agenda
Alliance for Women & Girls at Risk

STRUGGLING ALONE

Girls' and young women's mental health

Girls Speak briefing
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With thanks to

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SUMMARY

With self-harm rates amongst girls and young women tripling since 2000 and suicides of girls and young women doubling in the last 7 years, this briefing presents evidence on girls' and young women's mental health in England and Wales. This is the first in a series of briefing papers produced as part of Agenda's Girls Speak project. Girls Speak aims to shine a light on the experiences of some of the most marginalised girls and young women aged 14–24 in England and Wales.

Through conversations Agenda has had with girls and young women and the services that support them, mental health and the lack of adequate, safe and holistic provision has emerged as a key concern. Experiences of abuse, poverty and other forms of disadvantage and discrimination are a significant driver of poor mental health in young women.

Despite this, prevailing narratives and research tend to focus on pressures at school, body image and social media as primary causes of mental ill-health for girls.

Young women struggling with their mental health have told us they have felt afraid to seek help, have faced significant barriers to accessing services and support, and have even been re-traumatised by mental health services designed to help them. Agenda's recent Voices from Lockdown report, highlighting the impact of COVID-19 on women and girls facing multiple disadvantage, also found girls and young women particularly at risk of experiencing high levels of poor mental health during the coronavirus crisis. This briefing paper sets out key findings, the policy context and Agenda's recommendations relating to key policy areas as identified through our research.

"It was all up to me... I was struggling but I was struggling alone."

- Danielle, 21

KEY FINDINGS

Self-harm rates have tripled amongst girls and young women since 2000[1] and suicides of girls and young women have doubled in the last 7 years.[2]

Almost a quarter of girls and young women experience post-traumatic stress disorder (PTSD) and 1 in 10 has been diagnosed with a personality disorder.[3]

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.[4]

Research has shown that young women have experienced the highest levels of distress during the coronavirus crisis,[5] with specialist services raising particular concerns about the impact of the pandemic on Black and minoritised young women.[6]

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.[7]

Rates of self-harm are highest amongst young Black women (16–34) but they are less likely to receive support for this.[8] Studies suggest South Asian young women (16–24) are significantly more likely to self-harm than white young women.[9]

Girls with unaddressed mental health needs are likely to be in contact with or at risk of coming into contact with a range of institutions and services including the criminal justice system, the care system and alternative education provision.

A lack of age-appropriate, gender-sensitive and specialist services, as well as discrimination and stigma in mainstream mental health provision, contribute to girls and young women being unable to access the support they need.

About Agenda

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. Agenda campaigns for some of the most socially excluded and marginalised women and girls in society: those who face multiple disadvantage. Women and girls who have these experiences are often deeply traumatised, frequently living with the impact of extensive histories of violence and abuse, and face multiple problems like poor mental health, addiction and homelessness. These are women and girls who have very complex, overlapping needs and are at the sharpest end of inequality.

Our work with girls and young women

Girls Speak shines a light on the experiences of some of the most marginalised girls and young women aged 14–24 in England and Wales.

Funded by the Paul Hamlyn Foundation, we are working with girls and young women to identify what works and what is needed to allow them to live their lives feeling safe and in the way that they want. In partnership with the Standing Committee for Youth Justice, Agenda has also launched the Young Women's Justice Project, with a specific focus on young adult women (aged 17–25) in contact with the criminal justice system.

We are creating a fuller picture of the challenges girls and young women face, facilitating knowledge-sharing between the youth sector and the women's sector, and raising the profile of girls and young women to ensure their needs are recognised in policy and practice both nationally and locally.

INTRODUCTION

Poor mental health is a serious and growing problem for girls and young women. Whilst rates of mental ill-health have remained largely stable amongst young men in recent years, they have increased amongst young women, with girls and young women between the ages of 16 and 24 three times more likely to have a common mental health problem – like anxiety or depression – than their male counterparts.[10]

Experiences of abuse, poverty and other forms of disadvantage and discrimination are a significant driver of poor mental health in young women. For example, Agenda's Hidden Hurt report found that 1 in 20 women have a history of extensive physical and sexual violence starting in childhood. Half of these women have a common mental health condition, a third have an alcohol problem and a fifth have been homeless.[11]

Despite these connections, however, policy makers and the media often focus on the adverse impact of pressures at school, body image and social media as the primary causes of girls' mental health problems. This means the true extent of their problems are often overlooked, leaving many girls and young women without the right support. As a result of the problems they face, young women who experience poor mental health are likely to be in contact with a range of institutions and services and these staff need to be equipped to be able to support them.

GIRLS' EXPERIENCES OF POOR MENTAL HEALTH

It is widely recognised that the mental health of children is at a critical point, with the latest NHS Digital prevalence data showing that the number of children and young people experiencing emotional disorders such as anxiety and depression has increased by 48% since 2004.[12] The way poor mental health manifests in boys and girls is often oversimplified or presented with a gender-neutral lens, however, preventing an effective response. There is a growing body of evidence that highlights the way in which girls' poor mental health has reached an alarming level.

- Self-harm rates amongst girls and young women have **tripled** since 2000.[13]
- **Over a quarter** of young women have symptoms of depression or anxiety, experiencing this at three times the rate of their male counterparts and at higher rates than older women.[14]
- Girls and young women are more likely to report feeling lonely than young men, with **over two thirds** of young women reporting that they feel sometimes or often lonely.[15]
- Almost **a quarter** of girls and young women experience post-traumatic stress disorder (PTSD) and **1 in 10** has been diagnosed with a personality disorder.[16]
- Girls' and young women's deaths by suicide were the **highest on record in 2019**. Whilst young men continue to die by suicide at higher rates overall, there has been a 72% increase in rates of suicide amongst girls and young women over the last 10 years, compared to a 28% increase amongst boys and young men.[17]
- Girls and young women are **more likely to be detained** under the Mental Health Act than boys and young men – in 2016, 65% of young people placed in secure hospitals were girls.[18]

The most marginalised girls and young women face a range of disadvantages which can negatively impact on their mental health. For example, girls who die by suicide are more likely to have experienced abuse and have experience of the care system and the justice system than boys who die by suicide.[19]

One young woman who experienced abuse from a family member as a teenager reflected on the drivers of her poor mental health as "a mixture" of factors.

"[L]ooking back... I see that... anxiety and pressure and stuff ... was the main reason my mam pulled us out of school... I think [my anxiety] stemmed mainly from home but I'd say finances, relationships... was as much [of] a contributor."

- Kym, 19

Girls and young women facing multiple disadvantage are frequently marginalised, ignored and misunderstood. They have complex, overlapping needs and are at the sharpest end of inequalities, with experiences of poor mental health often underpinned by histories of violence and abuse, substance use, contact with the criminal justice system and having no safe place to call home.

Experiences of violence, exploitation and abuse, problems at home, substance use, contact with the criminal justice system, struggling with early motherhood or having no safe place to call home all contribute to the adversities they face. In addition, discrimination and stigma compound and create further disadvantage for these girls. Despite this, narratives and research tend to focus on pressures at school, body image and social media as the primary causes of mental ill-health for girls and young women. Whilst girls say that social media, body image and pressure at school "play a part", research shows that these are not the only problems which negatively affect their mental health.

With children experiencing multiple forms of abuse known to be at greatest risk of developing mental health issues, physical and sexual violence is perhaps the single greatest risk factor for poor mental health amongst girls and young women,[20] alongside poverty and other forms of disadvantage. More commonly discussed causes of poor mental health for girls and young women must be placed in the wider context of gender inequality and other social and structural inequalities which shape the day-to-day experiences of girls and young women facing multiple disadvantage.

Discrimination and stigma also play a significant role in how girls and young women experience mental ill-health and the responses they receive from services. Girls' and young women's gender, age, race, class, ability, sexuality and other factors come together to shape their experience of disadvantage and discrimination, underlining the importance of taking an intersectional approach to ensuring the right response.[21]

A growing body of evidence shows that experiences of racism are linked to a range of poor mental health outcomes including anxiety and depression,[22] and can reduce the ability to recover from other kinds of trauma by undermining resilience and hope.[23]

- 29% of Black women, 24% of Asian women, and 29% of mixed-race women have a common mental health condition, compared to 21% White British women, and 16% of women identified as White Other.[24]

- Rates of self-harm are higher amongst young Black women (16–34) than any other group, but they are less likely to receive support for this.[25] Studies suggest South Asian young women (16–24) are significantly more likely to self-harm than white young women.[26]

There are worrying gaps in research relating to Black, Asian and 'Minority Ethnic' (BAME) or Black and minoritised girls' and young women's mental health but studies have shown that children experiencing racism are likely to experience low self-esteem and high levels of anxiety and depression.[27]

The term 'Black, Asian and Minority Ethnic' is commonly used in policy contexts but it can reinforce the idea that certain groups automatically occupy a minority position. Drawing on critical analysis of this term by services led by and for marginalised groups, we refer to 'Black and minoritised' girls and young women to highlight the way in which these groups are constructed as 'minorities' through processes of marginalisation and exclusion.

See Thiara, R. and Roy, S. (2020) Reclaiming Voice: Minoritised Women and Sexual Violence: Key Findings. Imkaan.

Homophobia, biphobia and transphobia have also been identified as a contributing factor to the higher levels of poor mental health amongst young LGBTQ+ people, compared to their heterosexual and cisgender counterparts.[28]

Discrimination on the basis of sexuality or gender identity can also contribute to girls and young women experiencing other forms of disadvantage associated with poor mental health, including youth homelessness[29] and exclusion from education and employment.[30]

Mental illness is one of the most common forms of disability[31] and discrimination on the basis of this, alongside physical and learning disabilities, can also contribute to girls and young women being at greater risk of institutionalisation, social exclusion, specific forms of gender-based violence and exploitation and experiences of economic inequality – all factors which compound experiences of poor mental health.[32]

Violence, abuse and exploitation

Children who experience multiple forms of abuse are at greatest risk of developing mental health problems, with research suggesting that girls experience high rates of victimisation and suffer more serious mental health outcomes as a result of this when compared to boys.[33]

- Girls and young women aged 16–24 report the **highest** rates of domestic abuse experienced of any age group.[34]
- **15–20%** of girls are estimated to have experienced childhood sexual abuse, compared to 7–8% of boys.[35]
- Child sexual exploitation is **most common** in girls aged 12–15.[36]
- **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.[37]
- Self-harm is f**our times more common** amongst young women who report feeling unsafe in their neighbourhood.[38]

Physical and sexual violence is perhaps the single most significant risk factor for poor mental health amongst girls and young women.[39] When girls and young women talk about negative experiences of social media, they are often describing experiences of online sexual harassment, abuse and coercion.[40] These online experiences therefore must be understood as part of a wider continuum of gender-based violence.

Online and offline, regular experiences of sexual harassment produce a form of 'insidious trauma' as well as undermining young women's confidence when navigating public

spaces.[41] For Black and minoritised girls and young women, this can involve experiencing both racism and misogyny as highlighted by Imkaan's 2016 Purple Drum project focusing on young women's experiences of racialised sexual harassment.[42]

Poor responses to girls' experiences of sexual harassment and violence at school can lead to girls being excluded from or dropping out of mainstream education.[43] Black Caribbean girls are particularly likely to be excluded.[44] Once outside of mainstream education, girls are at greater risk of coming into contact with the criminal justice system.[45] Young women speaking to Agenda often attribute their struggles in education, and contact with the criminal justice system, to poor mental health stemming from issues which they felt went unaddressed at the time. After a sexual image was shared without her consent at school, Marie was excluded on the basis of her consequent behaviour:

"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 ask[ed] me about school counselling once... It was a while after... It was just too late."

- Marie, 23

Despite the prevalence of violence and abuse, evidence suggests that professionals are less able to identify certain forms of abuse when experienced by girls and young women compared to their older adult counterparts.[46] Emma is 21 and told us that she felt her experience of domestic abuse was "pushed under the bridge" and ignored by those around her due to the perception of young people's relationships as less serious than those of adults.

Services working with girls also note the misrecognition of certain forms of risk. With girls and young women often 'lost' in narratives around child criminal exploitation, their experiences of this can be conflated with, or seen as secondary to, experiences of child sexual exploitation (CSE).[47] A reliance on narrow and racist stereotypes also plays a role in the under-or over-identification of girls and young women experiencing certain forms of gender-based violence. Black girls, for example, are routinely stereotyped as more likely to need CSE or 'gang'-related services, but are often invisible within services as survivors of child sexual abuse.[48] The under-identification of Asian girls and young women experiencing CSE has also been observed.[49]

Lucy's story

Lucy is 19. She is a care leaver and left her family home due to experiences of abuse that were not picked up quickly enough by professionals.

"My mental health stemmed from home life... I was asking to move away from the domestic violence and social workers refused to move us for a long time. I did tell them what was going on... so that was quite hard. Because that was happening my mental health got really bad and I was taking lots of overdoses... I mean, at one point I actually said I need to be sectioned... I thought that would have given them an indication but they refused..."

Eventually, she accessed support from a domestic abuse service with a young person's worker.

"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."

Risks to girls' and young women's physical and emotional safety are not being identified and responded to, missing crucial opportunities to address key underlying causes of poor mental health amongst girls and young women. This is concerning as mental health problems which persist throughout someone's life tend to appear at a young age, with approximately half appearing before the age of 14 and three quarters appearing by the age of 24.[50] For girls and young women, these missed opportunities to intervene may impact them for years to come.

Poverty and social exclusion

Findings from the Millennium Cohort study indicate that children from low-income backgrounds are four times more likely to experience mental health problems than those from high-income backgrounds.[51] Children living in poverty are less likely to feel hopeful about the future, less likely to feel useful and more likely to feel like a failure than their peers living in more affluent households.[52] Further experiences of poverty and social exclusion affect girls' mental health significantly:

- 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. [53]

- **1 in 5** young women with severe money problems has self-harmed in the past year. [54]

Despite this, only 11% of mental health trusts view children in poverty as a priority group for accessing services, and this group is often overlooked in mental health trust's transition policies.[55] Twenty-four girls (and twenty-two boys) who were in care or known to social services as being at risk of abuse or neglect took their own lives in 2017/18.[56] 34% of girls supervised by youth offending teams have deliberately harmed themselves whilst 15% have previously attempted suicide.[57]

The economic impact of COVID-19 is having an impact on the mental health of girls and young who are often overlooked in reports of the crisis. Young women in the workplace were already at risk of poverty, low pay, and more likely to be in insecure work.[58] Those young women who are currently furloughed, in precarious employment or at risk of redundancy have told Agenda that struggling to budget and get by each month has left them anxious, fearful and has had a significant impact on their mental health and day-to-day wellbeing.

With rising rates of child poverty,[59] young women under 25 are one of the groups at highest risk of unemployment in light of the pandemic,[60] and with services significantly stretched, poverty and social exclusion will likely remain a key area of significance for girls' and young women's mental health.

Responding to girls and young women in practice

A complex combination of a lack of age-appropriate, gender-sensitive and specialist services, as well as discrimination and stigma in mainstream mental health provision, all contributes to girls and young women being unable to access the support they need. Girls who have died by suicide are more likely than boys to have had contact with mental health and social care services' including in the three months before death.[61] Yet barriers to accessing support, re-traumatising responses and unsupported transition into adulthood are currently failing girls.

Services are often ill-equipped to identify and recognise the causes of girls' poor mental health and how it intersects with abuse, poverty, exclusion, discrimination and other forms of disadvantage. This, in turn, prevents services supporting girls to access the appropriate, specialist and holistic support they need.

Courtney's story

Courtney is 21. She told us about how worrying about her financial situation has impacted her, particularly after her partner lost his job.

"Oh, it was horrible... It was just the stress of the money... I'd get food parcels sometimes which were a big help but... I felt so down. I knew that things would pick up but it was just when... I kept hoping for good news each day. Even now during the coronavirus, it's still a stressful time..."

Barriers to accessing support

Lack of specialist provision for girls

Despite the high level of need for mental health support amongst girls and young women, young women are consistently less likely to access mental health treatment than older, adult women.[62]

Research shows that young people have a worse experience of all mental health care than their older adult counterparts.[63] This suggests that, even when young women do access support, these services may be unable to meet their gender and age-specific needs. Speaking with Agenda, services indicate that Black and minoritised girls and young women are likely to experience this more acutely.

With models of youth provision regularly built around young men's lives and all key youth funding announcements since 2018 'gender-neutral',[64] youth services are limited in their ability to deliver gender-responsive support. This is particularly true where girls and young women are in the minority, such as pupil referrals units, where girls can report feeling unsafe and outnumbered.[65] Women's services say they face challenges reaching and engaging with younger women, as well as difficulties developing the partnerships with education and social care partners and youth services needed to grow this area of work. Some girls and young women report feeling alienated from both youth services and women's services, describing these to Agenda as "not for them".

There is also little specialist provision for girls and young women from Black and minoritised groups struggling with their mental health. Black and minoritised women and girls face inequalities in access to care, with research highlighting the under-resourcing of services in economically-deprived areas where they are more likely to live.[66] Furthermore, within mental health services, models of 'recovery' can overlook the impact of forms of discrimination such as racism, thereby failing to connect girls' and young women's mental ill-health with the oppression they face.[67] Services can characterise reactions to racism as signs or symptoms of illness, meaning that this, rather than the ongoing discrimination girls and young women face, is addressed.

Emma's story

Emma is 21 and has struggled with her mental health, attributing this to her experience of being in care at a young age and her experience of an abusive relationship. She is a mother. When she first joined a mother and baby group, she felt stigmatised by other women there due to her comparatively young age. Now, she attends a group specifically for young mothers which is a valuable source of support.

"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 [the 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."

In recent years, there has also been a reduction in the size and capacity of the specialist LBTQ+ sector, including specialist LBTQ+ mental health provision.[68] This is concerning as LBTQ+ girls and young women can face significant barriers to accessing

support from mainstream services, with just under a quarter (24.8%) of cisgender lesbian and bisexual 18–24 year old women reporting mainly or completely negative experiences of accessing mental health services and just over a quarter (27.2%) of transgender 18–24 year old women reporting this.[69] This, along with feelings of not wanting to draw attention to themselves and not wanting to disclose their sexual orientation or gender identity, may contribute to LBTQ+ young people most commonly seeking support from services at crisis point when problems have escalated.[70]

Where there are examples of age-appropriate, gender-specific local practice, girls and young women feel that this should be developed and maximised.

Punitive and re-traumatising responses

Some responses to girls and young women experiencing mental health crises can be experienced as punitive and re-traumatising.

Agenda has previously revealed significantly greater use of face-down restraint on girls than boys in Child and Adolescent Mental Health Services (CAMHS) facilities, with 180 girls (8.1%) experiencing this in 2014/15 compared to 72 (5.7%) boys.[71] Girls and young women also report experiencing restraint in care homes, secure settings and police custody. Girls feel that staff do not always try to de-escalate a situation prior to using restraint.

"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."[72]

– Amber, 20

Girls and young women with experience of care or the criminal justice system, describe frequently coming into contact with the police when experiencing mental distress.[73] This can result in arrest, being taken into custody and experiences of further trauma.

"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... Because 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."[74]

– Anonymous, 21

The likelihood of experiencing further trauma through contact with the criminal justice system is heightened for Black and minoritised girls and young women who are forced to navigate the impacts of institutional racism. In August 2020, Kids of Colour drew attention to the experiences of a young Black disabled woman who experienced mental distress in public, resulting in a police call-out. Following her arrest, she tried to take her own life whilst in custody and was strip-searched and detained without clothes overnight – an extremely distressing experience which triggered memories of previous sexual trauma.[75]

When Black and minoritised young people enter mental health services, this is more often through coercion than is the case for their white counterparts.[76]

• In March 2019, Black and minoritised young people were **4 times** more likely to be detained under the Mental Health Act than white people.[77]

• Minoritised young people were **twice as likely** to enter youth mental health services via a court order than white young people.[78]

The long-term impact of the historic pathologisation of LGBTQ+ identities – branding LGBTQ+ people as unwell, abnormal or unnatural based on their sexual orientation, gender identity or gender expression – can also act as a significant barrier to girls and young women accessing safe and effective support.

• **One quarter** of cisgender lesbian and bisexual 16–24 year olds report mainly or completely negative experiences of accessing mental health services.[79]

• **7%** of cisgender lesbian and bisexual young women and **14%** of transgender young women (18–24) report having undergone or been offered so-called 'conversion' therapy. 7% of cisgender lesbian and bisexual young women and 12% of trans young women offered this report receiving the offer from a healthcare provider or medical professional.[80]

Stigma and being overlooked

Girls, and the services that support them, describe multiple experiences of exclusion from services or contact with the criminal justice system as creating a harmful narrative whereby girls are blamed for a lack of engagement, or labelled as 'risky' or 'hard to reach'. In turn, girls and young women in contact with such services often internalise these problematic labels and feel further stigmatised and socially excluded.

Girls and young women also report feeling worried that they will be dismissed or patronised by professionals they approach for support due to their age. This is likely to have been exacerbated during the coronavirus crisis with just under a quarter of girls and young women aged 14–21 reporting that they would be less likely to report sexual harassment as they did not think this would be seen as a priority during a pandemic.[81]

A recent inquiry into the support available for young people who self-harm has drawn attention to the normalisation of young women's distress, noting that there is "a danger of apathy among professionals" in services which consistently see high rates of self-harm amongst young women.[82]

This raises concerns about other experiences girls and young women may not be disclosing out of concern of being discounted and highlights an additional barrier of professionals overlooking or not identifiying girls as in need of support at this critical time.

Emma, whose story we have shared above, told us that she was "scared to go to the doctors" when she was experiencing domestic abuse as she was concerned that she would be disbelieved. This is worrying, suggesting that a lack of trust and understanding between professionals and young women may prevent young women like Emma from reaching out for support around an issue impacting her mental health. For her, a disbelieving response would have compounded the abuse she was experiencing and which she felt was designed by her abuser to make her feel like she was "going crazy".

Transitioning into adulthood

For girls and young women experiencing poor mental health, the transition from girlhood to adulthood could be an opportunity to get things right, preventing the needs of young women becoming more complex and entrenched. In reality, girls turning 18 face an arbitrary cliff-edge in access to support at a time when they are experiencing a lot of change and development and face new risks of exploitation and harm which may go unaddressed as much statutory service support falls away.

Research undertaken by Agenda in 2016 through freedom of information requests sent to all mental health trusts in England found that only one responding mental health trust had a strategy for providing gender-specific services.[83] Young women moving into adulthood may be particularly under-served, with only 11% of mental health trusts identifying issues which have specific impacts on girls such as child sexual exploitation in their policies on transitioning between children's and adult's services.[84]

Danielle's story

Danielle is now 21 and had support from Child and Adolescent Mental Health Services from the age of 13 who she was put in touch with through youth offending services. She felt unprepared and unsupported in her transition to adult services.

"It was all up to me – I just had to go to doctors and wait for a referral and then I had to go through a brand new assessment process but... I didn't know what to say, because I was so used to always having someone, I just thought they'd give me someone again... They weren't very helpful and they actually said they didn't think I really needed help at the time."

Without mental health support for a year after turning 18, her mental health deteriorated and she was hospitalised several times before getting the support she needed.

"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... Since then I have been referred... I do have workers now and it looks like I will do for a while because I do have diagnoses that are quite serious..."

What works for girls and young women

Our conversations with girls and young women and findings from existing research indicate that effective support for girls and young women experiencing poor mental health as one of several forms of disadvantage tends to be characterised by work which:

- centres girls' and young women's lived experience and perspectives in the design and development of services intended to support them;

- provides safe, girl-and young woman-only environments run by gender-specialist services with expertise relating to the challenges faced by girls and young women with intersecting, marginalised identities, including for Black and minoritised and/or LBTQ+ girls and young women;

- focuses on developing and sustaining positive relationships with professionals, including having a trusted point of contact as girls and young women transition into adulthood;

- prioritises a strengths-based approach to empower girls and young women and address risks and vulnerabilities including identifying and responding to root causes of poor mental health, including experience of trauma, discrimination and poverty.

THE POLICY CONTEXT

Time and again, policies, reviews, strategies and funding streams largely fail to recognise the needs and experiences of girls and young women as distinct from those of boys and young men. This is even the case where it is recognised that girls and young women face poorer outcomes or have additional vulnerabilities that may put them at greater risk, for example in the criminal justice system or mental health settings. This lack of attention to girls' and young women's needs translates directly into what gets measured, who gets heard and what gets funded.

The Five Year Forward View for Mental Health (2016) did not recognise girls and young women as a distinct group, referencing the needs of women only in relation to mental healthcare for women who are pregnant or who have given birth within the last year.[85] Whilst making some provisions for children and young people, a gendered approach is lacking and mental health charities raised concerns that it did not meet the true scale of the challenge of children and young people's mental health.[86]

The government's Transforming Children and Young People's Mental Health Provision Green Paper (2017) set out measures to improve mental health support for children and young people, with a focus on early intervention and prevention. It also makes no mention of girls or young women,[87] despite research showing that young women are a high-risk group for mental health problems. Likewise, The NHS Long Term Plan (2019) has no specific provision for girls and young women, despite it noting the distinct mental health needs of older teenage girls.

The development of new services for children with complex trauma including experiences of sexual assault, and plans to extend mental healthcare provision for children transitioning into adulthood, are welcome. Without specific attention, however, girls and young women in vulnerable groups remain at risk of falling through the gaps in these positive developments.[88]

The final report from the Women's Mental Health Taskforce (2018) for the Department of Health and Social Care, co-chaired by Agenda, made a clear case for further development of work pertaining to girls and young women.[89] It is encouraging to see recent guidance from Public Health England which calls for professionals to consider experiences of gender-based violence, trauma and childhood neglect as factors impacting mental health in prevention work.[90]

Overall, however, a lack of clear central or local government 'ownership' of issues facing girls and young women means there is limited learning, policy direction or specific funding in this space. Current political debate around young people at risk tends to focus on the risk they pose to others, with a strong focus on discipline and behaviour management rather than the vulnerabilities they face. Where vulnerabilities are considered, risks tend to be looked at in isolation – for example, girls' and young women's experiences of abuse and poverty may not always be identified as linked with poor mental health. This presents a challenge to developing further gender- and trauma-informed policy and practice.

CONCLUSION

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. Poverty, violence and abuse and structural inequalities jeopardise girls' and young women's physical and emotional safety. If these underlying causes of poor mental health are not understood, services are unable to build a full picture of the experiences and needs of girls and young women at risk, missing crucial opportunities to intervene. With mental ill-health underpinning a range of other problems, including exclusion from education, problematic use of substances and contact with the justice system, this can continue to impact girls and young women into adulthood and throughout their lives.

Age-appropriate, gender-specific support which responds to the underlying causes of girls' poor mental health can have a significant, positive impact on girls' and young women's lives. All too often, however, girls and young women struggle to access this through mainstream 'generic' voluntary and statutory youth services, which are not set up to meet girls' specific needs and can be experienced as alienating and re-traumatising.

Girls and young women experiencing mental distress as one of several forms of disadvantage must have access to a spectrum of support, including gender-specific provision in statutory services and specialist girls' and young women's services, including those led by and for marginalised groups. Only this can give girls and young women the best chance of overcoming the obstacles they face. This must be available flexibly, accessible over time and offer holistic wrap-around support. **Girls and young women must be involved in the design and development of this support, with their experience and knowledge of what works placed at the centre of responses to the challenges they face.**

RECOMMENDATIONS

1

The Department of Health and Social Care to lead on the development of a national women and girls mental health strategy, with dedicated funding and provision to address the underlying causes of poor mental health for girls and young women, delivered through statutory services and through gender-specialist youth provision. This must:

a) incorporate the role of child and adolescent and adult mental health services, including transitions between them as girls enter adulthood;

b) prioritise early intervention and incorporate wrap-around support for girls and young women at risk of poor mental health embedded in criminal justice, education, care and community settings;

c) take account of inequalities in access to and experiences of mental health care, including racialised health inequalities as highlighted during the coronavirus crisis;

d) recognise and fund the critical role women and girls' services play in improving mental health and wellbeing, including specialist services led by and for minoritised groups.

2

A central government commitment to take a cross-departmental and gendered approach to addressing the social and economic challenges facing girls and young women, with a focus on advancing equalities across all protected characteristics. This should be overseen by a named Minister with a new responsibility in their brief for girls and young women at risk, and prioritised as the UK enters the recovery phase of the coronavirus crisis.

3 **All government departments take a gendered approach to all future youth policy, education and mental health announcements with funding attached.** This should include ring-fenced funding for specialist women and girls' services, and equality monitoring frameworks to identify how policy outcomes impact on girls and young women.

4 **In updating the Violence Against Women and Girls (VAWG) strategy and the Tackling Child Sexual Abuse strategy, the Home Office must ensure that the mental health impact of VAWG, and the full range of ways in which girls and young women experience VAWG, is recognised and responded to in a joined-up way across government departments.** This must be accompanied by long-term funding for women and girls' organisations, including specialist services led by and for Black and minoritised women and girls.

5 **Recognition of and provision for girls and young women who experience abuse in their own relationships in the Domestic Abuse Bill.** The Domestic Abuse Commissioner and the Welsh National Advisers for Women, Gender-based Violence, Domestic Abuse and Sexual Violence should ensure that appropriate evidence is gathered about the age-specific experiences and needs of girls' and young women, and that wider services girls and young women engage with are held accountable for meeting their needs. This should be done in partnership with the Children's Commissioner and Victims' Commissioner.

6 **Professionals in contact with girls and young women to be trained to understand that girls' and young women's mental health, experiences of trauma, discrimination and inequality are interlinked** as part of a trauma-informed approach to working with girls and young women which is sensitive to both age and gender.

Endnotes

1. McManus, S. et al. (2019) 'Prevalence of non-suicidal self harm and service contact in England, 2000-2014: repeated cross-sectional surveys of the general population', The Lancet.

2. Office for National Statistics (2020) Suicides in England and Wales.

3. NHS (2016) Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014, Chapter 4 – Posttraumatic stress disorder, Chapter 7 – Personality Disorder – Tables.

4. Scott, S. and McManus, S. (2016) Hidden Hurt – Violence, abuse and disadvantage in the lives of women.

5. Henderson, M. et al. (2020) Mental health during lockdown: evidence from four generations – Initial findings from the COVID-19 Survey in Five National Longitudinal Studies. Institute of Education, UCL.

6. Imkaan (2020) The Impact of the Dual Pandemics: Violence Against Women & Girls and COVID-19 on Black and Minoritised Women and Girls.

7. Agenda and the National Centre for Social Research (2020) Often Overlooked: Young women, poverty and self-harm.

8. Cooper, J. et al. (2010) Ethnic differences in self-harm, rates, characteristics and service provision: three-city cohort study, The British Journal of Psychiatry, 197 (3), 212-218.

9. Husain, M. et al. (2006) Self-harm in British South Asian Women: Psychosocial Correlates and Strategies for Prevention, Annals of General Psychiatry, 5 (7), 7

10.NHS (2016) Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 – Chapter 2, Common Mental Disorders.

11. Scott, S. and McManus, S. (2016) Hidden Hurt – Violence, abuse and disadvantage in the lives of women. Agenda.

12. NHS (2018) Mental Health of Children and Young People in England, 2017.

13. McManus, S. et al. (2019) 'Prevalence of non-suicidal self harm and service contact in England, 2000-2014: repeated cross-sectional surveys of the general population', The Lancet.

14. NHS (2016) Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014, Chapter 2 – Common Mental Disorders.

15.NHS (2016) Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014, Chapter 4 – Posttraumatic stress disorder, Chapter 7 – Personality Disorder – Tables.

16.Office for National Statistics (2018) Children's and young people's experience of loneliness: 2018.

17. Office for National Statistics (2020) Suicides in England and Wales.

18. Hales, H. et al. Census of young people in secure settings on 14 September 2016: characteristics, needs and pathways of care. NHS

19. Rodway, C. et al. (2020) Children and young people who die by suicide: childhood-related antecedents, differences and service contact, BJPsych Open, 6 (3).

20. Ford, J. and Delker, B. (2018) Polyvictimization in childhood and its adverse impacts across the life-span, Journal of Trauma & Disassociation, 19, 275-288.

21. Coined by Professor Kimberlé Crenshaw, the term intersectionality was originally used to describe a kind of analysis recognising and contextualising African American women's experiences of inequality as experiences of racism and sexism, overlapping and reinforcing each other. Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics, University of Chicago Legal Forum, 140 (1), 139-167. Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color, Stanford Law Review, 43 (6), 1241-1299.

22. Bignall, T. et al. Racial disparities in mental health: Literature and evidence review. BCSE Health and Wellbeing Alliance and Race Equality Foundation.

23. The Synergi Collaborative Centre (2019) The impact of racism on mental health.

24. Agenda. Women's Mental Health Facts.

25. Cooper, J. et al. (2010) Ethnic differences in self-harm, rates, characteristics and service provision: three-city cohort study, The British Journal of Psychiatry, 197 (3), 212-218.

26. Husain, M. et al. (2006) Self-harm in British South Asian Women: Psychosocial Correlates and Strategies for Prevention, Annals of General Psychiatry, 5 (7), 7.

27. Roe, J. (2018). Ethnicity and children's mental health, The Lancet: Planetary Health, 2: 234-235; Rees R. et al. (2016) Prevalence of mental health disorders in adult minority ethnic populations in England: a systematic review. London: EPPI-Centre, UCL Institute of Education.

28. Meyer, I. (2003) Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence, Psychological Bulletin, 129, 674–697. Metro Charity (2016) Youth Chances: Integrated Report.

29. Albert Kennedy Trust (2015) LGBT Youth Homelessness: A UK National Scoping of Cause, Prevalence, Response and Outcome.

30. Stonewall (2020) Shut Out: The experiences of LGBT young people not in education, training or work.

31. Equality and Human Rights Commission (2017) Being disabled in Britain: A journey less equal. Equality and Human Rights Commission

32. Sisters of Frida (2017) Disabled women in the UK. Sisters of Frida CIC.

33.Ford, J. and Delker, B. (2018) Polyvictimization in childhood and its adverse impacts across the life-span, Journal of Trauma & Disassociation, 19, 275-288.

34. SafeLives (2017) Safe Young Lives: Young People and domestic abuse.

35. Girls are more likely to experience abuse by family members whilst boys are more likely to experience abuse by someone in a position of authority. Kelly, L. and Karsna, K. (2018) Measuring the scale and changing nature of child sexual abuse and child sexual exploitation: scoping report.

36. Girls are more likely to experience abuse by family members whilst boys are more likely to experience abuse by someone in a position of authority. Kelly, L. and Karsna, K. (2018) Measuring the scale and changing nature of child sexual abuse and child sexual exploitation: scoping report.

37. McManus, S. and Scott, S. (2016) Hidden Hurt: violence, abuse and disadvantage in the lives of women: Data Tables appendix, London: Agenda.

38. Agenda and the National Centre for Social Research (2020) Often Overlooked: Young women, poverty and self-harm.

39. Ford, J. and Delker, B. (2018) Polyvictimization in childhood and its adverse impacts across the life-span, Journal of Trauma & Disassociation, 19, 275-288.

40. Communication with Miss Represented. May 2020.

41. Southgate, J. and Russell, L. (2018) Street Harassment: It's Not OK – Girls' experiences and views. Plan International UK.

42. Imkaan (2016) "I'd just like to be free" – young women speak out about sexual harassment [Accessed on 14th August 2020]. Imkaan (2017) '"I never make eye contact": Racialised sexual harassment limits young black women's freedom', in our own words, Imkaan.

43. Women and Equalities Select Committee (2016) 'Widespread' sexual harassment and violence in schools must be tackled.

44. Department for Education (2016) Permanent and fixed period exclusions in England: 2014 to 2015 – National tables.

45. Youth Justice Board (2009) Girls and offending – patterns, perceptions and interventions.

46. The visibility of girls and young women experiencing domestic abuse is low in multi-agency forums, with only 1.7% of Multi-Agency Risk Assessment Conference (MARAC) referrals being made for those aged 16 and 17, despite the high prevalence of domestic abuse amongst GYW in this age group. SafeLives (2017) Safe Young Lives: Young People and domestic abuse.

47. The Children's Society (2019) Counting lives – Responding to children who are criminally exploited. The Children's Society.

48. Davis, J. (2019) 'Where are the Black girls in our CSA services, studies and statistics?', Community Care.

49. Gohir, S. (2013) Unheard Voices: The Sexual Exploitation of Asian Girls and Young Women. Muslim Women's Network UK.

50. Kessler, R. C. et al. (2005) 'Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey replication', Archives of General Psychiatry 62: 593-602.

51. Gutman, L. et al. (2015) Children of the new century. Mental health findings from the Millennium Cohort Study. London: Centre for Mental Health.

52. The Children's Society (2016) Poor Mental Health: The links between child poverty and mental health problems.

53. Agenda and the National Centre for Social Research (2020) Often Overlooked: Young women, poverty and self-harm.

54. Agenda and the National Centre for Social Research (2020) Often Overlooked: Young women, poverty and self-harm.

55. The Children's Society (2016) Poor Mental Health: The links between child poverty and mental health problems.

56. Ofsted (2018) Serious Incident Notifications from local authority children's services.

57. Youth Justice Board (2009) Girls and offending – patterns, perceptions and interventions.

58. Young Women's Trust and Living Wage Foundation (2017) 'One in four young people is at risk of poverty, as squeeze on household budgets hits, says Young Women's Trust and Living Wage Foundation'.

59. Office of the Children's Commissioner (2020) Fact checking claims about child poverty.

60. BAME young women and young mothers are other demographic groups at disproportionate risk of job loss. Young Women's Trust (2020) Ignored, Undervalued and Underpaid: The impact of Coronavirus on young women's work, finances and wellbeing. Trades Union Congress (2020) Young workers are most at risk from job losses due to the coronavirus crisis. McKinsey & Company (2020) 'COVID-19 in the United Kingdom:
Assessing risk and the impact on people and places' (11 May 2020). Accessed on 30 June 2020.

61. Rodway, C. et al. (2020) Children and young people who die by suicide: childhood-related antecedents, differences and service contact, BJPsych Open, 6 (3).

62. Women's Health & Equality Consortium (2017) Taking a forward view on women and mental health: key messages for government.

63. Mind (2018) Big Mental Health Survey 2017: Headline Findings.

64. Department for Digital, Culture, Media & Sport (2019) New Youth Charter to support young people across the country; Home Office (2019) Charity chosen to deliver £200m Youth Endowment Fund to tackle violence; Department for Education (2019) New programme to protect children at risk of exploitation; Mayor of London (2019). Mayor to invest £15 million in activities for young Londoners; Ministry of Housing, Communities & Local Government (2018) Troubled Families Programme: Supporting Families Against Youth Crime – Fund Prospectus; Department for Education (2019) Vital new support for young people leaving care; Department for Digital, Culture, Media & Sport (2019) £12 million boost for youth projects.

65. Firmin, C. (2014) 'MsUnderstood: the benefits of engaging young women in anti-violence work' in, eds. Ellis, J. and Thiara, R. Preventing Violence against Women and Girls: Educational Work with children and young people (Policy Press).

66. Firmin, C. (2014) 'MsUnderstood: the benefits of engaging young women in anti-violence work' in, eds. Ellis, J. and Thiara, R. Preventing Violence against Women and Girls: Educational Work with children and young people (Policy Press).

67. Women's Health & Equality Consortium (2017) Taking a forward view on women and mental health: key messages for government; Fitzpatrick, R. et al. (2014) Ethnic Inequalities in Mental Health: Promoting Lasting Positive Change, London: Lankelly Chase Foundation, Mind, The Afiya Trust and Centre for Mental Health; Kalathil, J (2011) Recovery and Resilience: African, African-Caribbean and South Asian Women's experience of recovering from mental illness, London: Mental Health Foundation and Survivor Research.

68. The National LGB&T Partnership (2017) The Mental Health of Young LGB&T People: A Research Review from the National LGB&T Partnership.

69. Government Equalities Office (2018) National LGBT Survey: Research Report.

70. McDermott, E. et al. (2016) Queer Futures: Understanding lesbian, gay, bisexual and trans (LGBT) adolescents suicide, self-harm and help-seeking behaviour.

71. Agenda (2017). Agenda briefing on the use of restraint against women and girls. London: Agenda.

72. Agenda research published in: Plan International UK (2020) The State of Girls' Rights in the UK: 2019-2020.

73. Plan International UK (2020) The State of Girls' Rights in the UK: 2019-2020.

74. Agenda research published in: Plan International UK (2020) The State of Girls' Rights in the UK: 2019-2020.

75. Kids of Colour and Northern Police Monitoring Project (2020) '31st July 2020: Incident of Violent Policing, Middlesbrough'.

76. Edbrooke-Childs, J. and Patalay, P. (2019) Ethnic Differences in Referral Routes to Youth Mental Health Services, Journal of the American Academy of Child & Adolescent Psychiatry, 58.

77. Edbrooke-Childs, J. and Patalay, P. (2019) Ethnic Differences in Referral Routes to Youth Mental Health Services, Journal of the American Academy of Child & Adolescent Psychiatry, 58.

78. Edbrooke-Childs, J. and Patalay, P. (2019) Ethnic Differences in Referral Routes to Youth Mental Health Services, Journal of the American Academy of Child & Adolescent Psychiatry, 58.

79. Government Equalities Office (2018) National LGBT Survey: Research Report.

80. Government Equalities Office (2018) National LGBT Survey: Research Report.

81. Plan International (2020) The State of Girls Rights in the UK: Early insights into the impact of the coronavirus pandemic on girls. London: Plan International UK.

82. All-Party Parliamentary Group on Suicide and Self-Harm Prevention (2020) Inquiry into the support available for young people who self-harm.

83. Agenda (2016) Agenda mental health gender responsiveness briefing.

84. Abdinasir, K. and Pona, I. (2015) Access Denied: A teenager's pathway through the mental health system. The Children's Society.

85. Mental Health Taskforce (2016) The Five Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England.

86. YoungMinds (2018) Our Response to the Inquiry of the Five Fear Forward View for Mental Health.

87. Department of Health and Social Care and Department for Education (2017) Transforming Children and Young People's Mental Health Provision: a Green Paper. Department of Health and Social Care and Department for Education (2018) Government Response to the Consultation on 'Transforming Children and Young People's Mental Health Provision: a Green Paper' and Next Steps

88. Department of Health and Social Care and Department for Education (2017) Transforming Children and Young People's Mental Health Provision: a Green Paper. Department of Health and Social Care and Department for Education (2018) Government Response to the Consultation on 'Transforming Children and Young People's Mental Health Provision: a Green Paper' and Next Steps.

89. Department of Health and Social Care (2018) Women's Mental Health Taskforce: Final Report.

90. Public Health England (2019) Wellbeing and mental health: Applying All Our Health.