



**National Mental Health**  
Development Unit

## Executive Summary

# Working towards Women's Well-being: Unfinished business



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Poem by Tracey Hayes, 2007. Illustration by Jolie Goodman, 2009.

Copies of the main document are available at: [www.mentalhealthequalities.org.uk](http://www.mentalhealthequalities.org.uk)



## Foreword

**I am pleased to present *Working towards Women's Well-being*. This report has been developed by the Gender Equality team within Mental Health Equalities, one of the six strands of activity undertaken by the National Mental Health Development Unit (NMH DU).**

*Working towards Women's Well-being* reflects and contributes to the New Horizons framework that was launched in late 2009 to build on the 1999 National Service Framework for Mental Health (NSF).

Creating a new framework for mental health delivery offers a real opportunity to create a framework that has as its cornerstone equality and fairness. Establishing a framework in which equality is embedded will make a big difference to service users, reducing the level of unjustifiable inequalities. One of many ways that this can be achieved is by listening to others, be it at the individual and/or the organisational level, and learning from experiences.

At the national level, the Equality Bill signals the government's commitment to ensure a more unified and uniformly accessible approach to service delivery. Women will be beneficiaries of this commitment.

*Working towards Women's Well-being* presents clear evidence that some progress has been made in providing gender-specific and gender-sensitive mental health services to meet the needs of women. The report brings together an account of progress on implementation of the recommendations in the 2002 Department of Health report *Women's Mental Health: Into the Mainstream* with examples of best practice on the ground to demonstrate this progress. These will have relevance to commissioners, service providers, service users, their carers and advocates.

Locally within the voluntary sector, women's projects play their part too in redressing the balance to provide equality of service provision for women. However, while some progress has been made at national, departmental and local levels, there are still wide gaps in women's experiences when it comes to retaining and maintaining their well-being. Sections in *Working towards Women's Well-being* highlight where these gaps still exist in ensuring gender-specific and gender-sensitive service development to meet women's unique needs.

In summary, *Working towards Women's Well-being* provides a clear view of the past and present, and a vision of a future towards which we can all contribute, to ensure that women's well-being is assured through the provision of gender-specific and gender-sensitive services.

I commend *Working towards Women's Well-being* to the policy maker, the commissioner and the service provider as a contribution to making real change to the landscape of equality and mental health.

**Louis Appleby CBE** *National Director for Mental Health*

# Executive summary

Working towards Women's Well-being reflects and contributes to the government-wide commitment to ensure fairness and equity for all women, of all ages and all backgrounds.

Women's Mental Health: Into the Mainstream, published in 2002 by the Department of Health, described in detail the mental health needs of women and, with its companion report Mainstreaming Gender and Women's Mental Health: Implementation Guidance (2003), set out the necessary steps to improve services to meet their distinct needs.

Underpinning these recommendations was the principle that gender-awareness should be integrated or mainstreamed into all planning, commissioning, developing, delivering and evaluating of mental health services.

This report examines the evidence for progress on the recommendations of Into the Mainstream and the implementation guidance. It draws on two national surveys (in 2006 and 2007) of mental health trusts, a wide range of relevant government and national reports and evaluations, and evidence and observations from service users and third sector organisations.

## Laying the foundations

A number of trusts have developed women's mental health strategies in response to Into the Mainstream and are now reviewing these strategies in light of the Public Sector Gender Duty and where organisational change (ie. Foundation Trusts) is taking place.

Gender-specific leadership and clinical roles have been identified by a significant percentage of mental health NHS trusts.

Trusts reported four main barriers to mainstreaming gender awareness: competing priorities, lack of resources, lack of a leader or champion, and organisational reconfiguration.

## Learning and development

Some learning and development initiatives have been developed, most commonly on prevention of violence and abuse, perinatal mental health and self-harm.

However, evidence of training in gender equality was variable: half of trusts in the 2006 survey had no specific plans for equalities learning and development activities.

The new advanced module on gender equality commissioned by the Gender Equality Programme should improve access to this training.

## Governance

Some trusts in the 2006 survey had adopted governance arrangements that included gender. These arrangements have been strengthened further by the corporate focus on equalities, as a consequence of equalities legislation.

However, only a minority of trusts reported that they disaggregated assessment, care and outcomes data by gender and a limited number had set up gender-sensitive service evaluation and monitoring processes. The introduction of the Public Sector Gender Duty in 2007 and associated equalities legislation will have stimulated more trusts to undertake this activity.

## Leadership

A significant percentage of trusts have appointed management leads with responsibility for gender, but there is considerable variation in their roles, ranging from executive director to clinician or practitioner level.

Fewer trusts have appointed an identified clinical lead. Where this role exists, the individual holding it is likely also to be the managerial lead.

National organisational changes to the regional structure of NIMHE in April 2009 have led to wide variation in how the regions are delivering gender equality. In many cases, gender equality and gender equality leadership has been incorporated into the wider equality agenda.

## Gender-specific provision

Developments in gender-specific service provision remain patchy, variable and vulnerable, although some significant advances have been made in recognising women's special needs.

- The third sector remains the main provider of **women-only day services**. There are concerns about the sustainability of this financially vulnerable provision.

Reports from some areas suggest that the restructuring of mental health day service provision has included consideration of appropriate gender-specific services. However, there is no clear evidence that this has occurred routinely.

Local voluntary sector women's centres have a clear and important role in engaging women and fostering well-being, particularly women who are marginalised.

- There has not been widespread development of **crisis houses for women**. It seems likely that commissioners and providers have been focusing on the development of Crisis Resolution Home Treatment (CRHT) services to meet national requirements. These will have benefited women, but there is a need to research whether these teams are applying gendered understandings of crisis to their work.
- **Single-sex inpatient accommodation** remains a focus for service development. Progress appears to have been slow.

There are some excellent examples where trusts have adopted a whole-system approach to create a therapeutic environment

that is physically and emotionally safe for women so that healing from mental trauma and distress can take place. Joint work combining improvements to acute care with a gender equality perspective will provide the most effective way to achieve high quality, appropriate services.

- **Secure services for women** have been rationalised since *Into the Mainstream*, with the concentration of women's high secure services at Rampton and development of new gender-specific services in medium and low secure provision.

However, women remain a minority within the secure services, meaning their specialised needs may be overlooked. Further work is needed as a matter of urgency to move towards the provision of genuinely personalised, tailored secure services for women as close to home as possible, and greater availability of 'step down' services.

Gender-sensitive provision is also variable. Welcome developments have occurred in policy and practice since *Into the Mainstream*, but there remains considerable scope for improvement to ensure women's needs are not overlooked.

- Mental health promotion is a critical area for activity if the causes of women's distress are to be tackled and women at risk of developing mental health problems are to be identified and helped at an early stage. Local Area Agreements and Local Strategic Partnerships (LSPs) provide a mechanism for ensuring the needs of women are recognised at commissioning and service planning levels.

In 2009 the government launched a cross-government strategy, *Together We Can End Violence Against Women and Girls*. The Department of Health has also set up a task force to review how the NHS identifies and should respond to violence against women and girls. There is a clear and urgent need to continue and build on these initiatives to tackle violence and abuse.

- Women are at higher risk of common mental health problems and more likely than men to

seek help in **primary care**. Developments such as graduate mental health workers, the Improving Access to Psychological Therapies (IAPT) programme and training for health visitors and midwives have made a major contribution to building capacity within primary care to respond to common mental health problems. Data from the early IAPT pilot sites show that more than half of referrals are women, consistent with prevalence of common mental disorders in the population.

- In 2007 less than a third of trusts reported steps to include gender issues in **assessment and care planning** and the CPA process. Only one in ten trusts said that women were offered a choice of female care co-ordinator and that experience of abuse and violence was routinely explored and women were involved in making decisions about their care.

Nearly one third reported availability of gender-sensitive services, including women-only groups and facilities, but only four per cent made culturally appropriate provision.

This picture may have changed with the 2008 review of the CPA, but inclusion of gender issues in care planning and assessment is evidently far from routine. More work is needed to promote understanding of what this entails among practitioners and professionals.

- The 2007 survey found improved access to **talking treatments** nationally, with 92 percent of trusts reporting new psychological services from which women would benefit. Approximately half also reported specific initiatives for women. A limited amount of staff training was mentioned, and there was some reference to the contribution of equality impact assessments in highlighting the gender issues that should be considered in service design and provision.
- There has been increasing attention to the management of **self-harm**, in particular in relation to young people and women in prison.

NICE is revisiting this topic and aims to develop guidance that focuses on the longer-term management/response to individuals who self-harm, for publication in 2011.

There have been a number of initiatives nationally and locally to promote a harm minimisation approach in relation to self-injury. Further work is needed to address concerns about the duty of care in relation to different types of self-harm and the harm minimisation approach.

- The 2006 and 2007 surveys indicated that initiatives to tackle **violence and abuse** were being actively developed. Most commonly these included multi-agency working with local refuges, the voluntary sector, police and drug and alcohol teams; service developments such as single-sex wards, Sexual Assault and Referral Centres and women-only medium secure units, and specific group and individual services and therapies, including survivors groups.

In 2009 the national roll-out of the Mental Health Trust Collaboration Project (MHTCP) began. This aims to include as routine the assessment of experiences of violence and abuse of all people admitted to adult mental health services. At national level, the launch in 2009 of *Together We Can End Violence against Women and Girls* should create a catalyst for continued development of this work.

The third sector and women's centres play an essential role in responding to the effects of childhood sexual abuse and domestic violence, both as service providers and in training staff in statutory services. This has to be recognised by commissioners and service planners.

- Nearly half of trusts in the surveys reported significant developments in process to review and develop **perinatal mental health services**, including mother and baby units and dedicated multi-disciplinary teams.

Responses from primary care also indicated service developments, including training for

health visitors and midwives. However, there was little evidence of a whole-system approach to perinatal mental health services within trusts. Improvements seemed often to be championed by a few committed individuals.

- Significant gaps in **personalised services** continue to exist, in particular for women from Black and minority ethnic (BME) communities, women with children, and women in contact with the criminal justice system.
  - The 2006 and 2007 surveys found little mention of initiatives to meet the needs of **women from BME communities**. However, a number of community projects for BME women have been developed through the Delivering Race Equality (DRE) programme. Voluntary sector community groups continue to play a central role in provision for BME women, but cannot be expected to fill this gap without secure funding. DRE's five-year programme ended in 2009, but its vision continues to be a priority for the Equalities and New Horizons programmes.
  - The new CPA guidance places particular emphasis on assessing and meeting the parenting support needs of people with mental health problems, and their children and families. This, and the introduction of Family Intervention Projects, should improve recognition of and responses to the needs of **women as mothers and carers**.
  - Awareness of the mental health needs of **women in contact with the Criminal Justice System** has been raised by several high profile government reports and initiatives. Positive progress has been made within prisons, with Primary Care Trusts (PCTs) taking over responsibility for health care since April 2006. Prison mental health in-reach teams and the guidance on the transfer of prisoners to psychiatric care have also improved provision. However, a whole-system approach to women in contact with the CJS is needed, built on the recognition that issues that lead to offending are often intertwined with mental health issues.

## Moving forward

The next five years must see further progress to build on and sustain the achievements to date and ensure that women-only services become the norm within an integrated care pathway and are routinely and regularly reviewed to inform further development and improvement. Essential elements in this process are:

- strong leadership
- building coherent multi-agency workforce development
- ensuring the development of integrated care pathways
- improved response to diverse needs
- maintaining and extending action to tackle violence and abuse, as a priority.

The introduction of the Public Sector Gender Duty and the forthcoming Equality Act will have a major impact on mainstreaming the women's mental health agenda. Gender impact assessments provide an opportunity to influence the implementation of gender-specific and gender-sensitive services for women. Awareness of the different mental health needs of women, men and transgender people is improving, although it has been hindered by the absence of disaggregated data and consideration of gender as a key variable in service outcomes. There is no stronger persuader than the evidence base; monitoring, evaluation and research is essential.

Leadership at a senior level, mechanisms for accountability, strong partnership working between the statutory and voluntary sector, and the involvement of women with experience of mental health problems emerge as critical factors in mainstreaming action to tackle gender inequality in mental health services.

The launch of the Department of Health's new ten-year mental health strategy and programme of action, *New Horizons*, offers an exciting opportunity for this work to be taken forward. Women's safety, within mental health services and in the community at large, must be a constant theme within all this work, and a continuing priority.

## – Just a life –

If only you had listened... I asked for help.  
If only you looked into my eyes...  
and seen the darkness in my soul.  
If only you had looked beyond my aggression...  
and acknowledged my distress.  
If only you had dismissed my verbal abuse...  
and acknowledged my pain.  
If only you had... seen me...

I tried to share with you... but it fell on deaf ears.  
I tried to show you... my desperation...  
I tried to stay... but felt invisible...  
I tried... by God I tried...

Why did you not embrace me...  
Why did you not empathise with me...  
Why did you not engage with me...  
Why did you not bother with me...

It could have been so different...  
It could have given me hope...  
It could have made a difference...  
It could have changed my mind...  
But it compounded my fears...  
But it made my life more fractious...  
But it destroyed my desire for the future...  
But I tried... God I tried...

Next time... always give hope...  
Next time... always give compassion...  
Next time... always give your humanity...  
Next time... always give your understanding...

Otherwise, there won't be a next time...