop difficulties with mental health later on in life. This could be done by making it compulsory to have counsellors in schools and by making youth clubs a place to talk freely about mental health instead of them being exclusively for things like sports." – Anonymous, 19

Recommendations for the *Women's Health Strategy*

It doesn't have to be like this.

To meet the needs of girls and young women and put mental health on an equal footing with physical health, the *Women's Health Strategy* should:

1. **Prioritise the mental health of girls and young women**, giving it equal consideration to physical health and taking into account the drivers of poor mental health for girls and young women, as well as the particular barriers to accessing mental health care they face.
2. **Appoint an advisory group of experts** with representation from marginalised girls and young women.
3. **Address the mental health impact of violence, abuse and exploitation** experienced by girls and young women.
4. **Develop suicide prevention strategies and a plan to recognise and respond to self-harm** among girls and young women.
5. **Train professionals working with girls and young women** to understand that their experiences of poor mental health, trauma and inequality are linked.

6. Recognise and fund the valuable work of specialist girls' and young women's organisations to prevent future problems for girls and young women.

"It was something to look forward.... When you have no one there, you have no support, nothing – no friends. You have to have a reason to live if that makes sense... So I was looking forward to those weekly meetings with my young women's worker every week."

– Amelia, 19

References

- ¹ Agenda (2020) [Struggling Alone: Girls' and young women's mental health.](#)
- ² Agenda (2016) [Hidden Hurt – Violence, abuse and disadvantage in the lives of women.](#)
- ³ Rodway, C. et al. (2020) [Children and young people who die by suicide: childhood-related antecedents, differences and service contact.](#) BJPsych Open, 6 (3).
- ⁴ All-Party Parliamentary Group on Suicide and Self-Harm Prevention (2020) [Inquiry into the support available for young people who self-harm.](#)
- ⁵ Horvath, M. et al. (2013) [Still not receiving the support they deserve... Final evaluation report for The Stella Project Young adult women's Initiative.](#) Forensic Psychological Services and AVA.
- ⁶ Agenda (2017). [Agenda briefing on the use of restraint against women and girls.](#)
- ⁷ Agenda (2020) [Struggling Alone: Girls' and young women's mental health.](#)
- ⁸ Agenda research published in: Plan International UK (2020) [The State of Girls' Rights in the UK: 2019-2020.](#)
- ⁹ Agenda research published in: Plan International UK (2020) [The State of Girls' Rights in the UK: 2019-2020.](#)
- ¹⁰ Agenda (2020) [Struggling Alone: Girls' and young women's mental health.](#)
- ¹¹ Agenda (2021) [Voices from Lockdown: A Way Forward for Women and Girls.](#)
- ¹² Office of the Children's Commissioner (2020) [Fact checking claims about child poverty.](#)
- ¹³ Young Women's Trust (2020) [Ignored, Undervalued and Underpaid: The impact of Coronavirus on young women's work, finances and wellbeing.](#)
- ¹⁴ Agenda and the National Centre for Social Research (2020) [Often Overlooked: Young women, poverty and self-harm.](#)
- ¹⁵ Increased risk to those experiencing domestic abuse has been widely documented during lockdown and services have highlighted an 'increased intensity' in cases of so-called 'honour'-based abuse, as well as a greater prevalence of criminal exploitation of girls and young women during this time. Online, girls and young women have also been at greater risk of sexual exploitation, with abusers targeting children expressing vulnerability. Agenda (2021) [Voices from Lockdown: A Way Forward for Women and Girls.](#)