

Agenda briefing for House of Lords Oral Questions: reducing the number of young women who are self-harming – Thursday 16th November 2017, 11:00 am

Summary

Agenda is an alliance of more than 80 organisations who have come together to campaign for change for women and girls at risk. Our members include mental health, homelessness, substance misuse and domestic violence charities who help women and girls who face multiple and complex needs to turn their lives around.

Agenda welcomes Lord Storey's Oral Question on reducing the number of young women who are self-harming: young women have emerged as the most at-risk group for mental ill health in recent years, and rates of self-harm among teenage girls are on the rise. Agenda is calling for women and girls' needs, and in particular their experience of abuse and violence, to be prioritised and taken seriously in mental health policy, strategy and delivery.

Young women: an at-risk group for mental ill health

Young women aged 16-24 are the group most likely to experience mental health problemsⁱ.

- 28.2% experience a Common Mental Disorder, such as anxiety or depression – three times more than young men (9.1%).
- **A quarter of young women (25.7%) have self-harmed** - more than twice the rate for young men (9.7%). This gap between young men and women is widening.
- For many women, self-harm can take different forms: 20.3% of young women have an eating disorder, for example.ⁱⁱ
- Whilst men are more at risk of dying by suicide, young women are the most likely group to attempt suicide. 12.7% of 16-24 years old women have attempted suicide, compared to 5.4% of men of the same age group.

“It was just taking the pain away from me. I know it sounds mad that self-harming takes away the pain, but it did at that time.” – ‘Alison’

75% of mental health problems are established before the age of 24. By failing to adequately support young women, we are missing the opportunity to intervene early and prevent problems persisting.

Girls' mental health and trauma

The conversation about mental ill health in young women often focuses only on social media, body image, and school pressures. These factors are undoubtedly part of the picture but they are not the full story.

There is clear evidence indicating that women and girls' mental health is closely linked to their experiences of violence and abuse. For example:

- 1 in 7 young women have PTSD.
- More than half of women with mental health issues have experienced abuse; for one in four, abuse started in childhood, according to Agenda's research.

“I was sexually abused by family members and I was raped by a stranger as a child. Through my teenage years I had an issue with my weight and became bulimic.”

- **1 in 20, or 1.2 million, women in England have experienced extensive violence, both sexual and physical in both childhood and adulthood.**ⁱⁱⁱ Of this group of women:

- o More than a fifth have self-harmed, compared with 2% of women who have experienced little or no violence.
- o Over half (54%) have a Common Mental Disorder.
- o Over a third have made a suicide attempt.

The rise in mental ill health among young women must therefore be considered in the context of the violence they face. We know for example that:

- Sexual harassment and assaults in schools have increased in recent years.
- Girls are at greater risk of sexual abuse and exploitation.

- A third of teenage girls suffered an unwanted sexual act and 25% of girls have experienced some form of physical partner violence.

Mental health services

Women and girls need gender-specific and holistic support to tackle the underlying issues they face.

“To sit there and confess to my GP, it was like, ‘I’m crying for help here.’ - ‘Thea’

Yet Agenda’s research shows that mental health trusts are failing to take into account their specific needs:

- Only one trust which responded to an FOI request had a specific women’s mental health strategy
- Fewer than half had a policy on “routine enquiry” (asking about experiences of domestic abuse), contrary to NICE guidelines. The vast majority of trusts had no policies on offering proactive support to women who disclose abuse, beyond meeting their basic safeguarding responsibilities.
- Only 104 English local authorities (out of 151) and 5 Welsh unitary authorities (out of 22) provide specific support for women experiencing mental health problems. However more than half (55%) of this support is for pregnant women or women who have recently given birth.^{iv}
- Restraint against women and girls in mental health settings is widespread, and girls are more likely than boys to be physically restrained. Nearly 1 in 5 girls (17 per cent) admitted to CAMHS facilities were physically restrained.^v As well as potentially being dangerous, restraint risks re-traumatising women and girls who have experienced physical or sexual violence

What are Agenda calling for?

We are calling for women and girls’ needs and experiences to be taken into account by mental health services and support given to tackle the underlying issues they face through:

1. Investment in services in schools and in the community that take into account women and girls’ particular needs and experiences including of trauma.
2. The development of a national women’s mental health strategy and every mental health trust to have a clinical lead for women’s mental health
3. Women-only dedicated specialist services available in every area to provide a safe, therapeutic space and women being offered the choice of a female practitioner.
4. Frontline NHS workers trained to understand that women’s mental health, trauma and abuse are often closely linked and services taking a trauma informed approach
5. ‘Routine enquiry’, where trained staff ask patients about women’s experience of violence and abuse, to be standard practice across mental health services and be accompanied by proper support and pathways into care.
6. The use of face-down restraint to be ended and other forms of physical restraint used only as a last resort.

What can you do?

We would be grateful if you could attend the Oral Question on reducing self-harm in young women on **16th November, at 11am**, and raise the links between violence and abuse and mental ill health among young women.

ⁱ Adult Psychiatric Morbidity Survey (2014)

ⁱⁱ Adult Psychiatric Morbidity Survey (2007)

ⁱⁱⁱ Scott, S. & McManus, S. 2016. *Hidden Hurt: Violence, abuse and disadvantage in the lives of women*. DMSS research for Agenda.

^{iv} AVA (Against Violence and Abuse) and Agenda (2017) *Mapping the Maze*

^v Agenda (March 2017) *The use of restraint on women and girls in mental health units: a Response to an FOI Request*.

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