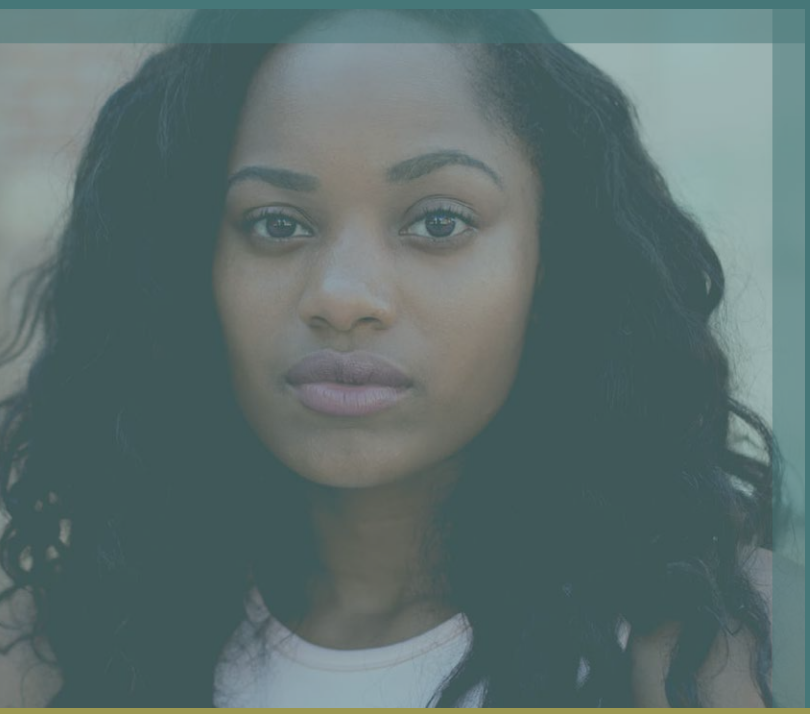
Mental Health Foundation

WHILE YOUR BACK WAS TURNED:

How mental health policymakers stopped paying attention to the specific needs of women and girls



POLICY BRIEFING | 2017

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Executive summary

There is authoritative evidence that the mental health of young women and girls is deteriorating, and that the gap between men and women has widened over recent years. Today, young women are three times more likely than men to experience common mental health problems. In 1993, they were twice as likely. Rates of self-harm amongst young women have tripled since 1993, and today's young women are three times more likely than young men to experience post-traumatic stress disorder. Young women and girls from disadvantaged groups face the greatest risks, and those who have more than one risk factor (for example, black transgender women) bear a particularly complex set of challenges.

At the same time, the mental health of young women has slipped down the policy agenda. Fifteen years ago there was a government strategy on women's mental health, which included efforts to tackle violence against women and place women's mental health within a wider cross-government drive for gender equality. In 2016/17, major policy announcements have dealt with women's specific mental health needs almost exclusively in relation to perinatal care, and gender is almost entirely unmentioned. Currently, the needs of young women and girls are tackled within the broader envelope of Children and Young People.

The underlying factors for the deterioration of young women and girls' mental health are complex. Analysts point to the role of domestic violence and abuse, which has risen significantly over recent years. The role of the online culture, social media and pornography also been widely pointed to as a source of increased pressure on young women and girls. Austerity has hit women particularly hard, with House of Commons research showing that 86% of the burden for recent cut-backs falling on women.[1] Financial pressures have been particularly tough for black and minority ethnic women. More broadly, cultural and historical changes will have affected other women in a range of complex ways.

Whilst there is no single solution for improving the mental health of young women and girls, the first step is to re-prioritise this area of work. We make the following recommendations:

1. There needs to be increased attention to gender across mental health policy.
2. The Children and Young People's mental health agenda must be gender sensitive and assessed for gender equality.
3. There must be clearly identified government structures for sustained leadership and action to improve young women and girls' mental health.
4. Action for young women and girls' mental health should take a whole communities approach.
5. Data on mental health outcomes should be systematically collected and disaggregated on gender, age and other protected characteristics.

Introduction

The mental health of young women and girls is deteriorating, and the gap between men and women has widened over recent years. As the evidence section in this paper will show, the last fifteen years have seen an unprecedented rise in reported mental health problems amongst young women and girls. We now see their needs reaching crisis levels.

Over a similar period, we have seen the mental health of young women and girls slip down the policy agenda. Whereas fifteen years ago there were specific strategies for young women and girls, now their needs are tackled within the broader envelope of Children and Young People.

There is a particular gap in understanding the underlying issues behind young women and girls' mental health. Greater awareness of the factors leading to mental health problems in young women and girls will facilitate more effective prevention work.

This paper will:

- Identify pressure points and social determinants of mental health and wellbeing in young women and girls, to support the development of tailored mental health guidance aimed at preventing mental health problems for those at highest risk.
- Improve the understanding of how to prevent mental health problems in young women by decision makers.

Drawing on recent work by others in civil society, it makes a series of recommendations for government.

1. Evidence base: Trends in young women's mental health

Authoritative evidence points to consistent trends in young women's mental health. A picture has emerged that young women's mental health is a major concern and has been getting worse in recent years.

A crisis in young women's mental health

The largest and most recent survey on mental health in England, the Adult Psychiatric Morbidity Survey (APMS) 2014,[2] identified young women as a high-risk group, with high rates of common mental disorders (CMD), self-harm, post-traumatic stress disorder (PTSD) and bipolar, the APMS evidence pointed to a significant gap in the young men and young women's mental health, and suggested that this gap had increased over recent years.[3]

The survey showed that young women have the highest score of any demographic group in terms of prevalence of common mental disorders, with over 25% reporting symptoms in the week prior to participating in the survey.[4] The gap between young women and men is growing significantly: In 1993, 16 to 24 year old women (19.2%) were twice as likely as 16 to 24 year old men (8.4%) to have symptoms of CMD (CIS-R score 12 or more). In 2014, CMD symptoms were about three times more common in women of that age (26.0%) compared to men (9.1%).[5]

Interestingly, other health surveys from the UK's devolved administrations have found similar patterns in the gender distribution of common mental health problems. According to Mental Health Foundation research, in Wales, 20% of women compared to 16% of men reported common mental health problems. In Northern Ireland, 20% women compared to 16% men had symptoms of common mental health problems; whilst in Scotland the figures were 17% for women, compared with 14% for men.[6] The survey also correlates with research by the Young Women's Trust, whose Annual Survey 2016

Key stats

- Today, women are **three times more likely** than men to experience common mental health problems. In 1993, they were twice as likely.
- Rates of self-harm amongst young women have **tripled** since 1993.
- Young women are **three times more likely** than young men to experience post-traumatic stress disorder.
- Young women are **three times more likely** to experience eating disorders than young men.

showed that 38% of young women were worried about their mental health (compared with 29% of young men).[7]

The APMS survey showed levels of self-harm amongst young women have significantly increased over the last 14 years, from 6.7% in 2000 to 25.7% in 2014.[8] One in five 16-24 year old women reported having self-harmed at some point in their life, and most did not seek professional help afterwards. This compares with much lower levels in young men: less than half the number of men (9.7%) compared to young women (25.7%) report self-harm. This variation by sex is not evident in older age groups. The APMS evidence has pointed to the risk of self-harming developing into a long-term strategy for coping and noted that this behaviour can spread to others.[9] It also correlates with higher levels of suicide risk. In 2014, 5.4% of 16 to 24 year olds reported suicidal thoughts in the past year, a significant increase on the 3.8% reporting this in 2000. Young women showed higher levels of suicide attempts than any other group.[10]

Young women report dramatically higher levels of post-traumatic stress disorder (PTSD) than other groups, with over 12% screening positive symptoms. This is over three times the levels reported by young men, and more than twice the levels reported in any other demographic grouping.[11]

Anxiety related conditions were more common among young women aged 16 to 24 (GAD 9.0%; phobias 5.4%; OCD 2.4%; and panic disorder (sic) 2.2%) than in other age-sex groups.[12] Recent research for the Mental Health Foundation corroborates this picture, with women reporting substantially higher experience of panic attacks (32% compared to 19% of men).[13]

Eating disorders are reported by 13% women compared to 4% of men.[14] Women are more likely to report having experienced depression (45% compared to 40% men), phobia (15% to 12%) and PTSD (8% to 5%). They are marginally more likely to be living with negative mental health (19% to 14%) and marginally less likely to be living with positive mental health (11% to 15%).

Intersectional disadvantage

Some young women face even greater challenges in terms of their mental health. The risk factors for young women intersect with a range of other social characteristics which are associated with higher levels of mental ill-health.

Key stats

- Young women are more likely to experience anxiety related conditions than any other group.
- Women are more than three times more likely to experience eating disorders than men.

Young women and girls who are also living in poverty face a double-disadvantage. A significant body of research points to the association of higher rates of mental health problems with poverty and socio-economic disadvantage.[15] Those who are living in more deprived areas report higher levels of mental health problems (28% from the two most deprived area quintiles, compared with 20-21% from the three least deprived quintiles).[16] The APMS survey data shows that black women, adults under the age of 60 who lived alone, women who lived in large households, adults not in employment, those in receipt of benefits and those who smoked cigarettes each were associated with higher risk of common mental health problems. These associations correlate to increased levels of social disadvantage and poverty.[17]

A range of dimensions to intersectional disadvantage have been noted by the Chief Medical Officer for England. Her 2013 annual report identified a number of groups of young people as being at risk of developing mental health problems, including children living at a socio-economic disadvantage, children with parents who have mental health or substance misuse problems, and looked-after children. Among adults, she identified higher risk among people who have been homeless, adults with a history of violence or abuse, Travellers, asylum seekers and refugees, and isolated older people.[18] There is significant cross-over within these groups, and often the same individuals are associated with multiple risk-factors. Individuals at greatest risk are most likely to be women and girls, and the disadvantage within each risk factor often has a gender inequality dimension.

Those who experience multiple dimensions of disadvantage are more likely to experience mental ill-health as an ongoing limiting factor in their lives, rather than a short-term challenge that they will be able to overcome. For example, people from Black, Asian and Minority Ethnic Backgrounds are significantly more likely to expect mental health issues to hold back their promotion prospects. Recent Public Health England research found that 52% of those from Black, Asian and Minority Ethnic groups expected depression or schizophrenia to prevent individuals from being promoted, compared to 40% of those who identified as White.[19] Research by Young Women's Trust showed that 40% of young BAME people said they had been discriminated against when working or looking for work because of their ethnicity (compared with 5% of White).[20]

Sexuality and gender identity also significantly shape young women's experience, and there is particularly strong evidence of how this affects their online lives. Research from the Girl Guides describes how those who identify as non-heterosexual are nearly twice as likely to experience cyberbullying. 25% of girls aged 11-21 had experienced cyberbullying, rising to 41% of those who identify as non-heterosexual.[21] 37% of girls who identified as non-heterosexual had experienced homophobic or biphobic comments, compared to 8% of girls overall.[22]

For young women and girls who have a number of the characteristics associated with disadvantage, there are a complex range of challenges in terms of preventing mental ill-health and promoting well-being.

2. Underlying factors: Why is young women's health deteriorating?

There is no simple answer to the question of why levels of mental ill-health in young women have increased in recent years. The factors that underpin the deterioration of young women's mental health are complex. However, evidence points to a number of underlying factors which, taken together, provide some context to the trends.

Domestic violence and abuse

Mental ill-health has a strong association with domestic violence, and there has been a significant increase in levels of domestic violence over recent years. Her Majesty's Inspectorate of Constabulary (HMIC) report that recorded cases of domestic violence have risen 31% between 2013 and 2015.[23] This forms a key element of the context to young women's deteriorating mental health for the 25% of the population who has experienced domestic violence and abuse.[24]

A 2016 report by Agenda (Alliance for Women and Girls at Risk), Hidden Hurt, described how 54% of those who had experienced extensive abuse and violence as a child or adult experienced a "common mental health disorder".[25] This group had ten times the rate of phobias; 16 times the rate of post-traumatic stress disorder; 5 times the rate of ADHD, 10 times the rate of eating disorder and 18 times the rate of suicide – yet 75% were not receiving mental health treatment.[26] The AVA project (Against Violence and Abuse) also found that men and women with mental problems (including depression, anxiety, post-traumatic stress, eating disorders, and psychosis) are significantly more likely to be victims of domestic and sexual violence than are people in the general population.[27] This finding is corroborated by a number of other studies,[28] including work from King's College London which has shown women and men with serious mental health disorders are over three times more likely to experience domestic violence than the general population.[29] The association between mental health, domestic and sexual violence may involve a complex relationship, with domestic violence increasing the risk of individuals developing mental health problems; and mental health issues making people less able to escape their situations. Concurrently, those with complex mental health problems may also be more vulnerable to abuse in the first place.

Recent research with mental health service users in London found that 70% of women and 50% of men had experienced domestic violence during their lifetimes, while 27% of women and 10% of men had experienced domestic violence in the past year.[30] Sixty-one percent of women reported having experienced sexual violence during adulthood, and 10% reported having experienced sexual violence in the past year.[31] Additional reports by SafeLives shows that teenage victims of domestic abuse experience at least the same level of violence as adult victims, and the majority are at risk of serious risk

of harm or death.[32] Scholars have also highlighted the impact of domestic violence between adult intimate partners on children living in household, with research in the Journal of Interpersonal Violence making the case for these children to be acknowledged as direct victims rather than "passive witnesses" to violence.[33]

Despite the close association between mental health and domestic violence, there is a poor record of mental health services detecting the issues, with just 10-30% cases domestic and sexual violence identified by services, and many services oriented towards addressing mental health issues in isolation.[34] AVA describe low levels of enquiry regarding domestic and sexual abuse, leading to low levels of disclosure from service users about their own experiences of abuse. Additionally, their research shows that service users have perceived the responses of mental health professionals as inadequate, failing to acknowledge or validate their experiences of abuse or promote their safety.[35]

AVA advocates for greater organisational support and systemic change within mental health services to bring about sustainable improvements in professionals' identification of and responses to domestic violence.[36] Their calls were reinforced by recent research in Lancet Psychiatry, which pointed to the weaknesses in current practices of identification and treatment, and the opportunities that mental health services have to contribute to the primary and secondary prevention of violence against women.[37] Similar reforms are acknowledged as necessary within the police force. Her Majesty's Inspectorate of Constabulary (HMIC) has reported that 31 out of 43 forces needs to improve their protection of vulnerable people, and their 2014 report highlighted "significant weaknesses" in the service that police gave to domestic abuse victims.[38] Taken together, this points to weak institutional support for young women experiencing domestic violence, which is likely to further undermine their mental health.

Interestingly, some studies have suggested that experience of violence and abuse may be a significant explanatory factor for the differences in men and women's mental health. A 2016 paper from Agenda found that about three-quarters of the general population have little experience of violence and abuse.[39] Amongst those who have never experienced violence and abuse, the levels of common mental problems are relatively similar for women (13%) and men (10%). However, when those with an experience of violence and abuse are included, this picture changes with common mental health problems being much more common in women (20%) than men (12%). This suggests that women's increased likelihood of experiencing of violence and abuse accounts for a significant element of the gender gap in mental health.

Whilst this evidence is primarily directed at women in general, rather than young women and girls, it forms an important part of our emerging picture. The rates of domestic violence for young women and girls have been increasing, and this form of abuse forms a key part of the context for those who experience it.

The role of online culture, social media and pornography

A number of reports discuss the pressures that online culture and social media place on young women, and consider how this may be impacting on our mental health.[40] As a relatively new cultural phenomenon, the negative effects of social media are under-researched compared to sexual violence and the impact of violent images in traditional media. Researchers acknowledge this and point to the importance of further evidence gathering. However, there is consensus that social media and online life is playing a highly significant role in young women's lives, and that this marks a key point of difference with previous generations.

The Royal Society for Public Health and Youth Health Movement recently published a recent report '#StatusOfMind', on Social Media and young people's mental health and wellbeing.[41] This showed that 90% of teenage girls say they are unhappy with their bodies, and drew a link between these body issues and exposure to photographs online. The piece cited studies showing that when young women and girls view Facebook for only a short period of time, their body image concerns are higher compared to non-users.[42] It also reported evidence that girls express a heightened desire to change their appearance after spending time on Facebook. The #StatusofMind work found that 70% of 18-24 year olds would consider having a cosmetic surgical procedure.[43]

Similar research from the Girl Guides points to concerns over physical appearances being a significant factor behind girls' mental distress, and points to the role of social media in contributing to poor self-esteem.[44] They report that 47% of girls aged 11-21 say that the way they look holds them back, with girls from as young as seven feeling embarrassed by the way they look.[45] The Girl Guides' Research reported that large numbers of girls report holding themselves back from doing everyday things they'd like to do for fear of their bodies being criticised, with 37% of girls aged 11-21 saying they compared themselves to celebrities 'most of the time' or 'often'. Overall, the self-esteem of girls was very poor, with 69% of girls aged 7-21 saying they feel that they are "not good enough". In qualitative interviews, girls commonly cited social media and online influences as factors contributing to anxiety and poor self-esteem.

Unrealistic portrayals of success online and in the media has been cited by girls as the most dominant factor underlying lack of confidence. In research by the Prince's Trust, 70% of young women (compared to 60% of young men) agreed with the sentiment that online portrayals were unrealistic.[46] Nearly a third (31%) of young women said they didn't feel in control of their lives.[47] Amongst these young women, 69% said that lack of self-confidence was one of the key things that held them back.[48]

Girls report high levels of intimidation and sexism online. 49% of girls aged 11-21 said that fear of abuse online

made them feel less free to share their views, and said that sexism online had made them feel silenced.[49] However, online culture is a double-edged sword, and half of girls also said they are using social media to empower themselves to speak out.[50] As girls became older, they reported increased experiences of having embarrassing photos shared of them online without their consent. 10% of those aged 7-10 have experienced embarrassing, non-consensual photo sharing, compared with 30% of those aged 11-16 and 40% of those aged 17-21.[51]

These experiences of having photos shared without consent have a strong relationship to online pornography. International research suggests that pornography has influenced the expectations of young men and boys; conditioning and moulding their sexual behaviours and changing perceptions of what is 'normal'.[52] A survey of 600 young Australian women and girls described how many young women are under pressure to adopt pornified roles and behaviours, with their bodies being merely sex aids for male gratification and pleasure.[53] Girls in school report being under pressure for images they don't want to send, with boys using these images as a form of currency to swap, share and publicly humiliate girls.[54] Research from the US suggests that 68% of young men and 18% of young women view porn at least once a week, and that these numbers are growing.[55]

The most detailed study on the consumption of pornography amongst young girls and boys in the UK, published in 2016, found that 54% of 11-16 year olds had seen online pornography.[56] In a particularly concerning finding, 53% of boys and 39% of girls said they thought that the images were realistic.[57] Children in the study described how internet pornography had been normalised, with even those who found the images degrading and demeaning saying they thought exposure to such material was "normal", and something they had "got used to".[58] Boys described wanting to copy some of the behaviour they had seen. More than a third (39%) of 13- to 14-year-olds who responded to this question – and a fifth of 11- to 12-year-olds (21%) – expressed wanting to try out the behaviour they had viewed.[59]

All of this has contributed to some concerning trends in terms of how young people describe their face to face relationships. Recent participatory research with young women and young men in Oldham showed that pressures within romantic relationships were a significant factor in undermining mental health, with young people reporting pressure to have sex, pressure to increase commitment in relationships and excessive control from partners as detrimental to their wellbeing.[60]

The changing culture around social media, the internet and pornography brings issues of control, objectification, consent and sexual power into the lives of young women and girls across the country. Whilst three-quarters of women fortunately do not experience domestic violence and abuse themselves,[61] these cultural shifts arguably impact upon an entire generation of young women today.

Economic and historical dimensions

Commentators have also argued that there is an economic and historical dimension to increasing mental ill-health in young women and girls.

As discussed previously in this paper, young women and girls who are also disadvantaged in terms of other socio-economic characteristics are particularly vulnerable in terms of their mental health. A number of reports have pointed to the disproportionate effect that government austerity measures which have been introduced since 2010 have had on vulnerable groups.[62] These included a major study by the United Nations Economic, Social and Cultural Rights which raised concerns about the "disproportionate adverse affect" that austerity measures were having on disadvantaged and marginalised groups, including women.[63] This report also highlighted shortcomings in the implementation of the legal duty to ensure "parity of esteem" between mental and physical health.

Research from House of Commons Library pointed to the disproportionate price that women have been paying for austerity measures, with 86% of the burden for austerity falling on women.[64] This analysis was based on tax and benefit changes since 2010, with losses apportioned to whichever individual within a household receives the payments. In total, austerity cuts have cost women a total of £79bn since 2010, compared with £13bn for men.[65] Research by the Young Women's Trust described the toll that financial worries were having on young women, with survey data showing that 39% saying it was a real struggle to make their cash last until the end of the month (compared to 27% of young men).[66]

These measures have fallen particularly severely on BAME women. Research from the Women's Budget Group and Runnymead Trust suggests that Asian women from the poorest third of households will be £2,247 worse off by 2020, almost twice the loss faced by white men in the poorest third of households (£1,159).[67] White men in the richest third of households, by contrast, lose only £410. Black and Asian lone mothers stand to lose £3,996 and £4,214, respectively, from the changes, which is approximately 15% and 17% of their net income.[68]

Young mothers are another group who have been particularly impacted by the hardships of austerity and the recent economic downturn. A recent FSA survey showed that women (10%) were more likely than men (6%) to live in food-insecure households. While 16% of young people aged 16-24 and 11% of 25-to 34-year-olds were food insecure, this shrank to just 1-2% for over 65s.[69] Lone parents and their children constitute the largest number of people receiving help from food banks, and of all those accessing foodbanks, one in three has a mental health condition.[70] Mental health problems are more prevalent amongst food bank users than any other health condition.

Given the close correlation between economic disadvantage and mental health, discussed earlier in this paper, it is logical to surmise that the

austerity measures that have impacted particularly on women since 2010 offer some explanation for the deterioration in young women's mental health over the same period.

Commentators have also explored how cultural and historical changes may provide part of the context for increases in mental ill-health amongst girls and young women; rather than older women and those in mid-life. For example, a columnist hypothesised that expectations that young women should "have it all" (establishing a successful career before marrying and having children) places a pressure on young women today that was not felt by previous generations.[71] She suggests that in previous generations (where the norm was to marry and had children young, either delaying or forgoing career development), mental health problems were more likely to emerge in older women and in those in mid-life.[72] Whilst the specific drivers of mental ill-health for these previous generations would have been different than those of young women and girls today, the thesis here is that historical shifts have meant that the hardships of patriarchy have effectively "moved age groups".[73]

The economic and historical factors for young women affected by austerity may differ considerably than for less-disadvantaged young women who are more likely to feel the pressure of career development. However, across the socio-economic spectrum, cultural, economic and historical changes between the generations form part of the backdrop to the increase in mental ill-health amongst young women.

Differences in preventative actions

Young women and girls are not powerless. Even those who find themselves at greatest disadvantage can develop strategies for overcoming and preventing mental health problems, and have agency to respond to the challenges they face. Research has suggested that there may be some gender differences in how individuals go about this.

A survey from NatCen suggests that women are more likely than men to choose spending time with family and friends in order to care for their mental health (39% compared to 30%), whilst men are more likely than women to go to the gym (13% compared to 8%).[74] Mental Health Foundation research shows that women are less likely than men to get enough sleep, and more likely than men to comfort eat to cope with everyday pressures.[75] There is also evidence that women are more likely to disclose a mental health problem and more likely to seek professional help.[76]

Some coping strategies can be more effective and healthy than others. For example, comfort eating might be fine in small doses, but could undermine self-esteem and impact on physical health if taken to extremes. Recognising the gender dimension to coping strategies is one way to help individuals make stronger choices when protecting their own mental health.

It is important to recognise the agency that young women and girls have to protect their mental health, to avoid implying that they are 'helpless victims'

who must simply rely on the actions of others. Whilst the strategies that are effective will differ for different individuals, the differences in preferred approaches for prevention for women and men suggests that preventative initiatives would benefit from a more gender-sensitive approach.

3. What is the policy context?

Over the last fifteen years, mental health overall has risen up the policy agenda and is now one of the highest profile issues within UK government and most mainstream political parties. Interestingly however, the specific challenges of tackling mental ill-health amongst young women and girls has lost momentum.

This section explores this trend by reviewing key elements of central government policy and policy in devolved governments.

Government policy: how young women and girls fell out of fashion

There was considerable attention to women's mental health in the early noughties. In 2002 women's mental health was highlighted with a publication of a major Department of Health strategy document, "Women's Mental Health: Into the Mainstream".[77] This strategy formed part of the commitment to tackling discrimination and disadvantage and was founded on a concern to integrate support for women across mental health plans, NHS strategies and across government departments. It aimed to provide equity of services to all, and to address gender differences across the spectrum of research, planning, commissioning, service organisation and delivery.

The Department of Health issued implementation guidance in 2003 to follow through on this strategy in practice. Their "Mainstreaming Gender and Women's Mental Health"[78] document focused on helping those planning and delivering mental health services to understand better what is meant by being "sensitive to the needs of women", and ensuring that women felt better served by the mental health system in terms of their individual experience. There was a focus on cultural change to promote greater gender awareness which ran across government at the time. The policy initiative was one of several, which aimed to deliver greater gender equality across government.

These 2002/3 initiatives maintained some profile in the years that followed. The 2009 cross-government strategy, "New Horizons: A shared vision for mental health"[79] featured a range of gender issues and highlighted the value of gender analysis, whilst launching specific action on violence against women and girls. Following the 2010 General Election, this strategy was superseded by the "No health without mental health"[80] cross-government strategy in 2011. This document highlighted a range of intersectional issues in relation to young women and girls, and proposed initiatives to improve service providers awareness of gender issues. It continued action to tackle violence against women and girls and highlighted how mental health problems can present differently between genders.

However, by 2011 there was concern that core elements of the 2002/3 "Mainstreaming Gender" initiatives had fallen by the wayside. This was reflected in the title of the National Mental Health Development Unit's 2011 report: "Working towards Women's Wellbeing: Unfinished Business".[81] The NMHDU was a government organisation charged with supporting the implementation of mental health policy. Its report found that eight years on from the 2002 "Into the Mainstream" report, there was still much to do to achieve fair and equitable mental health services for women. Dovetailing with the overarching strategy direction provided by "New Horizons", it's 2011 report highlighted a number of areas for action, including strengthening progress on gender specific and gender-sensitive provision, and taking steps to promote women's mental health through greater investment. These actions were not taken forward under NMHDU leadership, as this body was disbanded in 2011.

By 2014, mental health as a whole was rising up the policy agenda across government. However, the focus on young women, girls and gender was ebbing away. The Department of Health's "Closing the Gap: Priorities for essential change in mental health" report (2014),[82] set out the immediate priorities for government, health and social care leaders to take forward around mental health. Within this, there was no specific mention of gender. Women featured only in terms of a priority around perinatal care, and girls were referenced only in relation to self-harm. It is noteworthy, however, that there was a much stronger focus on children and young people. This document was arguably the first signal that attention on young women and girls was to be incorporated within a wider concern with children and young people.

A 2015 taskforce co-chaired by NHS England and the Department of Health was influential in advancing the agenda around children and young people's mental health. Their report "Future in Mind: Children and Young People's Mental Wellbeing",[83] published shortly before the 2015 General Election, has set the tone for a number of initiatives for children and young people in recent years. References to gender, women and girls in this report were sparse. Girls were only mentioned in terms of the association between conduct disorder, ADHD offending and teenage pregnancy; and a note of increasing levels of young women with emotional problems. There was minimal acknowledgement of gender, which only featured in terms of the gender mix of mental health workers.

Meanwhile, the overall rising profile of mental health was evidenced in a Prime Ministerial pledge in January 2016 for a "revolution in mental health treatment".[84] Women featured in terms of a £290m funding pledge for new and expectant mothers, but there was no other mention of a gender dimension to services. Children and young people's mental health services received a significant cash injection, and there was a new waiting time target for teens with eating disorders and those with diagnoses of psychoses. However, there was no specific mention of girls within this group.

A watershed policy moment in mental health policy in recent years was the 2016 "Five Year Forward View",[85] which reported from an independent Mental Health Taskforce to the NHS in England. As in the Prime Minister's announcement a month earlier, the needs of women were addressed exclusively in terms of perinatal mental health, with a recommendation to enable 30,000 more women to access perinatal services by 2010/21. There were no specific references to girls, but children and young people featured prominently. The recommendations for children and young people included reducing waiting times, placing greater emphasis on prevention and early identification, integrating children and young people's care within Sustainability and Transformation Plans (STPs) and developing national metrics for mental health outcomes in children and young people. The absence of attention to gender inequality stood in contrast to a focus on inequality more broadly in this paper, especially on inequality in terms of race and ethnicity.

In January 2017, the government's response to the Five Year Forward View[86] followed suit with little reference to women, and no reference to gender or girls. Women were only mentioned as an acknowledgement that women affected by mental health problems are disproportionately represented in the prison population. Children and young people, however, were identified as a priority group. The recommendations of original Five Year Forward View were accepted in full.

Progress towards the Five Year Forward view was assessed in a "One Year On"[87] report, published in March 2017. It noted that 750 more women were receiving access to specialist perinatal support, with significantly more expected as Sustainability Transformation Plans roll out. Significant progress was reported in terms of children and young people, for example, with 21,000 more children accessing treatment in NHS commissioned community teams (compared to 2014/15). However, this progress was not disaggregated by gender, so it is not possible to assess the extent that improvements for children and young people have addressed the specific needs of young women and girls.

To summarise, it appears that an earlier focus on young women and girls has now been subsumed within the broader arena of children and young people. The needs of women as a specific group are almost exclusively addressed in terms of perinatal services, and the earlier emphasis on gender sensitivity and cultural change has been lost.

Devolved governments

A similar pattern is evident in the devolved nations. Overall, women's mental health is specifically addressed only in terms of perinatal care, whilst the needs of young women and girls are addressed within the broader context of children and young people.

In Wales, for example, the primary policy vehicle is the "Together for Mental Health: Delivery Plan 2016-2019",[88] which sets out the current strategy for mental health in Wales. This document pledges to improve outcomes for

women, their babies and families in the perinatal period, and includes extensive action around children and young people. It sets out commitments that children and young people initiatives will work with schools to support children's resilience and wellbeing, and give particular support to young people who have caring responsibilities. Encouragingly, there is also pledge to ensure mental health professionals have greater understanding of domestic abuse and sexual violence through an extensive training programme. There is, however, no specific reference to gender in the strategy.

In Northern Ireland the mental health of women and girls is not mentioned in the main public health framework, "Making Life Better: 2012-23".[89] A 2011 Review of Health and Social Care in Northern Ireland, "Transforming Your Care"[90] notes the higher rates of mental ill-health amongst women, but contains no related recommendations. Mental Health in Northern Ireland sits within the Department of Health's overarching strategy, "Health and Wellbeing 2026: Delivering Together".[91] This document contains no reference to women or girls' mental health, and no reference to gender.

The Scottish Mental Health Strategy 2017-2027[92] focuses interventions for women in perinatal services, and does not refer specifically to young women or girls. There is a significant focus on children and young people with a range of measures and funding commitments to bolster support for this group. Children and young people are arguably the most prominent target group in this ten-year strategy. A recent ScotCen survey, however, mirrors the APMS survey in identifying higher levels of anxiety and self-harm amongst young women and girls than women.[93]

Attention on the needs of women and girls in Scotland may be set to rise in 2017 with the announcement of a new Advisory Council on Women and Girls, which will report to the First Minister. The Advisory Council will raise awareness of gender issues and champion the rights of women and girls. Whilst mental health will only form one part of their work, the commission's focus will complement £20.3m of funding available to support gender equality in Scotland, and includes initiatives to combat domestic violence and abuse.

Manifesto pledges

Mental health overall received unprecedented attention in the 2017 General Election manifestos, and these give a useful indicator of current levels of political will in this arena. Interestingly, specific attention to young women, girls or gender in terms of mental health was very sparse.

In England,[94] neither the Conservatives nor Labour Party had a specific manifesto pledge addressing mental health in women or girls. The Liberal Democrats pledged to transform mental health support for pregnant women, new mothers and those who had experienced miscarriage or still birth. UKIP pledged to review advertising, broadcast and editorial codes to ensure men and women are treated with dignity and to promote healthy body images.

Otherwise, the main parties focused their mental health interventions on other areas, with particular emphasis on children and young people.

In Northern Ireland,[95] there is no reference to the mental health of women or girls in any of the party's manifestos.

In Scotland,[96] there is widespread attention to children and young people but little mention of mental health for women and girls. The exception is the Liberal Democrats who pledged a new five-point offer on mental health for new mothers.

In Wales,[97] the Welsh conservatives pledged to improve mental health support for women before, during and after pregnancy. The Welsh Liberal Democrats echoed their English colleagues and commit to improving perinatal support.

In England, a Women's Mental Health Taskforce, which was established to drive improvements in care and to increase focus on women's mental health more broadly before the 2017 General Election, continues its work.

Summary of policy context

Over the last fifteen years, young women and girls have lost ground in terms of the policy focus on mental health issues affecting them; even as mental health issues more broadly have risen up the political agenda.

Currently, a specific focus on women's mental health is limited almost exclusively to perinatal mental health. Issues affecting young women and girls have been incorporated within the Children and Young People agenda, which is now a high priority. Policy documents in this arena do not demonstrate a gender-sensitive approach, and there is little specific mention of young women, girls or gender.

Initiatives in the early noughties included efforts to address domestic violence, and framed their work in terms of a broader effort for equality across a number of socio-economic dimensions. Today, however, there is little attention to the intersectional nature of mental health amongst young women and girls. Policy documents do not discuss the role of domestic violence or the additional challenges faced by women and girls who are BAME, LGBT, living in poverty, homeless, with long-term conditions, NEET, young mothers, those with experience of trauma and those in prison.

4. Practical tools and ways forward

As we saw in Section 1, there is evidence that the mental health of young women and girls has been deteriorating over recent years. Over the same period, gender has lost ground with in the policy agenda and there is little attention to young women and girls as a specific group; or to the additional intersectional challenges that many within this group face.

There is, however, an effort underway to address this issue, with new energy and vision being driven by civil society. The Women in Mind Campaign,[98] for example, has been organised by Agenda, the Alliance for Women and Girls at Risk and is supported by over 70 organisations including the Mental Health Foundation. They made a Freedom of Information request which showed that mental health services across England were not properly considering the needs of women. Their campaign brings together over 70 organisations campaigning for women and girls at risk, and is particularly aimed at ensuring women's needs are addressed and that priority is given to those with experience of abuse and violence.

The Women in Mind campaign has called on government to take a number of actions. For example, they recommend the development of a national women's mental health strategy; and call on every mental health trust to have a clinical lead for women's mental health and a women's mental health strategy. They make the case for women-only dedicated specialist services, and the choice of a female practitioner for women. They call for training for frontline workers to understand the links between women's mental health, trauma and abuse, and a 'routine enquiry' on experience of violence and abuse to be incorporated as standard into all mental health services.

Others have joined the call for women and girls to be addressed as a specific group. For example, a joint paper by the Women's Health and Equality Consortium, Imkaan, Positively UK and Rape Crisis pointed to the need for the mental health of women and girls to be addressed at a strategic level, and for NHS England to disaggregate data by gender and on protected characteristics.[99] They called on the Department of Health and Health Watch England to prioritise women's mental health and learn lessons from policy initiatives in the noughties. There was also a call for the Home Office to integrate their work on immigration, asylum and human trafficking with mental health work. Their agenda is strongly rooted in an intersectional perspective on women's mental health.

The Fawcett Society have launched a mental health campaign for young women which situates their experiences within the broader context of gender inequality.[100] Their top recommendation is to improve sex and relationship education in schools, as a means to

Case Study: The Body Project

Research into the prevention of eating disorders has found positive outcomes for a schools-based prevention programme, the Body Project. Results show that the programme has led to reduced levels of eating disorder risk factors, symptomology and onset of eating disorder for high-school-aged girls and young women following participation in the programme. The findings have been replicated by independent research teams and using online approaches. The Body Project is currently the only eating disorder prevention programme that has been warranted by the American Psychological Association as an effective intervention.[101]

improve young women's mental health and wellbeing. The approach here is to teach boys about consent and harassment through an educational approach, rather than blaming or targeting men. Additionally, they call for police authorities to record misogyny as a hate crime and train police officers to recognise incidents appropriately. There is a call for gendered bullying and sexual harassment in schools to be treated as a safeguarding issue, and for digital and social media platforms to develop technological solutions to address online harassment and misogyny in the same was as they are doing to tackle terrorism.

The APMS survey echoes the Fawcett society in pointing to the opportunities offered in schools. It points to the importance of school-based promotion programmes, and suggests that there are opportunities here to support coping strategies which may offer young people alternatives to self-harming.[102] Citing the frequency of suicidal young people turning to their GP, APMS suggests recognising the additional demands that self-harm places on primary care.

A number of voices have pointed to the actions that could be taken to protect young women and girls online, and reduce the negative impact of images that undermine their self-esteem. For example, the Royal Society for Public Health's #StatusofMind report[103] recommends a voluntary code of practice whereby fashion brands, celebrities, advertising agencies and others place a small icon on their photos to indicate that the image may have been digitally enhanced or altered to significantly alter the appearance of people in it. There is a growing consensus around the need for action on this issue. For example, greater steps to address young women's online vulnerability and the unrealistic images they are bombarded with was the key recommendation from the Scottish Women's Convention in their input to the Scottish Government's ten-year strategy on mental health.[104]

Case Study: Trauma-informed care at Tesito House[105]

A new centre leading trauma informed care, Tesito house, has recently been launched. This 24 bed treatment and recovery centre is the only centre in the UK to be completely run in adherence to trauma informed care principles (TIC), and designed to have particular value for women with experience of violence and abuse.

A trauma-informed model of care provides a whole-person, whole-system aetiological foundation through which service users and providers can create the context for meaningful change. Rooted in scientific advancements in the understanding of overwhelming stress on human development (trauma theory), a trauma -informed approach closes the loop in delivering a biopsychosocial conceptualisation for both clinical interventions and design and delivery of service systems that are sensitive to the needs of those struggling with the consequences of overwhelming stress and trauma. The key principles of trauma informed care are: safety; trustworthiness; collaboration; choice and empowerment.

The current 24 full time long term residents will be offered considerable follow up care having left Tesito house, and in the longer-term treatment options will be available to day users and out-patients, and the centre will be used as a hub for health and arts initiatives for the greater community.

Long term recovery outcomes from this work are being monitored in accordance with trauma informed care principles, in partnership with experts from Manchester Metropolitan University. In keeping with the ethos of Tesito house this will involve working with the residents to establish and monitor their own individual goals and criteria for personal growth and functional improvement.

Research commissioned by the NSPCC and England's Children's Commissioner suggested that further action should be taken to deactivate the pop-ups that often lead children and young people to come across porn accidentally whilst online.[106] In common with the Fawcett Society, they have called for age appropriate sex and relationship education in schools to deal with issues such as online pornography and children sending indecent images.[107]

Within the criminal justice setting, the Scottish Consortium for Crime and Criminal Justice has been amongst the voices calling for greater attention to the links between mental health and reoffending in women.[108] They have called for a national service level agreement for the provision of psychiatric reports, and that mental health services should be developed so that women with borderline personality disorders can access them. They have also highlighted the connection that many of these conditions have to trauma, abuse and neglect, and call for mental health training to be mainstreamed within the police, prison officers and criminal justice social workers.

Further initiatives are in the offing.[109] The Women's Mental Health Network will be launched in future months, aiming to influence statutory services and make them more gender-specific. This grouping is a partnership of voluntary organisations working across sectors to provide a user-led, campaigning platform giving women with mental health needs a voice. The network will focus on providing best practice on gender-specific services and developing practical tools to improve outcomes for women and girls.

5. Conclusion and Recommendations

There is no single solution to improving the mental health of young women and girls, but the first step is to re-prioritise this area of work.

The deterioration of young women and girls' mental health over recent years has correlated with a weakening of the policy focus around this area during the same period. Whilst correlation is not causation, the diminishing attention on gender in mental health policy is an integral part of the context outlined in Section 2 of this paper, which sought to identify the underlying factors at play. As we saw in this section, explanations of why mental health problems amongst women and girls' may be on the rise include risings level of domestic violence and abuse; a challenging set of issues relating to the internet, social media and pornography; cultural and historical trends, which cause young women and girls to feel particularly pressured; and recent austerity and economic hardship, which has impacted particularly on women, girls and those with intersectional disadvantage.

Each of these factors is complex and multifaceted, and has no simple answers. They merit further exploration and research. However, as we saw in Section 4, there are already a range of promising tools being developed and significant thought has been given to the way forward. Across the board, there would be benefit from public mental health interventions, which focus on preventing mental health problems before they take hold, and a whole community approach, which grasps the opportunities across public services and community life for improving mental health and wellbeing, rather than seeing this as the exclusively role of the health sector.

Whole Community Approaches[110]

The Mental Health Foundation has created a 'Whole Community' approach that aims to embed mental health improvement action within all settings, systems and policies where there are opportunities to make every contact count. These are multi-level, place based interventions that happen across the life-course. In applying a broader approach to measuring change, it is possible to address wider social determinants and inequalities alongside measures of mental health problems and wellbeing.

Recommendations

The Mental Health Foundation adds its own to the growing voices within civil society calling for action to address the crisis in young women and girls' mental health. In particular, we make the following five recommendations:

1. There needs to be increased attention to gender across mental health policy.
Future strategies, major announcements and manifesto commitments in all the nations of the UK need to incorporate a gender dimension, which acknowledges the specific issues affecting young women and girls. There should also be a gender equality assessment of all existing policies, starting with those that have the greatest impact on life chances (health, education and welfare). These reviews should also address the intersectional disadvantages that affect the most marginalised young women and girls.

2. The Children and Young People's mental health agenda must be gender sensitive and assessed for gender equality.
The welcome investment in children and young people's mental health must not come at the expense of a focus on the particular needs of young women and girls. In particular, the forthcoming Green Paper on Children and Young People must include specific measures to address the needs of young women and girls, and commit to a gender-sensitive approach taking account of intersectional disadvantage.

3. There must be clearly identified government structures for sustained leadership and action to improve young women and girls' mental health.
This should be considered as a core element of the Women's Mental Health Taskforce, which is due to complete its work in summer 2018. A cross-government team of senior officials should act as a focal point for action across departments, arms-length bodies, public health, the police and justice system; and the mandate for leadership should be clear.

4. Action for young women and girls' mental health should take a whole communities approach.
There are important opportunities for supporting young women and girls' mental health which go beyond the health system and are key

opportunities for early intervention. Standard maternal health checks should include a mental health component. Schools should be supported to offer education programmes on personal relationships, consent and sex which speaks to online and social media experiences as well as 'real life'. They should also be supported to identify early on where young women and girls are having difficulty copying. Awareness of mental health issues, sexual violence and abuse must be mainstreamed within the police, justice and prison system; and mental health practitioners should be supported to identify issues of domestic violence and abuse. Social media companies should facilitate a healthier online environment, for example, by adopting a voluntary kitemark to denote images which have been electronically modified.

5. Data on mental health outcomes should be systematically collected and disaggregated on gender, age and other protected characteristics.

It is crucial to maintain a longitudinal focus to map trends in mental health outcomes over time, and this relies on gathering evidence which is sensitive to key variables such as gender and age. Collecting comprehensive disaggregated data should be standard across health care, public and community settings so that service managers, policy leads and decision-makers have real-time, ongoing feedback on how effectively their programmes are serving young women and girls.

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